Connect Service Report 2006-2010



Free your future from your past

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Chairperson's statement



Welcome to the first Service Report of Connect, The National Adults Counselling Service. This report covers the first five operating years of the service from 2006 – 2010.

Connect began its free phone based counselling and support service in October 2006 for adults in the Republic of Ireland, Northern Ireland and the United Kingdom who had been abused in childhood.

The origins of Connect stem from specific demands from survivor support groups representing adults abused in State institutions that a professional phone based counselling and support service be established.

Connect's phone based counselling and support service is not confined to people who have experienced institutional abuse but is available to all adults who have experienced sexual, physical or emotional abuse, trauma or neglect in childhood. The service is also available to partners or relatives of people who have suffered abuse.

At its core the service is guided by user needs as defined by the support groups. Connect is not intended to be a crisis service but a supportive and therapeutic service for people who would like to talk about abuse, neglect or trauma they have suffered, or want help in dealing with the past to help take better control of their lives today.

In the years from 2006 to 2010, Connect has grown and evolved to become a high quality and in demand service. It has established itself as a unique service in the Irish health system, providing out of hours professional counselling over the telephone. This offers greater choice and support to people in dealing with their past and securing a better future.

Connect has become the first Irish based helpline to achieve The Helplines Association (THA) quality standard. THA is a UK based internationally recognised accreditor of Helpline services. Receipt of the THA standard follows a full service evaluation in 2009 which showed a high satisfaction rate among callers to the service and recommended that Connect's opening hours be extended. I would like to thank all of my Board colleagues for their support and dedication to the service during its early development years.

I would also like to thank previous Board members including: David Byrne, Department of Health and Children; Isolde Blau, HSE National Counselling Service (NCS); Ray Mitchell, HSE; Kevin Brady, HSE; Carmel McDonnell Byrne, Aislinn Education Centre and Dolores Foster of SOCA UK.

A special thanks goes to Tony Tracey who regrettably passed away in early 2008. Tony will be fondly remembered for his valuable contribution to the early development of Connect. He was a much liked member of the Board and to him we are forever indebted.

I would also like to acknowledge the support of the Health Service Executive (HSE) in particular Assistant National Director Mental Health, Martin Rogan; Local Health Manager, David Gaskin and Senior Manager, Gerry Kelly.

May I offer warm thanks to Chief Executive Officer Anne Richardson and the staff of Connect who were highly dedicated and committed to providing the best professional support and help to people possible.

Telephone counselling is a new and unique development within the Irish health service. As a new resource Connect extends the nature, range and provision of counselling and support services available for abused adults within the broader continuum of care.

Joe Cahill

Chairperson, Connect

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The development of Connect

Background

Following the historic apology by the Taoiseach to survivors of institutional abuse in 1999, one of the key demands of survivor groups was that a professional phone based counselling service and helpline be established.

Many individual survivors had been providing a telephone service from their own homes. Volunteers at Right of Place in Cork were receiving an average of three calls from survivors each night, while the project leader reported an average of five emergency calls each week. The Aislinn Centre in Dublin also recorded between 50 and 100 phone calls each week and the HSE NCS had been providing training, supervision and consultancy to them.

NOVA (the National Office for Victims of Abuse) was established by the Government in 2001 in consultation with survivor groups to provide services to former residents of institutions who were survivors of institutional abuse.

The need for a specialist phone based service was also identified in a HSE NCS Report in 2001 and further highlighted in a client evaluation, the Sencs Report in 2003.

The HSE NCS in conjunction with a former Assistant Chief Executive Officer of the HSE (then the Health Board) came together with the support organisations and negotiated with the Department of Health & Children to fund a professional phone based service. It was proposed that a professionally staffed phone based counselling and helpline service be put in place and that survivors would receive training to work side by side with professional counsellors. This would give callers the option of talking to a survivor. The vision was that appointing survivors as peer counsellors/trainee counsellors would provide role models for survivors thus empowering them.

The phone based service referred to above was established within NOVA in May 2004 and called the NOVA Helpline. However, this service was unable to appoint survivors as peer counsellors due to funding. From May 2006 the service provided support for people attending the Redress Board.

Funding to develop a specific and independent service came on-stream in October 2006 and NOVA Helpline was set up as a non-statutory agency and registered as a Company Limited. The Company has seven members who are all members of survivor support organisations: the Aislinn Centre; Survivors of Child Abuse (SOCA UK); Right of Place UK and Right of Place Cork.

