



# Annual Report 2010

**teen counselling**



This report presents information from across the service, but each Centre prepares an individual report which reflects the character of the community which it serves and the particular needs of the local funders and services. These reports are available directly from each Centre. (see pages 29 -31 for details).





## **MISSION STATEMENT OF CROSSCARE**

**Crosscare's mission is to contribute to the building of an inclusive society by:**

- Developing and modelling innovative, high quality, rights based services which meet emerging and unmet needs.
- Providing localised support programmes that assist people to attain their rights and fulfil their true potential.
- Challenging inequality and prejudice through the development and promotion of evidence based solutions to intractable social problems.

Teen Counselling is funded by:

- the Health Service Executive (HSE) ■ the Family Support Agency
- the Young People's Facilities and Services Fund ■ the Charitable Infirmary Charitable Trust ■ as a programme of Crosscare ■ voluntary donations.

We are very grateful for the support of these bodies in our work.

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## Introduction

2010 was a year of highs and lows for Teen Counselling. Opening a small centre in Blanchardstown was a boost, but a fire in our Tallaght centre challenged us hugely. Despite everything, the demand for the service remained strong, as did our response.

In 2010 we took 485 new referrals and provided a service to 411 families in our six centres. The breadth of problems presenting can be illustrated with just a few details from this report such as; only 43% of the new adolescents lived with both biological parents, 56% of these were under 16 years, 45% were female and 37% of new teens seen in 2010 were drinking. Suicidal ideation was reported by 17% of adolescents. Significant mental health concerns resulted in 19 assessment appointments being provided with our consultant psychiatrist and 18 review appointments were arranged. Problems with mood (19%) and family conflict (22%) were judged by our counsellors as the most prevalent issues presenting during the year. Of parents who completed their evaluation of the outcome of our work, 89% were positive and this figure was 87% for the teenagers.

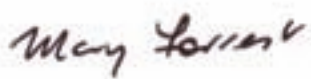
The main service development in 2010 was the opening of a new centre. On the 6<sup>th</sup> May we started to pilot a service in Blanchardstown based in the Crosscare centre on the Main Street. This service, running on Thursdays and Fridays, was made possible by seed funding from Blanchardstown Local Drug Task Force and Foróige Blanchardstown Youth Service. It is heartening to get such support from local services at a time of financial constraints for all. The demand for the service was identified by Crosscare's needs analysis in the area and was almost immediately well beyond the capacity of a 2 day service.

From the start of 2010, all staff was involved in finalising the manual of our model of work, written in conjunction with Professor Alan Carr. The next step was to structure and begin an evaluation of the effectiveness of our work. In a time of cutbacks, having an evaluation underway in partnership with UCD School of Psychology is a strategic benefit.

In the early hours of Saturday 1<sup>st</sup> May fire destroyed the parish centre in Tallaght which housed the Teen Counselling offices. It was upsetting to walk through the smouldering ruins of what had been a highly organised and happy office 24 hours earlier. First thing that morning Tallaght staff returned to the premises to retrieve confidential files for safe keeping. Crosscare and Teen Counselling staff all supported the successful effort to get back to work in a new location within two weeks.

Our other centres in Drumcondra, Clondalkin, Finglas and Dun Laoghaire continue to work in their local communities meeting the ever present need for our style of service. The issue of youth mental health is very topical, and depression, suicidal ideation and self-harm are evident in our young clients. The supports that parents need to rear their teenagers in very changed and challenging circumstances are significant.

Teen Counselling provides a professional counselling service to parents and teens between 12 and 18 years. We do not see children; we are not a problem specific service; we cover emotional problems, mental health, school retention, family break up, behavioural problems, substance misuse problems, post trauma issues and most often a complex combination of these. This is a unique profile, as is our way of working where teen and parent have different counsellors, both of whom work as a team. As we face into an uncertain 2011 we intend to stay focussed on our main task, which is to provide a service which we know is so badly needed as it has been since it started in 1973. We are grateful to our funders and stakeholders for their continued support in this task.

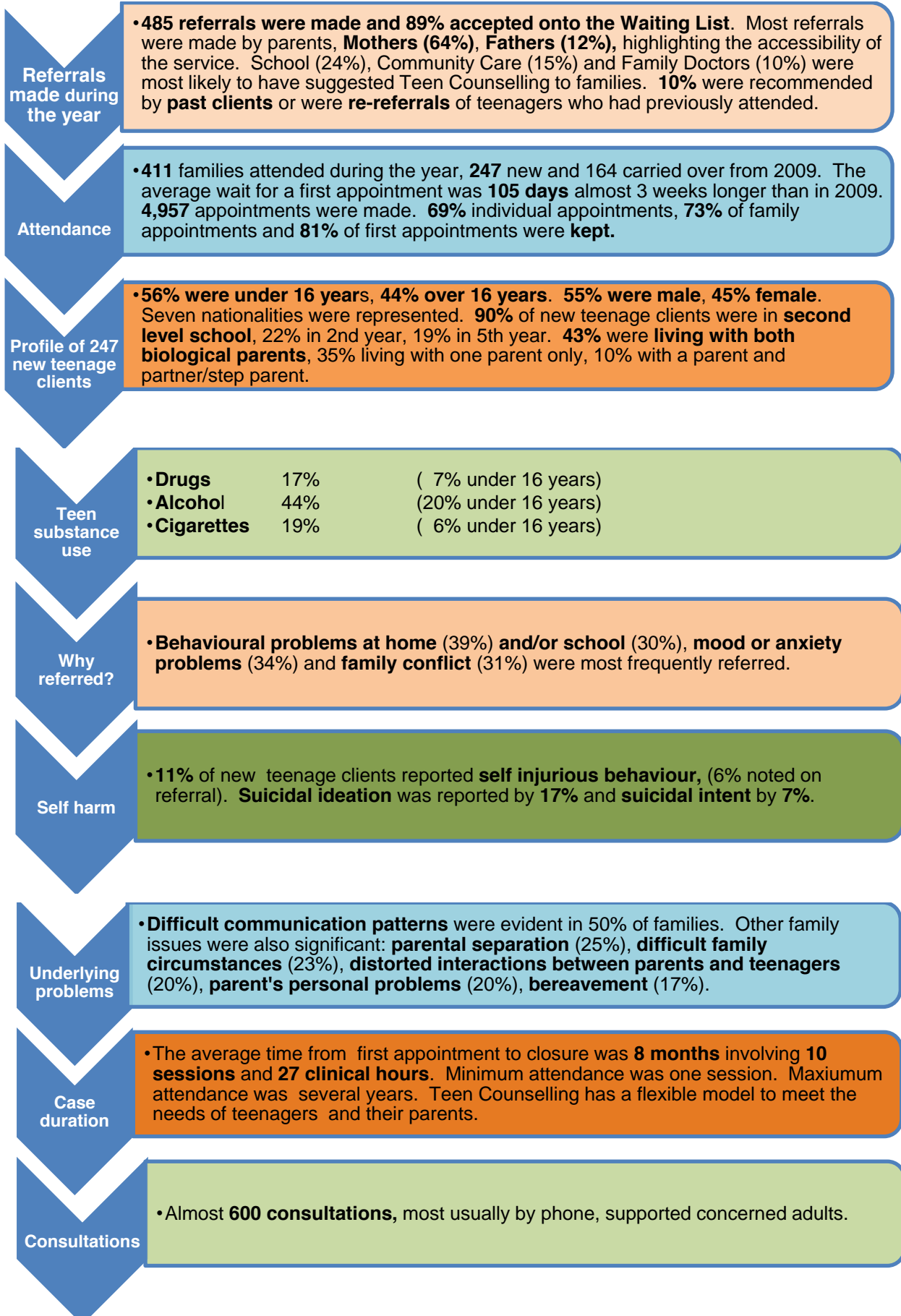


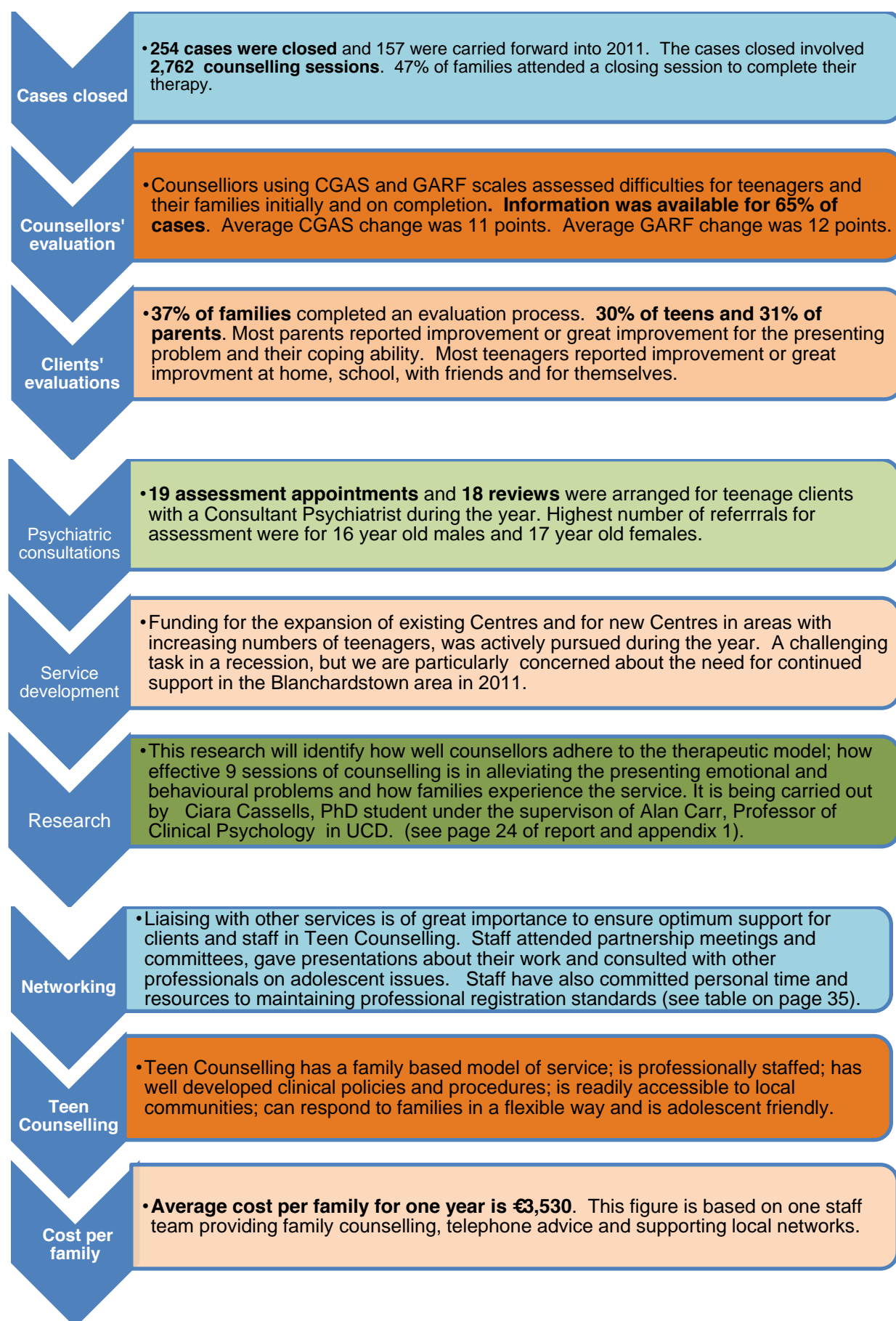
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**Mary Forrest**  
**Clinical Director**



## Teen Counselling Highlights 2010





## Outline of the service

*Teen Counselling aims to provide a professional counselling service for adolescents and their families who are struggling with behavioural and emotional problems and to inform, support and complement the role of the State sector and other voluntary organisations.*

## Philosophy

Our working philosophy with adolescents and their parents is to offer them time and space in which to work out or resolve the issues that contribute to their distress. Our commitment extends to parents, as they may need support and/or therapeutic intervention in handling the adolescent's difficulties, or in coping with their own personal difficulties which appear to affect the adolescent. Our ultimate aim is to enable the adolescent and their family to deal with the issues with which they are referred and in many instances the underlying issues, so that within the context of the family cycle they develop and maintain appropriate relationships.

One of the founding principles of the service has been prevention of more serious difficulties, particularly in the area of substance abuse, and this is a philosophy we endeavour to embrace, recognising the importance of working with families, adolescents and communities at this level.

## Objectives of the service

- To provide a service in a friendly, efficient, competent and easy to access manner.
- To promote mutual understanding and respect between teenagers and parents or others in a similar position.
- To enhance a family's capacity to enjoy relationships both internally and with the wider community.
- To help adolescents to develop into well rounded adults, avoiding or at least minimising the negative effects of difficulties that teenagers and families experience.
- To share the service's expertise and experience where appropriate.

These objectives are realised through our work in the following five areas:

- Clinical work with teenagers and their parents/carers.
- Interagency co-operation and consultation.
- Community based work.
- Policy development and submissions.
- Dissemination of expertise, experience and best practice.



## Teen Counselling clinical model

Teen Counselling offers a 'generalist' family based service model developed to address the challenges that arise in the transition from childhood to early adulthood in the family's and teenager's lives. Through the process of individuating from the family a number of difficulties can arise for teenagers. In our experience a model which looks equally at the ability of the parental system in managing these transitions, and at the teenager's abilities or deficits in negotiating these transitions, is best placed to intervene in the often multiple and complex difficulties.

