Survey of Guidance, Counselling and Psychological Service Provision in Youthreach, Community and Senior Traveller
Centres for Education

Report

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Acknowledgements

1 Executive Summary

1.1 The nature of the enquiry

This is a report of an enquiry. The first aim of the enquiry was to establish how the guidance, counselling and psychological support services – available to all centres for education and training offering the Youthreach programme – were being organised and delivered. The second aim was to obtain the evaluation and comments of the key stakeholders about these services.

1.2 Introduction

The Introduction explains the background to the support provision and outlines the methodology and form of analysis used in the enquiry. The main purpose of the exercise is to gather the information to allow for an informed discussion by the stakeholders to take place, leading to an identification of effective practices and approaches for the development of these services. Summaries of the main findings of previous studies and evaluations of support services are outlined.

1.3 Survey findings

Sections 3, 4 and 5 consist of the data provided by VEC CEOs, by centre directors and by guidance, counselling and psychological service practitioners respectively. Because of the qualitative nature of much of the data, many of the responses had to be classified or categorised by this researcher before they could be reported. Some attempt is made in the analysis to quantify the occurrence of the categories used by respondents.

1.4 Consultation with learners

A sample of learners across six centres, chosen to be generally representative of centres nationally, were consulted for their views on the problems facing learners like themselves and where they would look for help with a problem. Section 6 reports on the findings from this consultation process.

1.5 Discussion

The issues that struck the researcher as important are discussed in Section 7, and a number of questions are identified for further exploration and analysis by the stakeholders. Among the key issues for consideration are the identification of effective forms of support provision; the factors influencing the accessing of services by young people and Travellers, especially by those most at risk; the availability of support services; the role of centres and their relationship to statutory and voluntary support services; and staff training and support. The report concludes that the task for stakeholders is to find a model that can

- recognise and distinguish between the varied needs of the learners in centres and
- identify and develop the range of supports and forms of expertise that are required.

2   Introduction

2.1   Background
In 1998, as part of the Mid-Term Review of EU Structural Funds, additional ESF aid was provided for the purposes of making guidance, counselling and psychological services available to early school leavers attending Youthreach (VEC and FÁS) and Senior Traveller Training centres. The funds from this budget are paid by the Department of Education and Science to the VECs and the VECs are responsible for organising the services in their areas.

In September 2002 this psychologist was assigned from NEPS to the Further Education Section to coordinate, on a national basis, the delivery of these services. It was apparent that there were considerable differences in the way they were being delivered and so it was decided that an audit of current practice through a postal survey of all VEC CEOs, all centre/workshop directors and all guidance / counselling / psychological practitioners working in the sector should be undertaken.

2.2   Methodology
The survey provided a chance to gather both quantitative and qualitative data. As well as finding out how they provision had developed and was now being operationalised, it offered the opportunity to enquire into the views of service organisers, practitioners and users about what was being provided, what was considered to be good practice and what changes were required to respond more effectively to the needs of learners in the centres. Respondents were asked to take the time to respond thoughtfully to the questions, to give their honest assessment of the situation and to make suggestions about the changes they considered would lead to improvements in the nature of the provision[1].

Following the gathering and analysis of the survey data, the author felt it was important to include the voice of learners in the enquiry and so commissioned a professional facilitator with experience of working in the Youthreach sector to conduct a consultation with a sample of learners in six centres around the country. The data from this consultation is included in section six of this report.

2.3   Analysis
The questionnaires were sent out at the beginning of July 2003 and respondents asked to return them by the end of the month. It was pointed out by a number of the respondents that the timing of the survey was not good as it was a busy time of the year and many people were on holiday. For this reason the return date was extended and all completed questionnaires accepted even if late. The response rates were somewhat disappointing but were sufficient for considerations of validity and reliability.

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[1] See Appendices A, B and C for the three questionnaires

The quantitative aspects of the survey lent themselves to straightforward analysis and reporting and give an indication of such matters as
- the extent and organisation of services
- the types of service being provided and how they are evaluated
- how practitioners are selected, appointed and paid and
- practitioners' qualifications and professional affiliations.

The responses to the questions seeking qualitative information were more difficult to record. The intention was to gain an understanding of how the services are seen and evaluated by the people involved rather than impose categories or constructions on them. The questions therefore were in an open format, inviting respondents to use their own language and descriptions of the issues. Coding the responses was time-consuming and difficult[2], and inevitably, given the enormous amount of experience and thought that was represented in the responses, some points will have been missed or misunderstood and others over-simplified. For each question then, a record was made of the number of times a particular theme was mentioned. The figures do not represent the number of respondents who mentioned the particular theme but the number of times a particular theme was mentioned. The distinction is important. A respondent who wrote elaborated answers will be more represented in the data than a respondent who gave minimal answers as they will be responsible for generating more of the points made.

The responses to any question can be contradictory because they were made by different people. The respondents' ideas vary – not only between the three groups surveyed but also within them – as people have different experiences and arrive at different conclusions about them. The listing of the themes or ideas contained in each paragraph is intended to reflect this range of thinking as well as indicating, albeit in a rather crude way, some degree of the frequency with which each came up. The goal was to elucidate the kinds of issues that people have identified as pertinent to the delivery of these services and to get some indication of how they understand and judge them.

2.4   The next stage in the process
The function of the survey was to gather information that could provide a solid basis for consideration and discussion of these services and people's experiences with them. This will then lead on to the next part of the process, which will consist of a series of stakeholder focus-group meetings around the country. At these meeting the issues will be discussed and explored with a view to arriving at the identification of effective practices and approaches and the gaps that need to be addressed. The process will inform the Department's policy in this area and support the development of guidelines on good practice.

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[2] The data from the qualitative parts of the survey were coded as follows: all the points made by respondents were noted; these were then analysed, looking for the themes or key ideas that they contained; the emergent themes were listed; and each point was then classified according to one or other of them.

2.5   Previous reports in the area of guidance, counselling and psychological service provision to Youthreach, Community and Traveller training centres, and their main findings

The provision of guidance, counselling and psychological services to young people participating in the Youthreach programme has been the subject of a range of reports and evaluations. These are listed in Appendix D. The following is a quick review of the main findings of these studies.

The Task Force Report (1998) made recommendations about the principles that should underpin these services and about how the funds should be allocated. It recommended an integrated approach to provision that would take account of the spectrum of needs of trainees, of existing actions by centres, of the training and support needs of staff and the availability of services from other agencies and bodies.

Ryan (1998) reported the findings of a survey carried out by the National Coordinators on the responses and services already in place in centres prior to the allocation of moneys from this fund. Her report also investigated centre directors' perceptions of the types of services that were needed. These included, in order of priority, counselling, referral to psychological services and vocational guidance. This study, by indicating the baseline situation obtaining prior to the provision of funds under this scheme, offers a useful comparison to the data from this current survey.

Walshe (2000) researched the situation obtaining in six VEC areas about eighteen months into the scheme, and found that individual counselling was the primary focus of services being delivered. She identified a number of concerns about the development of the services, including their integration into the work of the centres, the continuity of provision available to learners and questions of staff support and training and practitioner supervision.

The following documents refer to studies commissioned and carried out in relation to services in particular VEC areas. *Conboy (2000)* evaluated the guidance and counselling initiative set up for the four training centres in Limerick City and involving the employment on a fulltime basis of a counselling psychologist. She concluded that the initiative needed to be developed as a continuum of integrated guidance and counselling provision, requiring a team approach within and across centres and the involvement of management and staff. She proposed the establishment of a steering group to devise a strategy for the ongoing development of the provision.

The City of Dublin VEC Psychological Service contracted Liz O'Sullivan to carry out a qualitative and quantitative study of their counselling service in order to identify its strengths and weaknesses. A needs analysis undertaken previously with the centres had indicated that their priority request was for individual counselling for trainees, and between 65 and 90% of the psychologists' time was engaged in this form of work. *O'Sullivan (2002)* concluded that the level of service was inadequate to meet the needs, that staff trained in non-formal counselling skills was required to augment and mediate the service and that proactive measures should be taken by the

service to ensure that there was a better balance between crisis and systemic or preventive interventions.

Friel and Coulter (2004) evaluated support and counselling services to the centres in Co Donegal. They reviewed the research literature on the types of emotional and mental distress experienced by young people and the factors influencing their use of counselling services and other supports. They made a distinction between guidance and counselling and the use of counselling skills and noted the factors, such as relationship quality and environmental safety, which determine whether young people will access the services that are available. Having discussed a number of issues pertaining to staffing, trainees and the programme itself, they identified several areas where changes are necessary. These included clarification of objectives, adequate funding, staff support and training and improvements in structure and organisation to allow for the better coordination and delivery of services to the trainees.

Brown's (2004) interim report was also in respect of services in Co Donegal and dealt with an after-care (out of hours) and crisis management support project. She explored definitions of crisis and distinguished between the degree of impact or level of distress caused by different life events for trainees. Her research is ongoing and will focus on the type, level and extent of the crises that the young people are experiencing and the support methods and models that staff are using to respond to them

3 Survey of Vocational Educational Committee Chief Executive Officers

Quantitative information

3.1 **Response**: Twenty three Vocational Education Committee CEOs (or their representatives) responded to the survey out of a possible number of 33, representing a response rate of 70%.

3.2 **Size of Guidance, Counselling and Psychological Service budget**: The sums provided by DES to the VECs under this dedicated budget varied. The full sum was said to have been spent in the previous year in 70% of VECs. In the other seven VECs the reasons given for why the full amount was not spent included a delay on the part of the VEC in addressing the question of provision (2), difficulties with locating suitable practitioners (3) and the availability of the services through centre staff members (1) or the Advocate Service (1).

3.3 **Type of services being provided**: The greatest number (43%) described the type of service provided in their area as a *guidance and counselling* service; 22% said that *guidance, counselling and psychological services* were provided and 13% *guidance, counselling and psychotherapy services*; two VECs described their provision as consisting of *counselling and psychological services* and in the case of the final three VECs, one cited *guidance*, one *psychotherapy*, and one *psychological and psychotherapy services*.