The service commenced its free phone based counselling and helpline service under the public name of The National Counselling Helpline Service in October 2006. Following professional advice the service became renamed Connect in November 2008.

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Objectives and services provided by Connect

The overall objective of Connect is to provide an out of hours telephone support and counselling service for adults abused in childhood. Connect provides a first step in the process of treatment for any adult who has experienced emotional, physical or sexual abuse, neglect or trauma in childhood. Importantly, it provides a free and direct access option for people who may not use other services. In addition, Connect responds to abuse-related media events.

Connect is for:

- Adult survivors of institutional abuse, neglect or trauma.
- Adults who have experienced child abuse, neglect or trauma within the family or in the wider community.
- Partners or relatives of people who have suffered abuse.

Rationale for a phone counselling service

Survivor groups had been providing services from their own homes. The HSE NCS was working with the survivor groups. Together they put forward the need for a professional phone based counselling service to meet the following needs:

- An out of hours service when other services are closed i.e. evenings and weekends.
- An alternative service for people who do not wish to use State run services.
- A service for those whose feelings of shame and embarrassment prevent them from accessing face to face counselling.
- A service for people who are on the waiting list for counselling from the HSE NCS who wish to access immediate counselling services, or whose HSE NCS counsellor is unavailable.
- A service for people whose mental and/or physical health limits their access to counselling services.
- A service for those who lack services in their locality, or who may have difficulty travelling to their nearest service.

Service provision

- Connect is available Wednesday to Sunday 6pm to 10pm, 52 weeks of the year including on a continuous basis during the Christmas and New Year holiday period.
- Experienced and fully qualified psychotherapists/ counsellors answer all calls.
- The service aims to provide an immediate response to calls.
- The service is confidential and free to callers. Callers do not have to give their full name and caller number identification is blocked.

Connect's callers have direct access to professional counselling and support at a level appropriate to their need whether as a first contact in seeking help, a first step in disclosing abuse, as a crisis intervention, as ongoing support or as more intensive counselling.

All callers are assessed by counsellors to decide on their suitability for the services that Connect provides. This assessment takes into consideration areas such as the person's needs and support network, emotional stability and the nature of their involvement with other services. Client reviews take place at regular intervals. Two levels of service are provided:

(i) Supportive counselling

Supportive work is focused on emotional containment particularly at a time of crisis and provides a listening ear. It aims to provide the caller with an empathetic response, which is intended to enable the caller to engage with the service with a view to establishing a therapeutic relationship.

Callers use the service in different ways. Callers can interact with the service on an 'as needs' basis. Some call only once while others call more regularly. The needs of regular support callers are assessed and callers are provided with a choice to interact with an allocated counsellor if they wish. From a service viewpoint this means that the counsellor can be more effective in assisting the caller, as they have background knowledge of the needs of that caller. From the caller's perspective, it eliminates the need to repeat his or her story and allows for continuity in their dialogue with the counsellor.

Supportive counselling can provide those already attending face to face counselling with additional support when services are closed or when their counsellor is on leave. Sometimes those attending face to face counselling will use the service when they become overwhelmed by their problems. A supportive holding response is offered in these circumstances. Callers not engaged in face to face counselling, where relevant, are encouraged to access face to face counselling.

(ii) Therapeutic counselling

The model of therapeutic counselling which the service uses is largely focused on exploring with clients ways of liberating them from the effects of past abuse on their current lives. It requires more in-depth work with an allocated counsellor working at scheduled times over a number of months that is similar to face to face counselling. Initially, a contract for six to eight sessions is offered and then reviewed later with the person.

Therapeutic counselling is not offered when a client is in face to face counselling. Callers who are ready and who do not wish to engage in face to face counselling, or for whom face to face counselling is not available, engage in therapeutic counselling.

Networking

Connect interfaces with or has membership of the following services and agencies:

- Survivor Support Organisations
- HSE NCS National Steering Committee
- The HSE Ferns 4 Committee
- The National Association for Helplines
- The Wheel
- The Helplines Association UK.

The HSE interfaces with Connect in a number of ways:

 The HSE provides 100 per cent funding for Connect and has four representatives on the Board of Connect who include: A Director of the HSE NCS, a representative from the Office of a Local Health Manager in Dublin North East (whose office funds the service), a representative from the Office of the Assistant National Director for Mental Health Services and a Human Resource Manager from the National Human Resource Services at the HSE.

