



Kildare
Youth Services
Youth Work Ireland

KYS YOUTH WORK IRELAND YOUTH COUNSELLING SERVICE ANNUAL REPORT 2011





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Section 1

INTRODUCTION:

Since 1994 the Kildare Youth Services Youth Work Ireland Counselling Service has delivered a community based, accessible, professional counselling service to meet the needs of referred young people and their families in County Kildare. To this end in 2011, KYS, in partnership with the Health Service Executive Dublin Mid-Leinster (HSE) and with additional funding from the Family Support Agency (FSA), Electric Aid Ireland and the Lotto Fund provided a tailor-made service focussing directly on the kinds of supports which young people, their families and other third parties, e.g., School, GP, Social Work have long identified as being of need to young people between the ages of 11-25 in Co Kildare. A key to the longevity and utility of the KYS Counselling Service is the fact that it is a donation based, community youth service staffed by qualified and registered counsellors and volunteer counsellors and offering a youth friendly and accessible environment for young people. Crucially, strong links exist to referral agents throughout the targeted communities.

2011 was a very active year for the counselling service. The service continued to work in a multi agency way with other local service providers across the county and strengthened its involvement in initiatives such as the North Kildare Mental Health Strategy and forums such as the Parent Training Forum, Multi Agency Adolescent At Risk Forum (MAAF) and Kildare Children's Service's Committee (KCSC).

In the planning and delivery of a youth counselling service, research has an important role to play, particularly when aiming at the delivery of high-quality counselling services that is challenged to meet the needs of the community in times of financial and budget constraints. Professor John McLeod highlights the relevance of research in emphasising

“the contribution of research lies in providing a knowledge base that can inform counselling policy and practice... There are probably three main areas in which research knowledge can make a difference. First, individual clients and organisational purchasers of counselling services are vitally interested in the question of whether counselling is effective. Second, there are many areas in which decisions about the nature and design of counselling services can be informed by research. Finally, research is a valuable arena for professional development. Practitioners who engage in research typically find that it challenges them to carefully examine their assumptions about their work and it leads to new personal insights.”¹

The KYS Counselling service engaged in a number of research initiatives in 2011, amongst them playing a central role in a study conducted by the University of Ulster on behalf of the Health Research Board, titled 'Investigation into the needs and issues of youth counselling in Ireland', a study into young people's experience of and utility of counselling services on the Island of Ireland. The KYS Counselling service was unique in its representation of a counselling service in the Republic. The KYS Counselling service conducted its own research into service users experience of the service (See Appendix 3) as well as parents and guardians experience of participation in the facilitated Step Teen Parenting Courses and changes they incurred through that participation (See Appendix 4).

Staff counsellors were also involved in facilitating a group of parents to engage in research conducted in partnership with the Health Promotion Unit of the Health Service Executive (HSE) and Dodder Valley Partnership entitled 'A Needs and Resource Analysis for Youth Mental Health and Wellbeing in North East Kildare'. Staff also represented the service in engaging in the same type of focus groups but from a service provider's perspective. The purpose of the research project was to work with services in North East Kildare to improve the mental health and well being of young people in the region.

The theme of Youth Mental Health played a very important role and representation was held on regional initiatives such as the North East Kildare Mental Health Sub Group's application to Headstrong to participate in the Headstrong Learning Network (HLN), a programme to mobilise communities to develop a plan that aims to coordinate services to better meet the mental health and well-being needs of young people. A Drama approach to mental health entitled 'Headspace' involved the Counselling Service. Headspace was a further initiative of the North East Kildare Mental Health Sub-Group and project managed by Kildare Youth Services. The Drama Programme, conducted by Crooked House

¹ http://www.bacpworkplace.org.uk/journal_pdf/acw_autumn04_d.pdf



Theatre Company, for young people between the ages of 15-18, was used to explore the issues of Alcohol and Mental Health, resulting in live drama performances on the themes and a community forum about the issues raised by the drama.

Young people's experience of Self Harm and the importance of Self Care as its combatant led to the 2011 Counselling Service's production of a Take 5 publication entitled 'Self Care can Prevent Self Harm'. The Take 5 edition, distributed in workshops and courses, schools, GP surgeries, Garda Stations, libraries and HSE services etc., was aimed at offering a psycho educational approach to young people to explore attitudes and involvement in Self Harming behaviour and indicate clear ways of moving away from this behaviour. As Eilis Hayes, Researcher Trinity College Dublin, in her current study 'An Exploration of the Lives of Adolescents (aged 12-18yrs) who self harm' reports,

“Self harm is one of the most complex problems facing adolescents and one of the least understood by service providers. The incidence of self harm in Ireland has been rising. Highest rates are reported in adolescents and young people compared to other age groups with 2,000 presentations to hospital in 2009 (NSRF, 2009)”

The KYS Counselling Service played a contributory role in this important study in 2011.

Providing workshops and stands into schools and other public institutions on a variety of peer issues such as bullying, respect, self esteem, coping with bereavement, healthy lifestyle and mental health resulted in collaboration with primary and secondary schools across the region including Scoil Mochua National School, Celbridge, Maynooth post primary school and Ard Scoil na Trioda in Athy, as well as public institutions and foras such as Naas General Hospital, Kildare Children's Service's Committee and internally in the KYS Staff Quarterly.

Some of the training that the service was involved in 2011 included participation in the South West Regional Drugs Task Force (SWRDTF) and Foroige's 'Putting the Pieces Together – A Drug & Alcohol Resource for Trainers: Drug Awareness & Activity Training for Project Staff'. Staff and volunteers engaged in the training to gain more knowledge and accurate information on the effects of substances, identify current trends and research on substance use among young people, explore tiered approach to prevention with young people and identify best practise in relation to programme design and managing drug related incidents. Staying with research interests and young people's substance misuse the service participated in research conducted on behalf of the SWRDTF to gather views from those working with young people in Kildare and West Wicklow who are at risk of developing (or have already developed) a substance misuse problem.

Equally significant was the Counselling teams participation in training with BeLonG To Youth Services for Lesbian, Gay, Bisexual and Transgender young people. This training helped the service in its work with young people through developing understanding of LGBT terminology and issues, current research on Irish LGBT young people, how to support young people coming out, challenging homophobic language and bullying. As the team held representation on the KYS Equality subgroup, the training was also beneficial for the organisation in detailing how to make the youth service safe for LGBT young people and the importance of policy and procedure to support the same.



Section 2

THE KYS COUNSELLING SERVICE IN 2011

2011 saw the full implementation of the Wait List Strategy, the rationale for and results of which are expanded on in Appendix 1. The strategy was made possible by hosting counselling and counselling psychology students and trained counsellors on placement. The inclusion of these volunteers added greatly to reciprocal learning for the service and volunteer and again offered young people and families opportunities to engage in counselling and support work at an earlier stage that is practicable without these valued placements. In 2011, 202 families were contacted with a view to offering telephone assessments and onward support sessions through the strategy. On average 19% , or just under 1 in 5 young people, were removed from the wait list as a result of their participation in the strategy, allowing for speedier access for those who were motivated and suited to engage in the KYS counselling process.

Averagely per month 54% of those offered telephone assessments availed of the same and 78% of these young people and families went on to avail of a support session with a staff counsellor on the completion of the telephone assessment. Critically multiple efforts were made through the counselling administration team to contact families through telephone calls, letters and e mail.

In total, the Service received 1681² telephone calls into the service, a replica number of calls as 2010. However 10% of these calls were crisis calls³, up 3% on 2010 figures. Onward referrals to crisis intervention services (such as Pieta House, GP, HSE CAMHS) at 40% and also the addiction specialist services (HALO; ARAS) at 23% accounted for the highest percentage of onward referrals from the counselling service. One in ten onward referrals resulted from the desire by a referrer for a young person to be seen immediately for counselling sessions.

In 2011 the Counselling Service received 297 referrals into the service, with a 108% increase in referrals into the Newbridge list from 2010. In 2011 50% of the referral base came from Mid county (into Naas and Newbridge lists), with 33% in the North (into Leixlip and Celbridge lists) and 17% from South of the County (into Kildare town and Athy). 49% of the referral base came from parents and guardians (an increased of 5% on the previous year) and added together with the 16% of referrals coming from young people themselves⁴, two thirds of referrals come directly from the community, demonstrating the continued and central embeddedness of the Service amongst the communities of Kildare County. A high number of referrals continued to be received from the Social Work department (14%) and 7% came from the health and mental health services.