3.4 **Sourcing of practitioners**: 52% of the CEOs said the VECs sourced the practitioners themselves, while 22% said they did so jointly with the centre directors. In another 22% of cases the centre directors alone were responsible for appointing the practitioners. In one case the VEC was described as appointing the practitioners in tandem with the Psychological Service.

3.5 **Selection of practitioners**: Just over half (52%) said practitioners were selected by public competition, while 26% said they were appointed as a result of word of mouth endorsement. In the other 22% of cases selection was said to have taken place on the basis of a combination of public competition and reputation.

3.6 **Payment**: The majority of practitioners (39%) were said to have been paid at the part-time teachers' rate of €27.12; 4% at €35; 22% at €38; and 9% at €45.   In two VECs the practitioners were said to be paid according to the psychologists' salary scale. In three of the VECs the exact payment was not specified, but described respectively as *on salary*; *varies*, or *paid per hour*.   In one case the practitioner was said to receive travel and subsistence recompense only.

3.7 **Evaluation**: Evaluation of the practitioners' work is most commonly carried out by a combination of centre director and VEC (61%); in 26% of cases it is done by the centre director alone and in 13% by a combination of the practitioners' own line managers and the VEC.

3.8 **Reporting arrangements**: In 17% of cases the practitioners give an account of their work through the centre's monthly report; in 13% they report through meetings and in 13% they give a written report. In the other 57% of VECs the reporting arrangements involve more than one of the above.

Qualitative information

3.9 **The CEOs' working meaning for *Guidance***: Twenty-eight of the responses to this question focused on the nature of guidance e.g. *vocational / career advice and information; a process which enables clients to acquire the skills they need to make choices and decisions about their futures, it increases self-awareness and improves decision-making skills; personal development; induction*; while 18 described the methodologies involved e.g. *meets with students and provides information / help / advice on careers and seeking employment; creation of IEPs; assessment; work preparation and work experience support; CV preparation; interview skills; individual and / or group sessions*.

3.10 **Their working meaning for *Counselling***: Thirty seven of the responses indicated particular issues that counselling provided assistance with e.g. *personal problems, the issues which led to early school leaving, those which hinder progress in the centre, practical concerns, family issues, learning difficulties, deficit personal, interpersonal and social skills, problems with self-esteem, addiction, teenage pregnancy, loss and bereavement etc.*; *9* referred to the nature or methodology involved in counselling, e.g. *provision of guidance / encouragement / challenge / inspiration / support / advice; person-centred approach that stresses the primacy of the individual's own experiences and meaning; a learning process where the individual is enabled to make better choices for themselves; individual sessions; group sessions; crisis counselling, developmental counselling, group and educational programme work*.

3.11 **Their working meaning for *Psychological Services***: Fifteen of the responses referred to the nature or form of psychological support e.g. *services for disturbed clients; more specialised counselling; guiding and referring trainees to other services, diagnosis and treatment for specific conditions, assessment of mental ability and capabilities; assessment of how to assist and meet needs; provision for social, emotional and psychological needs*.   Eleven of the responses focused on the issues that psychological services would provide professional assistance with e.g. *help for participants with severe emotional and behavioural difficulties; for participants with aggressive, threatening, violent and anti-social behaviour; for participants who have suffered physical, sexual and emotional abuse, for participants with severe depression and para-suicide; diagnosis and treatment for specific conditions (such as ADD, ADHD, Asperger's Syndrome)*.

3.12   How they would rate out of 100% the importance of guidance, counselling and psychological support to the work of training centres: Counselling was rated the highest, with an average rating of 73%, with Guidance next at 60%, and Psychological Services at 56%.

3.13   What they considered to be the essential skills of good practitioners: Twenty-five of the responses referred to personal qualities or attitudes (e.g. *patience; emotional maturity; having a caring / approachable / warm / encouraging manner; genuineness and respect; positive attitude; self-awareness*); 22 to specific skills or qualities (e.g. *good listening / communication skills, ability to build up a relationship with participants; able to keep a professional distance; facilitation and group work skills; able to empower trainees to cope with challenges*); 20 stressed knowledge and experience (e.g. *up to date knowledge of field; understanding of the issues facing the participants; ability to provide various programmes; ability to create IEPs; ability to carry out appropriate testing; knowledge of Youthreach programme*); while 8 focused on the relationship between the practitioner and centre staff members (e.g. *independence from the views for staff members; ability to work with staff team*). Fourteen identified qualifications or standards as important (e.g *appropriate professional training and / or qualifications; high ethical standards; professional in response and conduct – knowing boundaries*).

3.14   What their views were on the adequacy and appropriateness of current services: Twenty six of the responses referred to matters of resourcing e.g. *inadequate funding / provision; absence of psychological service provision; lack of availability of suitably qualified practitioners; part-time nature of work making it difficult to attract qualified and suitable personnel*; while 7 concerned more specific difficulties with current provision (e.g. the crisis nature of the demand preventing services being delivered on a more planned or systematic basis, the lack of time for practitioners to build up relationships with trainees and with staff; the need for greater access to be available to learners; difficulties re referrals and follow-up); 5 referred to policy issues e.g. *the lack of a coherent policy; lack of evaluation; the necessity for a qualitative needs analysis; the need for a broadening out of the service to allow for working in a more supportive, systemic and developmental way*; and one made the point that services needed to be adjusted to suit Travellers. Eleven of the responses expressed satisfaction with the nature (if not of the level) of current services e.g. *the delivery and content of the service is appropriate; it is fulfilling an absolutely critical role; trainees and staff now accept counselling as a core element of the programme*.

3.15   What changes are needed in their view to make services more effective?
Nineteen of the responses related to the question of resourcing e.g. *increased funding; a pool of suitably trained practitioners; more permanent contracts for practitioners; funding for supervision should be provided; psychiatric back-up needed; resources should allow for evaluation of outcomes*; 9 referred to access to services e.g. *DES should provide a psychological service for Youthreach; access to psychological assessments; early identification of special needs; quicker access to specialist services; when needed; links with adult guidance service; better liaison between*

centres re specialist services; 7 emphasised staff training e.g. *in front-line counselling skills, in group work, stress management, conflict management, etc.; specific training at diploma level needed for practitioners working in non-formal contexts*; 7 referred to issues of practice (e.g. *need for greater liaison between practitioner and staff team; the service could become too isolated – it needs to be integrated into the system and to communicate up and out more; reporting mechanisms to the DES need to be addressed*; 6 concerned policy (e.g. *a strategic plan for the development of G,C&Ψ services; need for clear guidelines re provision of services; ongoing review of services; standardisation of services; closer liaison between teaching and guidance services*); 1 was specific to Travellers, suggesting that *the staff should provide the service on a front-line basis and refer on to G,C&Ψ services only as the need arises*.

4   Survey of Centre Directors / Coordinators / Managers

Quantitative information

4.1   **Response**: The total number of centre directors that responded to the survey was 82 out of a possible number of 157, representing an overall response rate of 52%. (The response level varied across the three strands however – the rate for STTC directors was 66%; for Youthreach coordinators 58%; and for CTC managers 30%).

4.2   **Type of service being provided to their centre:** 12% of directors said that they had no current service on any kind. Of the remainder, 33% said it was of one type while 55% said they had more than one of the following types of service: Mentoring, Guidance, Counselling, Psychotherapy, Psychological Support, Group Counselling, Delivery of Personal Development Programmes, Staff Support / Supervision, Payment to outside providers for particular services. (See Appendix E for a breakdown for each type of service by the number of centres receiving it.)

4.3   **The number of hours available:** Only 88% of the directors are currently in receipt of a service and of those who responded to this question 6 said they had less than 2 hours per week; 32 that they had 2 – 4 hours; 10 that they had 5 – 7 hours; 2 that they had 8 – 10 hours; 1 that they had 11 – 13 hours; and 1 that they had 14 – 16 hours.

4.4   **Sourcing of practitioners:** In responding to this question, 24 directors said that the practitioner was appointed by the VEC; 12 that they were already working in the centre as part of the teaching staff; 11 that they were recruited by public competition; 10 that they were selected by the director; 7 that they were recruited by word of mouth; 4 that they were inherited from a previous director; 4 that they successfully tendered for the appointment; and 1 each respectively said that they had already worked in the centre on a voluntary basis, had already worked in a related programme, had been interviewed for the job or had been on the NEPS-approved panel of psychologists. Involvement by the director (or their predecessor) in the selection of the practitioner occurred in roughly half of cases.

4.5   **Evaluation arrangements:** No evaluation arrangements are in place in 13 centres. In 44 centres the practitioner reports to the director and/or the board of management. Five directors said that a report was made both to them and the VEC, while in 7 cases the report is made to the VEC. Eleven directors indicated that written records and/or reports were made.

4.6   **Professional supervision**: In the case of the 18 directors who said they were aware that their practitioner attended professional supervision, 11 said that this was paid for by the practitioner themselves or by their service; 6 that it was paid for by the VEC; and 5 said it was paid for by the centre.

4.7 **Changes in the past year:** Of the directors who responded to this question, two thirds said there had been no changes in the way services were organised or delivered in the past year, while one third said there had been some changes.

4.8 **If budget to the centre was augmented:** The majority of directors (57%) believed that the G,C&Ψ budget had not been augmented in any way; 35% said it had been[3]; while 7% did not know. Two directors indicated that the budget was augmented out of centre funds, e.g. by using some part-time teaching hours for counselling.

4.9 **Other resources and services accessed or liaised with:** A minority of directors (12%) said that their centres did not liaise with or receive support from any other services. In the case of the 88% of centres that did access additional supports, health board, gardaí, FÁS and local drug / alcohol services were cited most frequently. An additional support provided in 28 centres was the presence on the staff of a person with professional training in G,C or Ψ. (Appendix F lists the agencies and services mentioned in response to this question and the number of times each was cited).

Qualitative information

4.10 **In your centre what meaning is ascribed to *Guidance*:** Most of the responses related to the provision of information, advice or direction – re progression options or routes (mentioned 18 times); re employment / work / work experience (38); re further education or training (13); re life choices generally (21). Some responses emphasised the processes involved – the exploration of options (5); the identification of strengths, weaknesses and interests (4); the drafting of IEPs (2); group and individual sessions on specific programmes (3); supporting progression through the centre (1).

