

Advice Line Project

Executive summary Mid-term report, January 2000 to June 2001

This summary outlines the findings of the Advice Lines' mid term report and the redirection and future of the service.

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In their 2001 Conference YoungMinds pointed out that approximately 10% of five to ten year olds in the UK have some type of mental disorder. However the numbers who receive clinical help is significantly lower than the need.

The Advice Line run by The Child Psychotherapy Trust is a call back service offering up to 50-minute consultations with a child psychotherapist or family or educational therapist. The current service is in a pilot stage and will be running until November 2002.

The CPT Advice Line has been taking calls from parents and professionals who work with children since January 2000. The stated objectives of the project have been to:

- increase provision of child psychotherapy in the community
- provide immediate assistance and support
- give service users a measure of autonomy by enabling self-referral
- increase understanding of challenging behaviour
- increase understanding of child psychotherapy.

The present report aims to outline the source and nature of the calls received alongside interpretation of its efficacy in addressing the objectives outlined above.

In the 18-month period between January 2000 to June 2001 the Advice Line took a total of 770 calls. In cases when the information was available, it was found that the majority of

callers were referred from Gingerbread, the voluntary organisation for lone parents.

Following analysis of details taken on the calls received (in each case where the information was available) it was found that mothers made the highest number of calls, followed by fathers. Professionals who work with children made up 14% of the calls received (including health visitors, social workers, teachers, etc). In line with this more of the calls were made by females than males, however this trend was seen to alter during the last six months with an increase of calls coming through from male professionals and fathers. It is hoped this development will continue.

Demographic information indicates that the majority of calls came from white, 20 to 40 year olds living in the London area or the southeast. Most of the callers had partners (though not always the biological parents of the index child) and many were employed within a professional capacity. In terms of the child, four and five year olds constituted the highest number of calls with more concerning boys than girls.

An average of two presenting issues per call was observed with behavioural difficulties being the most common. Other issues regularly noted were separation, contact problems and school-based issues.

Details have also been collected retrospectively concerning the service. In response to a questionnaire all parents who

participated stated that they felt 'supported and able to talk with the therapist'. Many felt that the service was satisfactory in terms of operating times, response times and length of consultation however some did state the call was too short and a follow-up call service would also be appreciated.

Many parents stated that they would prefer face-to-face consultations though 'faceless' anonymity was equally regularly listed as an advantage of the service. Other listed positive aspects of the Advice Line were privacy – *'relaxed in my own environment, able to talk freely'*, confidentiality, no waiting lists, highly accessible, flexible timing, free in cost and *'an immediate response from a professional is very reassuring'*.

Many of the parents stated that the call had stimulated their interest in child mental health, though whether there was a subsequent increase of understanding in child psychotherapy as such was unclear.

Telephone interviews were also conducted retrospectively with professionals who had utilised the service. In this case the primary referral source was the Advice Line flyer or another CPT publication. All of the professionals felt that the consultation time was long enough and that they felt understood and supported by the therapist. The consultation also offered them new insights, clarity and confidence as well as kindling an interest in psychodynamic approaches. The service was also seen to fill a gap in supervision of their work as well as being convenient, accessible, prompt and provoking, no disadvantages were listed.

This feedback and analysis of calls shows there is an expressed need for counselling via the telephone and that the CPT service is meeting the needs and objectives of the project.

It is the intention of the service to refocus the Advice Line to professionals whereby we can potentially assist many more families, albeit indirectly. Within this refocusing framework our marketing needs to target those working with fathers, young parents, ethnic minorities and other regions outside the southeast which are all under represented within the demographic details listed for the first 18 months.

Further important aspects of this refocusing of the service and its aligned exit strategy can be outlined as follows:

- Integration of national advice lines within CAMHS
- Integrate the Advice Line with its sister project – the Community Network Program
- To train and support volunteers working on other help lines.

Through these strategies it is hoped that the Advice Line can be carried forward and become more widely implemented and marketed across regions and services.

A further analytical investigation is currently underway looking to assess and evaluate the Advice Line post June 2001 and since the service has tried to move away from parental calls and geared itself more towards a resource for professionals. Details and findings of this report will be available in the future.

It is clear from the present investigation that the Advice Line is a valued service, self-evident from the feedback received, as well as being a unique service through providing a child psychotherapeutic approach which is appreciated, accessible needed and of a high professional quality.

For further information or a copy of the full report please contact:

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Project/Programme??
in
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