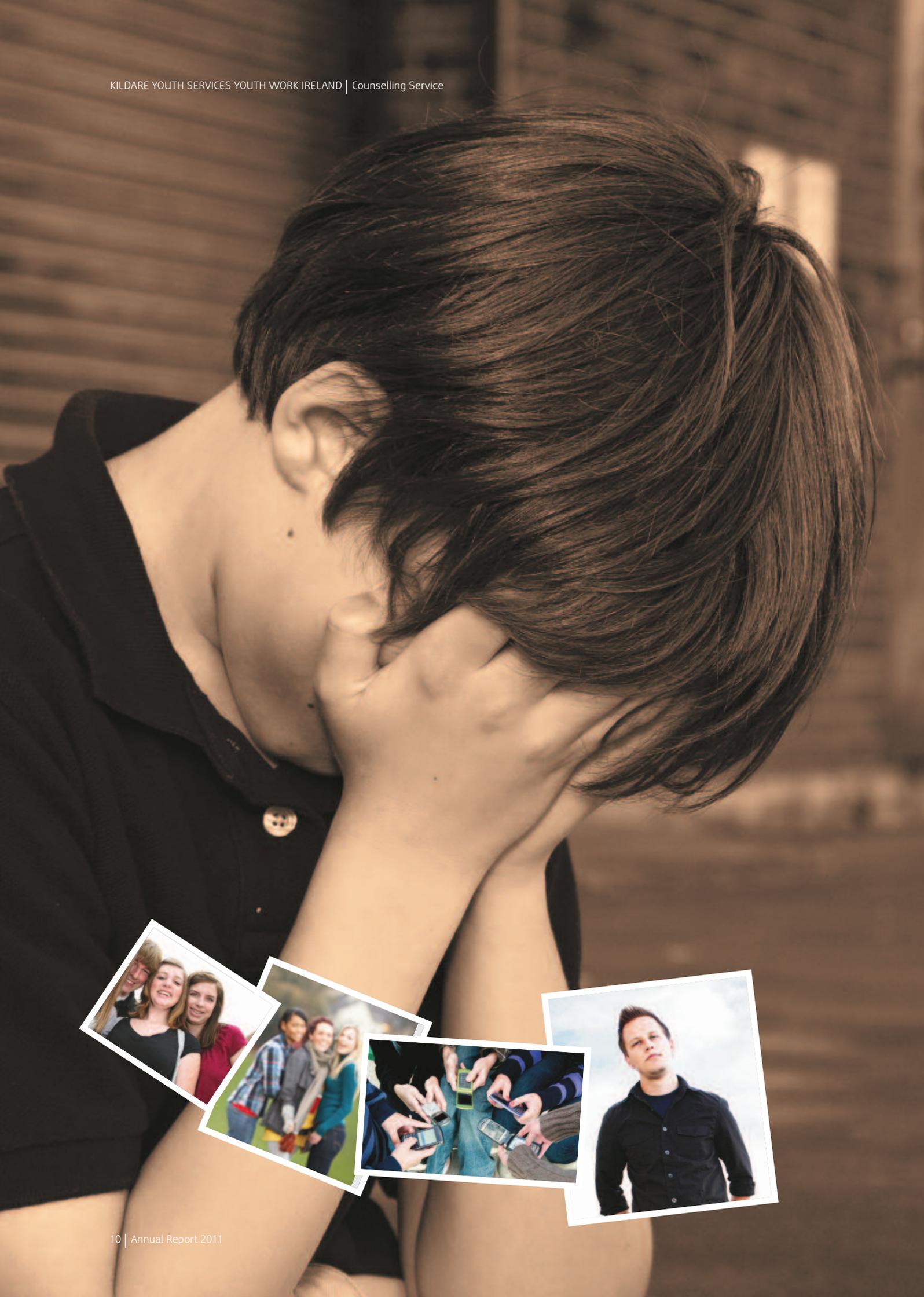
245 young people were newly assessed in the service in 2011, a 13% increase on 2010 figures. One of the Key Strategic Objective of the 2009 KYS Counselling Service Wait List Strategy (1.4.1) and Performance Indicators as outlined in the Counselling Service 2010 to 2012 Service Plan (See Appendix 6) was a reduction in the number of young people not attending offered assessments. In 2011 the Service achieved a 46% reduction on 2010 figures.

2011 saw the very successful facilitation of four parenting courses in the county through the year (Naas, Athy, Celbridge and The Curragh). 91 parents and guardians were offered places on the courses and the course continues to create self facilitating groups across the country who, upon completion of the 8 week course, meet as a support network.

² For Service Statistics See Appendix 4

³ Defined as calls that require immediate clinical intervention

⁴ Young people can self refer from the age of 18 onwards





Section 3

APPENDICES 1 - 6

APPENDIX 1: Wait list strategy

APPENDIX 2: Outcomes of Study on Participation in Step Teen Parenting Course

APPENDIX 3: Evaluation of Service Users experience of KYS Counselling Service-Data Outcomes

APPENDIX 4: KYS Counselling Service Statistics

APPENDIX 5: Core Statistics for clients first assessed in 2011

APPENDIX 6: KYS Counselling Service Plan 2010-2012

Appendix 1

Wait list strategy

Wait lists result when demand for service outstrips resources (Brown, Parker, & Godding, 2002), challenging practitioners to "struggle continuously with how to serve our clients most effectively and efficiently" (Pinkerton, 1996, p. 315)⁵. Research has evidenced that clients on wait lists experience more problems and have lower motivation and poorer outcomes as the waiting period lengthens (Brown et al., 2002). In contrast, clients who have very short waits prior to their first appointments are more likely to show up for their appointments. When the Wait List strategy was implemented in January 2011 the following were the hoped for outcomes of conducting an assessment telephone call and single support session:

- If deemed suitable, from the strategy maintain a young person on the list for counselling and when an appointment slot is available offer to begin work with a staff counsellor
- If deemed suitable refer a young person to a placement or volunteer counsellor within the service with a view to earlier engagement in the counselling process
- To provide information about and if necessary refer other young person/families on to a service deemed more appropriate for their needs, e.g., CAMHS, HALO, Pieta House, KYS Youth Groups⁶
- To explore and decide with a young person/family that counselling is not an intervention required currently and remove them from the list
- To establish if additional family support is required or if a guardian needs additional support in their role of parenting again offered through placements and volunteer counsellors in the service
- To equip young people/families with a resource pack of booklets and helpful psycho-educational material, created with the assistance of the Information Service within KYS
- To establish guardians/parents interest in and knowledge of the Step Teen parenting course with a view to referral onto one of the courses if appropriate
- To establish interest in and assess suitability for the young person to join a psycho-educational support group within the Counselling Service
- To generate a base line clinical assessment score through the administration of the Clinical Outcome in Routine Evaluation (CORE) Young Person (YP) (Under 16) or Outcome Measure (OM, Over 16) at the beginning of the support session and to track changes between time of wait list assessment and engagement in counselling

⁵ http://findarticles.com/p/articles/mi_hb6467/is_1_54/ai_n31199315/

⁶ The young person is free to reengage with that list whenever/if ever in the future (up to age 25) they may feel that counselling is required

Further, the objective of the support session offered in the Wait List strategy is for a client to have maximum benefit with the lowest investment of therapy time and client cost, including psychological cost. Research exists to support the same. After one planned session 78% of people show improvements (Talmon, 1990); 67% some improvement; and 43% improvement sufficient to address concerns (Miller & Slive, 2004)⁷. The intent of a single support session is not to totally resolve the problem with the person, but rather to help young people and families feel they are on a workable track towards a better life. As Feltham and Dryden in their book *Brief Counselling, A practical Integrative Approach* quoting Talman (1990) state 'Creating expectancy is crucial in making single session therapy work effectively'. The main strategies adopted in these support sessions are:

- Fostering readiness to change
- Focusing on client strengths
- Practicing solutioning in the session
- Allowing for last minute issues
- Giving final feedback

These support sessions can be particularly useful for

- Clients who come to solve a specific problem
- Clients with significant others or family members who can serve as natural supports and co-counsellors
- Clients who can identify (with assistance) helpful solutions, past successes, and exceptions to the problem that occurred prior to seeking counselling

⁷ An Introduction to Single Session Counselling: Claiming Each Moment for Hope, Change, & Growth Heather J Hair, MA, MSc, PhD Candidate. http://onthepoint.smartsimple.biz/files/237865/f88887/hair_heather.pdf

Table 1: Wait list strategy Outcome from January to December 2011

	Telephone Assessments	Support Sessions	Referred to Placement counsellor	Engaged with counselling service	Onward referral	Did not engage with service
Jan/June	56	46	8	26	4	17
July/Dec	53	39	1	10	2	0
Total	109	85	9	36	6	17

Clients contacted for telephone assessment Jan-Dec 2011⁸

	Telephone Assessment offered	Unable to contact	Did not wish to engage	Issue resolved	Counselling elsewhere
Jan/June	126	13	20	1	3
July/Dec	76	10	19	4	5
Total	202	23	39	5	8

⁸ A number of attempts were made to contact clients by letter/telephone/ e mail to secure participation

Appendix 2

Outcomes of Study on Participation in Step Teen Parenting Course

According to Barlow et al. (2002)⁹ the expansion of group-based parenting programmes has taken place in a number of countries over the past two decades, with the growing involvement of voluntary organisations in their provision. Barlow et al state that “a recent systematic review of randomised controlled trials (RCTs) showed that they are effective in improving behaviour problems in children”. The effectiveness of the Step Teen Parenting Programme approach is because of its concentration on the following:

- These programme teaches parents how to use a range of behavioural strategies for managing young people’s behaviour
- The programme helps parents/guardians to restructure their thinking about themselves and their children
- The programme takes a psychoeducational approach that includes the provision of information
- Crucially the programme aims at the development of social interpersonal networks amongst participants – people helping each other with psychological resources and coping responses.