4.11 **In your centre what meaning is ascribed to *Counselling*:** Thirty-three responses described the counselling process as the provision of a listening / comforting / challenging / supporting service (e.g. *helping them to look at their situation, to make choices, to take more control over their lives, to consider consequences*). Another 33 described counselling in terms of the emotional or personal issues it dealt with (e.g. *social difficulties, anger, depression, family problems, suicide, self-harm, drug or alcohol problems*). Several responses focused on the form the service took – one-to-one counselling (23); group counselling (2); family counselling (1); referral to other agencies (4); delivering programmes (1); staff support (1)

4.12 **In your centre what meaning is ascribed to *Psychological Services*:** A significant number of the responses saw these as specialist services in respect of more severe difficulties (22) or educational difficulties (3); perhaps involving clinical interventions or therapy (7); or referral to services outside the centre (7). An identification or assessment role was also mentioned – formal identification of support needs (15), educational psychological assessment (12); and unspecified assessment (11). Two directors said that the term *psychological* had a negative

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[3] E.g. by Health Board, local Drugs Task Force, VEC, ESF, FÁS, Advocate Service, ADM, voluntary work by practitioner

connotation as it was considered synonymous with *psychiatric* and therefore to do with abnormality.

4.13   **The kinds of things done by the practitioner/s in their centre:** The most frequently mentioned activity carried out by practitioners was *one-to-one counselling* (51); followed by *supports / helps individuals e.g. by offering advice, mentoring, inducting, providing a safe place for learners to speak about their difficulties* (30); *conducts group counselling or themed sessions on personal or interpersonal skills e.g. anger management, bullying, suicide, eating disorders, abuse, depression, parental separation, Traveller identity* (27); *links / liaises with and refers to other services* (25); *supports staff e.g. by providing training / supervision or counselling* (17); *carries out vocational / educational / psychological assessments* (14); *teaches curriculum subjects like SPHE and LCA or FETAC personal development modules* (13); *mediates between learners and staff members / advises staff on how to respond to learners* (10); *teaches work and work experience skills* (8); *is involved with members of staff in devising IEPs and reviews* (6); *provides crisis support* (6); *links in with or works with parents and family members* (4); *sets up work experience and supervises placements* (4); *is involved with members of staff in developing centre policy e.g. on discipline, alcohol and drugs, child protection* (3); *builds up relationships with learners by participating informally in centre activities* (3); *carries out administrative tasks e.g. keeping records, writing reports* (3); *teaches relaxation techniques* (1); *liaises with schools* (1); *provides career advice or information* (1).

4.14   **What they would like practitioners to do more of and why:** Most directors indicated that they would like more service – either simply *more of what they had* (30) or *more of a particular kind e.g. group work, one-to-one counselling, crisis intervention, work with families, anger management* (39); a number referred to a wish for *a closer, more collaborative relationship between the practitioner and other staff members* (22); *more access to and engagement with outside services* (16); *for the practitioners to adopt a particular approach e.g. to have more understanding of, interest in and flexibility towards the learners, to use Reality Therapy, to encourage take up of counselling by introducing it first in groups* (14); or that practitioners would *have more training e.g. in special needs, assessment* (2).

4.15   **Ways in which having a practitioner in their centre makes a difference:** For most directors *access to a service that is familiar, trusted, accessible and professional* was seen as primarily to the benefit of the learners (60); however, the benefits to the staff were also noted e.g. *it provides guidance, security and support to staff members* (32); and to the work of the centre e.g. *by making it better able to cater for the needs of the learners, by supporting induction and programme planning, by promoting a happy atmosphere and by supporting the delivery of certain modules* (25); the fact that the practitioner was not a member of staff was seen as an advantage by a few directors (3); while one said that the unsatisfactory nature of their service meant that it did not make a positive difference in their centre.

4.16   **Ways in which practitioners are involved in the general work of the centre and how they relate to staff members:** The responses indicated considerable variation in the degree of involvement by practitioners in the general work of centres: *the*

practitioner has little / virtually no involvement with centre staff other than to accept referrals[4] (13) or *just meets the staff informally e.g. at coffee breaks* (5); sometimes they *liaise with the director* (5) or *particular members of staff* (1) *only*; in other centres they *discuss individual learners with staff*[5] (7) or *are seen as having a mediating role between learners and members of staff* (3); in a number of centres practitioners are very involved e.g. *attending and contributing to staff meetings* (19), *contributing to centre planning, programme development or the devising of policies* (6), *attending staff development days and taking part in general activities* (4) *contributing to ILP development* (3); and providing *staff support and/or supervision* (8). A number of directors described the practitioner as having *a good relationship with staff members* (15); in some cases they *are viewed as part of the staff team* (10) or *are actually a full- or part-time member of the staff* (9). In a few cases *the separateness of the practitioners from the staff* was considered a benefit (3).

4.17   **In their view, what do good practitioners do that poor ones do not do:** A number of themes emerged in the responses: Prominent was that good practitioners act professionally and have effective skills e.g. *are willing to try out new ideas and approaches, have the necessary flexibility and experience in life, are careful to maintain confidentiality, set boundaries and keep records, evaluate their work* (41); a major focus was on the ability of the practitioner to engage with the learners and form good relationships with them e.g. they *build up trust, communicate well, listen, be genuine, interested, warm, have a sense of humour* (39); and related to this was the view that they *know about, understand and are sympathetic to the culture of the learners* (13); also mentioned frequently was that they *see themselves as part of the team and work collaboratively with the staff* (31), perhaps *supporting staff members* too (5); some specific points about practice were also mentioned e.g. that they *meet with all the trainees and follow up cases* (6), *are able to conduct group sessions* (1) and *deal with issues on a pre-emptive basis* (1); and some of the points related to the theoretical approach of the practitioner e.g. that they *empower rather than encourage a sense of victimhood* (1), *provide insight into problems rather than solutions* (1) and *have a holistic approach to the student* (1).

4.18   **What advice would they give to a new practitioner:** The greatest number of responses to this item consisted of practical advice in relation to the work e.g. *take time to meet with and get to know the trainees; don't label and avoid generalisations, retain a sense of balance and proportion and have realistic targets, be willing to try out new ideas and approaches, be open to being challenged* (50); followed by a focus on the culture[6] of the learners e.g. *understand and respect their culture, know where they are coming from* (28); by an emphasis on the nature of the work context e.g. *see yourself as part of the centre team, know, consult and work collaboratively with members of staff, get to know the local agencies and the learners' experiences of them* (27); by a focus on engagement e.g. *take the time to form good relationships with the learners* (26); by a concern for professional standards e.g. *act professionally,*

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[4] the issue of confidentiality may be a factor here, as well as lack of time
[5] within the bounds of confidentiality
[6] this might refer to disadvantaged communities or equally to Travellers, non-nationals, people of the Gaeltacht, etc.

set and maintain boundaries, recognise your limits, have clarity about your role and communicate this, use reporting systems (18); by consideration of the practitioners' own needs in relation to conditions of service and supports e.g. *have professional supervision, network with other practitioners, re salary issues* (7) and self care e.g. *have good boundaries, don't take responsibility for other people's choices* (2).

4.19 **What they would include if contributing to the design of an induction programme for practitioners:** There was a broad range of practical suggestions, including *assessment techniques, how to develop programmes on SPHE issues, how to form good relationships with the learners, how to address particular issues (e.g. conflict resolution, addiction, etc), how to devise IEPs, about the nature of adult learning, about 15 – 20 year olds, how to work with people with low literacy levels, about difficulties that learners might have (e.g. ADHD), facilitation skills for working with groups, Reality Therapy/Choice Theory and generally the filling in of any gaps in practitioners' training or experience* (44); there was a strong focus on understanding the work context e.g. *being given information about the Youthreach model, local practices, the Quality Framework process, VEC structures, local services* (41) and suggestions that the practitioners should visit centres and meet with the learners (6); similarly there was an emphasis on their knowing about the culture of the learners (35) and developing the personal qualities and self-awareness needed to work effectively with this client group (4); and there was some mention of areas of professional knowledge and standards e.g. *knowing about statutory issues and reporting mechanisms* (10).

5 Survey of Guidance, Counselling and Psychologist Practitioners

Quantitative information

5.1 **Response**: The number of practitioners that responded to the survey was 39, not including the two Dublin VEC psychological services which provided largely aggregated information in the form of reports and working documents (see Appendix G for a brief account of the work of these two services). It is not possible to determine the response rate as there is no record of the total number of practitioners working in centres. Between them, the 39 respondents are working in 80 centres.

5.2 **Number of centres the practitioners work in:** 46% work in only one centre; 26% work in two; 8% in three; 18% in 4; and 3% work in 5 centres.

5.3 **Length of time practising in Youthreach:** The biggest group of respondents (33%) had been working for 1 – 3 years in Youthreach, while 21% had 4-6 years' experience, 10% between 7 and 10 years and 3% had been practising for over 10 years in the sector. The proportion working for less than 12 months was 20%.

5.4 **Type of service provided:** While 54% of respondents described themselves as providing a combination of services, the remainder described the type of service they provided as predominantly Counselling (15%); Guidance counselling (13%); Mentoring (10%); Advocacy (3%); Psychological counselling (3%) or Psychological support (3%).

5.5 **Employment capacity:** Nine of the respondents said they were employed on a full-time basis; 23 that they were part-time. Four said they were permanent; 5 that they were temporary; and 1 that they worked on a voluntary basis.

5.6 **Method of payment:** Twenty two of the respondents said they were paid at an hourly/weekly rate; 11 that they were salaried; 5 that they were paid a contract fee; and 1 that they are paid travel and subsistence only.

5.7 **Selection:** Nine respondents said they were appointed following an interview process, 3 following a public competition, 3 following interview through the VEC and 3 as a result of a successful tender by their Service; 1 said they applied for the job, giving no other details; 4 had already been working in the centre as part of the teaching staff, 1 had been known from a training placement or voluntary service and 1 had been selected by the coordinator.