**Teen Counselling's** objective is to support the normal systems that support teenagers (i.e. home, family and school) and to maintain teenagers in home, in school and with appropriate friends. Utilising a model of intervention which focuses on these 'normal teenage' systems normalises the interventions and reduces stigma for teenagers and parents alike. As a result the service is more likely to be availed of at an earlier stage and in a preventive context rather than at a crisis stage. In addition, the non-medical nature and strength-based focus of the model makes it more acceptable to families and 'teenager friendly'.

**Teen Counselling** works in teams of two – most usually a psychologist and a social worker (both referred to as Counsellors). The team meets parent(s) and the adolescent together for the initial visit. Subsequently, a specific Counsellor sees the teenager and the parent(s) separately. The individual sessions are confidential and 'teens' are assured that what they say is not routinely relayed to parents and vice versa. Limits to confidentiality are clearly explained at the outset. Families know that the two Counsellors communicate about their work and combined (joint) sessions are also frequently scheduled.

A Consultant Psychiatrist attends **Teen Counselling** on a sessional basis and Counsellors are generally able to access an experienced adolescent psychiatrist within 3 weeks.

Our referral protocol of accepting and encouraging referrals directly from parents means **Teen Counselling** is more readily accessible than some traditional models of service. Noteworthy also is the fact that the '**Best Health for Children**' recommendations for adolescent services very much reflect our current and past practice.

*Teen Counselling is: free of charge: community based: a generalist counselling service: for adolescents (12 to 18 years) and their families: part of Crosscare, the Social Care Agency of the Catholic Diocese of Dublin.*

## Service provision

Mater Dei Counselling Centre, the original Teen Counselling Centre, has been in existence since 1972 and is the headquarters of the service and there are four outreach Centres at present, two full-time and two part-time. A sixth centre in Blanchardstown was opened for 2 days a week on a pilot basis in May 2010.



<p><b>Teen Counselling Drumcondra</b> Established 1972 as Mater Dei Counselling Centre (Full-time)</p> <table> <tr> <td><b>Mary Forrest</b></td><td>Clinical Director</td></tr> <tr> <td><b>Fidelma Beirne</b></td><td>Sen. Social Worker</td></tr> <tr> <td><b>Fina Doyle</b></td><td>Social Worker</td></tr> <tr> <td><b>Patricia McGuire</b></td><td>Psychologist</td></tr> <tr> <td><b>Simon Molloy</b></td><td>Psychologist</td></tr> <tr> <td><b>Monica Ferns</b></td><td>Secretary</td></tr> <tr> <td><b>Margaret Agnew</b></td><td>Administrator</td></tr> </table> <p><b>Catchment areas:</b> LHOs Dublin North Central, North Dublin, North West Dublin</p>	<b>Mary Forrest</b>	Clinical Director	<b>Fidelma Beirne</b>	Sen. Social Worker	<b>Fina Doyle</b>	Social Worker	<b>Patricia McGuire</b>	Psychologist	<b>Simon Molloy</b>	Psychologist	<b>Monica Ferns</b>	Secretary	<b>Margaret Agnew</b>	Administrator	<p><b>Teen Counselling Finglas</b> Established 1998 (Half-time)</p> <table> <tr> <td><b>Brian Smith</b></td><td>Psychologist</td></tr> <tr> <td><b>Orla O'Donovan</b></td><td>Sen. Soc. Work Pract.</td></tr> <tr> <td><b>Fidelma Beirne</b></td><td>Senior Social Worker</td></tr> <tr> <td><b>Ann Donnellan</b></td><td>Secretary</td></tr> </table> <p><b>Catchment area:</b> Finglas (LHO Dublin North)</p>	<b>Brian Smith</b>	Psychologist	<b>Orla O'Donovan</b>	Sen. Soc. Work Pract.	<b>Fidelma Beirne</b>	Senior Social Worker	<b>Ann Donnellan</b>	Secretary
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<p><b>Dr. Moya O'Beirne</b>, Consultant Child and Adolescent Psychiatrist, available to all Centres on a sessional basis.</p>	<p><b>Teen Counselling Tallaght</b> Established 1995 (Full-time)</p> <table> <tr> <td><b>Jane Fry</b></td><td>Senior Psychologist</td></tr> <tr> <td><b>Tom Casey</b></td><td>Sen. Social Work Pract.</td></tr> <tr> <td><b>Averil Kelleher</b></td><td>Social Worker</td></tr> <tr> <td><b>Nollaig Tubbert</b></td><td>Secretary</td></tr> </table> <p><b>Catchment area:</b> Dublin 24 (LHO Dublin South West)</p>	<b>Jane Fry</b>	Senior Psychologist	<b>Tom Casey</b>	Sen. Social Work Pract.	<b>Averil Kelleher</b>	Social Worker	<b>Nollaig Tubbert</b>	Secretary														
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<p><b>Teen Counselling Dun Laoghaire</b> Established 2001 (Full-time)</p> <table> <tr> <td><b>Cherry Sleeman</b></td><td>Social Worker</td></tr> <tr> <td><b>Orla O'Donovan</b></td><td>Sen. Soc. W. Pract.</td></tr> <tr> <td><b>Kathy McCabe</b></td><td>Social Worker</td></tr> <tr> <td><b>Kate O'Neill</b></td><td>Psychologist</td></tr> <tr> <td><b>Simon Molloy</b></td><td>Psychologist</td></tr> <tr> <td><b>Ann O'Sullivan</b></td><td>Secretary</td></tr> <tr> <td><b>Ashley Sands</b></td><td>Secretary</td></tr> </table> <p><b>Catchment area:</b> LHO Dublin South</p>	<b>Cherry Sleeman</b>	Social Worker	<b>Orla O'Donovan</b>	Sen. Soc. W. Pract.	<b>Kathy McCabe</b>	Social Worker	<b>Kate O'Neill</b>	Psychologist	<b>Simon Molloy</b>	Psychologist	<b>Ann O'Sullivan</b>	Secretary	<b>Ashley Sands</b>	Secretary	<p><b>Teen Counselling Clondalkin</b> Established 1990 (4 days)</p> <table> <tr> <td><b>Siobhán NicCoitir</b></td><td>Psychologist</td></tr> <tr> <td><b>Carol Donnellan</b></td><td>Psychologist</td></tr> <tr> <td><b>Averil Kelleher</b></td><td>Social Worker</td></tr> <tr> <td><b>Catherine Fullam</b></td><td>Secretary</td></tr> </table> <p><b>Catchment area:</b> LHO Dublin West</p>	<b>Siobhán NicCoitir</b>	Psychologist	<b>Carol Donnellan</b>	Psychologist	<b>Averil Kelleher</b>	Social Worker	<b>Catherine Fullam</b>	Secretary
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<p><b>Teen Counselling Blanchardstown</b> Pilot Project established May 2010 (2 days)</p> <table> <tr> <td><b>Tom Casey</b></td><td>Senior Social Work Practitioner</td></tr> <tr> <td><b>Averil Kelleher</b></td><td>Social Worker</td></tr> </table> <p><b>Catchment area:</b> Blanchardstown LDFT area (LHO Dublin North)</p>		<b>Tom Casey</b>	Senior Social Work Practitioner	<b>Averil Kelleher</b>	Social Worker																		
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## Referrals to the service

### Number of referrals

In 2010, **485** teenagers were referred to the six Teen Counselling centres and **89%** were accepted onto the waiting list. The high percentage of suitable referrals, which has been maintained over the last five years, reflects the familiarity of local professionals and agencies with the work of Teen Counselling and the experience of our secretarial staff which facilitates referrers to access services when Teen Counselling is not appropriate.

*566 telephone consultations supported a concerned adult in dealing with a teenager's problems or accessing services better suited to the needs or age of the young person.*

### Source of referrals

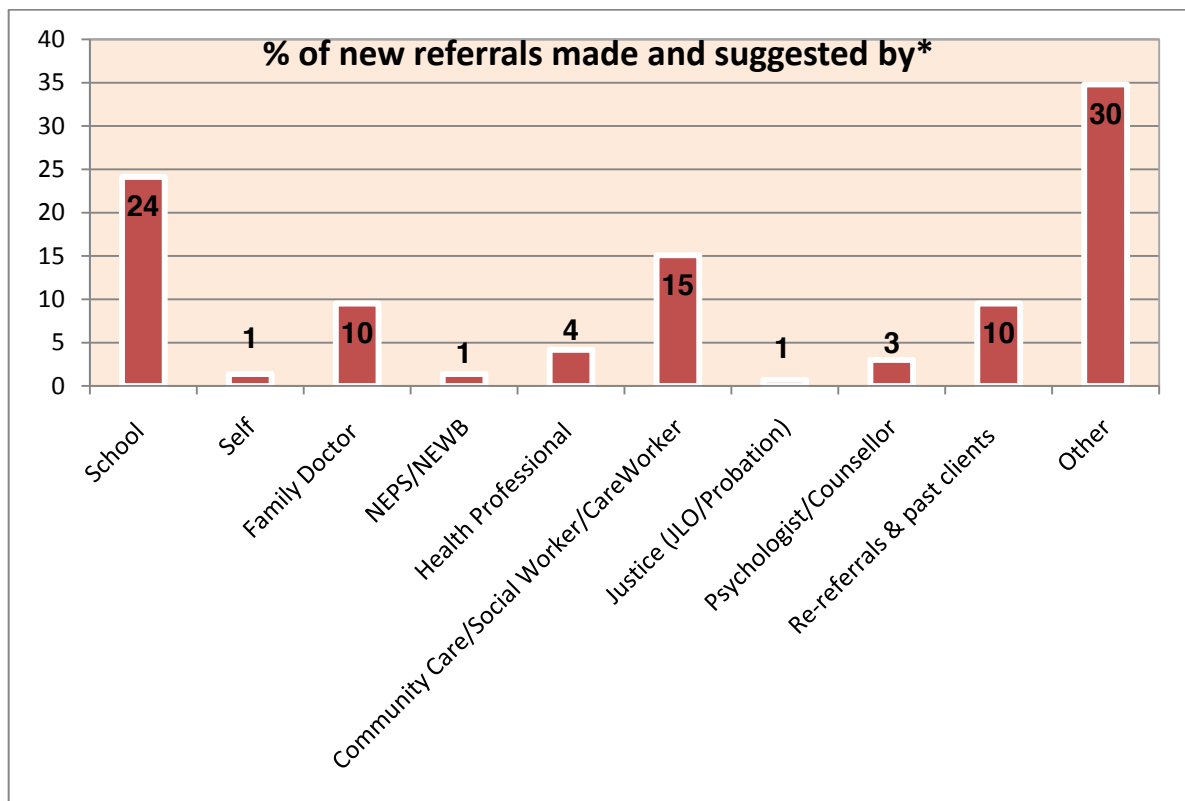
Over two thirds (**76%**) of referrals were made directly by parents, mostly mothers (**64%**). Parental involvement in the referral process increases the likelihood of successful engagement in counselling.

Parents access information about Teen Counselling from a wide range of sources such as the internet (**8%**), friends (**6%**) or the telephone book (**3%**). However, most are usually recommended to make a referral by professionals and agencies that have links to their local Teen Counselling.

Schools were involved in (**24%**) of referrals, either making the referral directly (**3%**) or suggesting to parents that they contact their local centre (**21%**). Community Care social workers were involved in (**15%**) of referrals, most usually direct referrals (**10%**) for teenagers and families they are supporting. **10%** of referrals were either suggested by past clients or were re-referrals of a teenager who had previously attended.

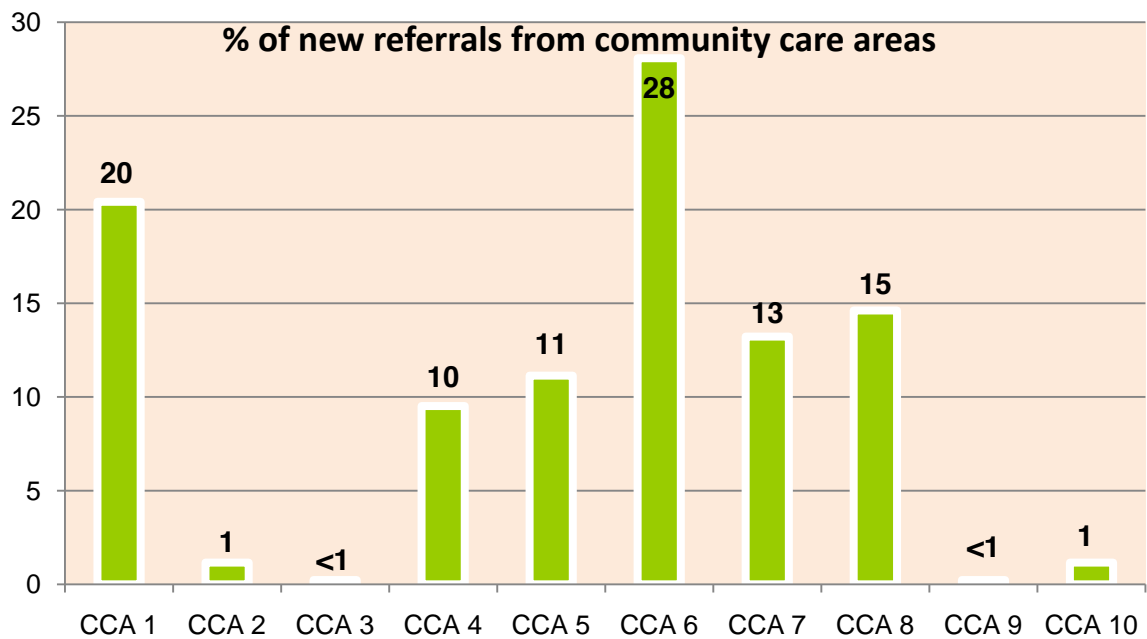






\* 'suggested by' data is based on information given by parents/carers.