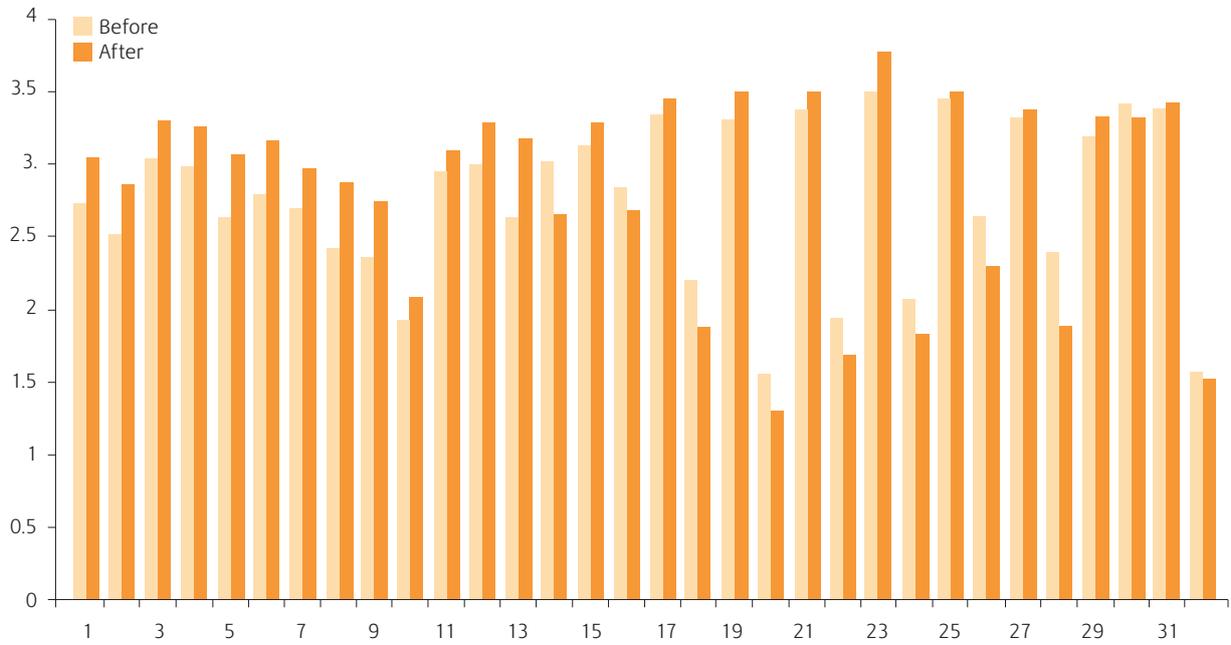
KYS Youth Work Ireland Counselling Service 2010 Annual Report Launch
 (FROM LEFT) Pat Bennett Family Support Agency, Middle Lorraine Shortt
 Counselling CoOrdinator KYS Counselling Service; Marie Faughey HSE and
 Peter O'Rourke 2011 KYS Board of Directors Chair.

⁹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1314244/pdf/12030667.pdf>

Table 1: PSS Questionnaire administered before and after Completion of Step Teen Parenting Course

Question Section 1	Section 2
Identify the reason for your teen's behaviour	Parents should not get involved in verbal arguments between teens
Avoid doing things for your teens that they can do for themselves	Parents should make teens do their homework
Recognise your teens positive qualities and actions	Teens learn best when mistakes are pointed out to them
Listen for feelings in what your teens say	Effective communication with teens requires certain skills
Express your feelings to your teens in a calm manner	Parents who listen carefully to their teens look as if they don't know what to do
Solve a problem by talking about solutions with your teens	Discipline needs to make sense to teens
Allow your teens to learn from the consequences of their choices	Physical punishment is effective teaching cooperation
Use discipline that is related to your teens misbehaviour	Teens should be responsible for their belongings
Know which approach or response to use when disciplining your teens	Parents can do little to change their teens behaviour
Conduct family meetings	Encouragement motivates teens
Accept your teens mistakes	Showing concern for teens feelings gives teens too much control
Show respect for your teens opinions	<p>Teens learn from seeing parents use positive behaviour</p> <p>Learning from their own experience helps teens become responsible</p> <p>Solving problems for teens helps them become independent</p> <p>Teens can be involved in working out solutions to family problems</p> <p>Praising teens for good behaviour shows you accept them as they are</p> <p>Teens misbehave for a reason</p> <p>Responsible parents help teens learn from their decisions</p>

Table 2: Graph Bar Showing Item Response Outcomes before and after completion of Step Teen Parenting Course ¹⁰



Participants and facilitators of the 2011 Step Teen Parenting Courses in Celbridge and Athy



Participants and facilitators of the 2011 Step Teen Parenting Courses in Celbridge and Athy

¹⁰ Following Pages 15 to 17 have sample selection of Bar Charts graphing item responses before and after completion of the Step Teen Parenting Course