5.8 **Qualifications:** 8% of the practitioners said they had no qualifications in guidance, counselling or psychology; 85% of them claim they have an academic qualification at Diploma, Primary Degree or Masters level; 36% of them a professional qualification

from a reputable school of psychotherapy (e.g. Gestalt, Family Therapy, Humanistic and Integrative, Psychodynamic, Jungian); and 49% of them certificate level training in an aspect of or approach to counselling (e.g. addiction counselling, mediation, crisis pregnancy counselling, youth studies, Reality Therapy). Many of the respondents cited qualifications under more than one of the categories above.

5.9 **Membership of professional bodies:** 79% said they were members of a professional body (e.g. IACT, IGC, IACP, FTAI, ICP, PSI, IAHIP). A number of the other 21% said they followed the code of conduct of a particular professional body although not a member of it.

5.10 **Supervision:** 69% said they were in receipt of professional supervision and 31% that they were not.

5.11 **Insurance cover:** 79% of respondents said they were covered by insurance, 29% of this group citing the VEC or centre insurance as applying to them. 10% said they had no cover and 10% did not know if they had or not.

Qualitative information

5.12 **How they carry out their role as practitioners:** Many practitioners answered this question with more than one description of their work. As explained in the Introduction, all points or themes were listed and so the total number of responses exceeds the number of respondents. One-to-one counselling / psychotherapy was the most common response (20); followed by group counselling and programme-based work e.g. on self-esteem, relationship issues, stress management, substance abuse, assertiveness (18); creative work (e.g. using art) / teaching relaxation techniques (11); one-to-one guidance / career path planning (8); preventive and informal work (7); induction, assessment and programme planning (6); mentoring[7] (5); staff support (4); incorporated into my work as a fulltime member of staff (4); networking / liaison / referral to outside agencies (3); work as an Advocate (2)[8]; parent or family support (1).

5.13 **The positive aspects of their role:** Areas of professional satisfaction mentioned were *the participants' receptivity to my role* (11), *helping people progress* (4), *conducting group sessions of a preventive nature or focusing on particular issues e.g. anger-management* (3) being accepted and trusted by the Traveller community and learning about their beliefs and customs (3), being from outside the centre i.e. not a member of staff (2); and causes of personal satisfaction included *the variety in the*

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[7] The following is a description of mentoring given by one respondent: *"I meet with all the new trainees for induction and profiling; I meet them regularly to monitor their progress; I resolve difficulties if they arise in the centre or at home; I mediate between trainees and instructors; I hold one-to-one sessions with them; I make referrals and organise contact with services e.g. doctor, probation, health board; I provide information"*.

[8] Although strictly lying outside the scope of this survey, two Advocates responded to the questionnaire and their responses have been included; likewise the information given by directors on services provided by Advocates working in their centres was included as it was not possible to separate out the data that referred specifically to the Advocate Service and those that referred to other practitioners.

work (1), *the teamwork and sense of contributing* (1) and *being paid for doing something I love* (2).

5.14 **The negative aspects of their role:** Respondents expressed professional frustration with *the amount of time or resources available for the work* (15), including *the lack of a suitable room* (4) and *lack of time to follow up cases* (2); some frustration was expressed about organisational issues e.g. *lack of flexibility in the way time is allocated* and *lack of liaison with other agencies involved with a learner* (2); and frustrations arising from the nature of the clients e.g. *the learner's absence when a session has been arranged for them* or *their choosing not to continue with counselling* (3). At a more personal level, practitioners expressed difficulties with their isolation, with the upsetting nature of the issues that come up and their clients' environment and with the limitations of counselling and people's unrealistic expectations of it (5).

5.15 **The biggest surprises when they started working in Youthreach:** A number of the responses could be classified as sociological observations e.g. *the number of young people leaving school with no qualifications, the lack of support they had in school, the learning difficulties of many of them, their alienation, the extent of the drug / alcohol culture, the pervasiveness of anger and aggression, their degree of prejudice and racism, the extent of individual and family problems and the lack of services to deal with them, the courage, cheerfulness and ability of people to keep going under very difficult circumstances and in relation to the Traveller community the lack of time-keeping, the matching, women marrying very young, the importance of community over the needs of individuals, the high level of bereavement, men and women not working well together, the low literacy levels, the high levels of motivation* (13); some related to what they had learned professionally e.g. *that groupwork was a good way to introduce clients to the service they offered, that the young people / Travellers are very open, that managing discipline during groupwork can be difficult, that confidentiality is very important to the learners, that the work is very draining* (12); while other responses dealt with the work context e.g. *the lack of understanding by staff about the nature of a counselling service or their lack of acceptance of its confidential nature, the lack of induction when starting the job, the value the centres place on counselling, the lack of boundaries between some staff members in relation to the young people's very personal issues, being seen as a threat by staff members, being expected to support staff development* (10).

5.16 **How their work relates to the general work of the centre:** Some viewed their work as complementing and relating centrally to the centre's general task[9] e.g. *by working collaboratively with staff members, facilitating good communication in the centre, providing support for staff as well as trainees* (17); others saw it more as a useful and specialised adjunct to the centre's work e.g. *I am available to discuss issues with trainees, I link in with centre staff members and with other support staff regularly, within the constraints of confidentiality I can let teachers know when there are particularly difficult circumstances for an individual* (12); while the remainder of the comments emphasised the separateness of the service from the work of the centre

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[9] Understood as *facilitating the personal growth and development of the trainees and maintaining them in education*

e.g. *we are seen as neutral and confidential because we are not perceived as staff members* (4).

5.17 **Their involvement in staff meeting, policy development, training, etc.:** The responses indicated the full range: From little or no involvement (8), just informal contact (2), meeting the director regularly to discuss service needs (2), involvement in case planning and reviews with members of staff (5), attending staff meetings (19), attending staff training sessions (4), working with staff on centre policy on e.g. drugs policy, strategic planning (8), delivery of staff training (7) to full involvement as a member of staff (2).

5.18 **How others see their job and how that is different from how they see their job:** The practitioners indicated their view of counselling could be quite different from that of centre staff e.g. *most staff think of it as a quick fix or that I have all the answers, difficulties sometimes arise with regard to the need for my service to involve confidentiality, they see it as 'having a chat' – I see it as skills-based therapy, they imagine that I carry around all that is shared with me – but I don't* (17); sometimes there are different understandings of their role e.g. *I see my role as facilitating the young people to discover their own answers, they see me (as mentor) having a role in the disciplinary procedure – I don't, they see my role as a support and problem-solving service for staff – I see my role as a support and problem-solving service for the trainees, my role (as an advocate) is more about progression than counselling – they tend to send me the 'trouble-makers' rather than those who are ready to progress* (4); or misunderstandings about the job itself e.g. *they see it as a cushy number – it's not, they don't appreciate how they are competing with other centres for our time* (3). For several practitioners, however, there appeared to be no mismatch e.g. *there's no difference in way they and I see my job, we are seen as a support service for participants and staff alike – and that is what we are* (14).

5.19 **What advice they would give to a new practitioner:** The greatest number of responses focused on aspects of practice e.g. *have no fixed agenda, work at the client's pace and have patience, develop good relationships with the young people, be aware of their background and culture, avoid becoming too informal, find out about the back up services that exist locally and their referral pathways, remember that among Travellers the family and community have a strong influence over the individual and cultural factors are very strong* (34); several related to matters of the organisation and presentation of the service e.g. *because of time constraints you need to identify where the needs are and work there, be self reliant and independent in your approach to the role, define your role clearly and stay within your remit, get to know the culture of the centre and how it operates, keep regular contact with tutors / manager* (26); some referred to principles e.g. *never violate confidentiality, be competent in responding to a crisis, try to ensure that the service meets the needs of those for whom it was intended* (11); and others concerned the addressing of their own support needs e.g. *form a peer support group, meet other practitioners, obtain supervision and support* (3).

5.20 **What they would include in a training programme for practitioners:** The responses can be grouped under a number of headings: the range of knowledge areas

they consider relevant e.g. *about cultural diversity, anger management, self-esteem and confidence building, adolescent psychology, addiction, the probation, welfare and care systems* (30); the skill areas viewed as useful e.g. *in assessment, relationship building, group facilitation, mediation, techniques for designing whole centre approaches, creative methodologies, relaxation techniques* (26); professional practice issues that should be addressed e.g. *self-development and awareness, ethical and legal issues, procedures on boundaries and limits, how and when to refer on to other services* (14); the value of finding their own supports e.g. *obtaining supervision, creating a professional backup service for oneself, self-development work or therapy, ongoing training, finding opportunities to participate in reflection groups or a national forum* (11); specific approaches they would recommend e.g. *Reality Therapy, holistic ways of working involving liaising with families and with other service providers, systemic approaches* (7).

5.21   **What training needs they feel they have:** The general headings that applied in the last question can be applied to the responses to this question too: The knowledge areas mentioned included bereavement, crisis pregnancy, suicide, mental health issues, teaching frontline counselling skills to staff members, Traveller culture, areas of interest to trainees, anti-bullying strategies (17); the skill areas included group facilitation, adolescent counselling, provision of supervision, relaxation techniques, dreamwork (13); a specific approach recommended was brief therapy (1); the professional practice issues mentioned included ongoing professional top-up training, qualifications, record-keeping (10); and the support issues were linking with other professionals, guidelines and policies pertaining to the work, access to group supervision (3).

5.22   **What changes are needed to make services more effective:** The majority of the responses to this question had implications for policy or resourcing of Guidance, Counselling & Psychological Services which are determined at a national rather than local level e.g. *an increase in the service available, review of what is needed by users and what is required to provide a professional service, clarification of the role and guidelines on practice* (32); several focused on issues taking account of contextual factors e.g. *a holistic approach by the whole centre, better referral structures and liaison between counsellor and staff, a staff skills programme for staff development, more access to psychological or therapeutic services, more contact / liaison with social workers, gardaí, etc.* (23); some related to professional standards and good practice e.g. *a distinction needs to be made between guidance and counselling (both needed), more group sessions, consultation with trainees themselves about how the services should be provided, clear ethical guideline re confidentiality, respect and boundaries* (13); and some addressed their own support needs e.g. *more supervision, a chance to discuss the work with others and to network, support or liaison days for counsellors* (12).