- Connect works with the HSE NCS, which provides face to face counselling, to ensure that the services complement each other. Both Connect and the HSE NCS advertise each other's services in their promotional material.
- The Chief Executive Officer of Connect is a member of the HSE NCS Steering Group. The Steering Group meets twice a year and the work of Connect is a standard item on the agenda.

Media response

Connect responds to abuse-related media events arising from film, television, radio or news features and documentaries.

Governance and key stakeholders

Company members

As is required for companies limited by guarantee, Connect has seven company members drawn from three support organisations representing former residents of institutions, schools and child care facilities within Ireland and the UK. The members of the company are: Christine Buckley (Aislinn)*, Carmel Mc Donnell Byrne (Aislinn), Noel Barry (Right of Place), Oliver Burke (Right of Place)*, Billy O'Regan (Right of Place), Mick Waters (SOCA UK)* and Dolores Foster (SOCA UK).

Board of Directors

Connect's organisation is modelled on partnership. The Board of Directors has representation from the different stakeholders. The current Board comprises an independent chairman, three member Directors* who represent three support organisations in Ireland and the UK. The funding organisation (HSE) has four representatives.

To assist with strategic planning and to ensure good governance, the Board of Directors participates in an annual service review and development day with an external facilitator. The organisation has a comprehensive handbook containing its policies and procedures. The following organisational chart shows the structure of the service. 3. Objectives and services provided by Connect

Organisation chart



Human resources

The service is staffed by five part-time professional counsellors/psychotherapists who are accredited with the Irish Council for Psychotherapy, Irish Association of Counselling and Psychotherapy and the Psychological Society of Ireland and who all work on a shift basis. There is also a part-time Office Administrator and a part-time CEO. At times of high demand, locum staff are contracted in to assist the Connect counsellors.

Funding

Connect is funded through the Office of a Local Health Manager in Dublin North East (HSE) since 2006. Funding is on an annual basis through Section 39 of the Health Act 2004 funding and forms part of a Service Level Agreement with the HSE. Connect received a one off grant of €100,000 from the National Lottery in 2006 and two exceptional payments in 2007 for a service evaluation and a quality standard initiative.

4. Chief Executive Officer's report



I would like to welcome you to the Service Report of Connect which covers the operational years of the service from May 2006 to 2010.

Telephone counselling is a new and unique development within the Irish health service but it is more widely developed in the USA, Australia, New Zealand and Canada. It is now commonplace within physical medicine and psychological health care to see help-lines providing a listening ear, advice and information to the public. Research into the application of phone counselling in a variety of mental health areas such as depression, anxiety, and substance abuse shows promising results in terms of reduction of symptoms, client satisfaction and working alliance.

Connect's service is distinctive in that it provides a professional counselling service as distinct from an advice, information or helpline staffed by volunteer's offering a listening ear and referral service. This report is divided into three parts:

Part One: Overview of service 2006-2010

This section sets out the numbers of calls to the service from 2006 to 2010 and a profile of the callers.

Part Two: Evaluation of service 2006-2008

This section outlines the findings of an independent comprehensive review of the service which was carried out in 2009 involving all stakeholders.

Part Three: Service developments and the future

This section covers various aspects of the development of the service and issues for the future.

Part One - Overview of service 2006 to 2010

Table 1 Calls to the service 2006 to 2010

Year	Calls into queue	Unanswered calls	Answered % of all calls
2006	2664	1089 (41%)	1575 (59%)
2007	4630	1129 (24%)	3501 (76%)
2008	6076	1515 (25%)	4561 (75%)
2009	8234	1695 (20.5%)	6539 (79.5%)
2010	10321	1828 (17.8%)	8403 (82.2%)
Totals	31,835	7256 (22.8%)	24,579 (77.2%)

Note: 2006 refers to May to December only.