Table 3: Identify the reasons for your teens behaviour

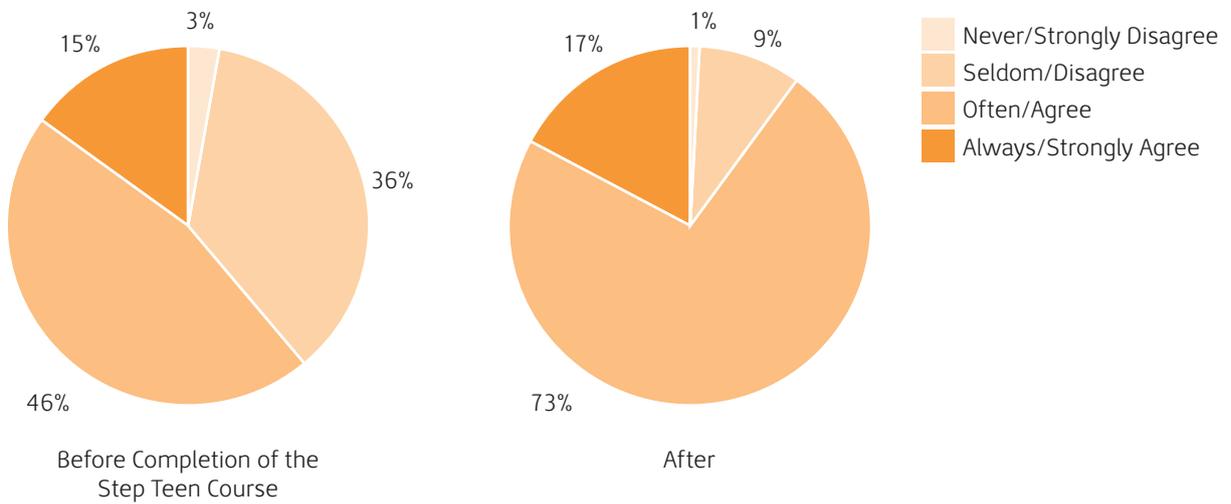


Table 4: Avoid doing things for your teens that they can do for themselves

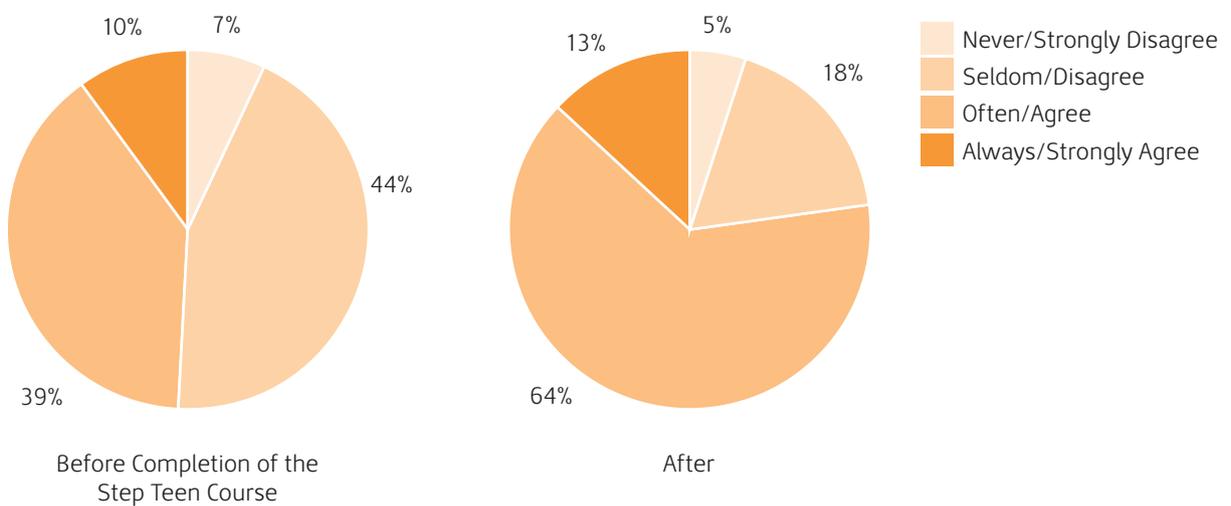


Table 5: Express your feelings to your teens in a calm manner

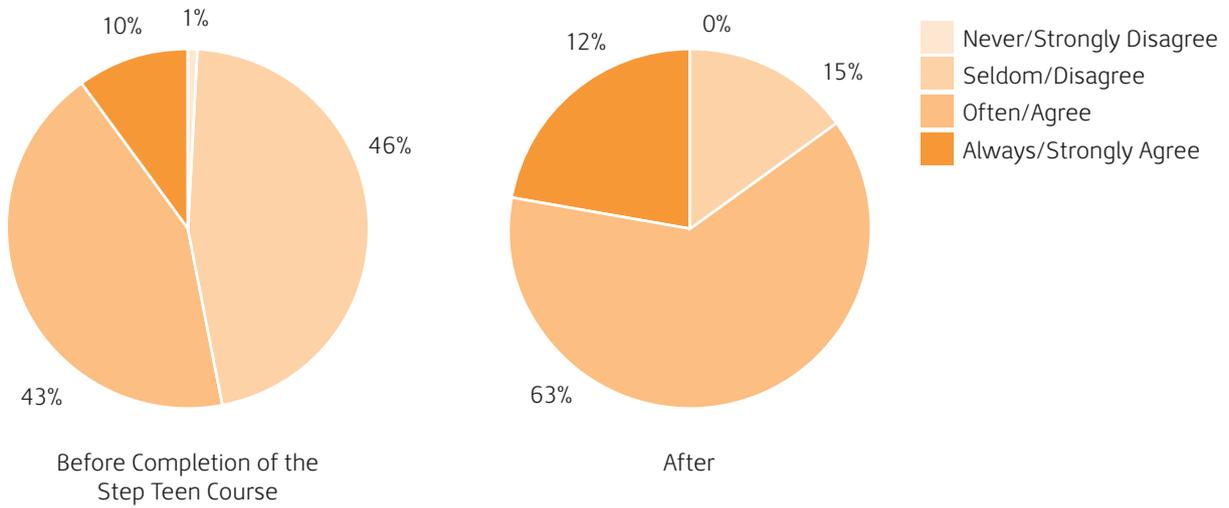


Table 6: Allow your teens to learn from the consequences of their choices

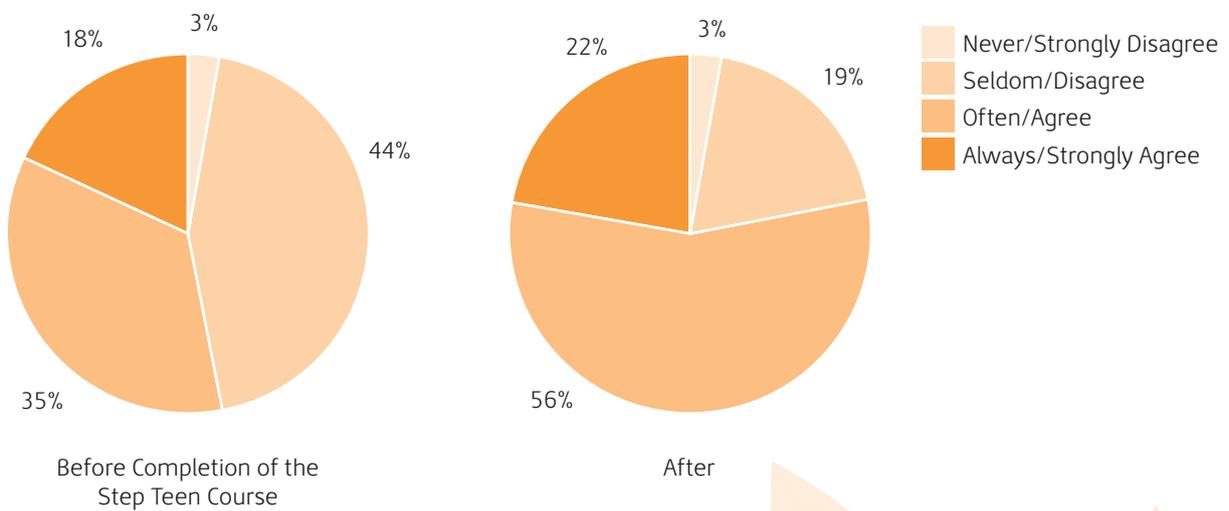


Table 7: Use discipline that is related to your teens misbehaviour

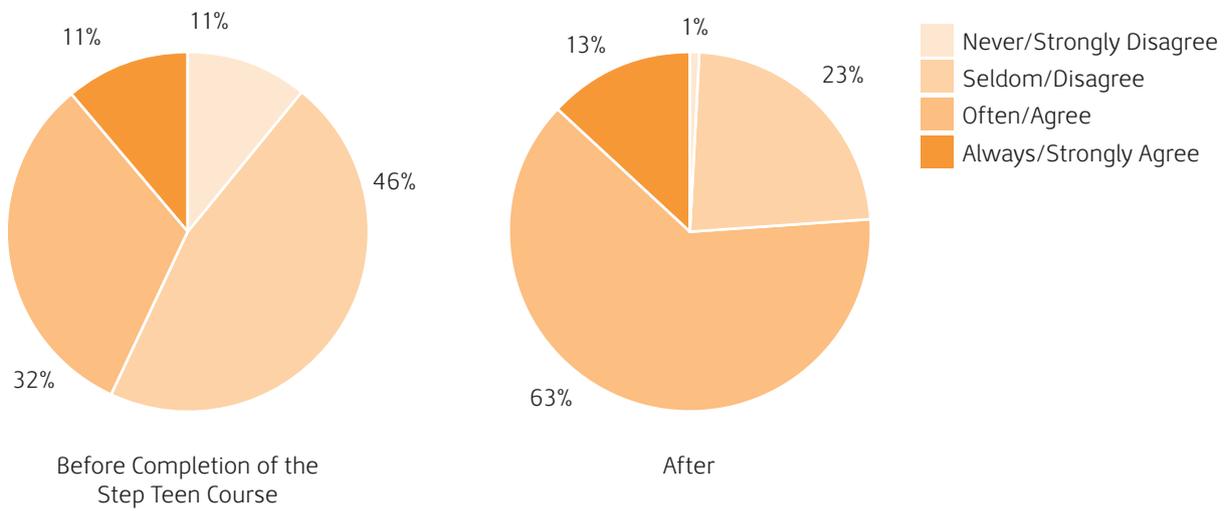
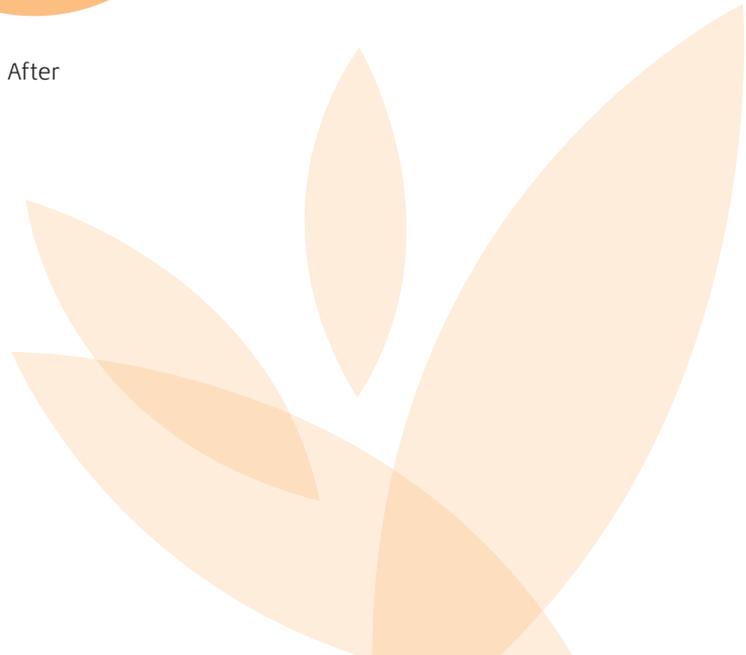
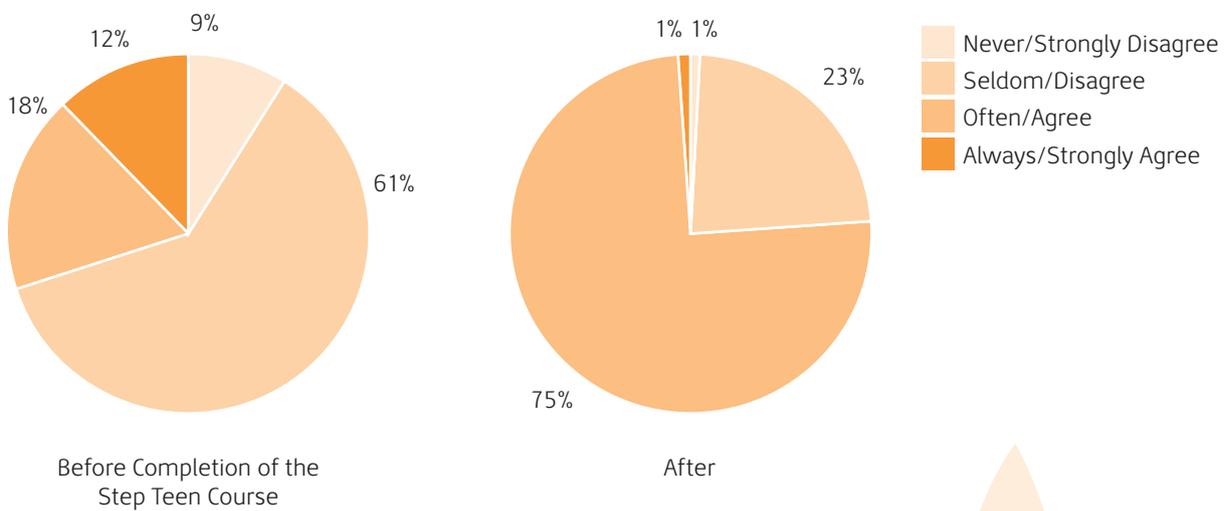


