

**Evaluation of
Support & Counselling Services in
YOUTHREACH Centres &
the Senior Traveller Training Centre in
County Donegal**

*Research Commissioned by Co Donegal VEC's
YOUTHREACH & STTC Programmes*

March 2004

**Breda Friel
Siobhan Coulter**

Funded by the Crisis Pregnancy Agency



TABLE OF CONTENTS

Abbreviations	page 4
Executive Summary	page 5
Introduction	page 6
Section 1	1.0 Evaluation Rationale page 7
	1.1 Terms of Reference..... page 8
	1.2 Evaluation Methods..... page 8
	1.3 Methodology page 8
	1.3.1 Desk Research and Literature Review..... page 9
	1.3.2 Semi-Structured Interviews..... page 9
	1.3.3 Focus Group Interviews..... page 9
	1.3.4 One to One Interviews..... page 9
Section 2	2.0 History of Youthreach page 10
	2.1 The Youthreach Framework of Objectives..... page 10
	2.2 Report of the Task Force on Guidance, Counselling And Psychological Services for Youthreach..... page 11
	2.3 Perceived Needs for Guidance, Counselling and Psychological Services in VEC Youthreach Centres, Community Training Centres and Senior Traveller Training Centres..... page 12
Section 3	3.0 Literature Review page 14
	3.1 Definition of Counselling and Guidance..... page 14
	3.2 Counselling and Counselling Skills..... page 16
	3.3 Counselling in an Educational Setting..... page 17
	3.4 Counselling Issued for Young People..... page 18
	3.5 Young People’s Experiences of Counselling..... page 19
	3.5.1 Negative Perceptions of Counselling and Factors Inhibiting Use of Counselling.....page 19
	3.5.2 The Relationship Between Emotional Competence (Intelligence) and Help Seeking in Young People.....page 20
	3.5.3 Factors that Encourage Young People to Make Use of Counselling..... page 21
Section 4	4.0 The Counselling Service in Youthreach and Senior Travellers Training Centres page 23
	4.1 The Counsellors..... page 23
	4.2 Counselling Practice..... page 24
	4.3 Counselling Issues..... page 24
	4.4 Positive Aspects of the Counselling Service..... page 24
	4.5 Negative Aspects of the Counselling Service..... page 25
	4.6 Improvements to the Counselling Service..... page 25

Section 5	5.0 Presentation of Findings	page 27
	5.1 Identifying the Aims and Objectives of the Services Provided and the Achievement of the Objectives.....	page 27
	5.2 Establishing the Structures of the Services and the Activities and Practice Methods of the Services.....	page 28
	5.3 Establishing the Level of Interaction Between Each Service.....	page 29
	5.4 Identifying Key Difficulties Experienced by Staff in Delivery of Services.....	page 33
	5.5 Ascertaining Staff's Viewpoints for Improving the Co-ordination of Services and for Fostering Better Working Practice.....	page 35
	5.6 Findings of Interviews with Focus Groups.....	page 39
Section 6	6.0 Discussion	page 42
	6.1 Staffing Issues.....	page 42
	6.2 Trainee Issues.....	page 43
	6.3 Programmes.....	page 43
Section 7	7.0 Recommendations	page 48
	7.1 Quality Framework Document.....	page 48
	7.2 Objectives.....	page 48
	7.3 Supervision/Support.....	page 49
	7.4 Training.....	page 49
	7.5 Staffing Levels.....	page 49
	7.6 Staff Meetings.....	page 49
	7.7 Communications and Information.....	page 50
	7.8 Trainee Issues.....	page 50
	7.9 Crisis Management/Intervention.....	page 50
Section 8	8.0 Recommended Models of Practice	page 51
	8.1 Current Structure of Counselling and Support Initiatives.....	page 51
	8.2 Fig.1. Current Structure of Youthreach and Support Initiatives.....	page 52
	8.3 Caseload Manager Post.....	page 52
	8.4 Structure of Counselling Service in Youthreach.....	page 53
References		page 55
Appendices	Appendix 1 - Evaluation Questionnaire.....	page 57
	Appendix 2 – Focus Group Questionnaire.....	page 60
	Appendix 3 – Youthreach Referral Form.....	page 61

Abbreviations

The abbreviations used in this document include the following:

FÁS	Forfas Áiseanna Saothair
NEPS	National Educational Psychological Service
NWHB	North Western Health Board
STTC	Senior Traveller Training Centre
VEC	Vocational Education Committee

Executive Summary

The main findings of this research are that the County Donegal Youthreach programme is providing a quality service to early school leavers who would otherwise have limited opportunities. Staff are committed and enthusiastic in delivering core curriculum training and a range of counselling and support initiatives to trainees participating on the Youthreach programme. The effectiveness of these initiatives can be improved if a number of factors are reviewed.

The overall aim of the Youthreach programme requires clarification with regard to the level of emphasis placed on qualification and on personal development training for participants. The counselling and support initiatives need to be fully integrated into the trainee's timetable rather than being delivered in what staff currently feel are "add-on" services.

Defining objectives at various levels within Youthreach will assist in developing the structure of the programmes offered. Objectives will offer clarity for staff and for trainees and will reduce the potential overlap between services. The Youthreach Framework of Objectives document, the Report of the Task Force on Guidance, Counselling and Psychological services and the Quality Framework Document will assist in establishing the necessary objectives.

Issues regarding employees Terms and Conditions of Contract and the number of hours allocated to part-time staff require review. The researchers recognise that this has a resource implication for County Donegal VEC.

Trainees demonstrated a clear understanding regarding the role of the Counselling service in the Youthreach centres and the range of issues facing young people in County Donegal. They expressed concerns about ensuring confidentiality within the counselling relationship and it is clear from the research that the rapport between the trainee and the counsellor is of paramount importance.

Introduction

Youthreach was established as a programme in October 1988 by the then Ministers for Labour and Education Mr Bertie Ahern and Ms Mary O'Rourke. The programme was established to target young people who had left school without attaining formal qualifications. There are five Youthreach centres and one Senior Traveller Training Centre in Co. Donegal, which are managed by County Donegal Vocational Education Committee (VEC).

The centres are based in Bunclara, with an outreach base in Glengad, Letterkenny at St. Fiachra's Training Centre and the Senior Traveller Training Centre (STTC), Gortahork, Lifford and Ballyshannon. The centres based in Bunclara and Letterkenny have been open for a number of years. Gortahork and Lifford Youthreach have been open for two years and Ballyshannon has been operational for approximately one year. The total number of training places is 189 for those in Youthreach and the Senior Traveller Training Centre.

The Youthreach centres offer a range of core subjects and qualifications based on FETAC accredited courses. In addition to the subjects provided trainees participate in personal development training. Youthreach staff support young people on both a formal and an informal basis. The range of structured services in Youthreach includes Counselling Services, Advocacy Service, Crisis Pregnancy Initiative and the Health Promoting Youthreach Initiative.

An evaluation of the Counselling and Support Services operating in Youthreach in Co. Donegal was considered beneficial at this time. The aim of the research was to assess the structures of the initiatives and to make recommendations that increase effectiveness. Terms of Reference and a proposal for evaluation were drawn up and the key findings of the research are presented and discussed in this document.

A proposed model of practice and recommendations for improvements in the Counselling and Support initiatives are also included.

1.0 Evaluation Rationale

As stated in the introduction, there are five Youthreach centres and one Senior Traveller Training Centre in Donegal. These are the Buncrana Centre and its outreach programme in Glengad, St Fiachra's in Letterkenny as well as Gortahork, Ballyshannon and Lifford Centres.

The numbers of allocated places for each centre is outlined below:

Lifford	22 places
Ballyshannon	25 places
Buncrana/Glengad	38 places
Letterkenny	40 places
Gortahork	25 places
Senior Traveller Centre	39 places

The total number of training places available in Donegal is 189 for young people and those in the Traveller programme.

The Youthreach centres offer a range of core subjects including communications, childcare, hairdressing, construction, work experience, woodwork, metalwork, computers, catering and many other additional courses including drama, photography, associated arts and craft work and other agreed training identified at local level. Youthreach is:

A guarantee of up to two years of co-ordinated education, training or work experience for unqualified early school leavers who are experiencing difficulties in the labour market. It takes an integrated approach to the needs of those unqualified young people who have left education and who find it particularly difficult to gain a secure foothold in the employment market, or to take their place in society as young adults.¹

In addition to the subjects provided at local level Youthreach offers extensive personal and professional development training and support to participants. It is evident that a large proportion of time is spent dealing with issues that arise for trainees. Resource staff, coordinators and other staff members deal with issues informally. In addition the range of structured support services and initiatives offered by the programme includes:

- Counselling Services
- Advocacy Services
- Crisis Pregnancy Initiative
- Health Promoting Youthreach Initiative

Youthreach staff liaise with a number of relevant agencies including the North Western Health Board, the National Educational Psychological Service as well as various voluntary and statutory organizations.

¹ Department of Labour and Education (1989) *Youthreach Framework of Objectives*.

It was agreed that an evaluation of the counselling and support services would be beneficial at this time to assess the structures and effectiveness of the services and to make recommendations that increase effectiveness. An evaluation proposal and terms of reference were drawn up. This document is the result of the research undertaken.

1.1 Terms of Reference

Aim

To evaluate the provision of counselling and support services within the Youthreach Projects in Donegal.²

Objectives

1. To identify the existing structures of the counselling and support services in the Youthreach centres in Donegal.
2. To identify the current models of practice, strengths, weaknesses and gaps existing in the counselling and support services in Youthreach centres.
3. To make recommendations for future developments and models of practice in the provision of counselling and support services in Youthreach.

1.2 Evaluation Methods

Analysis of support and counselling services in Youthreach to include:

- Historical context of Youthreach
- Structure of support and counselling services
- Experiences of staff
- Experiences of trainees
- Strengths, weaknesses and gaps in provision
- Recommendations for future development

1.3 Methodology

The evaluation proposal has been outlined and the researchers identified a number of methods of data collection. These are as follows:

² The term “Youthreach” will be used in this document to cover programmes in the VEC - YOUTHREACH Centres, Community Training Workshops and Senior Traveller Training Centres.

1.3.1 Desk Research and Literature Review, which would include the discussion of contemporary reports and research on Youthreach and the provision of counselling services for young people.

1.3.2 Semi-structured interviews were held with nineteen personnel representing the Youthreach projects in Donegal. The aim was to achieve maximum validity by interviewing all key constituents associated with the programme. This includes Buncrana/Glengad, Lifford, St. Fiachra's and the Senior Traveller Centre in Letterkenny, Gortahork and Ballyshannon.

Those interviewed were as follows: the Adult Education Organiser, the County Coordinator, Centre Coordinators, Counsellors, Advocacy, Crisis Pregnancy Project Officer and Health Promotion staff.

1.3.3 Focus group interviews were held with thirteen trainees from two Youthreach Centres. The focus groups consisted of eight male and five female trainees. Semi-structured interviews were held with the trainees who also completed questionnaires.

1.3.4 One to one interviews were held with the representative of National Education Psychological Service. Contact was made with representatives from North Western Health Board and Youthreach National Coordinator.

All interviews lasted between one and two hours. The confidential nature of the interview was stressed with respondents to offer assurance that they would not be identified in the evaluation.

2.0 History of Youthreach

There are a number of reports and documents that outline the development of the Youthreach programme. These will be discussed in relation to the present research.

2.1 The Youthreach Framework of Objectives

The Youthreach Framework of Objectives document states:

Youthreach is a guarantee of up to two years of coordinated education, training or work experience for unqualified early school leavers who are experiencing difficulties in the labour market. It takes an integrated approach to the needs of those unqualified young people who have left full-time education and who find it particularly difficult to gain a secure foothold in the employment market, or to take their place in society as young adults.³

The aim of the programme is to provide the knowledge, skills and attitudes considered necessary to make a successful transition to employment or training. The first year of the programme is considered a Foundation Year with trainees undertaking a Progression Year in year two of their programme. A number of specific objectives have been identified for both the Foundation and Progression Years.