6   Consultation with Learners

6.1   The purpose of the consultation process with the learners
The voice of learners had not been sought in the survey and it struck the author that this was a major and unacceptable deficit in the completeness and validity of the inquiry. It was decided to conduct a consultation process with learners in a sample of centres. The process was designed and organised with the support of a professional facilitator, who was also responsible for leading the sessions and reporting on the outcomes. This chapter is based on her report.

The main focus of the consultation was on three questions:
(a) What are their own hopes and fears for the future?
(b) What are the kinds of problems that learners like themselves might have?
(c) Where would they go for support if they had a problem?

6.2   The consultation process
Six centres were chosen to be representative of learners in Youthreach, Community and Traveller training centres and of both urban and rural settings. Half the learners involved were under 17/18 years and half were over. For logistical reasons only Traveller women were included among those consulted in STTCs. The learners were all young (i.e. under 25 years) except for one group of older Traveller women. The sessions all took place during November 2004. Each group spent a morning looking at the issues, using both creative and culturally sensitive methods. The session was divided into four sections:
1. Icebreakers, group contract and hopes and concerns with regard to the morning's session
2. Hopes and expectations for themselves for their future, concerns or worries for their future and what matters the most to them
3. Young peoples' / adults' problems today
4. Where would they go for support or help.

6.3   What emerged from the consultation
The views of the learners are presented below under the following headings:
- Personal hopes and expectations for themselves in the future
- Concerns or worries for themselves in the future
- Their view of the problems facing young people / adults today
- Availing of support services

6.3.1   Personal hopes and expectations for themselves in the future: Ninety percent of participants in the centres were very determined about what they were going to achieve in the future, saying that the core objective was to gain employment. Most of the male learners wanted to undertake a trade i.e. become a mechanic or carpenter and the female ones wanted generally to go into the area of childcare,

beautician or hairdressing. A minority of the female learners said they wanted to get married, have children and stay at home. Those already married with children (these were all Traveller women) wanted part-time jobs rather than full-time as it would facilitate their child minding arrangements.

Fifty percent said that in order to accomplish their goals, they would need to undertake some form of further education / qualifications such as an apprenticeship or childcare course. Some had set goals through the centres as to how to achieve this. There was a strong emphasis – even among the 10% who were not sure what they wanted to do – that they did not want to leave the various centres and progress to the dole queues. They wanted self-sufficiency and not to be dependent.

A great deal of their expectations were strongly entwined with their hopes for the future which, they said, were to have enough money, a nice car, improve their skills, get to meet different people, have nice things and be comfortable in life. Among the Traveller women, going on holiday was a very strong factor. For the parents in the various groups a large percentage of their hopes (and indeed fears) were very much linked with their children and family. It took some encouragement to persuade them to focus and consider their own hopes and concerns. A common response was to win the lottery so they could make all those things possible for their children.

What mattered the most was to have fun, be happy and healthy, not attract or bring about any trouble and to feel loved. What also mattered was that their families would experience the same and this extended in some situations to extended families – grandparents, nieces and nephews, godchildren and uncles. "That all who I love would be happy and safe". In a few cases family was not mentioned and pets or friends replaced them. When this was teased out further, it became evident that these learners were no longer living at home and /or where relations were presented as being strained.

6.3.2   Concerns or worries for their own future: In relation to worries / concerns in life, the issues identified as anxieties had already been closely experienced, through a friend or to a family member. These included depression, homelessness (being kicked out of home), teenage pregnancy, cancer, suicide, tragic deaths and addiction. One young man, when asked what would he like to avoid in life, answered, "alcoholism and my Da, as he was an alcoholic and no good".

Drug addiction was very prevalent on their list of fears, however when discussed further, the majority felt that hash / cannabis and E were ok. It was the "hard drugs" that led to apprehension and unease. Another fear linked to drugs which appeared to be very strongly held by the younger groups, was getting entangled with the "wrong people". They described how they believed that this could lead to getting involved in crime, having dealings with the Gardaí and "getting locked up" or "shot" and, at the very least, be bullied or beaten up.

Fear of not succeeding, not passing the Junior Certificate or exams, having "no life", becoming depressed, "stuck in a job I don't like", being in debt and /or bad health/ cancer also rated very highly.

Discrimination for themselves, but more so for their children, held a strong focus among the Traveller women.

The facilitator was struck by the extent to which experiences relating to cancer, suicide, alcoholism, tragic deaths, prison and depression had already touched the lives of these learners, particularly when one considers that young people their age tend to believe themselves invincible and untouchable.

6.3.3   Their view of the problems facing young people / adults today: In this section the learners were being consulted about people like themselves (young early school leavers or Traveller women) rather than being asked to speak about their own problems. However, they had already identified the key issues of concern for people like themselves when they were talking about themselves and so this section simply allowed for further exploration of the same problems.

The matters of concern that were brought up by all of the groups and which were the first on everyone's list were drug and alcohol consumption. However, as stated earlier, these were mostly seen to be a problem when they led to other issues such as; addiction, crime, carelessness, accidents, peer pressure, unplanned pregnancy, having sex under the influence –"being so drunk or out of it that you have sex but don't want to do it", sexual diseases and joy riding. There were some who mentioned that the consumption of alcohol and drugs would not be a problem if they were not so bored. Some felt that they needed more sports or youth programmes, as when they left the centres in the evenings they had nowhere to go and little to do.

Other issues that were mentioned were finding a good job, access to education – "you have limited options if you don't fit into the scheme of things", getting into debt, bullying, illness, suicide and death, anorexia, not being sure of ones sexuality, homelessness, divorce among parents and coping with sexual abuse.

The group of Traveller women had a number of additional concerns. These included arranged marriages, getting married too young and having children too young, better education for their children, being afraid to tell anyone about domestic violence, health issues -"being shamed to go for check ups", depression and accommodation issues high on their list of problems. Drugs were also a concern, but mostly in relation to the boys getting involved as "there is more mixing now with the country people (settled community) and more access to drugs". It was felt that more sex and health education was needed for young Traveller women i.e. information on pregnancy, antenatal classes, smear tests and breast checks.

It was generally felt that life is now more complicated than easy, that there is a lot of competitiveness amongst young people and expectations that they will be in control of their life situations and apprehensions around not achieving their goals. The general feeling was that things have gone too far and that there are unfair and unrealistic demands on young people: "in too much a hurry to grow up".

There was a strong emphasis on the fact that they had too much responsibility, too many issues to deal with and too many choices to make. Therefore they felt not able to cope. Most participants experience was that adults in general don't listen to their opinions, that they are not being heard or noticed and in some cases there is lack of family support. Because of this and all the "temptations" that are out there, they feel under a lot of pressure. It was perceived that with exception to the adults in the centres, they were judged on their appearance and judged before people got to know them. They generally felt that they don't get enough credit for the difficulties they face and that attention is given to the negative rather than the positive e.g. in almost every centre they referred to the FBD advertisement where the "granny " steals the money from the till while the young male is being watched suspiciously by the owners of the shop.

6.3.4 Availing of support services: Each group showed that it was aware of the existence of organisations and institutions for helping people experiencing various types of difficulty. These included AA, REHAB, Childline, Cura, addiction clinics, counselling services, psychologists, the Samaritans, teachers, Women's Aid, psychiatric hospitals / psychiatrists (– "if you felt like killing someone"), doctors, hospitals, FÁS and instructors / trainers in the centres particularly in relation to career guidance. However, when asked in reality where they would "actually" go many indicated that they would be more likely to talk to their mother, a distant family member or their best friend.

When the question of going to Counselling was discussed, three different strands of thought existed:
a) Some participants said they would not share their problems with anyone and would hold them inside or try to hide them. A few even suggested that they would turn to drugs or drink to help them deal with their issues. Some of this group, after further discussion, suggested that if they were very desperate they might talk to a friend, a member of their extended family, someone they knew had had a similar problem or possibly to a member of staff in their centre if they got on well with them. They certainly would not want anyone to know.

b) Some respondents would attend a counsellor in the centre if they were an instructor / trainer also i.e. did other classes as well as counselling. They felt that this would give them the opportunity to build up a more trusting relationship, thus making it easier to speak to them more frankly and candidly in a counselling situation.

c) On the other hand, some said they would be satisfied attending counselling if they only met the counsellor in that situation i.e. if the counsellor was "private" and only worked as a counsellor in the centre. Therefore they "would not be embarrassed to have to look at them everyday especially if they knew about my problems"

The consensus was that a counsellor in any of the aforementioned scenarios would have to possess certain qualities:

- Someone you can trust and talk to easily
- Someone who listens to you and instills confidence in you to speak
- Someone whom you wouldn't feel embarrassed talking to
- Someone who has a sense of humour
- Someone who is discreet (this was stressed as crucial e.g. that the counsellor would not call the learner out of class for counselling, but maybe get the co-ordinator / director or an instructor to do it)
- Someone who is easy going and would not use "big words"
- Someone who would have knowledge and understanding regarding the Travelling Community
- Someone who would challenge you, but not treat you any differently if they also had to work with you in a classroom situation
- Someone who would be a role model figure

For the majority of participants the feeling was that counselling was more acceptable now than it had been in the past and the stigma associated with it diminished.

7   Discussion of Issues

7.1   Quality of the data obtained from the survey
The responses to this survey are rich in detail and show a considerable amount of thought and analysis by all three groups involved. Likewise, the consultation process gave an insight into the problems that the learners consider to be the most pressing ones that they have to face and into their views about forms of support. The discussion that follows does not do justice to the full range of their ideas and suggestions but attempts to respond to some of the key issues identified.