Referrals were made from all areas of Dublin. A small number were accepted from families who lived outside the designated catchment areas as the teenager attended school in the area or the presenting problem was early substance use.



## Process of Referrals

One hundred and fifty-seven (157) referrals were carried forward on the waiting list from 2009. With the 431 new referrals, a total of 588 referrals were managed during the year.

406 referrals were processed: 247 became clients and 123 did not follow up on the initial referral. In 36 cases, families either cancelled or did not attend their first appointment.

The number of referrals carried forward into 2011 was 182.

Average waiting time: **105 days**  
(12 weeks)

Minimum waiting time: **1 day**  
for a past client

Maximum waiting time: **451 days**

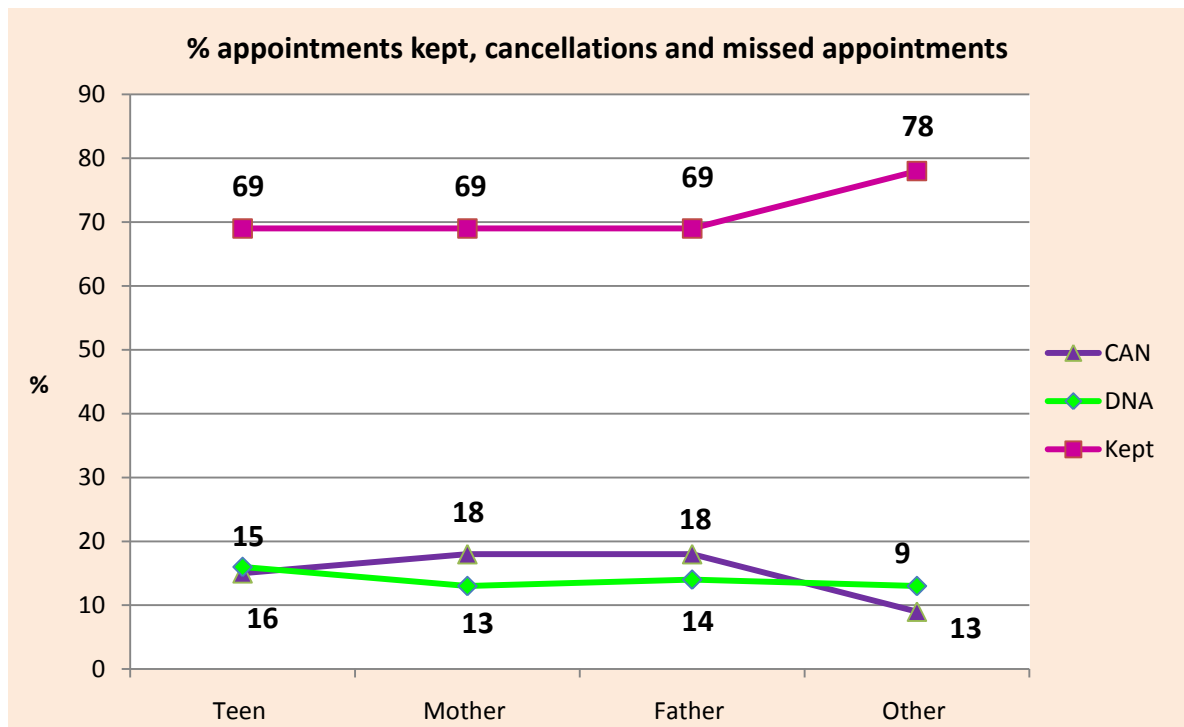
The average waiting time for a first appointment across the service was **15 weeks**, (2005, 11 weeks: 2006, 14 weeks: 2007, 16 weeks: 2008, 12 weeks). Long waiting times do not only reflect the availability of the service, but involve factors relevant to potential clients.

## Attendance

The total number of families who attended the six Teen Counselling Centres during 2010 was **411**: **247** new families and **164** carried forward from 2009.

A record is kept of both individual and family visits to the counselling centres. Almost five thousand (**4,957**) **appointments were made** for teens, their parents and other people significant in the life of the teenager e.g. grandparents, care workers. On average **69% of individual and 73% of family appointments were kept** with **81%** of first appointments attended. The attendance rate of teenagers (**69%**) is a good indication of their commitment to counselling.





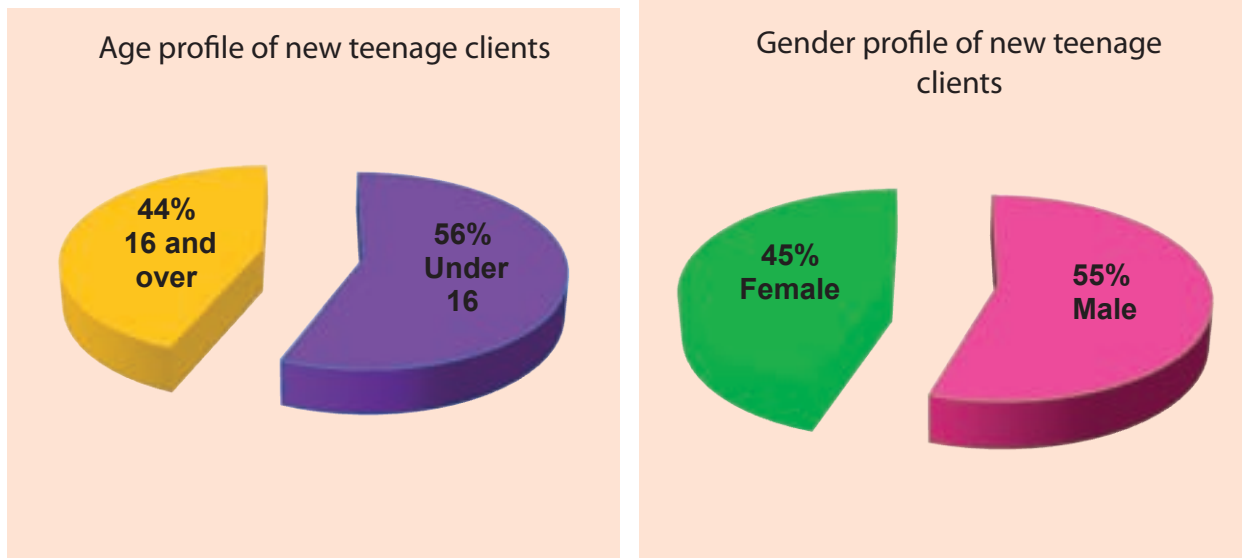
**Total appointments offered 4,957.**

**Family appointments offered 663.**



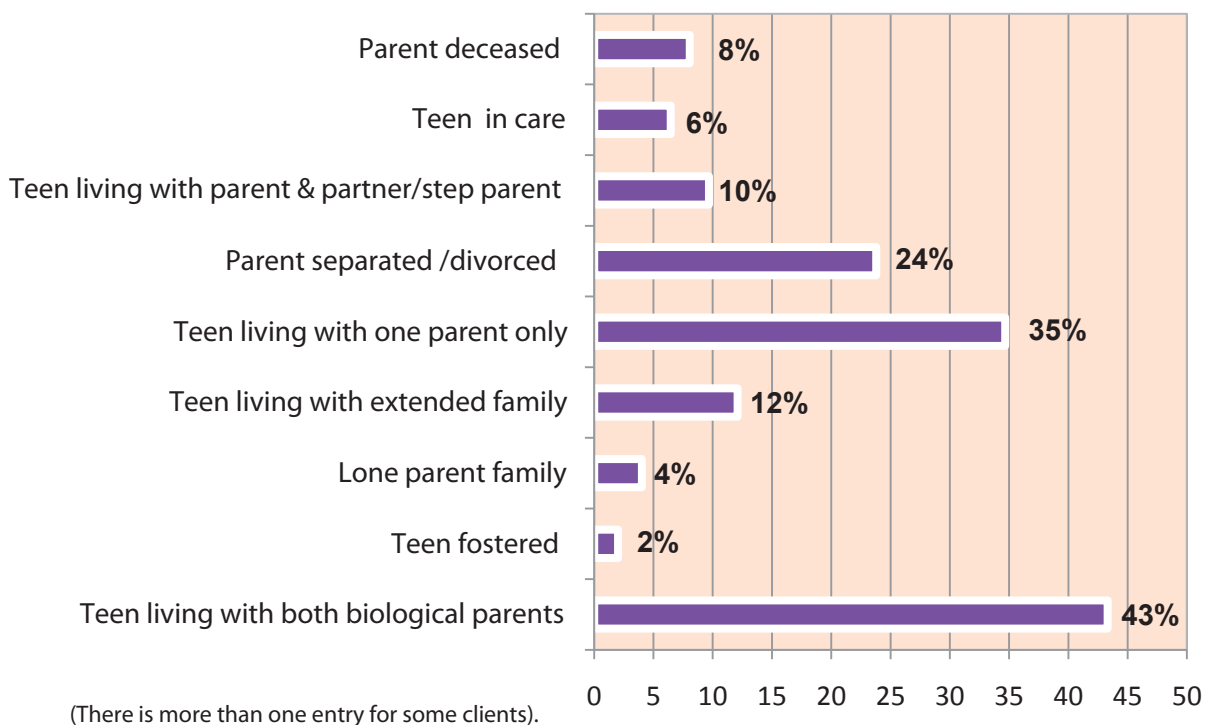
## Clinical work with new clients 2010

### Profile of new teenage clients N=247

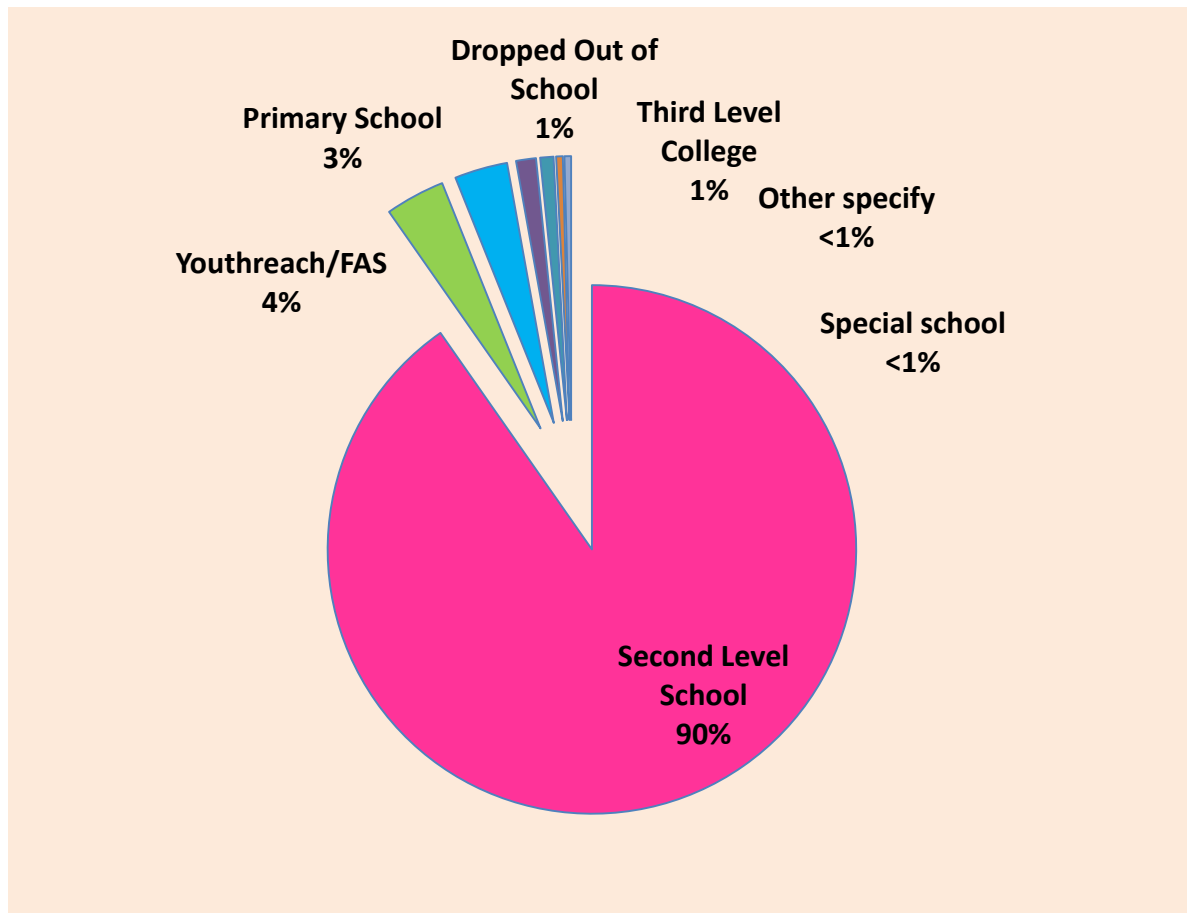


Over the last few years there has been an increase in the percentage of older teens attending: **2006, 33%; 2007, 38%; 2008, 46%; 2009, 44%, 2010, 44%**. The majority of new clients were Irish, with just 2% of families from other backgrounds (English, Latvian, Nigerian, Congolese, Zimbabwean, and Armenian), attending centres on the southside, most notably Clondalkin, Tallaght and Dun Laoghaire.