Figure 1 Calls to service 2006 to 2010



There has been a steady growth in demand for Connect from 2006 to 2010. Total calls received from May 2006 to 2010 were 31,835. This growth stems from the promotion of the service by survivor groups, referrals from the HSE NCS, referrals from other professionals such as GPs, psychiatrists and other health professionals. In addition, Connect has been promoted through RTÉ radio advertisements and interviews, and by the distribution of information leaflets as well as one to one referrals from friends of callers. The four full years of operation (2007-2010) show an average annual growth in calls of 30%. There was a 31% increase in calls from 2007 to 2008 and a 37% increase from 2008 to 2009. The growth in demand has also been driven by particular times of focus on abuse issues such as the publication of the report of the Commission to Inquire into Child Abuse 2009 (Ryan report) and the Report into the Catholic Archdiocese of Dublin 2009 (Murphy report).

Following the Ryan report in May 2009, there was a surge in calls to Connect with up to 500 calls on evenings following the launch. Following a documentary on the Dr. Shine scandal in Co. Louth in June 2009 the service received 110 calls from men.

Total calls answered during 2006 to 2010 was 24,579 which represents 77.2% of all calls received.

Figure 2 Answered and unanswered calls 2006 to 2010



In spite of the introduction of a triage answering system there is clearly an unmet need as abandoned calls continue to run at an average of 22% annually even with internal efficiencies. However, it must be noted that for the past three years the percentage of unanswered calls has been reducing from 25% to 17.8%.

It is also worth noting that the number of total calls above does not include calls received when the service is closed. 10,003 calls were received between 2007-2010 outside of opening hours, highlighting the growing demand for the service. Analysis of calls shows increasing unfulfilled demand for extended hours of service.

Figure 3 Calls outside opening hours



Profile of callers – gender, age and geographical breakdown

Due to the confidential and sensitive nature of the service, callers are not required to disclose any information that they are not comfortable with. Therefore, complete profile data on all calls is not available.

An audit of calls for 2009 and 2010 was conducted which shows that full information was available from 38% of calls answered in 2009 and 61% of calls answered in 2010.

The profile data below is therefore representative of the information available rather than all calls. However, it does give a useful picture of patterns and trends in service usage.

Gender of callers

Callers are predominantly female although men are almost as likely as women to experience abuse. In terms of the gender difference this may in part be explained by the wider general trend that men are less likely to acknowledge and address medical, psychological and personal issues than women. Connect continuously highlights this fact in its communications and urges more men to call.

Table 2 Gender of callers

Year	% Female	% Male
2006	84	16
2007	77	23
2008	76	24
2009	69	31
2010	60	40

The numbers of male callers have been increasing each year compared to previous years. The percentage of male callers increased from 16% in 2006 to 40% in 2010. How best to target men and encourage them to use the service remains a challenge for Connect.

Table 3 Age of callers

Age	% 2006	%2007	%2008	%2009	%2010
18-30	23	42	44	30	15
31-40	19	22	31	33	40
41-50	43	26	19	15	25
51-60	11	9	4	18	15
60+	4	1	2	4	5

There was a significant increase in the number of calls made by younger age groups increasing from 23% to 44% between 2006 and 2008. Between 60% and 70% of callers during 2007 and 2008 were under 40 years of age. In 2009 and 2010 there was a growth in calls received from over 50 year olds and this is attributed to the release of the Ryan and Murphy reports.

Profile by county of callers

Urban areas such as Dublin, Cork and Galway had a much higher volume of calls than rural areas accounting for 50% of calls in 2009 and 54% of calls in 2010. Other counties account for 2-4% as exampled below while the remainder account for 1% or less.

Apart from the size of population, the lower number of calls from some counties is possibly due to the service being less well known in those regions. Connect was addressing this issue in 2009 and 2010 through direct communications with GPs, public health professionals and ongoing public communications through the media.

Table 4

County	2009	2010
Dublin	33.3%	30.5%
Cork	9.8%	13.7%
Galway	6.7%	10.1%
Limerick	3.9%	4.4%
Sligo	3.5%	2.4%
Tipperary	3.5%	4.4%
Westmeath	3.9%	2.4%
Kerry	3%	3%
Cavan/Monaghan	2%	2.75%
Laois	2%	3.3%
Waterford	2.2%	2.4%
UK/Northern Ireland	2.3%	1.3%

Profile of callers by involvement of other services

Many callers identified other services that they were involved with such as GPs, psychiatrists, HSE NCS, private counselling, support groups and others. Some callers noted only one other service apart from Connect that they were involved with and others noted several services reflecting the varied and complex needs of the callers to avail of different types of services and professionals. However, there is approximately 40-45% where it appears that Connect is the only service involved.