7.2   Budget for provision of G,C&Ψ services
There is a limited budget available from the Department to support provision of these services. It was surprising to find that 30% of VECs had not spent their full allocation given that the scheme has been in place for several years. Over half of the directors said their fund for these services had not been augmented in any way, although they were not necessarily accurate about this. Many VECs do augment this budget from their own resources and centres sometimes use part of their teaching hours for counselling or guidance, particularly if they have a member of staff with qualifications or skills in these areas. Other ways in which centres obtain greater provision include services delivered on-site by Health Board bodies, financial support from community based structures (e.g. Drugs Task Force, Area Development Partnerships) and direct support by FÁS in the form of the Advocate Service, which is available in centres in 16 counties. (See paragraphs 3.2, 4.8)

7.3   Extent of services
For services provided specifically under the G,C&Ψ budget, the extent of current provision in terms of service time is quite small. Of the directors who indicated the number of hours of service they had, 16% had no service at all and 61% no more than four hours per week, with only 6% enjoying eight or more hours a week. Nor is the situation stable, with one third of directors saying there had been changes in the way services were provided or delivered in the previous year. (See paragraphs 4.3, 4.7)

7.4   Types of services being provided
The headings under which the services currently being provided were described included guidance, counselling, psychological services, psychotherapy, mentoring and advocacy. But what exactly people mean when they use these terms is not entirely fixed. The professional titles under which practitioners operate (e.g. mentor, counsellor, psychologist) do not necessarily indicate the nature of the work they do and, in addition, many practitioners engage in a range of activities. (See paragraphs 3.3, 4.2, Appendix E)

7.5   Understandings of terms *guidance*, *counselling* and *psychological services*
CEOs and centre directors were asked to give their understandings of what is meant by the three types of service. There was considerable similarity between both groups in their understandings and use of all three terms.

7.5.1 They saw *guidance* as being to do with vocational and work-related matters, but also personal development and life choices; as involving information- and advice-giving, but also a focus on skills development in relation to exploring options and making choices; and as frequently involving activities such as assessment, work experience and work preparation training.

7.5.2 They understood *counselling* to deal with personal, social or family-based difficulties and as taking forms such as one-to-one sessions, group sessions and programme delivery. The counsellor was seen variously as guiding, supporting, listening, challenging and/or using methodologies which encourage decision-making, considering consequences, taking control and learning.

7.5.3 In general, both groups tended to see *psychological services* as dealing with and treating more severe difficulties than those dealt with by counsellors, including mental illness and psychiatrically diagnosed conditions (e.g. ADHD, Asperger's Syndrome, Depression) and / or as providing assessment and diagnosis of learning difficulties or of educational support needs. The former points fit more closely with a description of clinical psychological and psychiatric services – usually provided under the Health Board – while the latter ones are more typically associated with an educational psychological service, although there are areas of overlap between both. CEOs and Directors tended to speak of psychological services as services to which a young person would be *referred* i.e. as essentially situated outside the centre. (See paragraphs 3.9, 3.10, 3.11, 4.10, 4.11 and 4.12)

7.6   Identifying the kinds of interventions actually being carried out
The full range of interventions making up current practice as identified by the respondents is listed below (roughly ordered according to frequency of mention). There is some overlap between the categories e.g. *one-to-one counselling* may incorporate many of the same elements of *supports / helps individuals e.g. by providing a safe place for learners to speak about their difficulties* and include *one-to-one guidance on career path planning*, with the counsellor also *mediating between the learners and staff members and advising the staff on how to respond to them*. So it is possible for a number of the categories below to refer to the one activity or piece of work:

- one-to-one counselling / psychotherapy
- supports / helps individuals e.g. by offering advice, mentoring, inducting, providing a safe place for learners to speak about their difficulties
- conducts group counselling or themed sessions on personal or interpersonal skills e.g. anger management, bullying, suicide, eating disorders, abuse, Traveller identity, depression, parental separation
- links / liaises with and refers to other services
- supports staff e.g. by providing training / supervision or counselling
- carries out vocational / educational / psychological assessments
- teaches curriculum subjects like SPHE and LCA or FETAC personal development modules
- mediates between learners and staff members / advises staff on how to respond to learners

- teaches work and work experience skills
- one-to-one guidance on career path planning
- sets up work experience and supervises placements
- is involved with members of staff in devising IEPs and reviews
- is involved with members of staff in developing centre policy e.g. on discipline, alcohol and drugs, child protection
- provides crisis support
- links in with or works with parents and family members
- builds up relationships with learners by participating informally in centre activities
- carries out administrative tasks e.g. keeping records, writing reports
- teaches relaxation techniques
- liaises with schools

(See paragraphs 4.13, 4.16, 5.12)

7.7   Continuum of provision
There are important differences between the roles of the three forms of service which can be lost if they are seen simply as representing increasing levels of skill across a continuum.   Guidance counsellors have knowledge and skills in relation to assessment and vocational preparation that most counsellors will not have and a person with a qualification in psychotherapy, although usually classified as a counsellor, could well have skills in relation to serious conditions or mental illnesses that many psychologists would not have. Also, the full range of possible interventions contained under the terms *guidance, counselling* and *psychological services* are not necessarily provided by a practitioner working under any of these titles. A guidance counsellor might engage in vocational preparation but not one-to-one counselling about personal difficulties and a psychologist might engage in psychotherapy but not assessment. In addition, few centres have access to all three types of support – either in the form of a practitioner with training in all three areas or in the form of separate professional practitioners. Therefore, most learners will not have access to all forms of support equally or to the full range of interventions mentioned above.

7.8   Professional issues for practitioners e.g. qualifications, skills, experience
The majority of practitioners appear to have suitable qualifications for the work they are doing: 85% have an academic qualification and 36% a professional one from a school of psychotherapy (there is considerable overlap between both groups); 79% are members of a professional body and 69% obtain professional supervision on a regular basis. The 8% who said they had no qualification in guidance, counselling or psychology may have training in youthwork or other relevant areas, and be working as mentors or advocates. (See paragraphs 5.2, 5.3, 5.8, 5.9, 5.10, 5.11)

7.9   Employment conditions of practitioners, including payment
The terms of employment of the practitioners need to be addressed in the interests of ensuring quality in the provision of services. The relatively ad hoc, part-time, temporary nature of much of the employment arrangements is impacting on the continuity of provision, the building up of experience and skill by practitioners and

the formation of relationships with staff and learners. Roughly half of the practitioners work in more than one centre and a third have over three years experience of working in this sector. Thus some practitioners have specialised in working with early school leavers and / or with Travellers and are likely to have developed valuable expertise with these groups. The support and training needs of practitioners require attention, including the question of providing opportunities for them to meet together to discuss their work, to share their learning and to support each other. (See paragraphs 3.2 3.6, 5.5, 5.6, 5.22).

7.10   Sourcing, selecting and evaluating practitioners
There is clearly a difficulty in some parts of the country about finding suitably qualified and skilled practitioners. The selection of practitioners is an important matter given the sensitive nature of their work. Care needs to be taken that suitably qualified people are involved in the selection process. The selection and evaluation of practitioners will be facilitated by the issuing of guidelines on good practice. (See paragraphs 3.2, 3.4, 3.5, 3.7, 3.8, 4.4, 4.5, 4.6, 5.7)

7.11   Identifying the skills of good practitioners
The survey questions for practitioners were different in style from those asked of the other two groups of respondents and so their responses will be taken separately.

7.11.1 CEOs and directors' perspective
Both CEOs and directors tended to emphasise the same key areas, i.e. professional knowledge and effective practical skills, ability to engage with the learners and form good relationships with them and an understanding of and sympathy for their culture. For the directors it was also important that the practitioners would see themselves as part of the centre team and work collaboratively with the staff. (See paragraphs 3.12, 4.17, 4.18, 4.19)

7.11.2 Practitioner' perspective on their work
While a number of areas of professional satisfaction were identified, frustration was expressed with the amount of time or resources available for the work and with some organisational issues in the light of the context. At a more personal level, practitioners expressed difficulties with their isolation, with the upsetting nature of the issues that the clients brought up and with the limitations of counselling. They reflected on what they had learned from their work, both in terms of the client group and the techniques and methods they had found effective. It was apparent that there are several aspects of their work where a difference of view exists between them and centre staff members. This indicates a need for much greater interaction and communication between both groups. (See paragraphs 5.13, 5.14, 5.15, 5.18, 5.19)

7.11.3 Learners' perspective
The learners identified some of the same qualities as the CEOs and directors, particularly those that related to a capacity for engaging easily with them and understanding their culture. But interestingly, there was also reluctance expressed by some about using formal counselling or support services. For these, the key issue appeared to be one of relationship rather than professionalism. (See paragraph 6.3.4)

7.12 The particular needs of Travellers

The particular needs of Travellers attending Youthreach / STTC centres were noted. The Traveller learners who were involved in the consultation process and the practitioners, in particular, emphasised the need for the often strong influence of their culture to be understood and taken into account by practitioners when working with Travellers. Among specific issues identified as problematic by the learners were the existence of discrimination, cultural practices such as early or arranged marriages, domestic violence and health problems. (See paragraphs 3.15, 5.19, 5.20, 5.21, 6.3.2, 6.3.3)

7.13 Evaluation of the adequacy and appropriateness of current services and of changes needed

Both CEOs and directors referred to matters of resourcing, indicating that they saw a need for an increase in provision. In some cases this was simply for more of what they had already, while in others it was for more of a particular aspect or type of service. The CEOs referred to the need for policy to be clarified or developed. A significant number of the directors expressed a wish for a closer, more collaborative relationship between the practitioner and staff members and for more access to and engagement with outside services. The practitioners also identified resourcing as an issue, along with the need for a review of users' needs and of what is required to provide a professional service, for clarification of the role and for guidelines on practice. Several focused on contextual factors and matters relating to the relationship between their service and the work of the centre. (See paragraphs 3.13, 4.14, 5.22)

7.14 Identifying areas where training may be required for practitioners

The question of the particular areas of skill or knowledge that practitioners need to have in order to be able to work effectively in the context of Youthreach or Traveller centres was addressed. Both directors and practitioners identified particular ones that they thought were important, including knowledge of the culture of their clients, of how to address relevant issues and of practice skills that would suit the context. By showing an awareness of their own training needs the practitioners were giving an indication of their commitment to working with this client group. (See paragraphs 4.19, 5.20, 5.21)

7.15 Guidance

It is important to note the increasing commitment on the part of policy makers to provision of guidance services. In May 2004 the Council of the European Union passed a resolution recognising the importance of lifelong guidance in supporting and furthering the Lisbon Agenda (of economic and social development through education) and in promoting social inclusion, social equity and active citizenship by encouraging and supporting individuals' participation in education and training and their choice of realistic and meaningful careers. Guidance is seen as a necessary support for all citizens in a context where investment in human capital is regarded as central to the development of advanced economies and democratic societies.