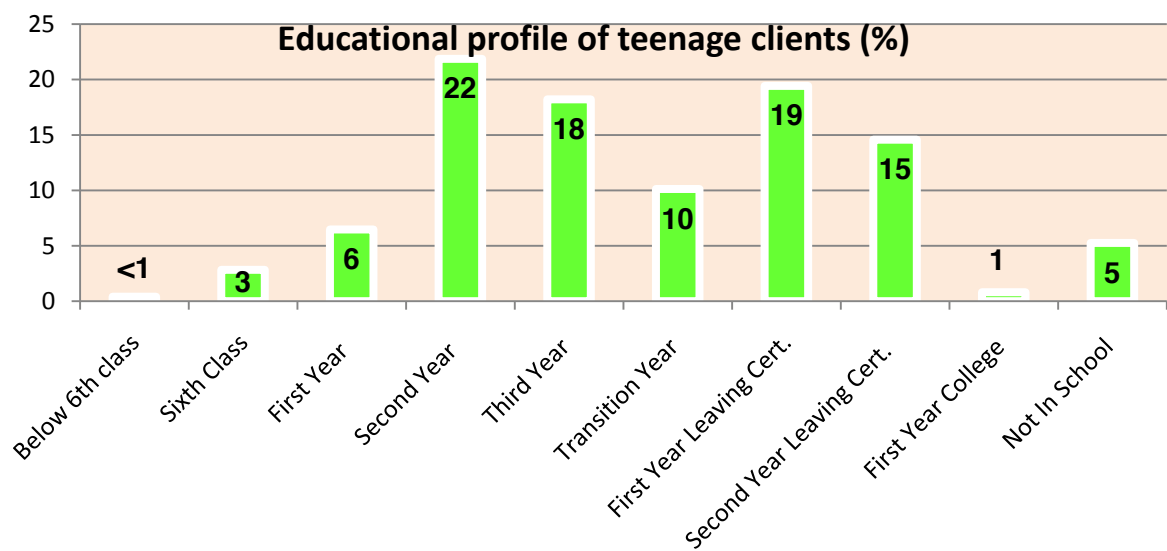
### Family profile



## Education and training

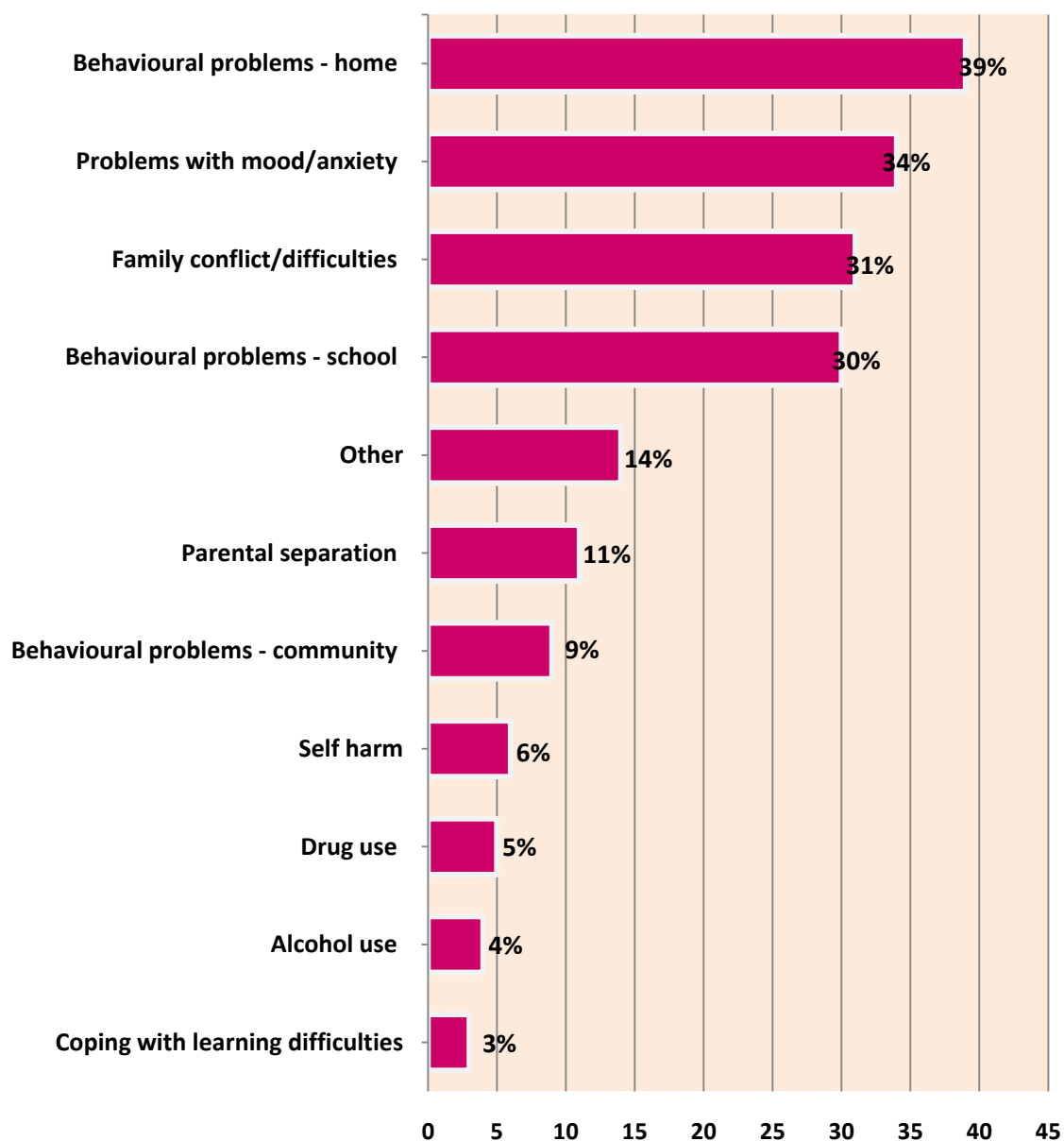


Ninety percent (**90%**) of new teen clients were attending second level schools with the highest demand from 2<sup>nd</sup> year (**22%**), 1<sup>st</sup> year Leaving Cert. (**19%**) and Junior Cert. students (**18%**).



## Reasons for referral

The reasons for referral, as reported by the referrers, are listed in the following table. As most referrals are made by parents these figures mainly reflect parents concerns before counselling starts. Up to three reasons for referral can be recorded for each teenager and these are collated. More unusual reasons for referral are recorded under 'Other'. **Behavioural problems at home (39%)** and **Mood and anxiety problems (34%)** were the most usual reasons for referral in 2010. **Family conflict and difficulties (31%)** and **Behavioural problems at school (30%)** were also frequently referred. The number of referrals which note family conflict and difficulties suggests that parents are increasingly aware of the impact of family problems on their teenager's well being. The figure was 25% as recently as 2006.

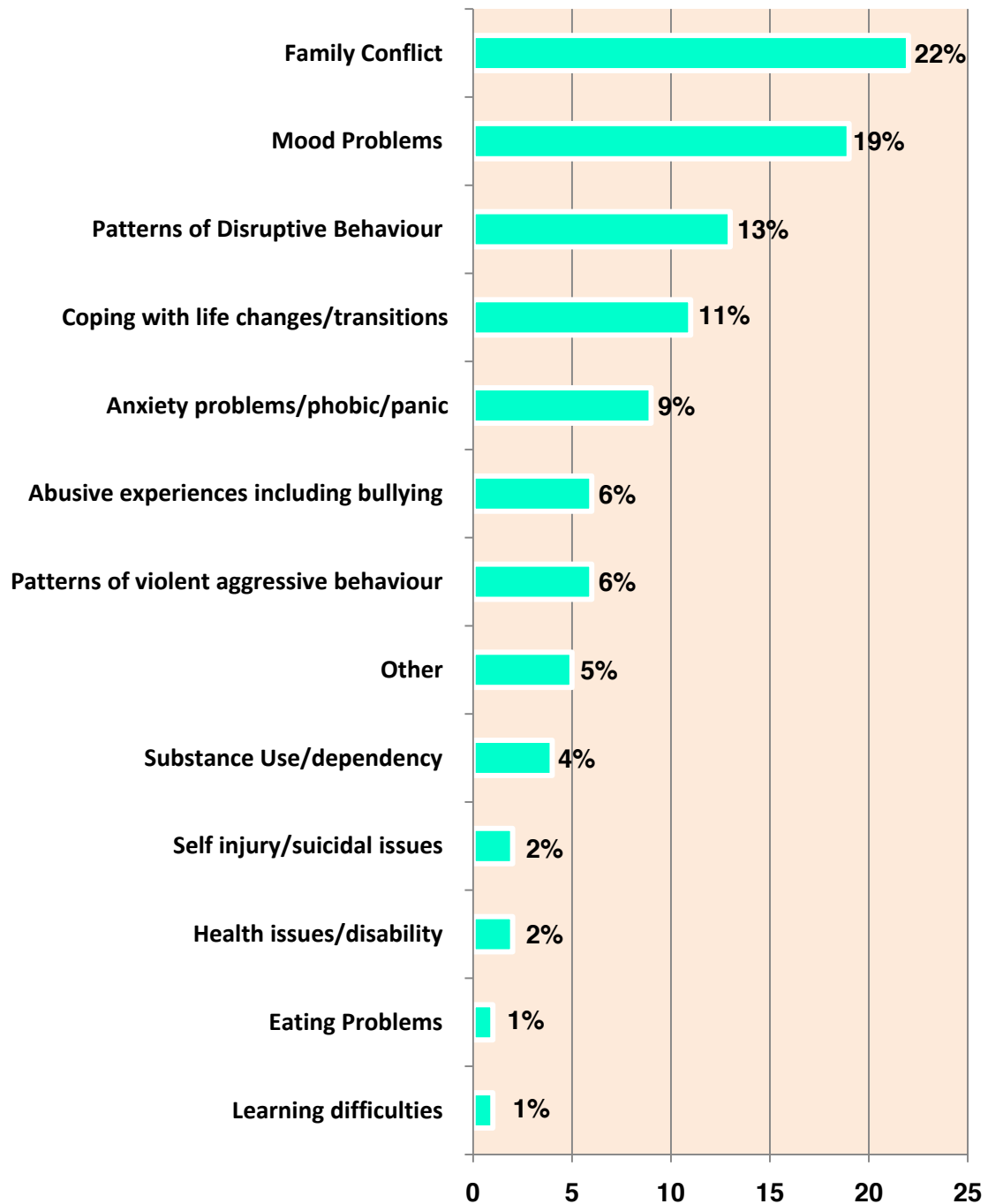


(There are up to three entries per teenager).



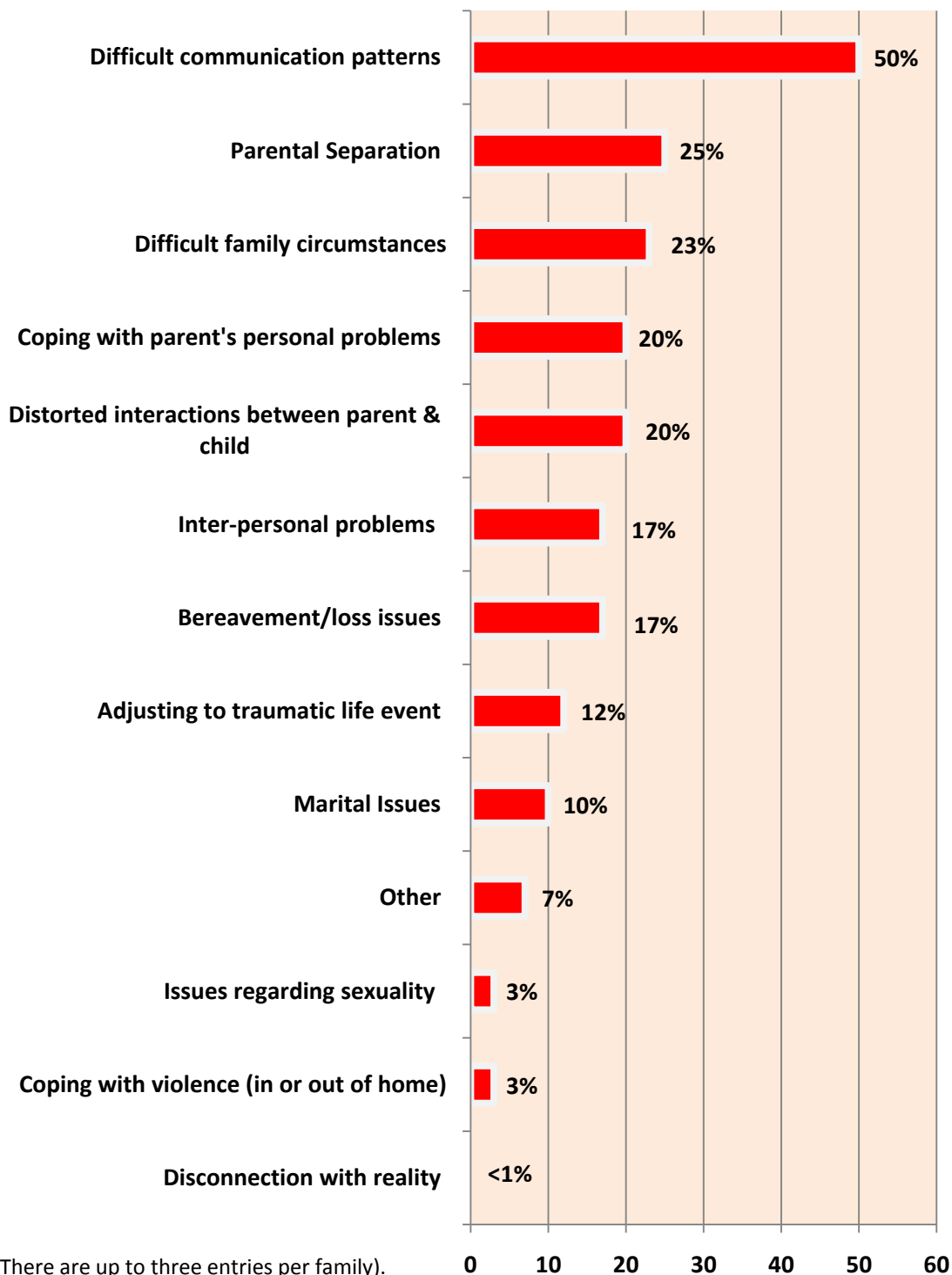
## Most significant problems

The counsellors' make an assessment of the **most significant problem** following their first meeting with teenagers and their parents/carers.