Table 8: Know which approach or response to use when disciplining your teens



Appendix 3

Evaluation of Service Users experience of KYS Counselling Service-Data Outcomes¹¹

Location and access to service:

- 60% of service users were very satisfied
- 38% of service users were satisfied
- .02% of service users were neither satisfied nor dissatisfied
- 0% of service users were dissatisfied
- 0% of service users were very dissatisfied

Length of time waiting for counselling:

- 26% of service users were very satisfied
- 45% of service users were satisfied
- 8% of service users were neither satisfied nor dissatisfied
- 12% of service users were dissatisfied
- 10% were very dissatisfied

Client Endings:

- 75% of service users chose to end counselling themselves
- 4% of service users ended for practical reasons (e.g. lack of transport)
- 4% of service use endings were initiated by the counsellor
- 4% were service user and counsellor initiated
- 2% of service users found the counselling process too difficult to continue
- 12% of service users ended counselling for 'other' reasons not specified

Length of time waiting before being seen for counselling:

- 12% < a month
- 35% 1-3 months
- 37 4-6 months
- 10% 7-12 months
- 4% 13-18 months
- 2% 18+ months

Satisfaction with Counselling Administration Staff:

- 57% of service users were very satisfied
- 43% of service Users were satisfied

Perceived helpfulness of counselling process:

- 59% of service users found the counselling process very helpful
- 35% of service users found the counselling process quite helpful
- 4% of service users found the counselling process neither helpful/unhelpful
- 2% of service users found the counselling process not helpful

What aspects the counselling process was helpful with:

- 78%: Ability to manage feelings
- 43%: Close relationships
- 73%: Understanding difficulties
- 61%: Coping
- 67%: Everyday life
- 73%: Self Confidence
- 49%: Ability to Trust others

¹¹ The following data is taken from 52 participants

Satisfaction with counsellor's listening:

- 82% of service users reported being very happy with the counsellors ability to listen
- 10% of service users reported being happy with the counsellors ability to listen
- 8% of service users reported being neither happy nor unhappy with the counsellors ability to listen

Satisfaction with counsellor's work:

- 76% were very happy with the counsellors work
- 16% were happy with the counsellors work
- 6% were neither happy/unhappy with the counsellors work
- 2% were unhappy with the counsellors work

What could be done differently:

- 42% would have liked support while waiting for counselling
- 10% would have liked counselling in a group
- 10% would have liked to join a self help group
- 5% would have liked to have done a parenting course while waiting for the counselling process to begin for their young person
- 26% would have liked an evening session (after 5pm)
- 2% would have liked a lunchtime session



Appendix 4

KYS Counselling Service Statistics

Table 1: Referrals by Area in 2011

Referrals 2011	
Athy	26
Celbridge	54
Kildare town	25
Leixlip	43
Naas	80
Newbridge	69
Total	297

Table 2: Referrals to the Counselling Service by area 2009-2011

	Athy	Celbridge	Kildare	Leixlip	Naasp	Newbridge
2009	24	64	27	24	80	51
2010	42	59	37	43	83	39
2011	26	54	25	43	80	69

Table 2: Referrals by Agent and Area 2011

	Parents	SWD	KYS	Self	GP	School	Past client	PH Nurse	Hospital	Other	CAMHS	Totals
Athy	13	6	3	2	2	0	0	0	0	0	0	26
Celbridge	38	3	2	4	1	3	3	0	0	0	0	54
Kildare town	6	8	6	3	1	0	1	0	0	0	0	25
Leixlip	18	5	1	12	0	5	0	0	2	0	0	43
Naas	34	12	7	13	5	2	1	1	0	4	1	80
Newbridge	35	7	4	12	4	1	1	0	0	2	3	69
Total	144	41	23	46	13	11	6	1	2	6	4	297

Table 4: Average Length of time in months on waiting list 2009-2011¹²

	2009	2010	2011
Athy	4.4	3.4	4.5
Celbridge	3.8	2.8	4
Kildare town	3.1	3.7	6.1
Leixlip	6.6	3.7	4.75
Naas	3.7	4.3	7
Newbridge	6	4.3	4.6

Table 5: Numbers of Presenting issues at referrals in 2011

Depression	20
Anxiety/Stress	35
Changes in Family Structure	64
Psychiatric	6
Cognitive/Learning	11
Eating Disorder	6
Parenting Problems	10
Substance Misuse	32
Trauma/Abuse	21
Bereavement/Loss	29
Behavioural Problems	23
Interpersonal/Relationship	45
Conduct Disorder/Anger Issues	25
Problems in work/school	19
Self Esteem	46
Self Harm	26
Teenage Pregnancy	2

¹² 2011 had the lowest levels of staff cover per month over the 3 years because of staff turnover

Table 6: Numbers of New and Ongoing clients seen for counselling by staff counsellors in 2011

New Clients 2011

	Male	Female	
Jan	3	4	
Feb	4	9	
March	1	4	
April	4	1	
May	3	7	
June	2	9	
July	11	10	
August	4	10	
September	5	11	
October	5	12	
November	5	6	
December	5	2	
Total	52	85	137

Ongoing clients 2011

Jan	68		
Feb	75		
March	70		
April	73		
May	65		
June	69		
July	64		
August	65		
September	93		
October	77		
November	63		
December	77		
	859		
Average monthly statistic for ongoing			72

Table 7: Average wait time in months per area

	2009	2010	2011
Athy	4.4	3.4	4.5
Celbridge	3.8	2.8	4
Kildare town	3.1	3.7	6.1
Leixlip	6.6	3.7	4.75
Naas	3.7	4.3	7
Newbridge	6	4.3	4.6

Table 8: Numbers of clients seen by placement counsellors in 2011

	Parents/Guardian					
	Clients	Sessions	Cancellations	No Shows	Numbers	Sessions
Total	29	67	25	4	14	62

Table 9: Parents and guardians seen for counselling with their young people in 2011

	Parents/Guardians of New Clients 2011			Parents/Guardians of Ongoing Clients 2011			
	Male	Female	Sessions		Male	Female	Sessions
Jan	0	7	7	Jan	2	8	13
Feb	2	7	9	Feb	1	6	13
Mar	2	5	7	Mar	0	6	15
Apr	2	2	4	Apr	5	10	16
May	2	6	8	May	1	8	17
Jun	0	10	10	Jun	2	10	16
Jul	2	15	17	Jul	2	3	6
Aug	3	3	6	Aug	3	15	28
Sep	2	7	9	Sep	3	15	22
Oct	2	8	10	Oct	5	11	22
Nov	3	9	12	Nov	11	16	39
Dec	1	5	6	Dec	4	9	15
Total	17	65	105	Total	39	117	222