The objectives identified for the trainees at Foundation Level are:

- (1) To have identified and come to terms with the issues and difficulties currently active in their lives.
- (2) To have recognised their difficulties with learning and have begun to confront them.
- (3) To have developed fluency in communication skills, both oral and written commensurate with their age and potential, have attained a satisfactory level of numeracy and have acquired the manual and technical skills related to their abilities and aptitudes which will enable them to engage successfully in further work-related development.
- (4) To have at least developed sufficient self-esteem to envisage learning new skills and competencies.
- (5) To be in a position to choose to progress to further education, further training, employment or constructive work activities.

The objectives state that the Foundation Year has a number of specific stages, which are outlined as the following modules:

- Selection
- Induction

³ Department of Labour and Education. (1989) *Youthreach Framework of Objectives*

- Assessment
- Planning (Personal Training Plan)
- Basic Skills Development
- Review and Progression

The objectives for trainees, which are identified at Progression Level, are as follows:

- (1) To have further developed and had an opportunity to apply individual competencies.
- (2) To have developed a positive attitude to work and life.
- (3) To have developed realistic career goals and an action plan to achieve same.
- (4) To have developed a range of occupational and job specific skills.

The Framework of Objectives Document also states that Youthreach requires a staff group that are “*highly motivated and well trained*”. The report states that staff require qualities such as “*adaptability, flexibility, understanding*” and possess a willingness to learn new skills. It was also anticipated that regular staff training and development would be crucial for Youthreach employees.

2.2 Report of the Task Force on Guidance, Counselling and Psychological Services for Youthreach⁴

The report of the above group was published in 1998. At this time aid had been provided for the establishment of guidance/counselling and psychological services in the Youthreach and Senior Traveller Training Centres. The terms of reference of the above group were to define and quantify needs regarding the development and provision of guidance, counselling and psychological services. The task force aimed to ensure that recommendations were made on an operational framework to ensure that a number of specific tasks were undertaken. These included:

- Initial assessment of new Youthreach entrants.
- Provision of ongoing support for individual trainees during the Foundation Year.
- Determination of individual training plans for each participant and monitoring of their implementation.
- Involvement in participant progress/performance review.
- Provision of a structure for the referral of trainees who may require specialist or personal counselling and support.
- Liaison with advocates and other services, including employment services and the psychological service, in promoting and determining progression options and in getting access to further education/training or employment.

The report states that the counselling service would be targeted at unqualified early school leavers in Youthreach who presented with a variety of difficulties including “societal problems such as violence, alcohol and substance abuse, trouble with the law etc”. It was felt that the counselling and guidance service must develop in a way that ensures:

⁴ Report of the *Task Force on Guidance, Counselling and Psychological Services for Youthreach* (1998)

- The needs of both staff and trainee are met
- The service is effectively integrated with existing actions rather than being an independent new layer of provision
- Rapport and continuity: the critical importance of a personal rapport with trainees on an ongoing basis is preserved, and the service supports the development of trainee confidence, self-esteem and mutual trust. Where a visiting counsellor is used, the same person should be used on a continuing basis so that understanding and rapport are developed with staff and trainees in the centre.
- Clarity regarding the functions of the various participants in the system, to ensure complementarity and to avoid duplication.

It was stated in the report that training in front line counselling skills would be provided for staff to assist in the handling of day to day problems which they encounter in the centres (counselling, negotiating, handling conflict and aggression, team development). There would also be training in the understanding of boundaries of issues to ensure that staff would know when referral to specialist service is necessary. Assessment skills training would be provided and support for staff in coping with stress and burn out, given the stressful issues that trainees present with. The report also outlines that training and programme needs are required to ensure an effective working environment that would be supportive to staff and trainees.

2.3 Perceived Needs for Guidance, Counselling and Psychological Services in VEC Youthreach Centres, Community Training Centres and Senior Traveller Training Centres.

In 1998 a research questionnaire was forwarded to all Youthreach coordinators and managers as part of an assessment for additional funds for the provision of guidance resources. The return of the questionnaires revealed a number of particular themes that are significant in the provision of counselling services in the centres. The respondents stated that they felt counselling in general was required for all trainees. It was also felt that there were issues faced by young people that require specific counselling. These issues outlined by centre staff include:

- *Substance abuse, addiction, and drug misuse.*
- *Dysfunctional family background, severe domestic problems, inadequate support system in the home, traumatic home life.*
- *Teenage pregnancy, crisis pregnancy, lone parents and increased teenage sexuality.*
- *Coping with learning difficulties.*
- *Deficits in personal, interpersonal and social skills, low social competence and self-esteem.*
- *Personal relationship counselling.*
- *Bereavement counselling.*

The report also stated that two thirds of staff felt there was a need for psychological services. The presenting issues that respondents stated were:

- *Professional help for trainees with severe emotional and behavioural difficulties, offending behavioural problems, aggressiveness, threatening and violent behaviour, anti-social behaviour, behaviour malfunction.*
- *Psychological services for clients who have suffered physical, sexual and emotional abuse.*
- *Suicide attempts and severe depression.*

The research also found that coordinators felt that there was a need for staff training in front line guidance and counselling skills and respondents required the facility of either a centre based counsellor or a full-time counsellor who would provide continuity of service.

3.0 Literature Review

Introduction

In the U.K. and Ireland in recent years there has been an increase in the number of specialist agencies offering advice, information, guidance and counselling for young people in their teens or early twenties. There is also a growing recognition that young people are experiencing increased levels of emotional distress. The U.K. Mental Health Foundation has estimated that two million children and young people suffer from mental distress, with young adolescents being particularly vulnerable. Estimates in 1995 suggested that approximately 250,000 16-year-olds per annum require some form of specialist help.⁵

Youthreach research has indicated that the number of trainees attending the centres, in the ROI who require counselling has increased, with the percentage exhibiting severe emotional distress and behavioural difficulties increasing to 25% of all trainees.⁶ It is significant that at the present time the availability of psychological assessment for young people with behavioural and learning needs in the education system in Ireland has been reduced as the criteria for eligibility for learning resources is being changed.

This literature review will discuss important themes in the provision of counselling and support services for young people. The factors that inhibit the participation of young people will be discussed. This review will also discuss contemporary reports on Youthreach and Senior Traveller Projects Services for trainees.

The term “Youthreach” will be used in this document to cover programmes in VEC Youthreach centres, Community Training Workshops and the Senior Traveller Training Centres.

3.1 Definition of Counselling and Guidance

The Chambers Twentieth Century dictionary refers to a number of aspects of counselling such as *a service consisting of giving advice on miscellaneous problems to, e.g. citizens, children in a school... one who counsels...a counsellor who advocates such as a barrister* (Chambers 1991).

The definition above indicates the breadth of what counselling is perceived to cover. In the USA, legal advisors are often referred to as counsellors and we are familiar with the phrase *keeping one's counsel*, which implies remaining confidential. These definitions begin to indicate that the term counselling refers to supporting someone in need in a confidential manner.

Richard Nelson Jones states that “counselling” can be defined in a number of ways. It is viewed at times as a “*special kind of helping relationship*”, as a “*repertoire of interventions*”

⁵ Lynch, G. & Le Surf A. ‘Exploring Young People’s Views Relevant to Counselling’ in *British Journal of Guidance and Counselling*. Vol. 27, No. 2 pp.231-243, 1999

⁶ Ryan, S. *Perceived Needs for Guidance, Counselling and Psychological Services*. National Centre for Guidance in Education. Dublin, 1998

and as a “*psychological process*”. It is also defined in relation to the “*goals*” of the process or in relation to the “*people who counsel*”.⁷

The distinctions in the definition outlined above are significant in considering the context of counselling work with young people in the Youthreach setting. It is evident that in the context of the organisation, common themes emerged regarding the perceived counselling needs of trainees attending Youthreach.⁸ These include those trainees who require counselling in the centre, those who require referral to psychological services and those who need to avail of vocational guidance. The skills required by staff within the centre for the provision of this range of services will be diverse and will therefore involve the utilization of a variety of counselling methods and processes.

For the purposes of this literature review the definition outlined by the British Association for Counselling and Psychotherapy (BACP)⁹ encapsulates all of the above:

Counselling involves a deliberately undertaken contract with clearly agreed boundaries and commitment to privacy and confidentiality. It requires explicit and informed agreement.

The counsellor’s role is to facilitate the client’s work in ways, which respect the client’s values, personal resources and capacity for choice within his or her cultural context. (BACP 1998).

The Collins English Dictionary defines Guidance as “*leadership, instruction or direction, counselling or advice on educational, vocational or psychological matters.*”¹⁰ Guidance implies a specific and task centred role that is solution focused and assists clients in achieving required outcomes in particular areas such as employment, training and education. The Youthstart (2000) MAGIC (Mentoring, Advocacy, Guidance, Information and Counselling) document identifies a broader spectrum to the activities that involve guidance.¹¹ They include:

Community-based guidance- working with significant figures in a community or neighbourhood context to develop basic guidance and information skills.

Peer Guidance- developing young people’s basic guidance skills to enable them to work in groups with other young people.

Front-line guidance and pastoral care- revitalising the concept of pastoral care with front line education, training and guidance practitioners, to assist them develop front line guidance and counselling skills.

Mentoring and advocacy – individuals such as instructors, company supervisors, trade union personnel, and sports leaders are trained to listen, guide and act as a mediator or advocate for and with the young person in a range of contexts.

It is evident that there are similarities between the work of a counsellor and that of a guidance worker. The skills and qualities identified for successful guidance work are those required for

⁷ Nelson-Jones, R. (1995) *The Theory and Practice of Counselling*. Cassell. London, 1998

⁸ Ryan S, Op. cit. p.2.

⁹ British Association for Counselling and Psychotherapy website – www.bacp.co.uk

¹⁰ *Collins English Dictionary*, 1986

¹¹ Adapt and Employment Community Initiatives. *It’s MAGIC. A Broader Approach to Guidance with the Active Involvement of Young People*, 2000

the establishment and maintenance of successful counselling relationships. The MAGIC report states:

As regards guidance/counselling needs, the practitioners enable young people to see choices. There is a need to distinguish information, guidance, counselling and advice and to provide effective feedback to the young person, to challenge as well as support. Being able to establish a partnership and co-responsibility with the young person is a central skill. Other necessary skills include advocacy, referral, networking teamwork, administration, self-development and self-evaluation.

3.2 Counselling and Counselling Skills

The definition of counselling as outlined is specific and one of the key concepts within the definition is that counselling is not a spontaneous or an informal activity but has clear and mutually agreed boundaries. Guidance is often task oriented and topic specific. The distinction has emerged in recent years between the provision of counselling and those working in a variety of settings, including guidance, who use counselling skills.

The development of communication skills has been identified definitively in the last seventeen years. Gerard Egan (1986) in his book *The Skilled Helper* has been influential in identifying and defining micro skills. As a framework, he offers a down-to-earth description of what he terms the “Skilled Helping Process”. The model he identifies is a three stage model and includes:

- Exploring, with the client, the facts and meanings of what is problematic for them. (Stage One)
- This leads the client into the possibility of deeper understanding. (Stage Two)
- Out of which can emerge client goals for action. (Stage Three)¹²

Each stage of the helping process requires the development of specific abilities and skills on the part of the helper. These can be broken down into micro-skills for ease of learning. The helper abilities that require practice and development are:

- In Stage One, the ability to use empathy, to respectfully and appropriately reflect back the content and meaning of the client’s message, and to have awareness of non-verbal communication and boundaries.
- In Stage Two, the ability to encourage clients to challenge themselves.
- In Stage Three, the ability and skills to support people to think differently and creatively about positive change and action steps in their lives.

It is the explicit contract, or working agreement, that distinguishes counselling skills work from the role of the counsellor. A worker may be using effective helping skills whilst working on a task to reach an outcome that is not specifically the agenda of the client. A manager working with staff can use counselling skills or a teacher can use counselling skills

¹² Egan, G., (1986) *The Skilled Helper. A Problem-Management Approach to Helping*. Monterey: Brooks Cole, California, 1994

when challenging a student. The aim is quite different to counselling as counselling skills are being drawn on to enhance communication.