7.16 The nature of early school leavers and their needs

The reports (see Appendix D) which examine the support needs of participants in Youthreach and Traveller training centres identify this group as being at particular risk of social exclusion, unemployment, social problems, mental health difficulties, offending behaviour and poverty. This is the rationale for the establishment of the centres as places where vocational training and work preparation skills development are available to early school leavers. It is also the rationale for the provision of guidance, counselling and psychological services in the centres. Other agencies with statutory responsibilities for members of this group include the health boards, the probation services and, within education, the National Education Welfare Board and the National Council for Special Education. In addressing the guidance, counselling and psychological service requirements for this group, more wide-ranging questions arise about the general objectives of the Youthreach programme. These objectives include the successful progression by Youthreach graduates into further education or employment and their development of personal and social skills to enhance the life choices they make for themselves and their communities.

7.17 Factors affecting young people accessing supports

Provision of support services is not a simple matter as there is an issue about the willingness of people experiencing distress to access the professional services available to them. It has been found that those most in need tend to be the least inclined to seek help, while key factors encouraging the accessing of supports are relationship quality and environmental safety (see Friel and Coulter, 2004). This raises a number of questions, such as Who are distressed young people most likely to seek help from and what are the implications of this for the provision of guidance and counselling? How might appropriate forms of peer support be developed? Can the opportunities afforded by the positive relationships that exist between learners and centre staff members, and their willingness to talk to and confide in staff, be better utilised? Should the primary support be provided by staff members and if so how can they receive the necessary training, back up and supervision? In what circumstances would it be more beneficial for a learner to go directly to the professional practitioner? When are outside services needed? Might staff members have a liaising or facilitating role here?

7.18 The role of centres

The Quality Framework Initiative identifies a broad role for centres by including in its quality standards such areas as a positive social environment, intercultural values, a commitment to equality, a welcoming induction programme, provision of support structures for learners and social, personal and health education programmes. The vocational training that takes place does so in a general context of personal development. How can the guidance, counselling and psychological interventions be integrated more closely into the curricular and cultural aspects of the centre's role? Could interventions be delivered through the form of group-based programme work and social, personal and health education modules, through the creation of agreed behaviour codes and the development of a caring ethos?

7.19 Counselling
The survey indicates that the form of service most in use at present is one-to-one counselling.   What is meant by this, however, is not self-evident as the term *counselling* can incorporate everything from advice-giving to psychoanalysis. From documentary and anecdotal evidence, however, it would appear that counsellors are mostly engaging in conversations that have problem-solving rather than self-knowledge as their primary focus. The problems involved can be very serious and at a crisis level of intensity but the approaches the practitioners typically use appear to derive more from guidance than psychotherapy. However, while the skills involved may not strictly require psychotherapeutic training, the level of chaos and distress in the lives of many participants makes formal professional training essential if these are to be contained. Is this level of training needed by any person working with these participants or is it enough for it to be available as backup to those working in a frontline capacity? Is one-to-one counselling the best form of counselling in every situation?

7.20 Confidentiality and culture
Confidentiality in a counselling session is important for creating the necessary safety to allow the client to speak honestly about uncomfortable or painful matters. There can be a cultural dimension to this, however, as the culture of the centre will largely determine what it is safe to talk about. An over-emphasis on confidentiality when dealing with personal difficulties can appear to endorse the view that the issues concerned are of a shameful nature. If it is safe to talk, more issues – many of which are of common concern – can be brought out into the open and participants can help and learn from each other. So how can centres develop a culture where what is said is listened to in confidence by their peers and treated with respect? How can the safety be created that would encourage participants to address their personal difficulties openly, find support and learn the behaviours needed to deal with them?

7.21 Relationship of centre to other services
Many centres are aware of all the relevant statutory, community and voluntary agencies providing a service in their area and have identified how they can make contact with them. Sometimes making a referral to the appropriate service can lead to the resolution of a problem for a participant. Frequently, however, the services are inadequate and / or the participant will not use them. This raises the need for better coordination and integration of support services. Some centres have pioneered the development of a collaborative approach between themselves and the other agencies involved with a participant or their family. What are the best ways to do this? Do centre directors need to take more initiatives in contacting local services and proposing joint actions? What might the practitioners' role be in relation to referral and liaison? Are there initiatives that could be taken at regional or national level to support greater integration of services?

7.22 Staff training and support, including practitioner support
Staff development training is a way of increasing the expertise available in a centre, and as such is a way of increasing provision. A function of staff support is to look to the ongoing sustainability of a valuable resource, as staff that are not supported can become burnt out or cynical. The centrality of good relationships between learners

and staff to the success of the programme means that this needs to be a key priority. Practitioners with experience of working in this sector are also a valuable resource that would benefit by being extended through focused training, informed by the issuing of guidelines for practice, supported by the setting up of structures for liaison and made more secure through improvements in their conditions of employment. New structures for the organisation of staff training at a national level are currently being established. Staff support and supervision arrangements are in place in some VEC areas but are not widespread. What are good models for staff support and supervision and how might these be introduced nationally? Could practitioners have a role in this and if so how? What types of approaches are more effective for practitioners to use and what are their training needs in relation to these? What communication, evaluation and reporting structures are needed between practitioners, centre staff members and VECs? What types of structures would be appropriate for supporting the range of part- and full-time practitioners that operate in centres and how might these be set up?

7.23   Availability of a range of services
There are core areas of support that everyone attending a centre for education should be able to avail of – for example, social interaction, assessment, vocational skills training, work experience, guidance for progression. Then there are areas of support that some but not all participants will need – including personal counselling, literacy tutoring, psychological assessment. The task is how to ensure that all participants have access to whatever supports they need. One way of thinking about this is to think of the centre as the unit (rather than the individual learner, or the practitioner) and to consider how the centre can be resourced to meet all the needs of its inhabitants. Some needs will be met by members of staff, as they are or with additional training. Others will need the professional skills of trained practitioners working part-time in the centre but integrated into the staff team. Yet others will need services that can only be provided by outside agencies, but these may have to be mediated by members of staff in order to make them attractive or effective for participants.

7.24   Development of an appropriate model
What is needed is a model that starts from the presumption that personal development is the core work of centres for education and therefore a matter for all members of staff, for the VEC and for the Department of Education and Science. Such a model should be capable of identifying both the areas of need that learners have and the sources of expertise and support that might be provided, and should be capable of helping with the development of a) a continuum of support (incorporating curricular programmes, a positive centre culture, mentoring and frontline support by staff, various forms of intervention by practitioners and mediated services by outside agencies), b) a framework for focused staff training, c) the establishment of an effective model for staff support and supervision, d) provision for greater liaison and support for service practitioners and e) the development of practices that can lead to more coordinated and collaborative work with other agencies providing services.

Appendix A
CEOs' Questionnaire

This questionnaire relates specifically to the budget for the provision of guidance, counselling and psychological services in Youthreach Centres, Community Training Workshops and Senior Traveller Training Centres administered by the VECs on behalf of the Department of Education and Science.

Name of CEO:

VEC:

1. What sum is being provided to your VEC by the DES this current year for the provision of guidance, counselling and psychological services in Youthreach Centres, Community Training Workshops and Senior Traveller Training Centres?

2. Was the full amount spent in 2002? YES/NO

    If NO, why was this?

3. For each centre/workshop in your VEC area please state
    (a) The type(s) of service currently being provided (e.g. guidance, counselling, psychotherapy, psychological assessment, psychological support, other)
    (b) The number of hours per week/fortnight/month each service is provided
    (c) The providers of the guidance, counselling or psychological services

    Name of centre/workshop

    (a) Type(s) of service [e.g. guidance, advocacy, counselling, psychotherapy, psychological assessment, psychological support, other (please specify)]:
        (i)

        (ii)

        (iii)

    For each type of service
    (b) Number of hours per week/fortnight/month service is provided:
        (i)

        (ii)

        (iii)

    (c) Name of service provider(s):
        (i)

        (ii)

        (iii)

4. With regard to your VEC's practice in the selection and appointment of guidance, counselling and psychological service providers

(a) Who sources the service providers (e.g. centre directors, VEC personnel)?
(b) How are they selected (e.g. by public competition and interview, by word of mouth, by transfer from another agency in the region, etc.)?
 (c) What are the rates of payment given to service providers (and state whether per hour, contract, salary)?

5. With regard to the regulation of guidance, counselling and psychological services
    (a) Who oversees the quality of the services being provided (e.g. centre directors, VEC personnel, professional supervisors, line managers in their own services, no one)?
    (b) How do centres report on their experience of services (written, oral, at meetings, they don't)?

6. What meaning is ascribed in your VEC to the following:

    Guidance

    Counselling

    Psychological Services

7. Out of 100%, how would you rate in terms of importance the value of guidance, counselling and psychological support to the work of training centres?

    Guidance   [   ]%

    Counselling   [   ]%

    Psychological Services [   ]%

8. What do you consider to be the essential skills of good guidance, counselling and psychological services providers?

9. Based on the feedback that you have received and on your own observations, what are your views on the adequacy and appropriateness of current services?

10. What changes are needed, in your view, to make current guidance, counselling and psychological services more effective?

If you have any further comments that you would like to make please add on a separate sheet and I will be very interested in reading them.

        Name of person completing the questionnaire:

        Position within the VEC: Date:

Appendix B
Directors'/Managers'/Coordinators' of Centres/Workshops Questionnaire

Name of Director/Manager/Coordinator:

Centre/Workshop:

The first 13 questions relate specifically to the budget for the provision of guidance, counselling and psychological services in Youthreach Centres, Community Training Workshops and Senior Traveller Training Centres administered by the VECs on behalf of the Department of Education and Science.