Table 5

Service	2009	2010
GP	34.6%	16%
Psychiatrist	5%	10%
HSE NCS	10.4%	15%
Private Counsellor	9.2%	11.2%

Figure 4 First time callers to service 2009 and 2010

Repect Calls New Calls

The service evaluation estimated that the majority of callers were repeat callers i.e. called the service more than once. In the past two years, the number of new callers increased to 55% in 2009 (reflecting the publication of the Ryan and Murphy reports) and was 31% in 2010. It is interesting to note that the number of callers reporting a history of sexual abuse increased from 38% to 48% from 2009 to 2010 with flash backs and panic attacks cited as the main triggers for calling.

Callers who have been in institutions

The number of callers affected by institutional abuse nearly doubled from 2009-2010. However, because of the increase in the total number of calls received, when expressed as a percentage, it shows a decrease from 20% in 2009 to 18% in 2010.

Redress claims

In 2006, 45% of callers had active claims with the Redress Board. This number has significantly decreased to 3% in 2009. It's important to note that a large number of callers to Connect have not sought compensation through the Redress Board. This ranges from 52% in 2006 to 87% in 2009.

Figure 5 Redress claims



Part Two: Evaluation of service 2006 to 2008

In 2009 Kelleher Associates completed a thorough evaluation of Connect gathering the views of key stakeholders, referrers, service users, staff and management. The following are key extracts from the report's conclusions.

- "Connect has built up an organisational infrastructure and manages the delivery of its services well. It has achieved its main objective, which is to establish an out-of-hours phone based counselling service for adults who experienced childhood abuse, and specifically institutional abuse. There is a demand that its service be expanded."
- "The National Adults Counselling Service (Connect) has shown considerable leadership, vision and pragmatism...and ...has pioneered cutting-edge phone based counselling and Internet services for adults that have experienced abuse, trauma or neglect in childhood."
- "Connect is an important innovation and resource as it is the only professional phone based support and counselling service of its kind in Ireland, as distinct from a helpline service."

User feedback on the service

As part of this evaluation 45 service users were interviewed in depth for their experiences and callers reported a high level of satisfaction:

- 93% were either very satisfied or satisfied with the service
- 89% thought the service should be extended to open seven days a week.

Callers gave a range of reasons for their positive assessment of the counsellors:

- "I can ask for a particular counsellor. She knows the score. I don't have to spend half an hour telling my story over and over again when I ring up. This is vital. You are able to take up where you left off. You can go into your issues. There is a depth of involvement."
- "They are very professional, sympathetic, understanding, compassionate, and very kind people.
 I do not know what I would do if Connect was not there."
- "When I looked for help when I was a child no one listened. Therefore I have gone through life on my own never asking for help because I could not trust anyone. On the helpline I have found someone who I can talk to for the first time in 40 years and thanks to her I am still here."

Some highlighted how Connect can reduce the cost of medical care:

- "They have kept me from being hospitalised. The counsellors are geniuses God damn priceless. They are like Fort Knox. They talked me down."
- "They can bring me down when I am high. I am bipolar and I phone in all kinds of stressful situations. They have kept me out of hospital."
- "I have never gone back into hospital since I phoned the helpline. I was in and out of hospital every two weeks for six years. Now I only check in with a psychiatrist once a year. When I got the help from the helpline I woke up. It has changed my life, I am not so lonely or afraid of myself any more."

Phone based counselling was identified as having distinct advantages for many people because you can call at your convenience:

- "It is instant. You can phone from wherever you are and get help immediately."
- "You have control over the process. The fact that you can ring on your own time gives you a sense of respect. It is one's own decision."
- "The total privacy of my own home is highly important to me when I am making the call."

Phone based counselling was also identified as overcoming obstacles for people with a mental or physical disability who are unable for a variety of reasons to access face to face counselling:

- "I had been attending face to face counselling. My memory is affected and I could not remember the appointment times. I could not keep appointments. For telephone counselling you do not have to have an appointment."
- "I am grateful that phone counselling is there. It is difficult for me to talk about sexual abuse. I would not talk except on the phone. I held back for many years."
- "I could not do face to face counselling. The counsellor is the only person who knows my story. The most important thing that I did in my life was to phone Connect."