Counselling skills are utilized in many settings and training in front-line counselling skills was identified as an essential need for Youthreach staff to assist them in handling the day-to-day problems, which they encounter in centres.¹³

3.3 Counselling in an Educational Setting

Bovair (1988) states that:

*The process of counselling and problem solving within an educational setting is an effective response to special educational needs. It can help students deal with crisis or, being preventative in nature, can provide a means of anticipating problems, exploring them, considering the options open to the students with them and thereby increasing the probability that the students will be able to deal adequately with the situation when it arises.*¹⁴

It is argued that there are three major transition periods in the educational life of a student. These include entering primary school, entering secondary school and the transition from school into the workplace, further education and/or training. The support, guidance and counselling offered to students during the final transition period is essential. The transitions are affected by the nature of the physical and emotional development of each student who, at times, will need support and guidance. When the situation is compounded by a specific learning need, emotional immaturity, poor social skills, lack of consistent parenting or negative experience in the education setting, then the implications can deeply impact upon those who deal with the student during a transition period.

Mc Laughlin (1994) identifies a number of factors that are significant in the development of counselling in educational settings in the U.K. Firstly, the cuts in education spending resulted in counsellors being seen as a luxury and in many areas they were the first posts to be cut. Secondly, an increase in the emphasis of counselling skills for all teachers, influenced by the work of Egan (1986) as described above, impacted on the provision of trained counsellors in educational settings. Thirdly, there was an increasing debate and interest in the use of counselling in settings where it is not the primary task. Finally there was an increase in the development of work programmes for students, which aimed to give the concepts of guidance and counselling to the students. These programmes were called guidance programmes or personal and social education courses and the role of the provider changed from a reactive role to an educative one.¹⁵

Youthreach is aimed at young people who are at least six months in the labour market, are aged between 15-21 years of age, have left the school system without attaining formal qualifications or training, are not catered for within traditional educational or training

¹³ Report of the *Task Force on Guidance, Counselling and Psychological Services for Youthreach*, 1998

¹⁴ Bovair, K. 'Counselling in Special Education' in Bovair, K. and Mc Laughlin C. (Eds.) *Counselling in Schools, A Reader*. David Fulton Publishers, London, 1993

¹⁵ McLaughlin, C. 'Counselling in a Secondary Setting- Developing Policy and Practice' in Bovair, K. and Mc Laughlin C. (Eds.) Op. cit.

provision, and have not secured full-time employment. The Senior Traveller Training Centres have differing criteria that allow older entrants on to the scheme. Both projects provide guidance service with trainees and offer social education courses. The Youthreach and Senior Traveller Training Programmes are educational organisations that also emphasize the personal and social skills of trainees. The participation of the trainee in Youthreach (as defined in the introduction) will be impacted by the transition factors outlined above and by the level of social supports available to them.

3.4 Counselling Issues for Young People

The scale of emotional and mental distress experienced by young people has been recognized and documented in recent years. Research has found a range of sources of distress identified as affecting young people. Difficulties at home, such as parental separation, loss of a family member through bereavement, conflict within the family and poor parent/child relations, are all associated with high levels of stress amongst adolescents.¹⁶ Stress for young people can also be present in the education setting, with anxiety about achievement and experiences of verbal and physical bullying among the most common themes. Unemployment amongst young people has been correlated with increased risk of psychiatric disorder and a weakened sense of identity.¹⁷ Other significant stress issues for young people include boredom (with an accompanying sense of lack of choice in leisure activities that can be pursued) and pregnancy.¹⁸

The effects of the stressful issues among young people can manifest themselves in ways such as moderate to severe episodes of anxiety and depression, substance misuse/abuse, eating disorders and suicide. There are also significant increases in the level of alcohol and drug abuse among young people, with increased levels of violent and aggressive activity and subsequent higher rates of offending behaviour.

The level of juvenile offending has risen in both the Republic of Ireland and Northern Ireland and the statistics of the Probation Services for both areas record that 12-18% of the total numbers of people accessing the service are young people under the age of 17 years.¹⁹ Farrington (1995) has identified seven factors that have an associated link with offending behaviour among young people. These include impulsivity, poor educational achievement, family factors, socio-economic deprivation, peer influence, community factors and situational factors or opportunism.²⁰

The suicide rate for young males in Britain has almost doubled since 1975.²¹ There has been an increase in the number of recorded suicides in the North West of Ireland in recent years

¹⁶ McCauley, E., Myers, K., Mitchell, J., Calderon, R., et al (1993). 'Depression in Young People: Initial Presentation and Clinical Course'. *Journal for the American Academy of Child and Adolescent Psychiatry*, 32(4), pp.714-722

¹⁷ Fergusson, D., Horwood, L & Lynskey, M. 'The Effects of Unemployment on Psychiatric Illness During Young Adulthood' *Psychological Medicine*, 27(2), 1997, pp.371-381

¹⁸ Shaw, S., Caldwell, L., & Kleiber, D. 'Boredom, Stress and Social Control in the Daily Activities of Adolescents'. *Journal of Leisure Research*, 28 (4), 1999, pp.274-292

¹⁹ Probation and Welfare Service Statistics (2003)

²⁰ Farrington, D., (1994) *Factors in Offending Behaviour*. Probation Board for Northern Ireland.

²¹ Williams, K., (1997) 'Preventing Suicide in Young People: What is Known and What is Needed'. *Child Care, Health and Development*, 23(2), 173-175.

with the rates increasing in all Health Board areas between 1976-1995. By 1996 the rate had risen to 17.38/100000 population. The group most affected is young men aged between 20-24 years living in a rural area.²²

It has been claimed that the “ladette” culture of young women drinking and taking drugs may be behind a significant rise in the numbers of teenagers committing suicide. The Royal College of Psychiatry has stated that there has been a 20% rise in young women taking their own lives during the past number of years. The number of 15-19 year olds committing suicide is rising with, for the first time in the U.K, the biggest increase among teenage girls. It has been suggested that one reason could be the increase in young women emulating the high- risk behaviour of young men. This includes increased levels of alcohol abuse, offending behaviour and drug taking with the consequence that young women feel more out of control with their lives.²³

Collins states that members of the Travelling community experience many of the stress issues faced by the settled community including family problems, relationship issues, addictions, anxiety, depression and abuse. In addition, as a minority group living in a hostile environment, there is a lot of prejudice and discrimination, which takes its toll emotionally and psychologically.²⁴

3.5 Young People’s Experiences of Counselling

3.5.1 Negative Perceptions of Counselling and factors inhibiting use of Counselling

Lynch and Le Surf (1999) found that young people expressed the view that presenting for counselling represents a social stigma. Those who had attended counselling received a negative reaction from peers for seeking support. It was felt that those who sought counselling did so because they had no one else to talk to. The response of some young people was that “*Only people who are screwed up in the head go to see counsellors*”.²⁵ Lynch also found that it is particularly difficult for young men to seek help with personal or emotional issues. They are therefore more reluctant to avail of services. Young people stated that if they disclosed a problem to an adult they would be ignored, misunderstood, disbelieved, dismissed, directed elsewhere or punished.

Confidentiality was a particularly important factor, as the young person believed it would not be respected. For most young people the desire for confidentiality related to a need to have some control over the material they disclosed to adults.

The expectations of young people seeking help were influenced by the relationships they had with their parents. Those young people who felt they had parental support were less negative in their views about seeking counselling.

²² Brady. N., *Young Men and Suicide*. Young Men and Positive Health Project. Website

²³ McClure, M., (2002). Royal College of Psychiatry. *Counselling and Psychotherapy Journal* Vol. 13 No 9

²⁴ Collins, M. Assistant Director Pavee Point in conversation with Patricia Kennedy. *Eisteach. Journal of Counselling and Psychotherapy* Vol.2 No. 22, 2002

²⁵ Lynch & Le Surf. Op. cit. pp.232-233

Henry (1999), in a study with young people aged 13-22 from West Belfast; found that those who had accessed confidential services had done so at the instigation of a parent, teacher or other adult. Many of the young people did not have the knowledge to access services on their own initiative. Kenrick (2002) identified powerlessness and disaffection as a prime psychological barrier to using services. Many of those who required counselling experienced a lack of confidence or self-esteem, and felt they were not being listened to or taken seriously. As a result the young person experienced a sense of powerlessness in their situation.

Kushner and Sher identified a number of potential sources of fear for clients seeking treatment. These were: fear of change; fear of embarrassment; fears involving treatment stereotypes; fears associated with past experiences of mental health services; fears of treatment associated with specific problem types; and fears of negative judgement.²⁶

Egan (1994) identifies a number of factors that inhibit client engagement. He defines *Reluctance* as the fear of change in clients. The roots of reluctance include fear of intensity; lack of trust; fear of disorganization; shame and fear of change.

Egan (1994) states that clients are *Resistant* when they feel coerced and it is their way of fighting back. Involuntary clients are more likely to be resistant and the situations where clients behave in this way includes those who see no reason for attending counselling; clients who resent the third party referrer; clients who see their goal as different from the counsellor; clients with negative attitudes about counselling; those who believe that attending counselling is admitting weakness, failure and inadequacy; and those who feel counselling is being done to them and their rights are not being respected.²⁷

Research has found that seeking and receiving help from mental health professionals can assist in the reduction of distressing psychological symptoms.²⁸ Yet it appears that few of those who experience distress seek professional help. Young people who need support will seek it from a variety of other sources such as family members and friends. Up to 90% of adolescents tell their friends rather than a professional of their distress.²⁹

3.5.2 The relationship between emotional competence (intelligence) and help seeking in young people

Ciarrochi, Deane, Wilson and Rickwood (2002) define emotional competence (or intelligence) as the ability to identify and describe emotions, the ability to understand emotions and the ability to manage emotions in an effective and non-defensive manner. They have found that those who are most likely to need help have the least inclination to seek help. Ciarrochi et al hypothesized that those with low emotional competence will have less intention to seek help from non-professional sources because people low in emotional

²⁶ Kushner, M., & Sher, K. 'The Relation of Treatment Fearfulness and Psychological Service Utilization: An Overview' in *Professional Psychology Research and Practice*, Vol. 22. pp.196-203, 1991

²⁷ Egan Op. cit. pp.147-151

²⁸ Bergin, Garfield. *British Journal of Guidance and Counselling* Vol. 30, No. 2, 2002

²⁹ Kalafat. 'Prevention of Youth Suicide' in R.P Weissberg & T.P. Gullotta (Eds.), *Healthy Children 2010: Enhancing Children's Wellness*. 8. pp.175-213, 1997

competence have fewer sources of support from family and friends. They may also feel too embarrassed about their perceived lack of competence to seek help. The findings confirmed the hypothesis and the authors claim that the results support the proposition that skill in managing emotions leads to better social support, and better social support in turn leads to greater intention to seek help. Ciarrochi states:

This research suggests that social and emotional learning programmes may benefit adolescents in unexpected ways. In particular teaching adolescents to accurately identify and effectively manage emotions may not only lead to increases in the quality of their social support it may also make them more willing to use that support in times of trouble.³⁰

3.5.3 Factors that Encourage Young People to Make Use of Counselling

Young people have indicated in research that certain qualities in a counselling relationship increase the likelihood of their seeking support. The most important quality identified was confidentiality and it was also considered important to feel that the counselling relationship was safe, trustworthy and one in which they felt treated as equals, not patronised or belittled. The desire to control the pace and depth of the work was also stated as important for young people.³¹

It has also been found that young people consider certain qualities in the counsellor as desirable. These include a non-judgemental attitude on the part of the counsellor, acceptance, being genuine and understanding the young person and their concerns.

It has been found that young people believe a counselling service should be easily accessed, discreet, flexible and informal. Young people expressed the desire to have continuity in the counsellor that they would work with. It has also been found that confidentiality is important and that they feel able to access a service without their peers or family being aware.³² Henry (1999) reported that to ensure trust, access and confidentiality, young people expressed the need for a centre that would contain counselling and mental health facilities necessary for young people experiencing difficulties. Suggestions included:

- Relaxed and informal atmosphere
- Confidentiality
- A service fronted by peer educators, youth workers and backed by health professional and counsellors
- A range of services so that the stigma of seeking help for deeper emotional problems could be avoided³³

³⁰ Ciarrochi, J., Deane, P.F., Wilson C.J. & Rickwood D. 'Adolescents Who Need Help the Most are the Least Likely to Seek It: The Relationship Between Low Emotional Competence and Low Intention to Seek Help'. *British Journal of Guidance and Counselling*. Vol. 22, No. 2, 2002

³¹ Le Surf & Lynch, Op. cit. p.239

³² Le Surf & Lynch, Op. cit. p.239

³³ Henry. Op. cit.

