Crosscare Teen Counselling Finglas (TCF) 2012

‘Of note this year is the work done with older teens with 6 young people and parents supported in their transition on completion of 2nd level to 3rd level education. This is a key juncture in teenagers’ development for long-term positive outlook and also a key vulnerable point at which they often drop out of education. Four of these young people have successfully made the transition and one will return to third level in September 2013.’

The highest percentage (28%) of new teen clients came from third year in school, which combined with 5th year accounted for (46%) of new attendees. Twelve (12%) were not in school. Almost a quarter of new clients presented with patterns of disruptive behaviour. Anxiety problems, coping with life changes and issues of bullying each accounted for (8%) of new clients. Family conflict was an initial presenting issue for (12%) of families.

Contact and collaboration with other agencies continued throughout the year, including:

• Service representation in a network of child protection personnel based at St Patrick’s Hospital
• Input at the Blanchardstown Community Training Centre including representation on its board
• Linking in with the Jigsaw Initiative including contribution at its governance level
• Liaising with the schools in our area, in particular home-school liaison and guidance counsellor personnel
• The level of marital and separation work provided by the service amounted to 126 hours. Bereavement work continued to be a feature, with 11 individuals in 6 families availing of support work (52 counselling hours).
• Amongst the parents of teen clients, addiction to either alcohol (40%), (28% in 2011) or drugs (4%) was a factor.

It is the policy of Teen Counselling to value, welcome, respect and protect all children and young people who attend the service. The issue of Child Protection is an integral part of the work. We have developed procedures and guidelines to reflect the importance of this and to guide practice in keeping with the implementation of the National Guidelines for the Protection and Welfare of Children. Where any staff member has cause for concern about the safety, well-being or welfare of the children and young people attending the service, appropriate action is taken.

Fidelma Beirne, Brian Smith, Ann Donnellan

Teen Counselling Finglas
Tel: 01 864 6014

Half time service - Monday, Tuesday & every 2nd Wednesday

Email: finglasteenc@crosscare.ie

Teen Counselling is funded by:
• the Health Service Executive (HSE)
• the Family Support Agency
• Dept. of Children & Youth Affairs
• (YPFSF)
• The Charitable Infirmary Charitable Trust
• Blanchardstown LDTF
• as a programme of Crosscare and from voluntary donations

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 fulfill their true potential.
• Challenging inequality and prejudice through the development and promotion of evidence-based solutions to intractable social problems.

Homeless Services  Young People’s Care Services  Community Services
Teen Counselling has a family based model of service; is professionally staffed; has well developed clinical policies and procedures; is readily accessible to local communities; can respond to families in a flexible way and is adolescent friendly. Liaising with other services is vital to ensure optimum support for clients and staff. The service can be contacted at the following locations:

- Teen C Blanchardstown 01 837 1892
- Teen C Clondalkin 01 623 1398
- Teen C Dun Laoghaire 01 462 3083
- Teen C Finglas 01 864 6014
- Teen C Tallaght 01 284 4852
- Teen C Blanchardstown 01 462 3083

For further information about the service also see: www.crosscare.ie

Teen Counselling is funded by:
- the Health Service Executive (HSE)
- the Family Support Agency
- Dept. of Children & Youth Affairs (YPFSF)
- The Charitable Infirmity Charitable Trust
- Blanchardstown LDTF
- as a programme of Crosscare and from voluntary donations

Referrals made

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals received</td>
<td>67</td>
<td>(50)</td>
</tr>
<tr>
<td>Referrals accepted</td>
<td>56</td>
<td>(42)</td>
</tr>
</tbody>
</table>

Waiting time

Despite the almost (34%) increase in referrals every effort was made to maintain waiting times at manageable levels. The average waiting time was 110 days (132 days in 2011).

Profile of 25 new teenage clients

- Female 36%
- Male 64%
- 16+ yrs. 16%
- < 16 yrs. 20%

Referral by

Parents initiated (51%) of referrals, indicating the accessibility of the service. The primary sources of referrals were:
- Health & Social Care Services 27%
- Schools (incl. NEPS) 30%
- Other (Internet, Community groups etc.) 45%

Referrals made

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals received</td>
<td>67</td>
<td>(50)</td>
</tr>
<tr>
<td>Referrals accepted</td>
<td>56</td>
<td>(42)</td>
</tr>
</tbody>
</table>

Waiting time

Despite the almost (34%) increase in referrals every effort was made to maintain waiting times at manageable levels. The average waiting time was 110 days (132 days in 2011).

Profile of 25 new teenage clients

- Female 36%
- Male 64%
- 16+ yrs. 16%
- < 16 yrs. 20%

Referral by

Parents initiated (51%) of referrals, indicating the accessibility of the service. The primary sources of referrals were:
- Health & Social Care Services 27%
- Schools (incl. NEPS) 30%
- Other (Internet, Community groups etc.) 45%

Education

(80%) of teens attending were in 2nd level school: 1st, 2nd and 3rd year (52%), while (28%) were 1st & 2nd year Leaving Cert. (12%) were out of school and not in employment.

Drugs and alcohol

(16%) of new teen attendees used drugs and (28%) used alcohol. The drug of choice for teens was cannabis/hash. Amongst the parents of teen clients addiction to drugs was (8%) and alcohol (84%).

Teens living with both biological parents – 25%

continuing the trend of engaging single parents or foster parents and newly established families. (4%) of teens attending are in the care system.

Underlying problems

Coping with parent’s personal problems (24%), difficult communication patterns within the family (20%) and difficult family circumstances (16%) were the main underlying problem identified by counsellors. This supports the strong emphasis of the service on working with parents as well as with the teen.

Client evaluation

(40%) of families attended a closing session to complete their therapy. (24%) of teens reported improvement/great improvement. Parents noted (80%) improvement with 90% improvement in coping ability.

Consultations and advice

98 consultation/advice calls and emails were responded to, supporting concerned parents & other professionals.

Reasons for attendance at counselling

The primary reasons for attending were the management of behavioural problems home/school/community (56%), mood disturbance & anxiety (28%) and family conflict (28%). A reduction in young people referred with reported deliberate self harm/self injurious behaviour 8% (12% in 2011).

Cases closed

30 cases were closed and 24 cases were carried forward into 2013. Cases closed involved 342 counselling hours. The average number of counselling sessions was 11.

Counsellor evaluation

Counsellors assessed the difficulties using CGAS* and GARF* scales, initially and on completion of counselling. Average CGAS change was 12 points and average GARF change was 10 points.

Attendance

There were 54 cases seen during the year with 228 teen and 230 parent/guardian appointments kept. Despite a very active management of DNA’s and cancellations, there was a combined attendance level of (67%).

Positive Systemic Practice (PSP) [a unique approach to family therapy] was developed in Ireland over the past 40 years at six Teen Counselling (TC) centres under the auspices of Crosscare. A recent evaluation by Professor Alan Carr and Ciara Cassells, School of Psychology UCD supports the effectiveness of PSP in the treatment of families of adolescents with clinically significant behavioural and emotional problems.

**Evaluation:** For most teenagers a general assessment of functioning is made after the initial appointment and again on closing when they have attended consistently. The Children’s Global Assessment Scale (CGAS) is used. The Global Assessment of Relational Functioning DSM-IV (GARF) is used to make an initial and concluding evaluation of the functioning of a family.