## Underlying problems

“Underlying Problems” reflects the underlying issues addressed by counsellors with teenagers and their parents/carers. **Difficult communication patterns** were evident in **50%** of families. Other family issues were also significant: distorted interactions between parents and teenagers (20%), parental separation (25%), parent’s personal problems (20%), and difficult family circumstances (23%). The Teen Counselling model is well suited to address these family communication and relationship issues.





## Substance use

The following table shows the Drugs and Alcohol Use profile recorded in relation to new teenage clients in 2010 (**N=247**).

Drugs Use			Alcohol Use		
On Referral	Intake	Subsequent	On Referral	Intake	Subsequent
(9%)	(6%)	(3%)	(14%)	(15%)	(15%)

Substance use has long been a standard part of our assessment protocol for new teenage clients and a confidential self report questionnaire is used to explore the issue. Information in relation to teenagers requiring treatment for substance use is returned to the National Drug Treatment Reporting System.

The following tables compare substance use by age group and gender.

Drugs Use	Under 16	16 and Over	N	%
Male	13	19	<b>32</b>	13
Female	4	6	<b>10</b>	4
<b>Total</b>	<b>17</b> 7%	<b>25</b> 10%	<b>42</b>	17

Alcohol Use	Under 16	16 and Over	N	%
Male	24	30	<b>54</b>	22
Female	25	30	<b>55</b>	22
<b>Total</b>	<b>49</b> 20%	<b>60</b> 24%	<b>109</b>	44

Whilst a significant minority of young people continue to have problems with drugs that impact on their health and development, it is noteworthy that the amount of drug use acknowledged amongst our teen clients has fallen over the years. In 2009, only 13% of new teen clients had used or were using drugs. In 2010 this was up to 17%, the same level as 2007 (17%). Drug use was noted on referral for only **9%** of teenagers.

For the **42** (17%) new teenage clients who were currently using drugs or had used them in the past, the following table shows the range of drugs used. Hash continued to be the most commonly used and some teenagers used more than one drug. Head shop drugs are included in Other.

Hash	Cocaine	Ecstasy	Solvents	Pills/medicine	Other
88%	10%	10%	7%	7%	17%

Nineteen percent (**19%**) of the new teen clients **smoked cigarettes** and only 6% of these smokers were under 16 years of age. The rates of smoking amongst younger clients have fallen over the years, which is very positive: 2006 19%; 2007 11%; 2008 7%; 2009 8%; 2010 6%.

As can be seen in the table below, addictions are a problem for many of the families that attend Teen Counselling, particularly for fathers, and these present very significant challenges for teenagers.



Addiction in the Family	Alcohol	Drugs
Father	11%	4%
Mother	9%	4%
Sibling	2%	2%
Other	2%	2%

(There is more than one entry for some families).

## Self harm

We continue to be concerned about the number of teenagers who are harming themselves, often by cutting and/or taking overdoses. It has been a significant focus of clinical work for the last seven years as shown below. Eleven percent (**11%**) of new teenage clients reported that they had engaged in self injurious behaviour in 2010, the same level as in 2004.

2004 11%: 2005 16%: 2006 12%: 2007 16%: 2008 13%: 2009 7%: **2010 11%.**

In 2010, **6% of teenagers were referred for self-harm** and a further 5% were subsequently found to be hurting themselves. 2% of parents also reported that they had engaged in self injurious behaviour.

Suicidal ideation was reported by 17% teenagers (and 5% parents) and suicidal intent was reported by 7% teenagers (and 3% parents).

Suicidal ideation: 2006 14%: 2007 17%: 2008 18%: 2009 20%: **2010 17%**

## Family illness

Supporting family members who have physical and/or mental illnesses is often a significant challenge for the families we see. Physical illnesses or disabilities were noted in **30** (12%) families. Mental illnesses were noted in **28** (11%) families.



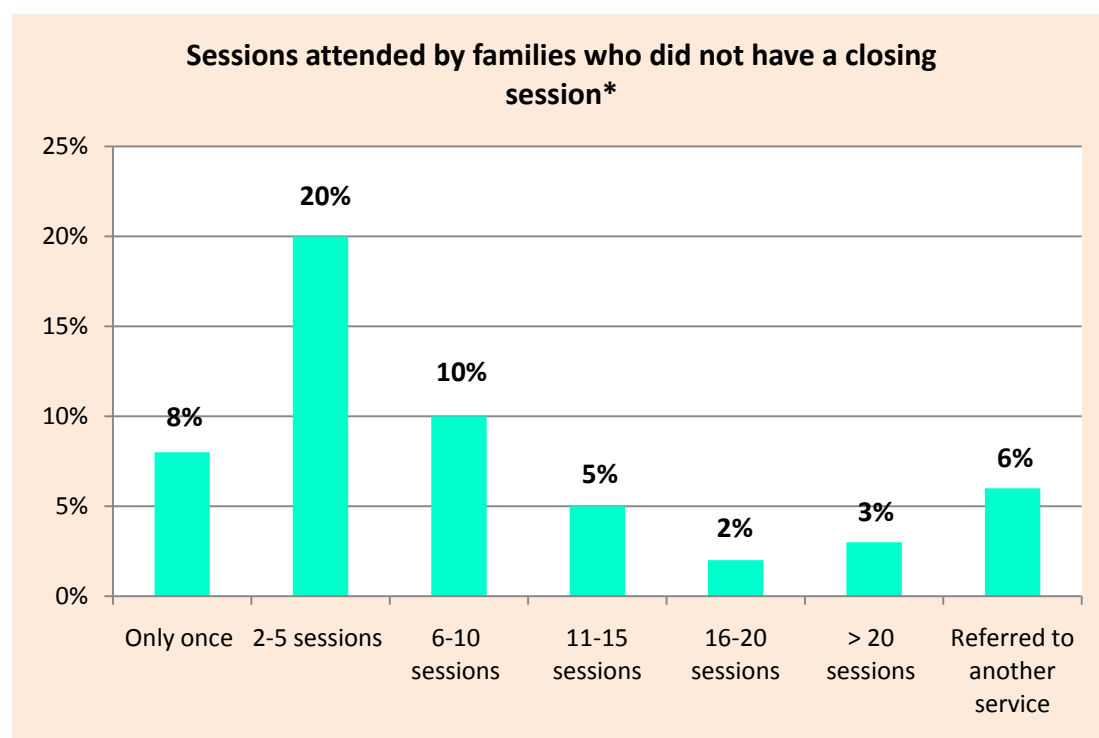
## Outcomes: evaluation of clinical work

### Cases closed during the year

In 2010, **254** cases were closed and **157** were carried forward into 2011. The cases closed involved nearly 3,000 counselling sessions.

**47% of families attended a closing session to complete their therapy.**

For the other cases closed:



\*Note: of the 6% who were referred to another service 1% (3 families) were referred after their initial appointment and 5% after 3-22 sessions.

### Time commitment

When cases are closed, the total number of counselling sessions which families have attended is calculated. A session may involve:

- An individual teen or parent/carer with one counsellor.
- Both parents together with one counsellor.
- A family group with teens and parents together, sometimes with siblings or other significant people. When teens and parents attend together two counsellors work with them.



For families whose cases were closed during 2010:

- ❖ the total number of sessions attended was **2,762**.
- ❖ the maximum number of sessions was **78**.
- ❖ the minimum number of sessions was **1** for families referred on to another service after their first appointment and for those who chose not to attend further sessions or did not require further support.
- ❖ the average number of sessions across the service was **10**.

The average duration of a case from initial appointment to closure was **8 months** with families attending an average of **10** sessions involving an average of **27 clinical hours**. However, there was a very wide range as some families attended only once and others attended over several years. Teen Counselling has a flexible model to meet the needs of teenagers and parents. Clinical time includes counselling sessions, the management of the case and any case conferences involved.

## Counsellors' evaluation

For most teenagers a general assessment of functioning is made after the initial appointment and again on closing when they have attended consistently, without reference to the initial assessment.

**The Children's Global Assessment Scale (CGAS)** is used and a score from 1-100 noted on a hypothetical continuum of illness-health.

**On admission** the CGAS scores ranged from a minimum of **38** to a maximum of **73** with the average being **57**.

**On completion** the CGAS scores ranged from a minimum of **44** to a maximum of **87** with the average being **68**.

**The average change was 11**

**The Global Assessment of Relational Functioning DSM-IV (GARF)** is used to make an initial and concluding evaluation of the functioning of the family.

*A score of 100 indicates the family is functioning well and family members report their relationships to be satisfactory. A score of 1 is indicative of dysfunction to a point where the family is unable to maintain continuity of contact and attachment.*

**On admission** the GARF scores ranged from a minimum of **31** to a maximum of **86** with the average being **59**.

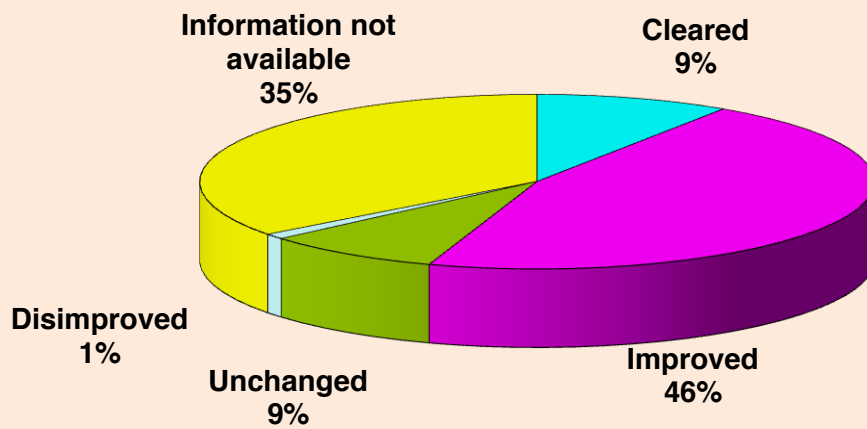
**On completion** the GARF scores ranged from a minimum of **41** to a maximum of **89** with the average being **71**.

**The average change was 12**

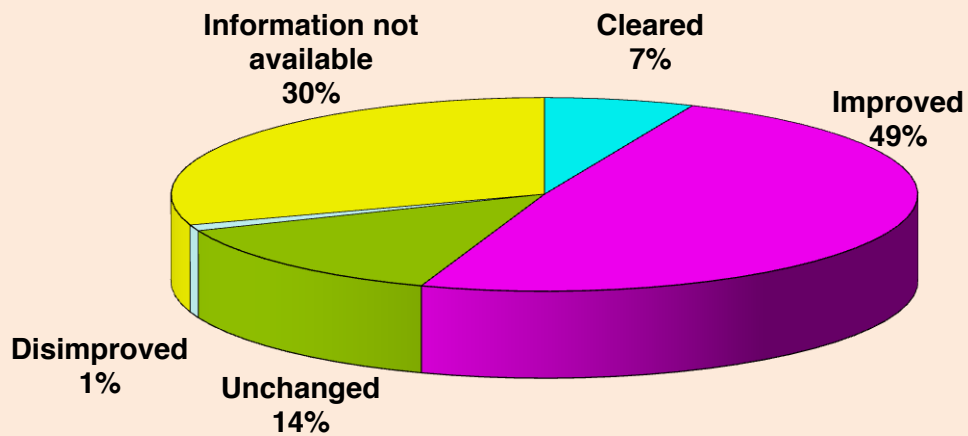
On closing cases the counsellors also assess change in the presenting and underlying problems. Again this is only possible when clients have attended consistently.



### Counsellors' evaluation of 'presenting problems'



### Counsellors' evaluation of 'underlying problems'



## Clients' evaluation

At the beginning of counselling most parents and teenagers are asked to evaluate and record the extent of their difficulties. On completion they are again asked to make an assessment and to note any changes. In 2010, either the teenager or the parent(s) from **95 families (37%)** participated in the evaluation process and most parents and/or teens reported improvements.

## Parents' evaluation N = 78 (31%)

Parents are asked to assess the severity of the problems they are experiencing as Mild, Moderate, Serious, Very serious or Dangerous to self or others. They also evaluate their ability to deal with them as Cannot manage, Very difficult, Fairly difficult or Not difficult.