Conclusion

This literature review has discussed the definitions of counselling, guidance and the distinct differences between these and the use of counselling skills. Difficulties in the provision of counselling and support services in an education setting have been outlined. Research has demonstrated that lack of knowledge, lack of emotional competence, fear of stigma and anxiety about confidentiality are significant factors in preventing young people from accessing counselling services. It is significant to note in the research discussed that young people feel embarrassment about family and peers finding out that they have accessed services. It is also clear that the quality of the counselling relationship is particularly important for young people and practitioners must ensure that they establish a counselling relationship that demonstrates the core counselling qualities as outlined in this paper. It is also evident that the provision of a safe environment is necessary for young people to feel that they can access services. Those who are in greatest need of services are often least likely to avail of support. It is therefore important to address the particular factors that can be improved in the provision of services to target those in need. The implications of improving the above factors are that agencies providing support, counselling and guidance services must address structures, methods of delivery and must specify the type of service being offered.

4.0 The Counselling Service in Youthreach and Senior Travellers Training Centres

The Counselling Staff in Youthreach and Senior Travellers Training Centres, the Centre Co-ordinators, Resource Staff and those working in the support services within the Youthreach centres were interviewed and/or completed questionnaires for this research. The information from these questionnaires and interviews were transcribed and the themes were identified through the categorisation of comments. These themes are presented below.

4.1 The Counsellors

Six counsellors in total deliver the counselling service provided by Youthreach and the STTC. One counsellor is a Clinical Psychologist. The remaining counsellors have a number of varying qualifications. These include Integrative Psychotherapy, Humanistic Post-Graduate Qualification in Gestalt Psychotherapy and Post-Graduate Diploma in Person Centred Psychotherapy.

It is clear that the non-directive or client-centred approach founded by Carl Rogers (1902-1987) is the embodiment of the approach used by the counsellors. Rogers' basic assumptions were that:

- People are essentially trustworthy
- They have a vast potential for understanding themselves and resolving their own problems without direct intervention
- They are capable of self-directed growth if they are involved in a therapeutic relationship.

He held a deep faith in the tendency for humans to develop in a positive and constructive manner if a climate of respect and trust is established. He maintained that there were three therapeutic attributes or conditions that released a growth-promoting climate:

- Congruence (genuineness or realness)
- Unconditional positive regard (acceptance and caring)
- Accurate empathic understanding (an ability to grasp the subjective world of another person)

Rogers (1951)

It is evident that the counsellors who work in Youthreach and the STTC are well qualified. All of those interviewed combine their work within Youthreach and the STTC with other roles and private practise. The counsellors indicate varied experience working with young people and/or with client groups similar to those found in Youthreach and the STTC.

The counsellors are employed directly by the centres in which they work and their hours vary from two hours per week to six hours per week.

4.2 Counselling Practice

The majority of the work carried out by the counsellors is one-to-one counselling. All counsellors state that the greatest percentage of their time is spent working this way. This appears to be the type of service most requested by the Centre Co-ordinators and by the trainees. Individual counselling sessions last between 30-60 minutes.

There appears to be variation in the number of times any client may be seen. This highlights the issue of time versus demand.

A number of the counsellors carry out group work, encompassing a wide range of programmes. These include Assertiveness Training, Personal Development, Dealing with Sexuality, Anger Management and Alcohol Education. Whilst the counsellors have perceived group work as a useful method of practice, the preparation and delivery of these programmes are difficult to achieve due to time constraints as a result of the demand for one-to-one counselling.

It is evident from discussion with the counsellors that a portion of their allocated hours are spent involved in other duties within the centres. These include administrative tasks; establishing and maintaining contact with other staff members, involvement in residential work with trainees and co-working or attending team meetings. It is perceived by counsellors that this is a useful way to integrate within the centres, with their colleagues and with trainees.

4.3 Counselling Issues

Counselling staff and other support staff identify wide-ranging presenting issues for trainees within Youthreach. The issues include relationship problems, bereavement, alcohol issues, low self-esteem, separation and abandonment issues, violence, self-injury, suicide, crisis pregnancy and bullying. It is evident from discussion with staff that whilst trainees may present with one issue, counsellors find that trainees appear to have multiple issues and generally, the issues faced by clients appear to be more serious than a number of years ago. Some trainees appear more vulnerable, with more complex problems that result in greater pressures on counsellors, on time available and on other staff.

4.4 Positive Aspects of the Counselling Service

All of the respondents were asked to identify what they perceived to be the positive aspects of the counselling service in Youthreach and STTC. A number of significant comments were made within this category. These comments have been further identified into key areas and are outlined as follows:

The acceptance of counselling:

Many trainees have demonstrated a willingness to acknowledge the role of the counselling service and its benefit to them as individuals.

The approach to counselling:

The Humanistic, client-centred approach and the informal methods used by counselling staff help facilitate trust and the development of the counselling relationship.

The location of counselling:

A number of counsellors felt that being located within the Youthreach/STTC Centres greatly assisted the ease of access to their service.

4.5 Negative Aspects of the Counselling Service

The provision of facilities for counselling:

A number of counsellors stated that they do not have space allocated specifically for the counselling service and this greatly hinders the aspect of counsellor/client confidentiality.

The location of counselling:

A number of counsellors felt that being located within the Youthreach/STTC Centres hindered many trainees from availing of the service due to poor facilities and lack of privacy (i.e. fear of comments from other trainees/fear of being stigmatised for utilising the service).

The availability of counselling:

In the main, the counsellors interviewed stated that lack of hours allocated for the counselling service they provide is the most significant drawback in their work. As a result of this, there is a lack of consistency and continuity in the delivery to trainees.

The integration of the counselling service:

A number of counsellors stated that the service they provide requires structure in order for it to be better integrated within Youthreach/STTC programmes overall.

4.6 Improvements to the Counselling Service

Although recommendations for improvements to the counselling service will be outlined in greater detail under the relevant section, it is appropriate at this juncture to highlight specific comments made by the counsellors.

“I can see the flaws in the present system. There isn’t any continuity within Counselling and within the other services.”

“The trainees have got to know me. Now they come in and talk. They feel counselling is somewhere to go where they can trust. The current model where I am on-site works. If I am here more often, then I can build up relationships.”

“We would recommend that clients have at least six sessions of counselling but it doesn’t happen.”

“When I started, I struggled with what I was doing...there was a lack of guidance and structure.”

“What I am doing is not Counselling...this is not what I was trained to do.”

“More hours would mean more time with trainees. Full-time tutors have more time...time to try things out. Because they are here full-time, trainees talk to them.”

5.0 Presentation of Findings

As laid out in the terms of reference, members of staff representing each Youthreach centre and, where possible, each service provided, were asked to complete a questionnaire (see Appendix 1). The purpose of this questionnaire was to:

- (i) Identify the aims and objectives of the services provided and the achievement of objectives.
- (ii) Establish the structures of services and the activities and practice methods of services provided.
- (iii) Establish the level of interaction between each service.
- (iv) Identify key difficulties experienced by staff in delivery of services.
- (v) Ascertain staffs' viewpoint for improving the co-ordination of services and for fostering better working practice.

Overview:

In total, 19 people completed questionnaires and were interviewed by the researchers. Staff representing all the Youthreach programmes in County Donegal participated. Those interviewed included Adult Education Organiser, County Co-ordinator, Centre Co-ordinators, Counsellors, NEPS, Advocacy Workers, Crisis Pregnancy Project Officer and Health Promotion staff.

Four people interviewed were responsible for delivery of a support/counselling service (i.e. Health Promotion and Counselling) in addition to working as full-time resource workers in a Youthreach centre.

5.1 Identifying the aims and objectives of the services provided and the achievement of the objectives. (Questions 1, 2 & 3)

The majority of those interviewed identified the Quality Framework Document as the basis for setting the aims and objectives for Youthreach services but added that the national ethos was also adapted to suit local level and, where necessary, the needs of an individual trainee.

In addition, the aims and objectives of some services are laid out in staff job descriptions. One interviewee stated that the aims and objectives had not been given in the job description and so the induction process had focused on setting these with assistance of the County Co-ordinator.

The majority of respondents stated that the Quality Framework document and/or their job descriptions were beneficial as a guideline and to providing structure but that their work was "*needs led*", demanding a flexible attitude and doing "*whatever needs to be done*" in order to achieve their objectives.

One interviewee stated "*whatever issue is big to an individual needs to be resolved with my help*".

In the majority of cases, work methods and how objectives are achieved are left up to the individual. There is no process in place to review existing objectives or set new ones.

One respondent stated that it was difficult to define how to achieve objectives within a programme so that it *“offers staff and trainees a structure”*.

Staff stated their views on what was seen by some as a change of direction for Youthreach with regard to achievement of qualifications by trainees – certification versus personal development:

One interviewee commented, *“Achievement of qualification is the ultimate goal”*.

In opposition to that, six interviewees felt that there was too much emphasis on certification:

“Certification is now more important because it is funded by Europe and so has to have a quantifiable outcome”.

“We have a holistic approach – it’s what people bring with them that impedes their development”.

“Help the person and the education will follow”.

“The pressure of certification has resulted in undermining the vision statement of Youthreach – why it was established and for what”.

These differences of opinion in the main corresponded with staff’s positions. Those providing ‘practical’ support service (with definable targets and end results) placed greater emphasis on qualification than those providing a more counselling-led service where greater importance was placed on the individual.

5.2 Establishing the structures of the services and the activities and practice methods of the services provided. (Questions 4 & 5)

The structure of the programmes varied between centres and between projects.

Respondents stated that centres generally employ a small number of full-time staff and varying numbers of part-time staff.

A number of interviewees who were employed full-time stated that their terms and conditions were unsatisfactory in that their contracts were not permanent. It emerged that they felt increased levels of responsibility for day-to-day issues in the centres. It was felt that staff employed in a part-time capacity did not want to take responsibility for issues arising within the centres.

Those part-time staff interviewed from a variety of programmes stated that the scope of their work was restricted by the number of hours available. Staff felt that continuity; effective

communication and the ability to establish effective relationships with trainees were impacted upon by limited number of hours available.

Counselling staff worked according to varying structures, generally devised as required by demands.

Staff tutoring modular subjects, as well as delivering support services, found that there was often a crossover from one service to another:

“I can be sitting beside a trainee discussing computers and she turns round and confides in me about something – I can’t just ignore the issue”

Another explained that although a support service was timetabled, it did not allow for enough time so many of the issues raised were carried over and addressed again in modular classes.

Establishing the activities and practice methods of the services provided by resource workers was relevant to 10 participants.

- Two interviewees did not have group work with trainees, only individual work.
- Two envisaged that when their service was properly established, group work would be their core method of tutoring.
- Two used group work only.
- Three interviewees used both group work and individual work. One respondent who worked in two centres stated that lack of hours in a particular centre did *“not allow for much individual time”*.
- One had primarily conducted individual work but anticipated holding group work on specific topics once the service was fully implemented.

Locally managers and staff stated that activities evolved as required by the demands or at the request of trainees. Practice was devised informally at local level and this was considered the best method overall.

It was found that the level of commitment by staff was dependent on staff values and beliefs. Some wanted to simply teach. Others were more willing to be involved in young people’s issues.

5.3 Establishing the level of interaction between each service. (Question 6)

The researchers wanted to ascertain the level of contact between each service internally, how staff members were kept updated on trainees’ progress and how formalised was the exchange of information. The questionnaire also sought to identify external agencies used on a regular basis by staff.

It was found that most centre coordinators had an “open door” policy which the majority of interviewees found beneficial as this facilitated dealing with unexpected issues internally as and when they occurred.

Each centre also held regular staff meetings (the majority on a monthly basis) that afforded staff the opportunity to be updated and to relay relevant information regarding trainees.

In centres with a larger number of staff, it was reported by some interviewees that difficulties arose in attendance at meetings by some staff, in particular part-time staff and counsellors. This was in part due to staff not being scheduled to be present at work at times of meetings.

In centres with less staff, respondents stated that they were also able to have informal discussions on an on-going ad-hoc basis, as well as the formalised staff meetings, so there was “*less need for formalised reporting*”.