Table 10: Numbers of Administration referred on calls 2011

Halo	Barnardos	KCC	Pieta House	GP	Health Centres	Pieta House	GP
10	4	1	8	4	1	5	5
IACP	KCP	KYS	ARAS	BelongTo	NRFC	ACCORD	
7	1	5	3	1	1	1	

Table 11: Numbers and areas of requests for counselling outside the target areas in 2011

Allenwood	1	Enfield	3
Ballyadams	0	Kilcock	12
Ballitore	3	Kilcullen	2
Ballymore Eustace	3	kildangan	0
Baltinglass	2	Kilmeague	1
Blessington	1	Newcastle	0
Calverstown	0	Nurney	3
Carbury	1	Prosperous	1
Clane	6	Rathcoffey	4
Donadea	2	Robertstown	0
Derrinturn	1	Straffan	3

Appendix 5

Core Statistics for clients first assessed in 2011

- Assessed: 245
- DNA Assessment: 18
- In Progress at 31/3/2012: 77 (31%)

Gender:

- Females 139 (57%)
- Males 106 (43%)

Ethnicity:

- White Irish: (92%)
- Other White: (2%)
- Black: (2%)
- Other: (3%)

Age:

- 11-14: 72 (30%)
- 15-17: 101 (41%)
- 18-25: 67 (28%)

Employment Status:

- Full time student: 200 (82%)
- Unemployed: 19 (8%)
- Full time employed: 6 (3%)
- Part time employed: 6 (3%)
- Part time student: 1 (<1%)
- Working in the home: 3 (1%)
- Other: 10 (4%)

Family Status:

- Living with parents: 200 (82%)
- Parental Separation: 94 (38%)
- In state care: 13 (5%)
- Living in institution/hospital/temporary accommodation: 4 (2%)
- Living in Shared Accommodation: 1%
- Living alone: 6 (3%)
- Living with friends/relatives: 6 (5%)
- Living with partner: 4 (2%)
- Caring for children over 5: 5 (2%)
- Caring for children under 6: 6 (3%)

Referral Sources:

- Family member: 118 (50%, up 7% on 2010)
- Self: 27 (12%)
- Social Services: 27 (12%)
- Education based services: 13 (6%)
- GP: 17 (7%)
- Voluntary/community sector: 16 (7%)
- CAMHS and Psychiatric Services: 12 (5%)
- Psychiatrist 1 (1%)
- Legal profession: 1 (>1%)
- Other: 8 (4%)
- Friend: 3 (1%)

Sites: Clients Assessed

- Athy: 22 (10%)
- Celbridge: 38 (16%)
- Kildare: 13 (6%)
- Leixlip: 26 (11%)
- Naas: 73 (31%)
- Newbridge: 61 (26%)

Sessions Offered:

- Total: 619
- Attended: 411 (66%)
- Unattended: 208 (34%)
- Average number of sessions attended: 5
- Average wait for 1st assessment: 126 days

Intake:

- Accepted for therapy: 167 (72%)
- Assessment/one session only: 42 (18%)
- Referred to another service at end of therapy: 1 (<1%)
- Unsuited for therapy at this time: 13 (6%)
- On Medication at start of therapy: 24 (7%,)

Sessions Attended/Client Numbers:

- <6: 37 (55%)
- 6-10: 18 (27%)
- 11-20: 12 (17%)

Session Frequency:

- Weekly: (83%)
- Less than once weekly: (11%)
- Not at a fixed frequency: (5%)

Therapy Modality:

- Individual: 83%
- Family: 17%

Issues at Assessment:

- Interpersonal Relationships: 24%
- Work/academic: 23%
- Living and welfare: 23%
- Anxiety and Stress: 21%
- Eating disorders: 21%
- Bereavement and Loss: 21%
- Trauma and Abuse: 21%
- Depression: 21%
- Addictions: 21%
- Self esteem: 20%
- Physical Problems: 18%
- Personality problems: 16%
- Cognitive and Learning: 10%

Use of Additional services for psychological support:

- Concurrent with referral: 25%
- Less than 12 months prior to referral: 23%
- Greater than 12 months prior to referral: 23%

At Risk at Assessment:

- Harm to others: 16% (of which 46% Mild; 23% Moderate; 4% Severe)
- Self Harm: 21% (of which 67% Mild; 27% Moderate)
- Legal and forensic: 11% (of which 28% Mild; 23% Moderate; 23% Severe)
- Suicide: 21% (of which 61% Mild; 27% Moderate; 3% Severe)

At Risk at End of Therapy:

- Harm to others: 16% (of which 46% Mild; 23% Moderate; 4% Severe)
- Self Harm: 21% (of which 67% Mild; 27% Moderate)
- Legal and forensic: 11% (of which 28% Mild; 23% Moderate; 23% Severe)
- Suicide: 21% (of which 61% Mild; 27% Moderate; 3% Severe)

Therapy Outcomes:

- Closed :69 (65% of assessed)
- Planned ending: 28 (41%)
- Unplanned endings: 41 (59%)¹³
- Clinical Change: 68%
- Clinical and reliable change: 23%
- No Change: 10%
- Pre, during and post scores: 1.41/2.61/0.45

Therapist rated benefits:

- Access to Practical Help: 55%
- Control/Planning/Decision Making: 34%
- Coping Strategies: 64%
- Day to Day functioning: 60%
- Exploration of feelings/Problems: 67%
- Expression of feelings/Problems: 66%
- Personal Insight and Understanding: 63%
- Relationships Improved:60%
- Subjective well being: 59%
- Symptoms: 55%

¹³ Client did not wish to continue: 26
Due to crisis: 1
Due to loss of contact: 11
Other unplanned ending: 3

Appendix 6

KYS Counselling Service Plan 2010-2012

1. Introduction

The Kildare Youth Service (KYS) Counselling Service is intended to complement and link to Our Vision, Our Future, the KYS Strategic Plan 2007-2012. While this Service Plan reflects the framework and content of the KYS Strategic Plan 2007-2012, it has been tailored to meet the specific nature of a community-based professional counselling service in transition. Strategic planning is not always easy at a time of uncertainty. 2011 so far has been a challenging year within the public sector and throughout society in general due to economic pressures. Further change due to cuts in service budgets is proposed for 2012. Regardless of how the future unfolds, the set of strategic recommendations below will enable the Kildare Youth Services Youth Work Ireland Counselling Service to make the most of the opportunities and challenges which will arise over the two year period. A key task over the two years will be to continue to be to build on the capacity and capability of the KYS Counselling Service Staff and Volunteer base to ensure continuity and quality of the service.

2. KYS Counselling Service Vision

The Counselling Service vision describes the ideal future it wants and promotes for children and young people.

An inclusive and fair world where young people are valued in their own right. In this world, young people are engaged and supported by their families, communities and wider society in their:

- ***growth and development from childhood to adulthood***
- ***in life's complexities, joys and challenges and***
- ***to reach their full potential.***

3. KYS Counselling Service Mission Statement

This describes the Counselling Service's overall aim and purpose.

KYS is a voluntary organisation. The Counselling Service aims to provide an accessible and accepting environment for young people and their families to explore and address the complexities and challenges of their lives.

The Counselling Service is a collaborative and creative process. It is tailored to meet the changing needs of each young person and his/her family towards achieving a sense of belonging and social awareness and self-empowerment.

The Service also promotes public awareness of and informs public debate on the experiences of young people, their families and their struggles and aspirations.

4. Guiding principles of KYS Counselling Service

The Counselling Service commits to reflect and promote the following principles in its work.

Voluntary basis: KYS Counselling Service is committed to the principle that young people and their families engage in counselling as a matter of choice.

Developmental capacity of children and young people: KYS Counselling Service believes in the innate goodness, capacity and ability of children and young people. It believes that social structures and systems that cause inequalities such as poverty, educational disadvantage, lack of recreational opportunities and social isolation directly influence the intellectual, emotional and physical development of children and young people. KYS Counselling Service aims to support children and young people to learn and develop and to identify and challenge the inequalities that inhibit their development and the development of their communities.

Families and communities: KYS Counselling Service recognises that children and young people are intrinsically linked to their families and communities and that young people can have difficulties within families and their communities. It recognises and values the diversity of family forms in modern Ireland. It commits to work with parents and families of children and young people and their local communities.

Social equality and social inclusion: KYS Counselling Service is committed to the values of social equality and social inclusion. It recognises and values the diversity of children, young people and their families. It also recognises that some groups of children, young people and their families experience discrimination, disadvantage or inequality and unequal access to goods and services such as education, housing, health, leisure and so on. KYS Counselling Service commits to showing equal respect to all individuals and social groups it works with; to reach out to specific disadvantaged groups that are currently under-represented in the Service, to celebrate social diversity and to work to overcome barriers that cause inequality and social exclusion.