Parents' evaluation	Change in severity	Change in coping ability
Greatly improved	51%	49%
Improved	38%	45%
No change	5%	5%
Disimproved	5%	1%

## Teenagers' evaluation N = 75 (30%)

Teenagers are asked to consider their main problem and the severity of its impact on four important areas of their life: School, Home, Friends and Self. On completion they are again asked to rate the severity of the problem and any changes in these four areas.

Teenagers' evaluation	School	Home	Friends	Self
Greatly improved	40%	40%	29%	55%
Improved	44%	51%	31%	32%
No change	15%	8%	39%	12%
Disimproved	1%	1%	1%	1%

## Consultative work

### Appointments with the Consultant Psychiatrist

When the counselling team is concerned about the level of anxiety a teenager exhibits, very low mood and/or persistent self harm, or if teenagers have existing medical issues, an appointment is arranged with a Consultant Psychiatrist. The psychiatrist meets teenagers at the counselling centres which reduces their anxiety about referral for psychiatric assessment and allows for consultation with parents and the counselling team. The psychiatrist contacts the family doctor when medication is recommended and continues to review referred teenagers whilst they attend for counselling.

During 2010, Consultant Psychiatrist Dr. Moya O'Beirne provided **37** appointments for new clients and for clients who were carried over from the previous year. There were **19** assessment appointments and a further **18** review appointments.



The table shows a breakdown of the age and gender of teens referred to the psychiatrist for assessment.

Age	12	13	14	15	16	17	18	Total
Male	1	1	0	2	4	1	1	10
Female	1	1	1	1	1	4	0	9
Total	2	2	1	3	5	5	1	19

Sixteen and seventeen year olds were most usually referred.

## Consultations with other professionals re: teenage clients

During the year consultations were held with teachers, social workers and other concerned professionals in relation to teenagers who attended for counselling. These were usually by telephone, but longer consultations were also arranged in Teen Counselling centres or with staff in schools or community care centres.

## Consultations relating to other teenagers

Consultations, most usually by phone, were held regularly with parents, teachers, social workers and other concerned adults in relation to teenagers who never attended the service. These consultations often required a considerable amount of research or discussion at team level and hence a significant time input.

**566** telephone consultations supported 'concerned adults' in dealing with teenagers' problems, or accessing services better suited to the needs or age of the young person.

Letters and telephone calls were involved in the consultation process for the **159** referrals not followed up during the year (see 'Process of Referral').

Teen Counselling aims to be a resource to communities and as Centres become established in their catchment areas, the number of advice calls and consultations always increases. Advice calls and consultations are documented which allows us to identify the demand for, and gaps in, local services.



## Other work

### Marital and separation issues

Teen Counselling provides a service to the parents of teenagers who are experiencing marital/relationship problems and to parents who have separated and are having difficulties sharing parenting. The role of the non-resident parent is given particular focus and importance. Parental acrimony, whether living together or separately, is a major contributory factor in adolescent adjustment problems. Working with parents on this issue and with adolescents on their own issues simultaneously, creates change and has a ripple effect to other siblings.

In 2010, **43%** of new teenage clients were living with both parents. Parental separation was identified as an underlying problem for **25%** of teens, **39%** of teenagers were living with one parent and **10%** of teenagers were living with one parent and partner or step parent.

One hundred and seven (**107**) teenagers availed of counselling in relation to parental separation, 43% of all teens attending during the year. In addition, **30** couples and **77** individual parents received relationship counselling. This work involved 1,759 counselling hours. These figures are returned annually to the Family Support Agency.

### Bereavement issues

Teen Counselling is regularly called upon to support families coping with deaths, both untimely and in the natural order of things. The death of a loved one can have an immense impact and if this death is by suicide, then profound confusion can be another component of the grief. In addition, bereavement can impair a parent's capacity to parent at this crucial stage in a young person's life.

Eighty eight individuals (**88**) and **43** families availed of bereavement counselling and support in 2010, involving 497 counselling hours. These figures are also returned annually to the Family Support Agency.

### Child Protection

Teen Counselling has a well developed Child Protection Policy and the safety and well being of clients is a priority for the counsellors. Before referrals are taken, the boundaries of confidentiality are explained to referrers and again, when families attend for their first appointments, our policy is made very clear before any discussion takes place. Information given by family members which subsequently causes concern, including retrospective disclosures made by parents, is most usually discussed with families before contact is made with the local Child Protection teams.





From October 2009 to December 2010, staff had child protection concerns regarding twenty three (23) teenagers. Referrals were made to the H.S.E. as shown:

Physical Abuse	11 (48%)
Emotional Abuse	2 ( 9%)
Sexual Abuse	8 (35%)
Neglect	2 ( 9%)

In 2010 our Child Protection Officer began a review of our policy document with the Health Service Executive (HSE).

## Family support outreach work

We were fortunate to have access to a Crosscare family support worker, Fiona Grogan, with the potential to support families where there is a clear risk of the teenager dropping out from school. This innovation is at an experimental stage and provides an option for families who contact us in distress. Families are identified at the point of referral and if they agree the family support worker will support either parents and/or teens whilst they are on the waiting list, or indeed remain involved during the subsequent counselling process.

## Liaison work

Teen Counselling centres liaise with schools and a wide range of statutory and voluntary agencies in their catchment areas. Every year schools are involved in making or suggesting a very significant number of referrals (**24% in 2010**) and we try to ensure that Guidance Counsellors in particular, are well informed about Teen Counselling. All centres are in regular contact with the Community Care Child Protection teams in their catchment areas, who are responsible for making or suggesting many, often very complex referrals (**15% in 2010**).

Familiarity with other services, and the good relationships established over the years, greatly enhances the support available for families and ensures an appropriate continuum of care for adolescents. Services we liaise with include: addiction - Youth Drug and Alcohol Service (YoDA), the Substance and Alcohol Service Specifically for Youth (SASSY); the Youth Advocate Programme (YAP); sexual abuse - Children at Risk in Ireland (CARI); mental health - Child and Adolescent Psychiatry in the Mater Child Guidance, Lucena Clinic, St James's, Cluain Mhuire and St Joseph's Adolescent Unit. Across the service we made referrals to, and received referrals from, all of the above and more.

Teen Counselling staff was involved with a wide range of local Community Committees, Partnerships and activities during the year which are noted in the individual Centre reports.

## Professional development

There is an implicit ethos of staff care within Teen Counselling and both formal and informal mechanisms work to achieve this. Team meetings, regular senior staff and supervisor's meetings and professional group meetings for social workers and psychologists, all help to harness and develop the professionalism of the service as well as



encouraging co-operation between Centres and good working practice

Clinical staff members have monthly individual supervision and every two months supervision is provided for each counselling team. Senior staff members who provide this supervision have external supervision when funding is available. Teen Counselling is committed to providing regular external supervision for all experienced clinical staff as resources become available.

In 2009, due to the current financial climate, it was necessary to reduce the training budget available to staff by 50%. This remained the situation in 2010. However, supporting the Continuing Professional Development of staff remains a priority and this has involved exploring more creative ways of utilising cost free options for training, and communicating and sharing resources and learning outcomes from courses attended (see pages 33 and 34 for training opportunities availed of by staff in 2010). In addition, staff members have committed personal time and resources to maintaining their professional registration standards.

## **Service representation**

During the year the Clinical Director continued to represent the service at many relevant committee meetings and working groups, such as the Voluntary Drug Task Force Network, the Health Research Board, the Young People's Facilities and Services Board and the steering group for Youth Health Promotion in Out-of-School Settings. Meetings with HSE, management and other funding agencies, such as the Family Support Agency, are essential to the maintenance and development of Teen Counselling and involve senior staff on an ongoing basis. Whilst the financial climate is not conducive to expansion the demand for new centres is high. The opening of a service in Blanchardstown on the 6<sup>th</sup> May 2010 shows how it is possible to respond to the needs of a community, albeit at a time of extremely limited resources (see below).

On Monday 8<sup>th</sup> November, Teen Counselling featured on the front page of The Irish Examiner. Journalist Cormac O'Keefe wrote an article based on information published in our 2009 Annual Report – "A counselling service for troubled teenagers has seen a 'significant increase' in self-harming and suicidal thoughts". This was further highlighted in the editorial, "Rise in self-harm – Money must be invested". Unaware that this article was to be published we were unable to respond to the early morning enquiries from national radio programmes, but we did provide a spokesperson for Waterford Radio and LMFM and brief Senator Mary White for a presentation in the Seanad.

Staff from all centres support other organisations and services for teenagers when time permits. In 2010 a representative attended the launch of the information booklet, published by BeLonG To for LGBT young people and their parents and a team from Drumcondra provided support for the young people attending Dail na n'Og in Croke Park.



## **In-service issues**

At the beginning of 2010 funding was secured from the Local Drugs Task Force for a small pilot project in Blanchardstown. This involved a clinical team from Tallaght taking rooms for 2 days a week in the Crosscare centre on Main Street Blanchardstown from the beginning of May. The demand for the service has been overwhelming and given the demographics of the area there is clear evidence of a need for a full time service should further funding become available. The project is administered off-site from Tallaght, where there is an experienced full-time clinical administrative secretary to support the clinical team. (see Teen Counselling Blanchardstown report for May – December 2010).

## **Research**

In 2010 the preparation for a controlled trial to evaluate the effectiveness of Teen Counselling was completed and the first clients were invited to participate. The project is in partnership with Alan Carr, Professor of Clinical Psychology in UCD, and required that the Teen Counselling model of therapeutic support for families was first set out in a clinical manual. The subsequent research will identify how well counsellors adhere to the model, how effective nine sessions of counselling is in alleviating the presenting behavioural and emotional problems and how families experience the service. Ciara Cassells, PhD student under the supervision of Professor Carr started to collect data and trial all aspects of the project over the summer. By the end of the year the protocols were refined and families from four Teen Counselling centres were involved. This project is very dependent on the enthusiasm and goodwill of the staff, in particular the clinical administrative secretaries. Their role in inviting families into the project and liaising with the researcher is crucial. The research will be on-going for three years. The advisors for the project are Professor Pat Dolan, NUI Galway and Professor Robbie Gilligan, Trinity College Dublin. They met with senior staff, who comprise the research steering group, in May to consider the research proposal and they will be available for consultation during the project. (see appendix 1).

## **Staff issues**

2010 was a year of staff changes in Teen Counselling as two members of the clinical staff retired and others took the opportunity to work in different teams and centres. Despite pay and pension cuts staff remained committed to supporting teenagers and parents in their communities. The line management of staff also changed to streamline the governance of the service and improve communication between dispersed centres. Meetings for all staff were held every two months to share service information, facilitate clinical discussion and ensure team support and cohesion. During the year a social work student from Trinity College and a clinical psychology trainee from UCD joined the staff team to train in counselling adolescents and their parents.



## **Around the Centres**

### **Drumcondra (TCD)**

This centre is the headquarters of Teen Counselling and the largest centre, managing the highest number of referrals (153). Their waiting list reached an all time high in 2010 and the average waiting time for an appointment was 17 weeks. The team noted the impact of the recession on their families, with parents worried about taking time from work to attend appointments and staff working flexible hours to address this problem when possible. A 23% increase was recorded in the hours needed to support parental relationships, which may also have been due to increased pressure on families at this time.

### **Clondalkin (TCC)**

There was great concern about the increase in adolescent suicide in North Clondalkin and this was reflected in the work of the Teen Counselling Clondalkin clinical team in 2010. A Critical Incident Response has been introduced in the area, to which they contribute, and the numbers of new clients expressing suicidal ideation are alarming (48%). Violence in the home, within romantic relationships and on the street was also noted to have increased in the community and presents additional challenges for clients and counsellors.

### **Tallaght (TCT)**

2010 was a challenging year for the Tallaght team. Following a fire in their centre in Springfield at the beginning of May they moved to 'temporary' premises in Bolbrook for the rest of the year. At the same time the clinical service in Tallaght was reduced to three days a week so that a counselling team from TCT could staff the pilot project in Blanchardstown for two days a week. However, the work continued and a trend towards older teen clients with significant mental health problems was noted – 72% were over 16 years old and 44% were referred for mood and/or anxiety problems.

### **Finglas (TCF)**

There has been an increased demand for this half time service since it expanded its catchment area to all of Finglas (formerly Finglas East) and moved premises from Ballygall to a very prominent, highly visible location in the village. Staff reported a high percentage of younger boys attending in 2010 and a significant increase in the number of families needing support to deal with marital conflict and parental separations. Only a third of new teen clients lived with both biological parents and staff recorded an increase in the number of appointments for fathers.

### **Dun Laoghaire (TCDL)**

Staff changes were a feature of 2010 in TCDL as two staff members retired during the year, one returned to education and staff moved from other centres to join the team in supporting existing clients and engaging new ones. Remarkably the number of families seen during the year did not fall far below expectation (59) and a high percentage of families (56%) completed their therapy. Although the majority of new teen clients (58%) were under 16 years of age, compared to 49% in 2009, an increase in substance use, particularly cannabis, was recorded.

### **Blanchardstown (TCB)**

This new centre, which opened on a one year pilot basis in May 2010, was overwhelmed by the high demand for a service despite the fact that very few resources were available for outreach work. Referrals were received from all communities in their catchment area, but most notably Clonsilla (28%). Many of the cases were noted to be complex and a significant waiting list was carried forward into 2011. The team would hope for more resources to meet the obvious need in the area and for on-site administrative support.



## Finance

The total income received by Crosscare Teen Counselling in 2010 was **€1,444,652**.