The majority of respondents stated that a common dilemma was exchanging information through staff meetings whilst remaining mindful of confidentiality.

Counselling/Psychological Services:

Contact with this service between staff was in the majority of responses rated as minimal, with two responding average contact and four rating contact as extensive.

Crisis Pregnancy Initiative:

As a new programme to be made available to trainees, the majority of those interviewed reported that to date they had had little or no contact. However several respondents stated that they anticipated “*average to extensive contact*” with this service in the future, as “*there is a definite need*”.

National Health Promoting Youthreach Initiative:

This initiative was again in the embryonic stage. Respondents from two centres stated that they did not as yet have any staff trained to deliver the course. Respondents who were able to implement this course had it timetabled in and “will develop” it in the future.

Advocacy workers:

The majority of interviewees stated that they had minimal contact with advocacy workers (eleven out of nineteen). Comments included:

“One day per week is not enough to encourage active participation from students which detracts from the potential progress of the service”

“(The advocacy worker’s) relationship with trainees is very guarded on their side”

“No consistency”

“Only here twice”

Four interviewees stated their level of contact was extensive:

“Very important role, a great asset to trainees and management”.

Crisis Intervention Staff:

Although this project was included in the questionnaire, commencement has been delayed. However, one respondent stated that this initiative was *“much needed”*.

NEPS:

The majority of interviewees had not yet had contact with this service. Three respondents had had meetings with Mary Gordon:

“Very valuable meeting with Mary and suicide workshop was very good”.

North Western Health Board Staff:

Level of contact with NWHB varied between centres and between services.

Four interviewees reported minimal contact, six stated their level of contact as average and five reported extensive contact. The reasons for contact were:

- Referral of trainees by Child and Family Services
- Involvement with setting up policy/working practice between Youthreach and the Health Board
- Contact with psychiatrists to facilitate trainees who may be attending prior to joining Youthreach
- Attending case conferences on individual trainees
- Information relating to the National Health Promoting Youthreach Initiative
- Seeking assistance in dealing with emergencies such as suicide or a trainee in crisis situation
- Contact with the Public Health Nurse responsible for the Travelling Community

Some respondents stated that contact with NWHB was hampered by factors such as:

Contact stems from efforts of particular individuals within the Health Board to foster good working relations with Youthreach due to the individual's *“own initiative”*.

“...Accessing a person is rough”.

“...Pressure has to be put on the Health Board for inclusion in case conferences”

“There is a need for someone who can be contacted in an emergency, especially at adult level”.

“...No one is available at crisis times”.

Three respondents stated that they had *“good contact at local level”*.

Youthreach Staff:

The majority of participants (eleven out of nineteen) stated that contact with other Youthreach staff was extensive

“...small staff so extensive on a daily basis”.

Two rated it as average

“communication is improving”.

One participant rated contact with other Youthreach staff as minimal.

Other Services:

The majority of interviewees contributed to a list of external organisations with whom they are in regular contact to assist them in the delivery of their service. These have been compiled alphabetically.

- *“Copping on” Programme*
- *The Courts*
- *Cura*
- *Donegal Local Development Committee*
- *Donegal Travellers’ Project*
- *Donegal Youth Service*
- *Employees*
- *FÁS*
- *Foróige*
- *Gardaí*
- *Health Education Service, NWHB*
- *Killybegs Catering College*
- *Money Advisory Service*
- *National Youthreach Services*
- *Other Youthreach Centres*
- *Probation Service*
- *Rape Crisis Centre*
- *Social Welfare Department*
- *Solicitors*
- *St Vincent de Paul*
- *Technical Institutes*
- *Training Support Service, NWHB*

5.4 Identifying key difficulties experienced by staff in delivery of services. (Question 7)

The majority of respondents (sixteen out of nineteen) stated that there was a difficulty in staff not being properly trained in dealing with “trainees’ situations”. Suggested issues included suicide awareness, family issues, drugs, alcohol, crisis pregnancy, clear guidelines on confidentiality/disclosure, learning one’s boundaries.

“There is an on-going struggle between the demands of the curriculum and the individual’s needs – educator versus counsellor”.

“The biggest difficulty is multi-tasking for staff”.

“Lack of training in basic counselling skills amongst staff is a major drawback. Although staff are willing, they may not be properly equipped to deal with a lot of the issues that arise with trainees. This adds to staff’s stress levels”.

“Staff need to know boundaries”.

It was felt that this training would enable staff to cope with problems that arise without necessarily taking on the role of counsellor and should form part of in-house training and induction, which was also lacking.

Several issues regarding the North Western Health Board were cited as major difficulties. The first was personnel. Staff expressed problems in ascertaining exactly who was the correct person to liaise with regarding particular issues. This was compounded by constant changes in personnel within the Health Board.

“...difficulty knowing who is out there and who does what”.

“The difficulty is co-ordination of services in the Health Board. This has now been sorted out but because of staff turnover and because no effective guidelines are in place, these difficulties will arise again”.

Some expressed difficulty in being notified of and included in case conferences with the Health Board. One commented that although inclusion was necessary “case conferences do not really help to make sufficient progress”.

Another issue related to referrals by the Health Board. Comment was made that the Health Board did not always fully disclose important information relating to specific problems that trainees might have. It was agreed that the referral form had improved the situation but that there was still a pervading attitude to “stick them here and hope for the best”.

One participant reported that there were also difficulties when trainees self refer.

It was stated by some that lack of regular input by referrers was also problematic when reviewing trainees’ progress.

There was also a level of difficulties within Youthreach. In general reference to services within the centres, interviewees stated:

“Add-ons seem to take more time and effort because they are not fully integrated into the programme”.

“On-going continuity of services is lacking so it ends up with a drought/famine scenario. This makes it harder for trainees to assimilate”.

“There is lack of time to fully deliver the service. It should be part of overall curriculum”.

“There is a lack of appropriate facilities – this needs privacy without worrying about interruptions”.

“...lack of funding. You are glad to have what you get but need more”.

Commenting on specific services, respondents stated:

“Resources for counselling are minimal. The whole system needs to be looked at”.

“What is counselling? What is the specific need?”

“Other staff have been doing work that is the advocate’s role”.

Staffing issues in general raised comment:

“Line management and structures need to be tighter.”

“Part-time staff need to attend meetings.”

“There is a lack of hours for part-time staff.”

“There is a lack of full-time staffing. We need a deputy manager.”

“... part-time staff do not feel part of the centre.”

“Structures are not in place, staff are not given permanent contracts”.

Trainee difficulties were also experienced by some:

“...persistent and systematic behavioural difficulties which knock-on to hours. Difficulty is having the skills to deal with that and out of hours we are not supposed to.”

“...psychiatric problems amongst trainees.”

“...the nature of trainees is changing. They use to do what they were told. There used not to be the same issue of drink and drugs.”

“Trainees are quick to reject new staff coming in...”

“engaging trainees and making course work attractive enough”.

Staff working in more than one centre reported difficulties experienced included being kept informed of events that happen during their absence from a centre. One stated difficulties arose because there was nobody available to assist in co-ordinating the service in their absence. This resulted in time, which was short enough, being spent having to follow things up. It was also difficult when attending a centre for just one day per week and “to maintain the continuity and momentum because of gaps”.

Some participants referred to difficulties when dealing with external agencies:

“...defining my role in relation to how other people perceive it can be difficult”.

“Youthreach isn’t taken seriously by the Department”.

“Youthreach is always bottom of the pile”.

“...having to spend first few minutes explaining who you are and what Youthreach is”.

“...not knowing who is out there and who does what”.

“Government-funded employers are not fulfilling their role”.

5.5 Ascertaining staff’s viewpoints for improving the co-ordination of services and for fostering better working practice. (Questions 8, 9, 10 & 11)

The majority of staff felt that the improvements began at ground level within the organisation. They believed that there were certain needs that had to be met:

“...structure and support...”

“...supervision...”

“...need to take about ten steps back to look at staff and structure. What is Youthreach? Role model? Mentor? Counsellor? some or many of those things? Is Youthreach about education or about other issues such as mental health and social work?”

“Who is the Youthreach service for? Young people for who school doesn’t fit? Or young people from marginalized backgrounds or young people who have learning difficulties?”

“...need policies and procedures in writing”

“...should be revisiting basics as an agency”

The majority of respondents re-iterated the need for training in basic counselling skills for all staff. Five participants felt that this should be part of an induction course for all incoming staff and that it should be ensured that current staff are also trained to the same level. It was also stated by many that off-line supervision should be made available for staff and management.

“Greater support for staff to help them deal with issues – external supervision is very much needed”.

“Training to be available to all staff, especially as part of an induction process, to learn the boundaries”.

“Supervision for staff and training in basic counselling –for themselves and also to help them see the benefits of the service with regard to the trainees”.

Most staff stated the need for a central system to track individual trainees’ progress through Youthreach:

“perhaps one person should be responsible for the tracking of trainees from day one and for feedback to other staff”.

“tracking of trainees would be beneficial”.

“A crisis intervention worker should be attached to each centre and could concentrate on pulling the strands together”.

“...need central tracking of individual trainees but should it be within the centre when the trainees have so many external agencies involved in their lives?”

“...two separate files: one for general access and the other for confidential information...confidentiality has meant information is not being recorded and yet people discuss the information”.

Respondents made additional comments regarding the trainees

“Advocacy workers need to be better informed of possible difficulties particular trainees may have in order to assist their progress through Youthreach”.

“...need more information and data on trainees”.

“...more involvement from referrer whether it be family, school or health board”.

“referrer’s involvement in meetings would be a great assistance”.

“...need referral model and regular reviews”.

“There should be assessment between resource worker, counsellor, referrer and advocacy worker”.

“...should do team building with trainees and new staff to initiate them and to introduce a new service to the trainees”.

“More emphasis on trainee as a person – with the personal issues many of them are dealing with, it is unrealistic to expect them to leave a session (counselling) and walk straight into a classroom”.

Staff had clear suggestions on what they needed from the health board to assist them in delivery of services. The most common difficulty was in identifying appropriate personnel:

“...notified of relevant changes in health board personnel”.

“Need regular updating of list of health board personnel”.

“Difficulty is knowing who does what within the health board. Need map of directories, services, named contacts”.

“We need a directory of applicable services and brief synopsis of who does what regarding specific issues”.

More general comments included:

“If the health board is the agency with responsibility, there has to be more integration in terms of recognising Youthreach as a service that can take people”.

“Someone within the health board should be appointed for liaising with Youthreach”.

“...better informed of case conferences...”

“The health board does not have an out-of-hours service”.

Eight respondents referred to counselling for trainees:

“They’re not going to give enough hours for counselling so we need to look at the whole structure to see how we deal with all programmes. Counselling needs the back up of other programmes”.

“An increase in counselling input would be a major asset and encourage more students to take part”.

“Perhaps male and female counsellors as young lads especially are reluctant to talk to females”.

“Need a counsellor to be on site three half days per week and someone available for the centre out of hours for extra time and paid accordingly”.

“I don’t necessarily agree that there is a need specifically for a male counsellor as reluctance stems more from taboos about counselling”.

“...a list of counsellors with different types of expertise would be useful when dealing with trainees with specific needs.”

“Counselling is seen as an add-on to the work of Youthreach. It needs to be better integrated into the programme”.

The majority of interviewees had clear suggestions for fostering better working practice:

“Need clear inter-agency procedures”.

“The quality of people defines the quality of the service young people receive. The system draws people without discussing their ability to deal with difficult issues”.

“...emphasis at interview that it is not just about certification”.

“best practice at local level will support trainees and also staff”.

“There should be better sharing of resources in Youthreach. We could share resources with other Youthreach centres”.

“...more training in delivery of subjects as well as information to convert course work into a format for classroom delivery”.

“Service deliverers should work closer together and consider delivering some courses together”.

“We need staff support. Staff feel a responsibility for dealing with an issue because of lack of input from the health board. Staff are also concerned about possible ramifications because of action taken by them. We need in-house procedures to protect and assist staff”.

“If everyone knew what each service had to offer and was doing, it would assist the co-ordination of services plus help input by trainees”.

“Staff in Youthreach never hear much about the VEC training that is taking place”.

“We need training in delivery of sex education programme, training in personal development and training in staff team building”.