Quality standards: KYS Counselling Service will continue to strengthen its commitment to professional standards recognised by professional counselling bodies through quality frameworks, assessment, training and development to enhance the quality of the opportunities, services and systems, provided by its staff and volunteers.

An inter-agency approach: KYS Counselling Service will continue to strengthen its collaboration, co-operation and association with a range of statutory, community and voluntary bodies in pursuit of improving the quality of service provided to young people and through education, awareness raising and case management.

Service integration: KYS Counselling Service believes that an integrated service enhances the benefits and outcomes young people and their families gain from participation in the Counselling Service. It will continue to strengthen its internal service links and relationships and opportunities for shared working across its services and activities.

A learning organisation: In the context of social change and professional youth work responses, KYS Counselling Service values and recognises the importance of being open to new learning opportunities such as new knowledge, skills, work practices and technologies. KYS Counselling Service commits to providing ongoing learning opportunities for young people and their families.

5. KYS Counselling Service strategic objectives

The Counselling Service Plan reflects the five strategic objectives of KYS. They focus on the outcomes and results that the Counselling Service wants to achieve as a result of its services and activities.

1. Support the personal and social development of children and young people in County Kildare
2. Strengthen equality and social inclusion of children, young people, their families and communities
3. Support children and young people to positively promote their rights
4. At local, regional and national levels, advocate for social change in favour of children, young people, their families and communities
5. Strengthen KYS' organisational management and development to ensure effective delivery of this Plan.

The strategic goals, key actions, resources, performance indicators and milestones of the KYS Counselling Service Plan, under each strategic objective, are outlined in the remainder of the document.

Objective one: Support the personal and social development of children and young people in County Kildare

Strategic goals

- a) Provision of Individual Counselling
- b) Continue to develop ways to identify and review needs of children and young people on an ongoing basis
- c) Provide a range of informal educational opportunities for children, young people and their families

Key actions	Performance Indicators	Milestones
A.1 Provision of Individual Counselling for 11-25 year old clients by youth counselling staff	<ul style="list-style-type: none"> • Maintain a counsellor:client ratio of 1:20 based on a five day week of direct contact between counsellor and client • In 2012 introduction of a donation for counselling services • Use of Core to assist in case management and decision making with respect to frequency of engagement • Monitor needs of clients for evaluation purposes and trends in presenting issues • Ensure that young people have been informed of referrals to counselling to assess for motivation to attend as per Wait List Strategy pilot recommendations 2.4.4 10. As per pilot recommendation 2.4.4.6 ensure that the young people and their guardians at initial assessment are informed about how counselling works. Continue to provide a list of alternative supports at referral and assessment which would so that informed choices could be made regarding the suitability of the service for the clients needs. 	<ul style="list-style-type: none"> • Provision of counselling to approximately 81 clients monthly. • Offer of approximately 1463 counselling sessions yearly¹⁴ • Assessment of approximately 27 new clients monthly • Analysis and Review of approx 240 newly assessed clients annually and 80 ongoing clients monthly. • 2012 Audit of Evaluation Reports received from participants and guardians to December 2011. • Review of client cases in Line Management and Supervision and Team meetings • Use of data re client issues and trends for programme planning (e.g. Bereavement or Self esteem workshops) and annual grant application purposes • At referral and wait list telephone assessment point. In 2011, 1 in 5 or 20% of young people assessed attended for one session only. • Provision of Counselling Service Informational contract at first counselling sessions to ensure informed consent • Information re alternative services (e.g., KYS youth groups, Drug and Alcohol Services) given to Averagely 27 newly assessed clients per month • Accurate and consistent recording at all levels of service of onwards referred clients, e.g., From referral point to discharge • Captured at Wait List Strategy Outcome Points • Continued effectiveness in reduction in Risk to Self, Other and Legal or forensic issues. In 2010 the was approximately 50% across all three categories. • Continued Monitoring of Reduction in Planned versus unplanned endings for therapy. • Adherence to Quality assurance framework with recognition of ongoing professional development • Maintenance of professional registration requirements for Youth Counsellors. • Conduct review of client feedback forms

¹⁴ Figures based on 2011 service statistics

Key actions	Performance Indicators	Milestones
	<ul style="list-style-type: none"> As per recommendation 2.4.4.8 of Wait List Strategy pilot continue to Identify and redirect urgent cases on waiting-list to Social Work Department, GP, A&E, CAMHS or Pieta house as appropriate. Through continued monitoring of initial referrals into the service and operation of wait list strategy at risk clients can be identified and directed to emergency services that are designed to meet urgent needs. Continue to use CORE as a risk management and audit tool for clinical issues of self harm or suicide ideation. Benchmark the effectiveness of KYS Counselling practices, procedures and performance 	<ul style="list-style-type: none"> Conduct review of Step Teen Parenting Course Participation Outcomes Continued use of CORE as Service Audit Tool. In 2012 use CORE INC. to assist in the benchmarking of the counselling service against similar youth counselling services in the UK Appropriate and accurate compilation of service use statistics (monthly counsellor statistics) and use of Core data to help assess effectiveness of service, measured by: length of engagement against clinical caseness at referral or through counselling process; session attendance; reports by third parties; Changes in school status etc

Key actions	Performance Indicators	Milestones
B.1 Through the Wait List Strategy, Undertake client assessment on entry to the Service	<ul style="list-style-type: none"> On a three weekly cycle new referrals to be offered a telephone assessment and support session 	<ul style="list-style-type: none"> By end 4th 2011 quarter all new referrals into the service to be offered a telephone assessment and support session within four weeks of referral onto list
B.2 Regularly review Counselling service trends	<ul style="list-style-type: none"> Quarterly production of HSE reports to review referrals and discharges and number of clients and families for counselling Through the use of CORE review patterns of client engagement, including DNA's and referrals, presenting and emerging issues. Continue to use the system to quantify the numbers of clients who fall into specific categories (e.g. agebands, ethnicity, gender, employment, medication, problem presentation, and type of therapy ending) Continue to identify and explore sub-sets of those clients who fall into categories outside service quality targets (e.g. long waiting times, early termination of therapy, clinical deterioration, and/or poor attendance or psychological mindedness. 	<ul style="list-style-type: none"> By end of 1st quarter 2012 production of report of service user satisfaction as measured by Service Evaluation reports

Key actions	Performance Indicators	Milestones
<p>B.3 Identify families and young people at risk or in need and as appropriate link with support services</p>	<ul style="list-style-type: none"> • Continue to have representation on sub groups or committees specifically designed to identify young people most at risk through their own or others actions and play a role in the co-ordination of a community, inter-agency response, for e.g., MAAF, North East Kildare Mental Health Strategy • Continue to monitor and report to external statutory agencies on the multiple needs of a family and young person with longer therapeutic engagements with the aim of the assisting in the stabilisation of issues such as familial substance abuse or trauma. 	<ul style="list-style-type: none"> • Representation at three MAAF meetings per year with view to tabling referrals as appropriate • Engagement in KCSC interagency referral network • Continued adherence to KYS Child Protection Reporting Protocols and representation on CP KYS subgroup • All staff and volunteers to have received appropriate training in the 2011 revised Children's first guidelines by end of 2nd quarter 2012
<p>B.4 Where possible engage with external research involved in the identification and awareness of youth mental health issues</p>	<ul style="list-style-type: none"> • Continue to support research into areas such as self harm or service awareness and utilisation 	<ul style="list-style-type: none"> • Identification and participation in strategies and research projects

Goal (c) Provide a range of informal educational opportunities for children, young people and their families

Key Actions	Resources	Performance Indicators	Milestones
<p>C. 1. Provision of psycho-educational support sessions for parents/guardians of young people currently accessing or waiting to access counselling</p> <p>C.2: Provision of Step Teen Parenting Courses in County Kildare</p> <p>C.3 Provision of Workshops on peer support, bullying, mental health to schools and community</p>		<ul style="list-style-type: none"> • Through the delivery by placement counsellors parents are identified at wait list strategy or through young person's engagement in counselling • Through the continued facilitation at a service level of Step Teen parenting courses. Into 2012 these courses will be individually facilitated by staff counsellors with the assistance of placement counsellors and participant will be asked for a weekly donation for attendance and a cover charge for materials • Identify Grant or Funding opportunities that exist at a statutory or corporate level to assist in the continued provision of workshops facilitated by the service, for e.g, Lotto Fund, Electric Aid Ireland, for the provision of mental health and suicide prevention work • Introduction of a donation based workshop provision 	<p>Specify what types of practice are best undertaken by counsellors with different levels and forms of training</p> <p>By end of 1st quarter 2012 production of report of parenting skills and attitudinal change in participants of the Step Teen Parenting Course as measured by the self report questionnaires distributed to parents pre and post course from 2007-2001.</p> <p>Successful securing of additional funding streams for Counselling Service in 2012</p>

Outcome indicator for strategic objective

The degree to which the KYS Counselling Service reflects its adherence to financial and data reporting requirements in a timely fashion, demonstrates openness to evaluation, is delivered by suitably qualified and supported professionals within a quality framework and aiming to achieve best practice wherever possible.