1. Please describe
    a) The type(s) of service currently being provided (e.g. guidance, counselling, psychotherapy, psychological assessment, psychological support, other[10])
    b) How each service is being provided (e.g. through a contract with a provider to attend the centre/workshop on a regular basis per week/fortnight, by paying for the use of a locally based service as the need arises, through access to a specialist VEC service)
    c) The number of hours per week/fortnight/month each service is available.

2. Please provide the name and contact address and phone number of each of the service practitioners in your centre/workshop

3. Please describe how the service provider practitioners were sourced and indicate your role, if any, in their selection and appointment.

4. Please describe how the work of the practitioner is evaluated (e.g. what, if any, criteria are used, the reporting mechanisms that are in place, whether professional supervision is paid for by the centre/workshop or VEC)

5. Please describe any changes in the provision of guidance, counselling and psychological services in the last year.

6. In your centre/workshop what meaning is ascribed to the following terms:

    Guidance

    Counselling

    Psychological Services

7. What kinds of things do(es) the guidance/counselling/psychologist practitioner(s) do in your centre/workshop?

8. What would you like the practitioner(s) to do more of, and why?

9. Please describe some ways in which having a guidance/counselling/psychologist practitioner in your centre/workshop makes a difference.

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[10] If 'other', please specify

10. Describe in what ways (if any) practitioners are involved in the general work of the centre/workshop and how they relate to staff members.

11. In your view, what do good practitioners do that poor ones do not do?

12. Given your knowledge of the participants in your centre/workshop, what advice would you give to someone new starting off as a practitioner?

13. If you were contributing to the design of an induction or training programme for practitioners, what would you include in it?

Questions 14 to 16 relate to any additional guidance, counselling or psychological support that is provided in your centre/workshop.

14. Is the budget for guidance, counselling or psychological services available to your centre/workshop supplemented in any way, and if so by whom? For example, do you receive any additional funds from your VEC, another agency (e.g. FÁS) or body (e.g. religious order)?

15. If you answered yes to 14, please say how these additional funds are spent.

16. Please list all the personnel resources available to your centre/workshop in the areas of guidance, counselling or psychological support (e.g. members of teaching staff with relevant training, health board services that come to the centre, statutory services that accept direct referrals, liaison with probation officers and JLOs, access to local community or voluntary services) and indicate the extent of their support (e.g. by time given to the centre/workshop per year, number of interventions over the past year).

If you have any further comments that you would like to make please add on a separate sheet and I will be very interested in reading them.

Name of person completing the questionnaire:

Position within the centre/workshop: Date:

Appendix C
Guidance/Counselling/Psychologist Practitioners' Questionnaire

Name:

Contact phone number or address:

11. Please name the Youthreach Centres, Community Training Workshops and Senior Traveller Training Centres in which you work and say how much time you spend in each per week/fortnight/month

   1. Name of centre/workshop

   2. Name of centre/workshop

   etc.

12. How long have you been working as a guidance, counselling or psychological service provider in this sector (in Youthreach Centres, Senior Traveller Training Centres or Community Training Workshops?

13. What is the term used to describe the service that you provide

Guidance counselling	☐	Psychological assessment	☐
Advocacy	☐	Psychological support	☐
Counselling	☐	Psychological counselling	☐
Psychotherapy	☐	Mentoring	☐
Other (please specify) _____			☐

(a) Please indicate the capacity in which you are employed (tick each box that is appropriate)

Full-time	☐	Permanent	☐
Part-time	☐	Temporary	☐

(b) Please indicate the basis on which you are paid

Salaried	☐	Paid at an hourly/weekly rate	☐
Paid a contract fee	☐		

14. How were you selected and appointed?

15. In relation to your professional practice
(a) What relevant qualifications do you hold?
(b) Please name any relevant professional bodies to which you belong and/or codes of ethical practice guidelines that you follow.
(c) Please describe any professional supervision that you are currently receiving and indicate who funds this.
(d) Is your work covered by insurance and if so, what form of cover do you have?

16. How do you carry out your role? Please give some examples of the kinds of things you do.

17. What are the positive and negative aspects of your role, e.g. what would you avoid if you could and what would you like to do more of?

18. What were the biggest surprises when you started your job?

19. How does your work relate to the general work of the centres/workshops?

20. What involvement do you have in staff meetings, policy development, training, etc.?

21. How do you think others see your job and how is that different from how you see it?

22. From your experience, what advice would you give to a new practitioner about the role?

23. If you were designing a training programme for providers of guidance, counselling or psychological services, what would you include in it?

24. What training needs (if any) do you feel you have in relation to your work in training centres/workshops?

25. What changes are needed to make guidance, counselling and psychological support to training centres/workshops more effective?

If you have any further comments that you would like to make please add on a separate sheet.

Name: _____ Date: _____

Appendix D Previous Reports

1. Report of the Task Force on Guidance, Counselling and Psychological Services for Youthreach. April 1998

2. Sarah Ryan. Perceived Needs for Guidance, Counselling and Psychological Services in Youthreach, Community Training Workshops and Senior Traveller Training Centres. October 1998

3. Joan Walshe. Provision of Guidance, Counselling and Psychological Services in Youthreach: A Preliminary Review of Provision in a sample of VECs. March 2000

4. Patricia Conboy. Limerick City Guidance and Counselling Initiative for Early School Leavers: An Evaluation Report. December 2000.

5. Elizabeth O'Sullivan. The Counselling Service to Youthreach in Dublin City: Perspectives on the Provision. June 2002

6. Breda Friel and Siobhan Coulter. Evaluation of Support and Counselling Services in Youthreach Centres and the Senior Traveller Training Centre in County Donegal. March 2004.

7. Julie Brown. After-Care / Crisis Management Support Programme: Interim Research Report. April 2004

Appendix E

Types of service being provided to centres[11] by number and percentage of directors citing each

Mentoring	7	9%
Guidance	25	30%
Advocate	3	4%
Counselling	42	51%
Expert counselling	2	2%
Frontline counselling	2	2%
Psychotherapy	7	9%
Psychological support	16	20%
Psychological counselling	4	5%
Psychological assessment (by service provider)	4	5%
Group counselling	6	7%
Delivery of personal development programmes	1	1%
Staff support / supervision	4	5%
Staff training	4	5%
Paying for support services outside of centre	4	5%
Paying for counselling outside of centre	5	6%
Paying for psychological assessment by private contractor	6	7%

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[11] This list records the responses of centre directors to the question *Please describe the type(s) of service currently being provided (e.g. guidance, counselling, psychotherapy, psychological assessment, psychological support, other)*. The total does not add up to 100% because centres in receipt of more than one type of service will be recorded more than once in this list.

Appendix F

Additional supports and services accessed by centres
Staff skills

Have staff with certificate or higher level of relevant training	28
Have staff with frontline relevant training	18

Health Board	38
Medical support (eg GP, Dentist, PHN, AMO)	9
Health promotion Service	16
Suicide Prevention Service	7
Clinical Psychological or Psychiatric Services	10
Social (Worker) Services	23
Addiction Services	14

Gardaí	9
Probation Services	34
JLO	48
Courts	1

Dept of Education	1
Local schools	4
HSCL coordinators	1
School Completion Programmes	2
Visiting Teachers Service to Travellers	4
Adult education facilities	2
Adult Guidance Initiative	2
Education Welfare Board	1

Employment Service	
FÁS Advocate Service	21
Local Education Services / FÁS centres	

Youth information and support services	8

Local or community-based services	10
Drug or alcohol service	12
Counsellor / counselling service	3
Family support services	5

Travellers' organisations	1

Voluntary agencies	
Barnardos	1
ISPCC	1
NTDI	1
YMCA	1
Rape Crisis Centres	3
St Vincent de Paul	1

Appendix G

a) City of Dublin VEC Psychological Service

This was the first educational psychological service in the State, being established in 1960. The City of Dublin VEC region has 20 centres in its area. The Service lists the following as the actions it engages in:

- Individual counselling
- Group work
- Induction
- Staff support
- Policy development
- Case conferences
- Inter-agency referral
- Support for IEP development
- Programme development

Individual counselling is the primary form of service delivery but the CDVECPS is currently developing group counselling approaches and introducing these in centres in collaboration with centre staff members. The Service has drawn up a programme of staff supervision and support for directors and other members of staff in the centres. The CDVECPS is currently reviewing the content and delivery of its services with the Education Officer of the VEC.

Five psychologists are employed full-time to provide a service to 20 centres and another psychologist has been retained this year to work with centres on screening and IEP development. The amount of time allocated to centres varies from 1½ days a week to a ½ day per fortnight.

b)   Co Dublin VEC Psychological Support Service

There are 17 centres in the Co Dublin VEC region. According to its annual report of 2003, the model of service adopted by the CoDVECPSS to both its schools and centres incorporates a multidisciplinary approach. The Service engages in the following:

1. The resolution, through assessment and therapeutic intervention, of behavioural, motivational, emotional and cognitive difficulties of individually referred persons.
2. Preventative work with target groups.
3. Professional support of teaching staff in relation to persons referred individually and to other professional issues.
4. Personal support of teaching staff in relation to school or centre issues.

5. Support of parents, both in relation to individually referred young persons and other school- or centre-related issues.
6. The placement of intern or trainee psychologists.

Forty four new referrals of individual students from centres were made to the Service in the 2002/2003 year. The statistical analysis of the reason for referral showed:

- 41% had an educational or learning focus
- 16% had a behavioural focus
- 36% had a clinical focus.

A further 61 students were supported through group work conducted in their centres. Formal professional development courses and informal support were offered directly to the staff on a range of topics.

The CoDVECPSS provides some support to VTOS centres as well as to Youthreach. The staffing dedicated to Youthreach and VTOS centres in the 2002/2003 year consisted of two permanent psychologists. In addition, one permanent psychologist post and one and a half teacher posts were deployed in a high support learning unit, located in a Youthreach centre, for young people diagnosed as having a multiplicity of special educational needs. Two further psychologists and an administrator were engaged by the VEC in 2003 to carry out work in relation to a research programme in Youthreach funded by the Crisis Pregnancy Agency.