“The VEC doesn’t seem to see the need for in-service training at management level. Staff are employed but not trained. The VEC should analyse the need for staff development as many other organisations do such as FAS, colleges and large companies”.

“...relationship with FAS – they need a greater stake in what Youthreach is doing”.

“I would like to see an inter-agency grouping, contact people at local level and set up some local protocol”.

“We need greater availability of progression options. There is a lack of jobs due to employers’ insurance”.

“There is a need for a Community Youth Forum that would have a voice. It should meet in a larger forum to identify problems then break it down into more localised context. All stakeholders should be represented, giving each a stronger voice and more sustained action. Stakeholders should include the health board, probation services, youth information, counsellors and young people themselves.”

5.6 Findings of Interviews with Focus Groups.

Researchers met with focus groups in two Youthreach centres. A combined total of 13 trainees participated, representing Youthreach and the Senior Travellers’ Training Centres. They were asked to answer a series of structured questions (Numbers 1-4) and semi-structured interviews were conducted to ascertain group members views regarding a number of questions (Numbers 5 and 6).

1. Personal Profile:

Male:	8
Female:	5
Ages:	14-27

2. Length of time at Youthreach:

0-5 months:	6
6-12mths:	4
12-18mths:	0
18-24mths:	1
3 years:	2

3. Who referred you to Youthreach?

Self:	7
School:	0
Social Worker:	0
Probation Officer:	1
Other:	3
FAS:	2

4. Do you have/have you had contact with any of the following:

Social Worker:	1
Counsellor in Youthreach:	9
Advocacy Worker:	8
Probation Officer:	2
Counselling Services (Not Youthreach):	1
Health Promotion Tutor:	1

5. What are the big issues facing young people today?

The following are the responses and, when stated, particular explanations given by the trainees:

Alcoholism/Drink	-	<i>“too much emphasis on getting drunk to have a good time”</i>
Drugs		
Breaking the Law	-	<i>“boredom”</i>
Police	-	<i>“cops sometimes too hard”, “annoying”</i>
Teenage Pregnancy	-	<i>“lack of information” “can’t go to doctors, no privacy” “couldn’t happen to me” “boys not worried” “no abortion in this country”</i>
Sex		
Rape		
Smoking		
Violence		
Abuse/Sexual Assault		
Work/Jobs	-	<i>“having to pick from a list”</i>
Leaving home	-	<i>“how you’re going to cope on your own” “managing financially”</i>

6. What is counselling?

The responses have been divided into positive and negative comments:

Positive:	<i>“get problems sorted out” “help for people” “someone to trust” “good individually and in group” “listening to people”</i>
Negative:	<i>“head doctors” “stupid”</i>

“embarrassment if people think you need help”
“bad”
“people think you’re crazy”
“bullshit”
“ashamed”
“know person too well”
“difficult to talk to people”
“easier for boys to talk to a male counsellor who is not a member of staff”
“need more regular availability then I think more people would use it”
“the personality of the counsellor”.

6.0 Discussion

It is evident from the research that the Youthreach Programmes in Donegal provide an invaluable resource for young people who have experienced marginalisation and limited choice or opportunities. Staff demonstrate a high level of skills, commitment and enthusiasm in their work with vulnerable and potentially high-risk young people. The findings suggest that in addition to the core curriculum offered by the centres, Youthreach provides highly effective and important Counselling and Support Initiatives. The findings of the research will be discussed and recommendations for effective practice will be made.

6.1 Staffing Issues

Terms and Conditions of Employment:

A number of particular themes emerged regarding the terms and conditions for staff. Full time resource staff discussed lack of security of tenure as they are currently employed on short-term contracts (12 months duration). As a result, staff indicate feelings of uncertainty regarding future employment and the commitment to the programme by the VEC.

Lack of hours is restricting what part time staff can deliver. New services, in particular the Health Promoting Youthreach Initiatives, are not being assigned enough time in the curriculum. Staff feel that limits on the time available for all services is impeding their ability to establish effective relationships and communication with trainees.

It is evident that job descriptions help set out the aims and objectives for staff but there is no structure in place involving management for reviewing the objectives and if necessary, setting new ones.

Supervision:

It is clear from staff interviewed that most centres operate an open-door policy regarding staff supervision. Respondents stated that they discuss employment/trainee issues with the co-ordinator informally. It is evident that supervision requires structure to support staff in the delivery of programmes and in dealing with the increasing demands they face in the workplace. There are a number of supervision models that can be considered. These are on-line/line management supervision of staff and off-line supervision in which staff have access to external supervision/support structures.

There are two specific areas for training that have been identified:

Professional Development Training:

Respondents have identified a lack of availability and opportunity to receive professional development training within Youthreach/Co. Donegal VEC. Specific training requirements identified as a result of this research include Induction Training, Management and Team Building Training, Counselling Skills, Group Work Skills, Presentation and Delivery Skills

(particularly with reference to new services), Children First Training, Health and Safety Training.

Personal Development Training:

A number of staff interviewed indicated that there are increasing levels of stress associated with their work. It is also clear that due to a lack of training, there is uncertainty among some staff about boundaries and limitations to their role. It is important therefore that ongoing support and training be provided for staff in the following areas: Stress Management, Dealing with Violence and Aggression, Confidentiality and Boundary Training. For staff working with high-risk, vulnerable and demanding young people, it is essential that they feel confident, supported and well trained in dealing with issues.

6.2 Trainee Issues

Counselling:

The research has found that the trainees identify similar themes regarding the provision of counselling to those referred to in Kushner & Sher (1991) and Henry (1999). Trainees in Youthreach are reluctant to avail of counselling, as they are apprehensive of the stigma and embarrassment associated with the need for counselling. It was noted that for trainees the relationship they have with the counsellor is important. The personality and skills of the counsellor were cited as significant factors influencing the young person's decision to engage or not. Confidentiality and their need to be in control of the level and pace of work are key aspects of counselling for trainees.

Interviews with staff highlighted inadequate provision of suitable facilities for this service and other support initiatives – lack of privacy, lack of space, interruptions due to a failure by other staff/trainees to acknowledge the sensitive nature of a counselling/support session.

Overlap/Boundaries:

A number of trainees were concerned about disclosure issues. They were anxious about engaging in a one-to-one setting with a member of staff who also tutored them in a group context. This relates to fearfulness regarding boundaries of confidentiality, boundaries between staff and roles and responsibilities.

6.3 Programmes

Structures:

The Youthreach centres in Donegal provide a core curriculum of subjects, which offer trainees a range of accredited qualifications and skills. In addition, Youthreach provides an increasing number of counselling and support initiatives. These additional programmes are delivered as a supplement rather than an inclusion to the existing structure.

Aims and Objectives:

The aim of Youthreach has been identified in the Framework of Objectives Document. It is essential for the development of a quality practice within the organisation that objectives be established at every level. The Quality Framework Initiative and the aforementioned Framework of Objectives Document will assist in establishing national objectives for all Youthreach centres. This research has established that practice is flexible at local level. A number of staff rely on their job description as the benchmark for their role in the organisation. There is a lack of clarity regarding objectives both at centre level and in individual programmes.

Record Keeping:

Interviews reveal that staff responsible for the delivery of counselling/support services have a high degree of autonomy in their work practice with trainees. The result of this practice is that the individual staff members record information regarding trainee contact independently. This indicates a potential gap in recording and assessing trainee development through Youthreach, as the information is not retained in trainee files.

The majority of those who participated in the research stated that information regarding trainee's progress is reviewed and discussed at staff meetings. Whilst these meetings offer an important opportunity to discuss staff practice, there is a potential risk that confidentiality regarding trainee issues can be inadvertently breached.

Programme Interaction:

Although staff meetings are held on a regular basis, all relevant staff are not attending on a regular basis. One of the difficulties is that part time staff may not be working at the time the meetings are being held. The meetings are an important forum for receiving support for staff and are effective in ensuring that up to date information is being imparted to relevant staff.

Practice Issues:

The research has found that group work and individual work, are used to varying degrees by staff members. The practice methods used are based on themes and topics considered relevant at any given time. It seems that some staff opt for the method that suits them best and not necessarily what is better for the trainees or by the demands of the programme. This is leading to overlap in the delivery of some services such as Health Promotion, Counselling, Resource Staff and Advocacy.

It is clear that the point of contact for the Counselling and Support Initiatives in Youthreach is with the trainee. This contact requires clarity and coordination for the following reasons.

Young people at any given time in Youthreach may be accessing a number of support services. Within programmes there is an inherent requirement to engage with a number of personnel. This can place additional demands on young people who may already have difficulty addressing issues or availing of support as referred to in the literature review of this report.

As stated the programmes meet at the point of contact i.e. the young person or participant. Whilst it is clear that staff deliver a variety of work covering a number of themes and issues, this research has found that there is overlap at times in the delivery of services in particular counselling, advocacy, resource staff and health promotion. Duplication of themes or areas of work can lead to confusion for trainees. Coordination is required to ensure that their experience of different programmes within the centre is integral to the individual development plan of the young person concerned.

Crisis Pregnancy Initiative

This initiative has recently commenced within Youthreach. There are three main objectives to the programme. These are:-

To prevent early pregnancy by developing and implementing education and information programmes in a Youthreach context

To respond to the needs of Youthreach trainees who become pregnant or are pregnant when commencing the programme. This objective will demand counselling information and support.

To support those who are pregnant and become parents.

The Youthreach Crisis Pregnancy Project involves three particular tasks in the achievement of the above objectives. These include:

- The training and development of teaching and training staff
- Programmes, resources and materials for young people
- Counselling responses to crisis pregnancy

This programme is at a developmental stage within Youthreach. The anticipated staff training is due to commence shortly. A number of respondents stated that they anticipate extensive involvement with the project when it commences. The need for the programme was confirmed by a number of those interviewed and the trainee comments regarding “counselling issues” reveal teenage sexuality as a significant factor.

In order to achieve the programme objectives as stated above it is important to ensure that there is thorough planning in the delivery of training with staff and in the services offered to young people. This will minimise potential overlap in service delivery among staff members. Assessment is important for trainees at a number of stages in their progression through the Crisis Pregnancy Initiative. Participation requires coordination, review and monitoring. Consultation and communication between staff, the trainee and relevant parties is an important part of programme planning.

NEPS

The National Educational Psychological Services are currently reviewing the role of the organisation in relation to the Youthreach Programme. A number of respondents discussed contact on an occasional basis with NEPS staff. It is evident that the current level of counselling, guidance and psychological services available to Youthreach centres is

inadequate. Potential improvement involves the availability of Psychological services to centres on a consultancy basis and in relation to particular themes or individual trainees. Assessment of trainees is crucial in planning their development through the programme. The NEPS service can be an invaluable resource in ensuring the most accurate and supportive assessment for trainees. Coordination between the NEPS programme and associated support initiatives is also important.

Counselling Service

Counselling services are an essential component of the Youthreach Programme. The provision of support for trainees who have or are presently experiencing difficulties are a unique aspect of the service offered. The four counselling positions are employed between two to five hours weekly in Youthreach. This number of hours is insufficient to enable counselling to be provided to a satisfactory standard and to meet demand. Counselling can offer a quality service if the following factors are considered:

- The hours are increased to enable the service to develop adequately.
- The services of a Counsellor are included when formulating trainee assessment plans and reviews.
- The Counselling Service clarifies its role and programme content in relation to other support initiatives particularly Crisis Pregnancy Service, Health Promoting Youthreach Initiative, the Advocacy Service and Crisis Intervention Initiative.

National Health Promoting Youthreach Initiative

Those centres able to implement this have identified a very strong need for the course to be given much more class time than it currently has and for it to be accredited as more than a support service. Overlap is evident as many of the subjects and topics covered by this course have been, and continue to be, delivered as part of group work with the counselling service.

Advocacy Work

The practical importance of this post is in assisting trainees in their transition from Youthreach to employment/further training. This service requires further resources and is not being adequately implemented in all centres due to time constraints. It is evident from the responses to the questionnaire that one day per week is an inadequate amount of time:

- To establish the service and what it has to offer both within a centre and its surrounding business community
- To develop trainee confidence and personal rapport with trainees
- To provide continuity of the service so that trainees can more actively participate and avail of the service.