This was received from the Health Service Executive (HSE) Northern Area Addiction Services (LHO Dublin North Central), HSE Northern Area Mental Health (LHO Dublin North West), HSE Northern Area Child Care (LHO Dublin North), HSE LHO Dublin South, HSE LHO Dublin South West Addiction Services, HSE LHO Dublin West Homeless Services, Family Support Agency, The Young People's Facilities and Services Fund, The Charitable Infirmary Charitable Trust, Crosscare and from donations. We gratefully acknowledge the support of all our funders and all donations received.

The final end of year expenditure was **€1,450,968**. This equates to the following annual costs:

Average cost per family for one year	<b>€3,530</b>
Actual annual cost of running a Full-time Centre in 2010*	<b>€302,285</b>

*\*based on one staff team providing family counselling, telephone advice and supporting local networks.*







## **CROSSCARE COUNCIL MEMBERS 2010**

Chairperson:	Mr Frank O'Connell
Vice-chairperson:	Ms Anna Lee
Treasurer:	Mr John Masterson
	Mr Oliver Cussen
	Mr David Kennedy
	Mr Seamus Scally
	Ms Patricia McInerney
	Fr Dermot Leycock
	Sr Marion Harte

**CROSSCARE**  
Charity Reg Number 6262





## STAFF MEMBERS 2010

**Teen Counselling Drumcondra, The Red House, Clonliffe Road, Dublin 3.  
Tel. 8371892, Fax 8372025, E-Mail: [drumcondrateenc@crosscare.ie](mailto:drumcondrateenc@crosscare.ie)**

*Full Week*

Ms. Mary Forrest B.Soc.Sc., Dip.Psych., M.Psych.Sc., Reg.Psychol. Ps.SI., Reg. Family  
Therapist F.T.A.I.

*Clinical Director, Principal Psychologist*

Ms. Fidelma Beirne (*Half-time*) B.S.S., C.Q.S.W.  
*Senior Social Worker*

Ms. Fina Doyle B.A., H.Dip BS., M.S.W.  
*Social Worker*

Ms. Patricia McGuire (*Half-time*) B.A., M.Sc., Reg. Psychol. Ps.S.I.  
*Psychologist*

Mr. Simon Molloy (*Half-time*) B.Sc., M.Sc., Reg. Psychol. Ps.S.I.  
*Psychologist*

Ms. Monica Ferns  
*Clinical Administrative Secretary*

Ms. Margaret Agnew B.Sc.  
*Administrator*

**Teen Counselling Clondalkin, Quarryvale Community and Leisure Centre, Greenfort  
Gdns, Dublin 22. Tel. 6231398, E-mail: [clondalkinteenc@crosscare.ie](mailto:clondalkinteenc@crosscare.ie)**

*Monday to Thursday*

Ms. Siobhán Nic Coitir (*Part-time*) B.A., M.Sc.  
*Psychologist*

Ms Carol Donnellan (*Part-time*) (Psychologist locum June – December 2010)

Ms. Averil Kelleher (*Part-time*) B.A., M.S.W.  
*Social Worker*

Ms. Catherine Fullam (*Part-time*)  
*Clinical Administrative Secretary*

## STAFF MEMBERS 2010

**Teen Counselling Tallaght, Shalom, Raheen Park, Springfield, Dublin 24.**  
**Tel. 4623083, E-mail: [tallaghteenc@crosscare.ie](mailto:tallaghteenc@crosscare.ie)**

*Full Week*

Ms. Jane Fry B.A., Dip. Psych., Reg. Psychol. Ps.S.I., A.F.Ps.S.I.  
*Senior Psychologist*

Mr. Tom Casey C.Q.S.W., Dip. Integrative & Humanistic Psychotherapy  
*Senior Social Work Practitioner*

Ms. Averil Kelleher (*Part-time*) B.A., M.S.W. (to May 2010)  
*Social Worker*

Ms. Nollaig Tubbert  
*Clinical Administrative Secretary*

**Teen Counselling Finglas, Unit 2B, Finglas Village Centre, Finglas Village, Dublin 11.**  
**(relocation to new premises from August 2008)**  
**Tel. 8646014, E-mail: [finglasteenc@crosscare.ie](mailto:finglasteenc@crosscare.ie)**

*Half Week*

Mr. Brian Smith (*Half-time*) B.A., B.Sc., M. Psych.Sc. (Psychotherapy), Reg.Psychol. Ps.S.I., A.F.Ps.S.I., Reg. Family Therapist F.T.A.I.  
*Psychologist*

Ms. Orla O' Donovan (*Half-time*) B.Soc.Sc., C.Q.S.W. (to August 2010)  
*Senior Social Work Practitioner*

Ms. Fidelma Beirne (*Half-time*) B.S.S., C.Q.S.W. (from Sept 2010)  
*Senior Social Worker*

Ms. Ann Donnellan (*Half-time*)  
*Clinical Administrative Secretary*

Ms. Ann McCarthy (from July 2010)  
*Housekeeping*

**Teen Counselling Dun Laoghaire, 72 York Road, Dun Laoghaire, Co. Dublin.**  
**Tel. 2844852, E-mail: [dunlaoghareteenc@crosscare.ie](mailto:dunlaoghareteenc@crosscare.ie)**

*Full Week*

Ms. Cherry Sleeman (*Half-time*) B.Soc.Sc., C.Q.S.W. (retired June 2010)  
*Social Worker*

Ms. Orla O' Donovan (*Half-time*) B.Soc.Sc., C.Q.S.W. (from Sept 2010)  
*Senior Social Work Practitioner*

Mr. Simon Molloy (*Half-time*) B.Sc., M.Sc., Reg. Psychol. Ps.S.I.  
*Psychologist*

**Teen Counselling Dun Laoghaire, 72 York Road, Dun Laoghaire, Co. Dublin.  
Tel. 2844852, E-mail: [dunlaoghaireteenc@crosscare.ie](mailto:dunlaoghaireteenc@crosscare.ie)**

*Full Week*

Ms Kate O'Neill B.A., M.A. (retired Aug 2010)  
*Psychologist*

Ms. Ann O'Sullivan (Part-time from Sept 2010)  
*Clinical Administrative Secretary*

Ms. Ashley Sands (Part-time from Sept 2010)  
*Clinical Administrative Secretary*

Ms. Agnieszka Szymkowska (from April 2010)  
*Housekeeping*

**Teen Counselling Blanchardstown, Crosscare Centre, Main Street, Blanchardstown.  
Tel. 4623083, E-mail: [tallaghteenc@crosscare.ie](mailto:tallaghteenc@crosscare.ie)**

*2 days per week (from May 2010)*

Mr. Tom Casey C.Q.S.W., Dip. Integrative & Humanistic Psychotherapy  
*Senior Social Work Practitioner*

Ms. Averil Kelleher (*Part-time*) B.A., M.S.W.  
*Social Worker*

Ms. Nollaig Tubbert  
*Clinical Administrative Secretary*

**Note: Dr Moya O'Beirne, M.B., M.R.C. Psych., Consultant Psychiatrist, works across all Teen Counselling centres on a sessional basis.**

## Professional development – January to December 2010

Date	Topic	Organised by	No. of Staff	Duration
<b>Jan</b>	Supervision training	Connexions and Crosscare	1	2 days
	Children, families and the law	One Family	1	0.5 day
<b>Feb</b>	Chilling out or numbing out	Dublin North East LDTF & Ballymun LDTF	1	1 day
	Promoting the welfare of children of problem drinkers	Irish Association of Social Workers (IASW)	1	0.5 day
	Stress reduction and relaxation	Crosscare Carer Support Programme	1	0.5 day
<b>Mar</b>	The Big Idea – a conference designed to encourage, illuminate and energise (further directions in therapy)	Confer UK	1	2 days
	Forensic social work – open day	Dundrum Central Mental Hospital	1	1 day
<b>Apr</b>	Sudden violent death and bereavement	The Irish Hospice Foundation	2	1 day
	Reclaiming social work - IASW conference & AGM	Irish Association of Social Workers (IASW)	2	1 day
	High functioning autism & aspergers syndrome in children and adolescents – assessment & management	Lucena Clinic	1	1 day
	Resilience	PSI Special Interest Group in Child & Adolescent Psychology (SIGCAP)	1	0.5 day
	Child Protection	Crosscare	1	0.5 day
<b>May</b>	Helping the dual diagnosis client	CBT Solutions – Dual Diagnosis Ireland	1	1 day
	40 <sup>th</sup> Anniversary Psychology Matters Lecture Series	PSI	2	1 day
	Head shop drugs information seminar	Blanchardstown Local Drug Task Force	1	0.5 day
<b>June</b>	Recording sessions	Ciara Cassells, School of Psychology, UCD	12	0.5 day
	Domestic violence	Psychological Society of Ireland (PSI)	1	1 day

## Professional development – January to December 2010

Date	Topic	Organised by	No. of Staff	Duration
Sept	Self harm, self-care and the way between	Confer	1	1 day
	Advanced clinical supervision – myths and realities	School of Psychology – Trinity College Dublin	1	2 day
Oct	Preventing revictimisation – a systems and family perspective	St Louise's & St Clare's units, Crumlin and Temple St Hospitals	2	1 day
	Transformational chairwork	The British Psychological Society	1	1 day
	Attachment across the life cycle	Prof David Howe – (IASW)	1	1 day
	Deborah Ghate, Centre for Effectiveness Studies	Dept of Social Policy, UCD	1	0.5 day
Nov	Globe international awareness training: for practitioners working with immigrant parents	Globe Training	1	1 day
Dec	Functional family therapy and related family based approaches	Adolescent Counselling & Mental Health (ACAMH Irish Branch)	1	1 day
	Parents Plus Adolescent Programme Facilitator training	Parents Plus	1	2 days
	Multidimensional family therapy	Drug Treatment Board	1	1 day



## **Accountants Report to the Council of Crosscare – Catholic Social Service Conference**

This report is prepared in accordance with the terms of our letter of engagement dated 31 December 2010, to carry out certain procedures, as described below under scope of work, in relation to the Income and Expenditure Account for the year ended 31 December 2010 of Teen Counselling, as set out in attached Appendix 1, to assist you in evaluating the validity thereof.

### **Respective Responsibilities of Council and Reporting Accountants**

As the Council of Crosscare you are responsible for ensuring that Crosscare maintains accounting records which disclose with reasonable accuracy, at any time, the financial position of Crosscare and in particular the extraction of the Income and Expenditure Account of Teen Counselling from the audited financial statements of Crosscare. It is our responsibility to check the accuracy of that extraction.

### **Scope of work**

For the purpose of preparing our report you have provided us with a schedule ("the schedule") showing the Income and Expenditure Account of Teen Counselling for the year ended 31 December 2010. This schedule, for which the Council is solely responsible, is attached at Appendix 1.

We have performed the procedures agreed with you. Our work was carried out with regard to the guidance contained in International Standard on Related Services 4400 "Engagements to Perform Agreed-Upon Procedures regarding Financial Information". The procedures were performed solely to assist you in evaluating the validity of the Programme Income and Expenditure amounts.

We have checked the extraction of the Income and Expenditure Account of Teen Counselling from the audited financial statements of Crosscare.

We have carried out an audit of the books of account of Crosscare to enable us to express an opinion on the financial statements of Crosscare as a whole. This involved carrying out audit tests, on a sample basis, of the Income and Expenditure in the various Centres under Crosscare's control including Teen Counselling. We have considered the results of those audit tests in the context of our audit of Crosscare as an entire entity. We reported on the financial statements of Crosscare on 2 June 2011.

We performed the following procedures:

- 1) We agreed the component income and expenditure amounts of Teen Counselling totalling €1,444,652 and €1,450,968 respectively for the year ended 31 December 2010 to Crosscare's accounting records.
- 2) We agreed the total income of €1,444,652 and the total expenditure of €1,450,968 to the audited financial statements of Crosscare for the year ended 31 December 2010.



## Findings

We confirm that the component Income and Expenditure amounts of Teen Counselling totalling €1,444,652 and €1,450,968 respectively have been accurately extracted from the accounting records of Crosscare.

We confirm that the overall income and expenditure have been accurately extracted from the audited financial statements of Crosscare for the year ended 31 December 2010.

Our audit opinion, dated 2 June 2011, in relation to the financial statements of Crosscare for the year ended 31 December 2010 is contained on page 8 and 9 of those financial statements.


The procedures as stated in our engagement letter do not constitute a detailed audit examination of the Income and Expenditure Account of Teen Counselling made in accordance with generally accepted auditing standards, the objective of which would be the expression of an opinion on the truth and fairness of the Schedule. Accordingly, we do not express such an opinion.

Our procedures, as stated in our engagement letter, do not constitute an examination made in accordance with generally accepted auditing standards, the objective of which would be the expression of assurance on the contents of the Schedule. Accordingly, we do not express such assurance. Had we performed additional procedures or had we performed an audit or review of the Schedule in accordance with generally accepted auditing standards, other matters might have come to our attention that would have been reported to you. This report relates only to the amounts and items specified above and does not extend to the financial statements of Crosscare, taken as a whole.

The audit work of Mazars on the financial statements of Crosscare was and is carried out in accordance with statutory obligations and the audit reports were and are intended for the sole benefit of Crosscare and Crosscare as a body, to whom they are addressed. Audit(s) of Crosscare's financial statements were not and will not be planned or conducted in contemplation of the requirements of anyone other than the members as a body, and consequently the audit work is not intended to address or reflect matters in which anyone other than the members as a body may be interested.