Objective two: Strengthen equality and social inclusion of children, young people, their families and children

Strategic goals

- a) Continue to link with young people and their families in the production of psycho-educational resources to normalise or raise awareness of issue affecting young people and their families
- b) Increase public awareness and accessibility of KYS Counselling Service particularly amongst young people, families and communities not currently involved with KYS.

Key actions	Performance Indicators	Milestones
2.a.1 Continue to use a systematic planning, creation and, evaluation (including self-evaluation) process for each issue of Take 5.	<ul style="list-style-type: none"> • Via an action methods research model continue to bring final drafts of Take 5 to groups in KYS for feedback • Prioritise and continue to make available to young people and families past and future editions of Take 5's through the link http://www.kys.ie/counsellingnewsletters.htm • In 2012 develop pod casts of existing Take 5's for upload onto the KYS Counselling Service Website • Develop ways to measure young people's awareness of and utilisation of the of the Take 5 newsletter • Continued use of grant application for e.g., Lotto grant to ensure longevity of Take 5 production 	In 2012 in with collaboration with Youth Information Service, schools and local media launch competition for young person's exclusive production of Take 5 newsletter.
2.b.2 Promote KYS Counselling to community-based organisations	<ul style="list-style-type: none"> • Regularly send promotional material on Counselling Service to range of community groups 	Annually host four stands at variety of community based events
2.b.3 Promote Counselling Service activities in local media	<ul style="list-style-type: none"> • Press release the Service's Annual Report, Newsletters, Course launches, launch of Service in new areas 	Annually achieve at least three instances when KYS Counselling Services and activities receive either reporting or photographic coverage in the local media
2.b.4 Promote Counselling Service activities in specialist or professional media	<ul style="list-style-type: none"> • Use of peer Counselling/Counselling Psychology and Youth Work Journals 	Achieve at least one article published per year in a professional magazine, journal or conference papers (such as IACP Magazine, Irish Youth Work Journal, Irish Association of Addiction and Alcohol Counselling etc)

Outcome indicator for strategic objective

The key outcome indicator for this objective is the measured extent of social inclusion, qualitatively experienced by young people and their families as a result of their introduction to and participation in KYS Counselling Service.

Objective three: Support children and young people to positively promote their rights

Strategic goals

- a) Inform and educate children and young people of their rights and entitlements
- b) Support children and young people to identify, name and challenge their experiences of prejudice, discrimination and inequality

Key actions	Performance Indicators	Milestones
3. a.1 Play active participatory roles in Comhairle na Nog as vehicle for social change	<ul style="list-style-type: none"> Facilitation of workshops under broad heading of mental health and distribution of service material 	Increase in service referrals from guardians of CNN attendees
3.a.2 In counselling sessions reflect with young people on how they relate to authority figures	<ul style="list-style-type: none"> Continue to document work/academic and interpersonal relationship issues on the CORE and highlight same in Counselling Service annual report 	Annually
3.a.3 Refer young people, as appropriate, to KYS Information Service for information on their rights and entitlements	<ul style="list-style-type: none"> Number of leaflets on KYS Information Service services disseminated to young people via waiting/clinical room settings each year 	Better educated and informed young citizens
3.a.4 As appropriate, advise young people and their families of their rights and entitlements during phone contact	<ul style="list-style-type: none"> Record and publicise through Service Annual Report number of calls of enquiry where rights and entitlements were the theme of the response 	
3.b.1 In counselling, support young people, where discriminatory behaviour is identified as a presenting issue	<ul style="list-style-type: none"> Routinely review young person focused work practices to uphold the rights of children and young peoples to participate in decision-making where it is age appropriate 	Annually

Outcome indicator for strategic objective

The key outcome indicator for this objective is the extent to which young people through knowledge and awareness of their citizenship as promoted through the Counselling Service are prepared for our shared democratic life.

Objective four: At local, regional and national levels, advocate for social change in favour of children and young people, their families and communities

Strategic goals

- a) Promotion of positive Mental Health at local, regional and national level
- b) Implement revised Children’s First Guidelines

Goal (a) Promotion of positive Mental Health at local, regional and national level

Key Actions	Performance Indicators	Milestones
4.a.1 Continued attendance at conferences, provision of support sessions and facilitation of workshops relating to Mental Health	<ul style="list-style-type: none"> • Identification and response to community engagements, where possible three annually 	Regional reduction in instances of self harm and suicides
4.a.2 Continued incorporation of themes relating to Promotion of Positive Mental Health in content of parenting courses and school presentations	<ul style="list-style-type: none"> • Review of content of Workshops and Step Teen Parenting Course Material for relevance to topic 	Galvanising Community activism and engagement on vital issues
4.a.3 Meet key policy and service organisations concerned with young people’s welfare	<ul style="list-style-type: none"> • Twice yearly meet HSE, Family Support Agency, Child and Adolescent Mental Health Service, Department of Social and Family Affairs, Kildare County Council, Kildare VEC 	Collaborative efforts into coordinated strategic planning, multiagency budget submissions, cross-training of staff, and team approaches to assessment and case management.

Goal (b) Implement revised Children’s First Guidelines

Key Actions	Performance Indicators	Milestones
c) Comply with Children First guidelines	<ul style="list-style-type: none"> • Review training for all staff and volunteer on revised guidelines • Document number of reports made annually to HSE under Children First guidelines • Engage in any available training to facilitate reporting process 	Quarterly reports to KYS Designated Liaison Person (DLP) of Child Protection Notification (CPN) submissions and outcomes

Outcome indicator for strategic objective

The extent to which youth and community mental health and Welfare and Protection issues, as promoted and implemented by KYS Counselling Service, are reflected in local HSE public policy.

Objective five: Strengthen KYS’ organisational management and development to ensure effective delivery of this Plan.

Strategic goals

- a) Implement management, administrative and finance systems and procedures in line with legal and best practice requirements
- b) Develop a fundraising strategy to maximise the benefits and outcomes to children, young people, their families, communities, KYS volunteers and staff from their participation in KYS Counselling Service
- c) Develop and implement a premises strategy
- d) Recruit and retain the right number and type of volunteers to meet demand

A) Implement management, administrative and finance systems and procedures in line with legal and best practice requirements

Key Actions	Performance Indicators	Milestones
5.a.1 Serve the changing needs of the social services and health professions effectively.	<ul style="list-style-type: none"> • Develop new mission-consistent products and services for the professions and agencies/organisations with whom the Counselling Service received referrals 	In 2012 Introduction of fee and donation based counselling service
5.a. 2. Review existing procedures and policies and revise as appropriate	<ul style="list-style-type: none"> • Handbook of updated policies to be created in 2012 • Provision of all volunteer and staff with new handbook in 2012 	In 2012
5.a. 3 Establish and regularly convene an Advisory Group to KYS Counselling Service	<ul style="list-style-type: none"> • Advisory Group established comprised of key stakeholder interests, inter agency and community 	Meet at least quarterly

Key Actions	Performance Indicators	Milestones
5.b1 Secure annual funding to maintain, develop and expand the Counselling Service	<ul style="list-style-type: none"> • Make annual funding applications to statutory funders e.g. HSE, Family Support Agency • Agreement reached on future income potential of non-statutory funding sources such as a deferred giving programmes, private trusts, a fee and donation based service and income generating service such as sales of consulting and training services for organisations working with adolescents 	Annually achieve similar budget levels for maintenance of service Review progress 1st Quarter 2012

Key Actions	Performance Indicators	Milestones
5.c.1 Ensure adequacy of premises used by Counselling Service	<ul style="list-style-type: none"> • Explore the costs/benefits of rental on separate units versus shared rental spaces models on existing • Review all premises for adherence to Health and Safety standards and make provisions for adherence to same 	2012 Plan and complete facilities upgrades 2012

Key Actions	Performance Indicators	Milestones
Review and revise qualifications and availability for volunteer counsellors	Liaise with all feeder colleges regarding the requirements for volunteer placements and develop	By end of 1st quarter 2012

Outcome indicator for strategic objective

The measured extent to which the KYS Service has access to and implements human and financial resources and operational systems and procedures equal to delivering a quality service.

Review procedures for KYS Counselling Service Plan

The KYS Strategic Plan undertakes to use the following monitoring and review procedures to measure progress and performance in implementing Our Vision Our Future. KYS Counselling Service will work within this framework:

- Ongoing review within staff and volunteer fora e.g. Board meetings, staff and volunteer meetings
- Annual Review
- Annual Service Planning
- Staff supervision
- Performance management and appraisal systems
- Regular independent review of KYS Counselling Service

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Family Support Agency



Feidhmeannacht na Seirbhíse Sláinte
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Kildare
Youth Services
Youth Work Ireland