North Western Health Board

Contact with the Health Board is evidently a major component in the delivery of Youthreach's work at various levels. What is also evident is that this contact is at best haphazard, relying on consistent effort by Youthreach staff and the personal initiative of a few

staff within the Health Board. It is important that clarity be developed between both agencies to establish effective communication.

The shortcomings in dealing with the Health Board are well recognised within Youthreach and ongoing efforts are being made by management to establish effective interagency policy. These will particularly assist the larger centres that have more contact with the Health Board than the smaller centres who feel they have a good relationship at local level.

Youthreach Staff

Although the majority of interviewees stated contact with staff was extensive, there is an area of concern that several counselling/support workers listed their level of contact as less than this. This differential is as a result of some staff working more autonomously than others. This in turn leads to difficulties in all relevant staff being sufficiently updated and is another cause of overlap in the delivery of services.

Other Services

The list of external organisations used by staff to assist in the delivery of their services is a clear indication of the diversity of issues that impact on the lives of trainees and of the demands on staff to provide not only employment/training related services but also support/counselling services for trainees trying to cope with some of these issues.

7.0 Recommendations

Introduction

The results of this research suggest that Youthreach provides an important opportunity for marginalized young people to make positive progress in education and training. The programme is delivered by highly motivated staff who engage with trainees in a skilled and committed manner. The issues faced by staff during the course of their work are increasing in seriousness and intensity. The Support and Counselling initiatives are an integral part of the Youthreach programme.

The following recommendations flow from the information, views and responses gathered from those who participated in the research. The recommendations have implications for Youthreach staff, programme providers and the VEC. Some of the recommendations may already have been made in a different forum and these will serve to support the views already held. The recommendations indicate that Youthreach can continue to deliver a high standard of Counselling and Support Initiatives but only with investment in planning, structures, coordination and financial resources.

7.1 Quality Framework Initiative

As intended, the Quality Framework Initiative should be fully implemented by all Youthreach centres in order to establish cohesive working guidelines. These guidelines should also allow for flexibility when working at local level and when considering the needs of individual trainees.

7.2 Objectives

In order for the organisation to achieve professional, efficient and high quality delivery of service, it is important that objectives are identified, clarified and reviewed at each of the following levels:

- County level
- Centre level
- Staff level
- Programme level
- For all trainees individually as part of their assessment plan.

The review of these objectives on a regular basis will assist in

- Identifying existing or potential difficulties which need to be addressed
- Identifying successful models of practice from which other services may benefit
- Ascertaining necessary staffing levels/working hours
- Ensuring closer co-ordination between management and staff.

These objectives should be specific, measurable, attainable, realistic and time-bound.

7.3 Supervision/Support

Youthreach and the VEC must make a clear commitment to supervision for staff. Staff require supervision to support them in the delivery of programmes and in dealing with the increasing demands they face in the workplace. As outlined in the previous chapter, this can either be on-line/line management supervision of staff or off-line supervision giving staff access to external supervision/support structures.

7.4 Training

With regard to Professional Development Training, the previous chapter has listed a range of topics where training for staff is applicable. The following are identified as the most pressing training needs: Counselling Skills, Children First Training, Health & Safety Training and Group Work Skills. Induction Training should also be introduced for all new staff.

The provision of Personal Development Training is a necessity for all staff in order to equip them in dealing confidently with the trainees. Stress Management, Confidentiality and Boundary Training and Dealing with Violence and Aggression are the most appropriate needs at this time.

The Framework of Objectives Document and The Report of The Task Force on Guidance and Counselling both refer to the provision of training and support for Youthreach staff. This research has highlighted that gaps exist in the provision of training and the importance of this must be addressed.

7.5 Staffing Levels

It is recommended that the VEC review the terms and conditions of staff employed on fixed term contracts. Increased resources are required for the effective delivery of counselling and support services. It is recommended that a review of Youthreach staffing and recruitment policies be undertaken to ensure that the organisation has an adequate number of staff with appropriate training, skills and knowledge to provide services to the best possible standards.

7.6 Staff Meetings

Staff meetings are an important aspect of the work of the centre. They are an essential forum for the exchange of information, for the discussion of practice issues and for the review of programmes. They also assist in effective team building and interaction between staff. It is recommended that provision be made for all staff to attend these meetings as part of their staff duties.

7.7 Communications and Information

It is important that Youthreach's communication and information systems are accurate and efficient and that information is recorded/noted effectively. This in particular refers to staff's records of contact with trainees. It is recommended that the organisation establish methods and clear lines of communication to ensure the effective flow and recording of information. These recording procedures will improve the planning and co-ordination of the counselling/support services and will reduce the potential for overlap between programmes.

7.8 Trainee Issues

- 7.8.1** The referral form that has been introduced has improved the links between Youthreach and the referring agent. It is recommended that the referral process be extended to include an undertaking by the referrer to attend regular review meetings.
- 7.8.2** Assessment plans need to be completed for all trainees as stated in the Framework of Objectives Document.
- 7.8.3** It is recommended that all information regarding the referral, the assessment plan, the reviews, the progress and the participation of trainees be recorded in a central file for each trainee. This file should also include all records of contact between trainees and counselling/support services.

7.9 Crisis Management/Intervention

It is recognised that Youthreach will be implementing a Crisis Intervention Programme in the near future. This will begin to address some of the needs arising from crisis situations. It is recommended that the VEC give consideration to devising an internal Crisis Management Protocol. This will provide clear procedures for all Youthreach centres and will offer staff support in dealing with crises.

8.0 Recommended Models of Practice

Introduction

The findings of this research would suggest that the Youthreach and Senior Traveller Training Centres in County Donegal provide a highly effective Counselling service to trainees within the County Donegal VEC programmes. It is also evident that there has been an increase in the provision of allied support initiatives within the Youthreach programmes. The research has found that these initiatives are also providing a quality service to the identified target group.

The respondents acknowledge that there are a number of areas that require improvement. The structuring of the Counselling service is one such area as is the coordination of delivery in the support initiative at the point of contact i.e. with the trainees.

There are a number of suggestions outlined below that address the improvements required in the coordination and delivery of the counselling service and the support initiatives within the Youthreach Programme.

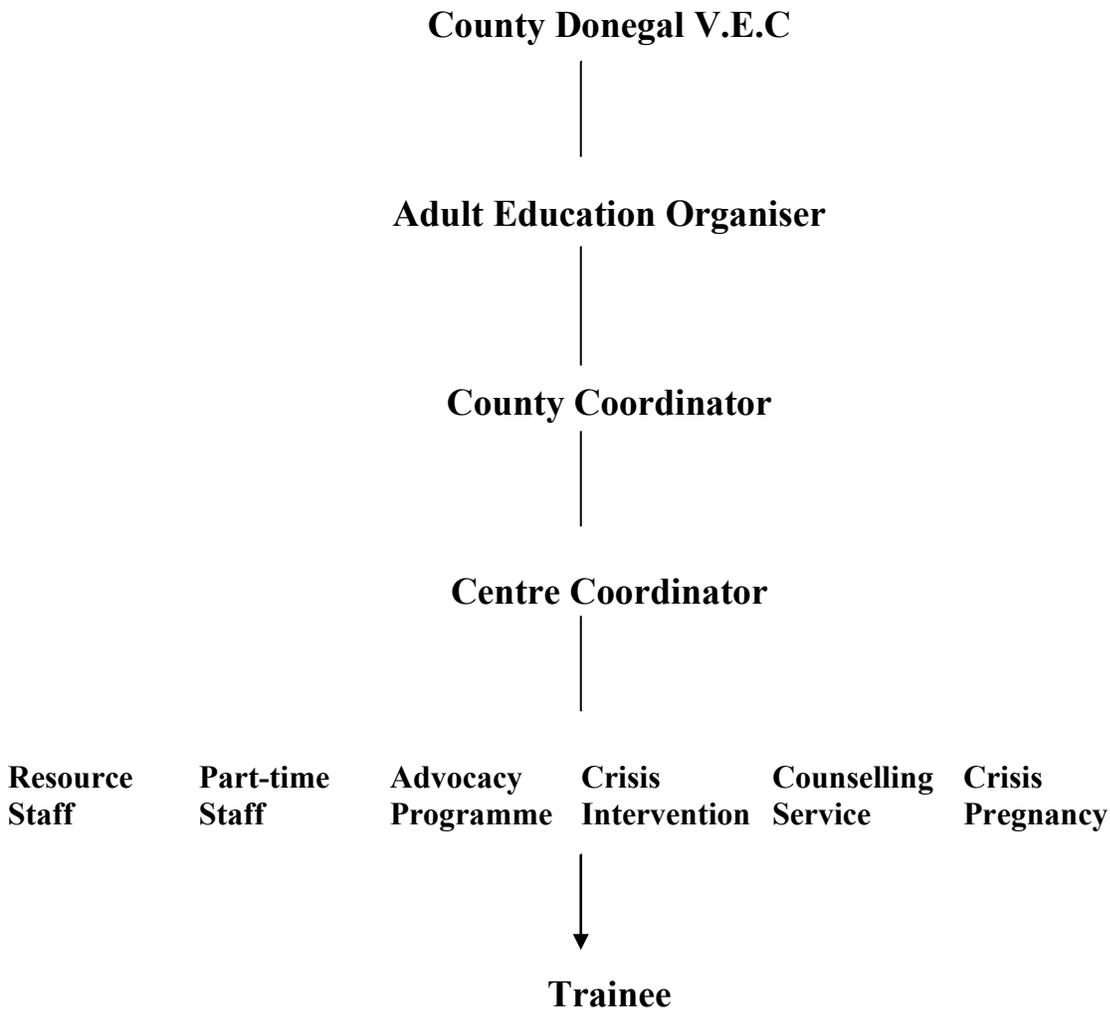
The issue of financial resourcing is beyond the scope of this research but the researchers believe that without adequate funding the quality of the services available to the participants in the centres, and the commitment of the staff providing the services will fail to be quantified and acknowledged.

8.1 Current Structure of Counselling and Support Initiatives

Figure 1 (outlined below) describes the current structure in the delivery of the support and counselling services in Youthreach centres and the Senior Traveller Training Centres. It is evident, as has been stated in the discussion and recommendations of this research that there are a number of staff that have direct contact with the trainees in the provision and delivery of training and support programmes. There is a perceived gap in the management of contact between staff and trainees. Staff members will endeavour to establish a working contract with the trainees, deliver the required service, maintain a record of the contact and complete associated tasks arising from the work carried out.

There is a risk of overlap in service delivery within the present structure. It is also clear that trainees may resist demands to establish positive working contracts with a number of different staff. It is important therefore to ensure that the development and progression of each trainee is coordinated at various stages during the period when they participate in the Youthreach and Senior Traveller Training Centre.

8.2 Figure 1. Current Structure of Youthreach and Support Initiatives



8.3 Caseload Manager Post

The findings of this research would suggest that the appointment of a Caseload Manager is necessary to ensure that there is coordination of the support and counselling initiative in Youthreach and the STTC. A Caseload Manager should be appointed in each centre and should report directly to the Centre Manager. The post could be drawn from existing full-time resource staff or a new appointment could be made. It is the view of the researchers that the Case Load Manager should have minimal teaching duties.

In considering the proposed duties of the Case Load Manager, the researchers recommend a number of core skills are required to carry out the post. These include

- Interpersonal skills, including one-to-one work and group work
- Administration and record skills
- Organisational skills

Qualifications in Social Work training and Community Youth Work are some examples of courses that provide the necessary skills listed above.

The Case Load Manager would be responsible for the day-to-day management of trainee progression within the Youthreach programme. The duties of the post should include

- Liaison/advocacy between trainees, Youthreach centres and referrer/external agencies
- Completion of assessment plans for trainees as stated in the Framework of Objective Document
- Maintaining confidential and accurate records regarding referral, assessment, review, progress and participation of all trainees
- Organisation of regular review meetings regarding trainee progress to be attended by all relevant parties
- Attendance at staff meetings and reporting to management via supervision and reports to centre manager
- Co-ordinating and ensuring effective communication regarding trainee contact with all staff, particularly advocacy worker, counselling service, crisis pregnancy initiative, crisis intervention worker, full-time and part-time resource staff
- In partnership with the advocacy worker and other relevant parties, ensuring an effective exist strategy and follow-up support.