Mazars will not, by virtue of preparing this Report or otherwise in connection with this engagement, assume any responsibility whether in contract, tort (including without limitation negligence) or otherwise in relation to the audits of Crosscare's financial statements. Mazars and respective partners, employees, agents and contracts shall have no liability whether in contract, tort (including without limitation negligence) or otherwise to any third parties in relation to the audits of Crosscare's financial statements.

This report is solely for your use in connection with the purpose specified above and as set out in our engagement letter; it is not to be used for any other purpose or to be copied or distributed or otherwise made available or referred to, in whole or in part, to any other party without any prior written consent. We do not accept any liability or responsibility to any third party to whom our report is shown or into whose hands it may come.

  
Mazars

2 June 2011  
Date



**APPENDIX 1**
**Teen Counselling  
Income and Expenditure Account  
1 January 2010 to 31 December 2010**

<b>Income</b>	<b>2010 €</b>	<b>2009 €</b>
Donations and bequests	2,901	13,835
The Charitable Infirmary Trust	45,000	52,500
<i>State &amp; Local Authority Grants:</i>		
HSE East Coast Area	293,889	310,993
HSE Northern Area	615,637	654,514
HSE South West Area	198,164	209,698
County Dublin VEC – Young People Fund	63,374	65,334
Dept. Social Community & Family Affairs	181,900	181,900
Interest and dividends	21	30
Sundry income	<u>43,766</u>	<u>32,213</u>
<b>Total income</b>	<b>1,444,652</b>	<b>1,521,017</b>
<b>Expenditure</b>	<b>2010 €</b>	<b>2009 €</b>
Payroll and pension costs	1,238,008	1,309,614
Rent, rates and insurance	75,757	79,466
Light, heat and power	7,944	4,652
Repairs, renewals and maintenance	10,021	12,038
Computer and equipment services	3,576	3,421
Printing and stationery	8,817	9,397
Telephone and postage	9,679	11,268
Travel expenses	3,577	3,785
Conference and seminars	645	6,887
Staff training and conferences	1,895	3,439
Cleaning and security	6,962	11,048
Advertising and recruitment costs	1,021	880
Professional fees and consultancy	20,048	11,950
Sundries	2,860	2,216
Depreciation	14,158	9,901
Central administration charges	<u>46,000</u>	<u>45,988</u>
<b>Total expenditure</b>	<b>1,450,968</b>	<b>1,525,950</b>
<b>Deficit</b>	<b>&lt;6,316&gt;</b>	<b>&lt;4,933&gt;</b>



For and on behalf of Council



For and on behalf of Teen Counselling





## Teen Counselling Evaluation Study

The Teen Counselling Evaluation Study aims to evaluate the model of practice used in Teen Counselling. This model has been termed 'Positive Systemic Practice.' In order to do this a controlled trial is being carried out. Families are allocated to Treatment and Control groups when referred to Teen Counselling and teens are matched in terms of gender, age, living arrangements, and problem type. Cases that score above the clinical cut-off point on the parent-report version of the Strengths and Difficulties Questionnaire (Goodman, 2001) are admitted to the trial. Participants in both groups are evaluated with psychometric measures of adolescent and family adjustment before and after the Treatment group complete up to 9 sessions of counselling over 16 weeks. This treatment intensity reflects the average number of sessions of Teen Counselling cases in 2007-9 and the average duration of the waiting list during that period. The Treatment group is also evaluated at 6 months follow-up. Treatment integrity and adherence to the model are also being tested. In order to do this counselling sessions are being recorded and rated. The Control group is evaluated at referral and at 16 weeks just before families receive counselling. To date there are 35 families in the Treatment group and 4 families in the Control group.

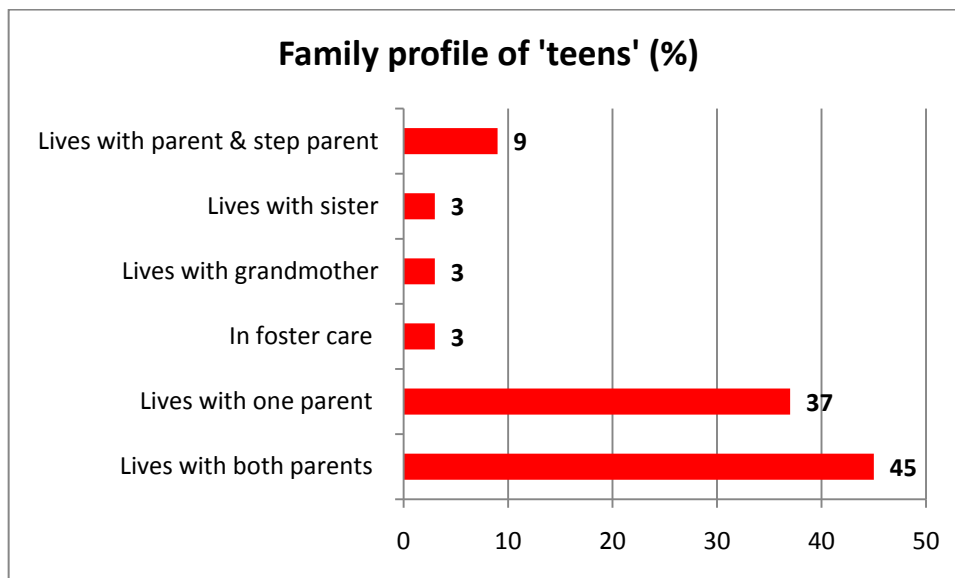
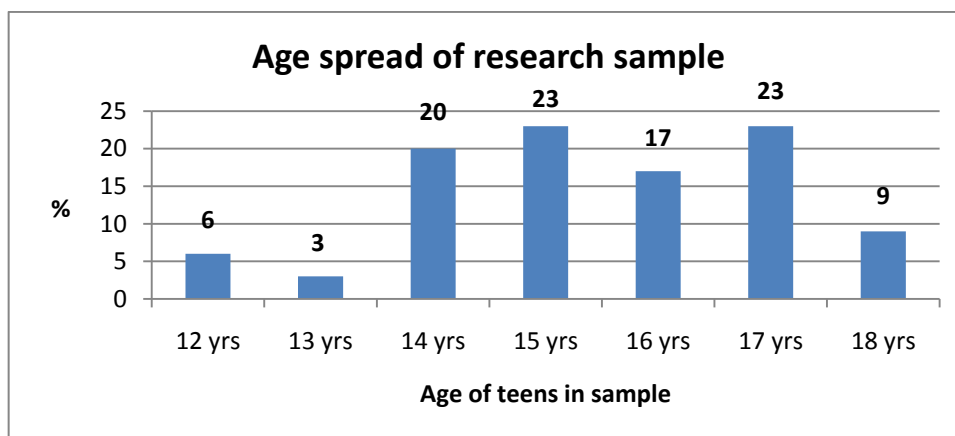
There have been some changes to the methodology since the project began.

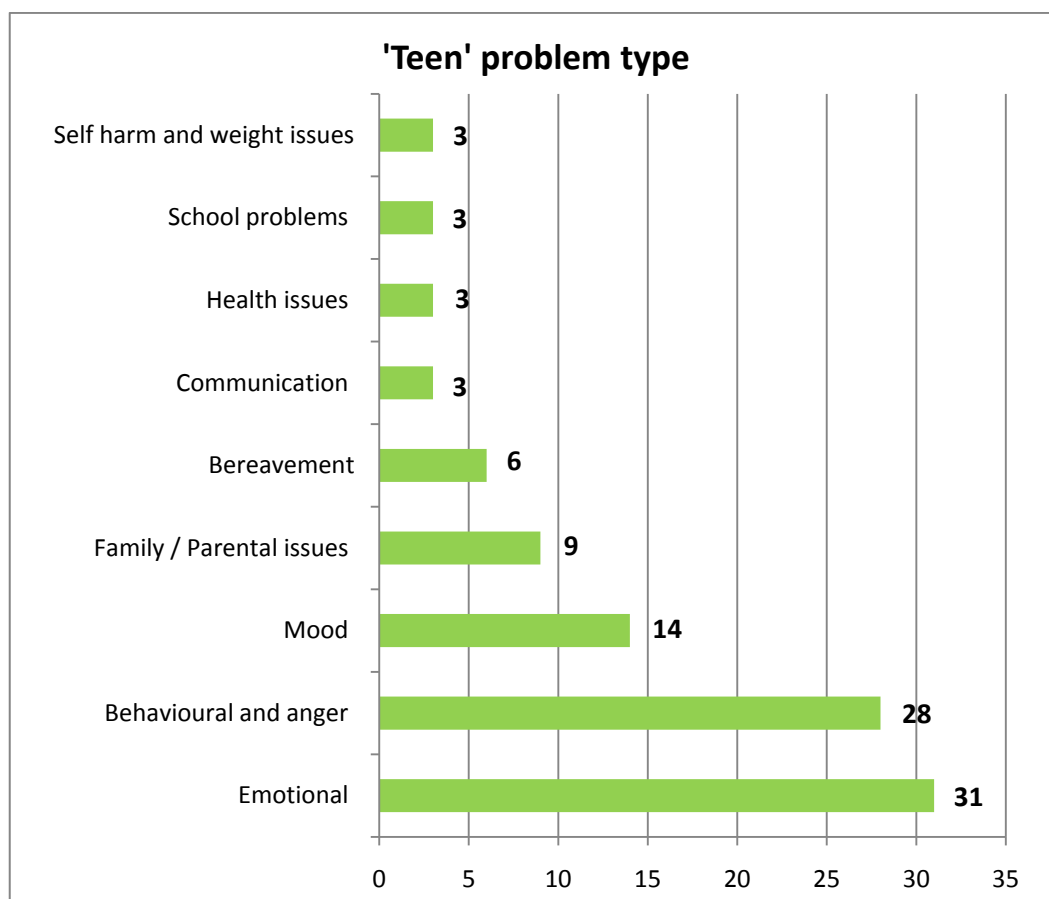
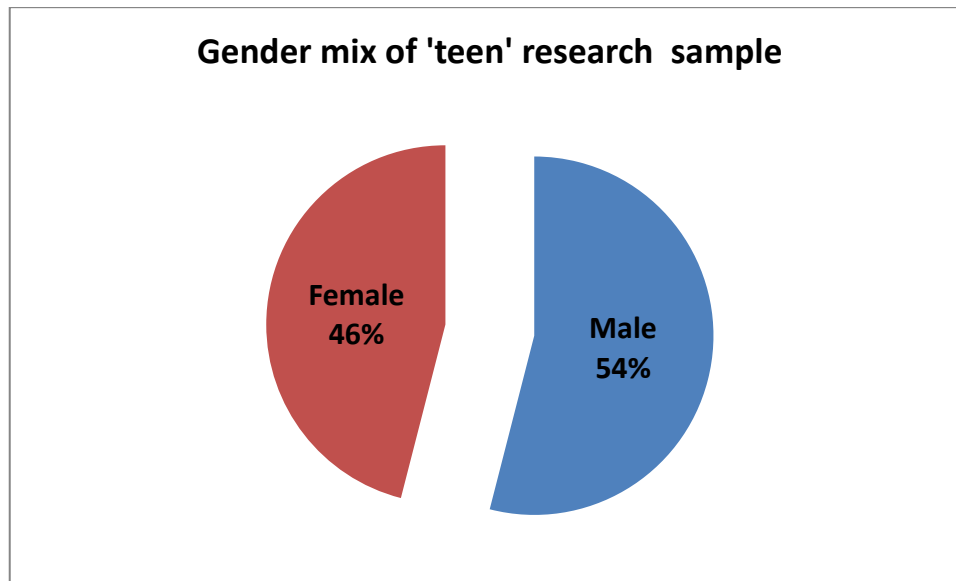
1. Changes to the Teen Counselling Survey website. This involved a new qualtrics webpage being created. This website allows the researcher direct access to the results of the survey. It requires all questions and the pin number field to be filled out before participants can move onto the next page of the survey and it is more accessible and user friendly in terms of instructions and language used in the questions of the survey than the initial version.
2. Changes to methods of collection. At the different stages in the survey it was proving very difficult to collect data from both teen and caregiver. In many cases families were slow to respond and some did not respond at all in later stages of the study. In order to help increase response rates a number of strategies were implemented.
  - Letters from the counsellors to the families were created and sent to families who were no longer attending after Time 2 (9 sessions). This letter thanks them for their participation to date and reminds them that the researcher will be in contact with them again in 6 months.
  - Hard paper copies of the questionnaires were also made available at Teen Counselling centres so that participants in the survey could fill them out after their counselling sessions when still attending.
  - Post was also introduced as a method of data collection if requested.
3. Families who do not wish to be recorded, but agree to complete the survey at the different stages, have been included in the study.

## Main Challenges

1. Engaging families at later stages in the study. Parents are generally more responsive than teens and respond more promptly to the surveys. In many cases the researcher does not have contact details for teenagers and is relying on the parent to remind them to complete.
2. Reminding participants to evaluate the same main problem in each questionnaire throughout the survey. In order to facilitate this, the participant is reminded by email at Times 2 and 3 what they nominated as their main problem at Time 1. In cases where the survey is done by hard copy the main problem is entered on the form to remind the participant.

The following charts summarise findings of the **35 families** in the treatment group.









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Crosscare believe that every person is created in the image and likeness of God. This places responsibility on us to work to the highest possible standards while treating every person who uses our services and who works for or with us with care, courtesy and love. Our work is guided by four core values:  
Respect, Human Rights, Integrity and Excellence.

◆ Homeless Services ◆ Young People's Care Services ◆ Community Services