8.4 Structure of Counselling Service in Youthreach

It is the view of the researchers that it is not possible to examine and devise an effective model of practice for Counselling within the Youthreach centres independently of the other support services. This research has concluded that the integration of all Counselling and Support initiatives within the Youthreach programme is essential for the effective delivery of services to trainees.

A number of respondents stated in the research that the role of the Counsellor within Youthreach and the STTC is unclear. It was also stated by a number of those interviewed that the present work practice is unsatisfactory. The reasons given include

- Too few work hours
- Lack of continuity in trainee contact and perceived lack of consistency of same
- Lack of availability of Counsellor in times of crisis
- Inadequate facilities
- Supervision/management of the Counselling service

All of those interviewed were asked to consider what would be the most effective model of Counselling services within Youthreach and STTC. Three potential models were suggested.

Model 1: That Youthreach would establish a full-time counselling co-ordinator position with an agreed number of part-time counsellors available to provide delivery of service to all Youthreach centres and STTC in County Donegal. This service would be based in an independent setting in County Donegal. It is acknowledged that this model has resource implications for Co. Donegal VEC.

Model 2: That the present arrangements involving the employment of Counsellors in each of the Youthreach centres and the STTC be maintained, with the proviso that the hours allocated to each of the centres are increased to enable Counsellors to be more effective in delivery of their services to trainees.

Model 3: This model has four main components.

The Youthreach centres and STTC will facilitate training in Counselling and Counselling skills for a number of full-time resource or other nominated staff. This would provide an on-site counselling service to be available to trainees as required. The proposed Case Load Manager would fulfil such a role.

Psychological assessment to assist in identifying specific learning needs may be required for some trainees attending Youthreach and STTC. It is important to establish what level of psychological assessment service is available and who can carry out such assessments. It may be useful for resources to be made available for completion of such assessments if the National Education Psychological Service (NEPS) is unable to provide assistance.

A confidential database of community-based counselling/support services should be available to all Youthreach centres. Resources would be provided for referral of trainees to such Counselling agencies as required. This could include counselling organisations specialising in alcohol, drugs, self-injury, sexual abuse, anger management etc.

County Donegal Youthreach should have access to a number of approved independent counsellors who would provide specialist counselling as required. This system could be organised with a similar structure to the Employee Assistance Programmes. Such programmes consist of an agreed minimum number of counselling sessions being available to all clients. This system can provide counselling to trainees when Youthreach counsellors, or the counselling organisations as stated above, are not available.

The three models for possible restructuring of the Counselling services as outlined encompass the comments submitted by respondents. It is the view of the researchers that model 3 has fewer resource implications for County Donegal VEC and the Youthreach programmes. This model would also offer an effective method of managing the counselling requirements of the Youthreach centres and STTC in County Donegal.

The researchers note that the recommendations may not meet the approval of all those associated with County Donegal Youthreach and the STTC. However, the recommendations are well intentioned and aim to assist in future planning and effective delivery of the Counselling and Support initiatives within the Youthreach and STTC programmes. The researchers are prepared to discuss any of the findings and/or recommendations made in this report.

References

Adapt and Employment Community Initiatives. *It's MAGIC. A Broader Approach to Guidance with the Active Involvement of Young People*, 2000

Bergin, Garfield in *British Journal of Guidance and Counselling* Vol. 30, No. 2, 2002

Bouvair, K. and McLaughlin, C. *Counselling in Schools – A Reader*. David Fulton Publishers, London, 1993

Brady, N. *Young Men and Suicide*. Young Men and Positive Health Project. Website

British Association of Counselling and Psychotherapy. *Code of Ethics and Practice*. 2002. www.bacp.co.uk

Ciarrochi, J., Deane, P., Wilson, C. and Rickwood, D. 'Adolescents Who Need Help the Most are the Least Likely to Seek It: The Relationship Between Low Emotional Competence and Low Intention to Seek Help'. *British Journal of Guidance and Counselling*. Vol. 22, No. 2

Collins English Dictionary, 1986

Collins, M. Assistant Director Pavee Point in conversation with Patricia Kennedy. *Eisteach. Journal of Counselling and Psychotherapy* Vol.2 No. 22, 2002

Department of Labour and Education. *YOUTHREACH Framework of Objectives*. 1989

Egan, G. *The Skilled Helper. A Problem-Management Approach to Helping*. Monterey: Brooks Cole, California, 1994

Farrington, D. *Factors in Offending Behaviour*. Probation Board for Northern Ireland, 1994

Fergusson, D., Horwood, L & Lynskey, M. 'The Effects of Unemployment on Psychiatric Illness During Young Adulthood' *Psychological Medicine*, Vol. 27 No. 2, 1997

Henry, P. *Someone to Talk to...Someone to Listen...* West Belfast Partnership, North and West Belfast Health and Social Services Trust and Belfast Education and Library Board, 1999 (Unpublished Paper)

Kalafat. 'Prevention of Youth Suicide' in R.P Weissberg & T.P. Gullotta (Eds.), *Healthy Children 2010: Enhancing Children's Wellness*. 8, 1997

Kushner, M., & Sher, K. 'The Relation of Treatment Fearfulness and Psychological Service Utilization: An Overview' in *Professional Psychology Research and Practice*, Vol. 22. pp.196-203, 1991

Lynch, G. and Le Surf, A. 'Exploring Young Peoples Perceptions Relevant to Counselling: A Qualitative Study'. *British Journal of Guidance and Counselling*. Vol. 27, No. 2, 1999

Lines, D. *Brief Counselling in Schools Working with Young People from 11 to 18*. Sage Publications, London, 2002

McCauley, E., Myers, K., Mitchell, J., Calderon, R., et al (1993). 'Depression in Young People: Initial Presentation and Clinical Course'. *Journal for the American Academy of Child and Adolescent Psychiatry*, Vol. 32 No. 4

McClure, M. Royal College of Psychiatry. *Counselling and Psychotherapy Journal* Vol. 13 No 9, 2002

McGuinness, J. *Counselling in Schools*. New Perspectives. Cassell, London, 1998

Nelson-Jones, R. *The Theory and Practice of Counselling*. Cassell, London, 1995

O'Brien, S. *Quality Framework Initiative for YOUTHREACH and Senior Traveller Training Centres*. 2002

Probation and Welfare Service Statistics, 2003

Report of *the Task Force on Guidance, Counselling and Psychological Services for YOUTHREACH*, 1998

Ryan, S. *Perceived Needs for Guidance, Counselling and Psychological Services*. National Centre for Guidance in Education. Dublin, 1998

Shaw, S., Caldwell, L., & Kleiber, D. 'Boredom, Stress and Social Control in the Daily Activities of Adolescents'. *Journal of Leisure Research*, Vol. 28 No. 4, 1999

Williams, K. 'Preventing Suicide in Young People: What is Known and What is Needed'. *Child Care, Health and Development*, Vol. 23 No.2 pp.173-175, 1997

Appendix 1
**RESEARCH INTO YOUTHREACH SUPPORT AND COUNSELLING
SERVICES – 2003**

Questionnaire

Name: _____

Occupation: _____

Address: _____

Office Tel. No.: _____ **Mobile:** _____

1. What is your involvement with Youthreach? What is the service you provide?

2. What are its aims and objectives?

3. How are these objectives achieved?

4. Give a brief outline of the structure of your initiative? Name of centre(s) covered, number of staff, full-time/part-time, duration of project, hours of work etc.

5. Describe the activities carried out by your initiative/project:

a. Group work – type, topics addressed, frequency of sessions, additional information you feel relevant.

b. Individual work – type, topics addressed, frequency of sessions, additional information you feel relevant.

6. In the existing framework of services offered by Youthreach, what level of professional contact/interaction do you have with the following: (please tick relevant column)

	Minimal	Average	Extensive
Counselling/psychological services	_____	_____	_____
Crisis pregnancy initiative	_____	_____	_____
National health promotion course	_____	_____	_____
Advocacy workers	_____	_____	_____
Crisis intervention staff	_____	_____	_____
NEPS	_____	_____	_____
North West Health Board staff	_____	_____	_____
Youthreach staff	_____	_____	_____
Other Services	_____	_____	_____

Name _____

7. What do you identify as the key difficulties in the delivery of your project in Youthreach?

8. Can you identify where you feel this could be improved?

9. Do you have any suggestions as to how the services/initiatives could be better co-ordinated?

10. How do you feel this would assist you in delivery of your project?

11. What recommendations would you make for the provision of a new counselling/support service within Youthreach?

Any additional comments you would like to make?

Signature: _____

Date: _____

Appendix 2
Youthreach 2003

Research into Counselling and Support Services

The information you give will be confidential and used only for research.

Q1. How long have you been a Youthreach trainee

0-3 months ()

6-12 months ()

12-18 months ()

18-24 months ()

Q2. Who referred you to Youthreach

Self ()

School ()

Social Worker ()

Probation Officer ()

Other _____ ()

Q3. Do you/have you had contact with any of the following. Please tick those that apply

Social Worker ()

Probation Officer ()

Counsellor in Youthreach ()

Counselling Services (not Youthreach) ()

Advocacy Worker ()

Health Promotion Worker ()

Other (Please specify) _____ ()

Q4. Age _____ Years

Male ()

Female ()

Appendix 3
Co Donegal VEC – Youthreach Programme

REFERRAL APPLICATION

(please attach additional sheets if necessary)

1. Name of Person being Referred: _____

2. Name of Parents/Guardians (if under 18): _____

3. Address: _____

4. D.O.B: _____

5. Does the young person live at home with parents/guardians?

Yes ____ No ____

6. Name and Address of person making the referral: _____

7. Position: _____

8. How long has Youthreach been associated with your organisation? _____

9. Why has Youthreach been associated with you or your organisation? _____

10. Please describe or give an indication of the behavioural/social/family or other issues that are affecting/have affected this young person: _____

11. Is the young person on any medication?

Yes _____ No _____ Type _____

For what purpose? _____

What are the side-effects? _____

12. Is the young person in the care of/receiving support from a psychiatrist or a psychologist? *

Yes _____ No _____ Name: _____

13. Is the young person on the case-load of a social worker with the NWHB? *

Yes _____ No _____ Name: _____

14. In your opinion, would it be useful for relevant Youthreach staff to attend case conferences re this young person?

Yes _____ No _____

(If Yes, please include them on your mailing list re invitation to same)

15. In your opinion, what are the potential areas of difficulty re the young person *(please tick)*:

- Short Attention Span/Lack of Concentration _____
- Attendance/Punctuality _____
- Dysfunctional Family _____
- Drugs/Alcohol Abuse _____
- Child Abuse _____
- Sexual Abuse _____
- Withdrawn _____
- Non-Cooperative _____
- Depressive _____
- Hyperactive _____
- Violent _____
- Suicidal _____
- Other _____

16. In your opinion, does the young person present a danger to themselves or to others?

Yes _____ No _____

Please Explain: _____

17. In your opinion, what additional supports would be needed in order to maintain this young person in training? (e.g. would they be able to survive in a group situation or would they require one-to-one tuition/assistance)

18. Does the young person suffer from any physical injuries/health problems that may interfere with their training?

Yes _____ No _____

Please Explain: _____

19. Has the young person ever had contact with the JLO/Probation Services?

Yes _____ No _____

20. Re literacy levels, have any diagnostic tests ever been carried out for dyslexia or other learning difficulties? Yes _____ No _____

Please give details: _____

21. Please state below why you think Youthreach is the most relevant programme for the young person to attend:

* *It would be useful when/if the young person becomes a trainee if the Youthreach Centre Coordinator is kept informed of any changes in personnel being seen by the young person.*

Signed: _____

Position: _____

Date: _____

PLEASE NOTE THAT THIS APPLICATION IS STRICTLY CONFIDENTIAL.

*Please return it to the **Coordinator, Youthreach Programme** at the applicable address below:*

- **Adult Education & Training Centre, College Street, Ballyshannon**
- **Adult Education & Training Centre, Shore Road, Buncrana (Buncrana & Glengad)**
- **Adult Education & Training Centre, Gortahork**
- **St Fiachra's Training Centre, Kilmacrenan Road, Letterkenny (Youthreach & Senior Travellers Training Centre)**
- **Bethany House, Connyburrow Road, Lifford**