Other people perceived the Connect service as complementary to face to face counselling:

- "It is a very good back up to face to face. You can ring whenever you feel that you are not able to cope."
- "I prefer face to face for long term counselling. I use telephone counselling more for a crisis situation."
- "I can now leave my house, get on the bus and go to face to face counselling. I had been in my house for 13 years, blinds down, no cooker, no food, and no fire. I never spoke to anyone before I spoke to them. They knew how I felt straight away. It was fantastic to be able to say what I felt on the phone."

Many users believed that the opening hours of Connect should be extended:

- "Extend until 2am. Between 10 and 2 in the morning is my worst time and also when I am most lonely. I am not organised enough to use the line earlier. It is later that I need them."
- "It would be brilliant if it were open 24 hours. There are a big number of people that cannot get through.
 Also people with families it may not suit them to phone between 6 and 10."
- "If it could be available in the mornings for a few hours, it would be great. If you are very anxious it is a long time to have to wait until 6pm."

Part Three: Service developments and the future

Triage answering system

To minimise the number of calls that go unanswered, Connect introduced a triage system, with one person acting as an intake person who directs the calls to the most appropriate counsellor. This has reduced the number of abandoned calls.

Review of opening hours

Following a review of calls received in 2008 it was decided to streamline the opening hours. The service was operating from 6-10pm Wednesday and Thursday and 8pm-midnight Friday to Sunday and this was changed to 6-10pm on all nights from Wednesday to Sunday.

Quality standard initiative

The service sought accreditation with the UK based Telephone Helplines Association and this was completed and awarded in early 2010. In doing so it is the first Irish Helpline to receive the award. THA is a UK based internationally recognised accreditor of Helpline services. To receive the quality mark Connect had to meet 100 criteria for quality service delivery in terms of the organisation, management and standard of service provided.

Staff management

Policies, procedures and codes of practice in regard to clinical issues as well as administration and management protocols have been put in place. A comprehensive supervision and support structure has been developed and all counsellors attend clinical supervision on an on-going basis. Inductions are in place for all new staff and Board members. Each year development days for the staff and Board of Connect take place.

Training

All staff have taken training at developing Internet based counselling and one member completed training on psychotherapy supervision.

Technology developments

Connect will need to review the service moving forward in the light of technology developments. The successful development of online counselling in other countries is an area for Connect to explore and an additional provision that Connect could extend to delivering. This would enable Connect to respond to the changing needs of service users and provide further access to services. For example, it would also make the service available to those with hearing and speech disabilities.

Flexibility of response

At critical times the service is available for extended periods.

For instance, it provides continuous services during Christmas time and the New Year. Also, in the 12 days following the publication of the Ryan report, Connect extended its days of opening and its opening hours to 2am.

The hours of the service are also extended to respond quickly to media events dealing with abuse, such as the screening of The Magdalene Sisters, Song for a Raggy Boy, or TV documentaries such as on the Dr. Shine case in Co. Louth which may trigger trauma for survivors of childhood abuse, including institutional abuse.

Since the service commenced in 2006 it has extended its opening hours, or opened on additional days on 23 separate occasions.

Connect joined with HSE NCS, Faoiseamh, One in Four and Rape Crisis Centre at the launch of the Murphy Report to agree a collaborative multiagency approach to streamline calls to one central source, from which calls were then forwarded on to the most appropriate agency.

Connect has also provided support to other organisations affected by abuse such as Swim Ireland.

Communications

In 2008 a focus was placed on developing Connect's communications and the service underwent a re-branding along with the development of a corporate website, communications materials and more proactive approach to media profile.

The re-branding brief was to clarify for the public that it is a therapeutic counselling service and not a helpline. It was therefore agreed to change the name from The National Counselling Helpline Service to **Connect.**

A new logo, service information leaflet and poster were developed. A corporate website at www.connectcounselling. ie was developed and this went live before the end of 2008.

At the time of the launch of the Ryan Report in May 2009 Connect also developed a broader information leaflet in partnership with survivor organisations and HSE NCS outlining the different supports and services available to survivors of abuse.

During 2008 and 2009 Connect became more proactive in contacting and working with the media to promote the service. An ongoing stream of media coverage has been secured by giving details of the service at sensitive times such as the launch of the Ryan report. Connect has also established a process of routinely issuing details of service usage to the media to increase public awareness of the service.

As a result of this drive media coverage has been secured on all the leading national papers, on RTÉ's Drivetime radio show as well as local radio and newspapers across the country.

Connect embarked on its first programme of national radio advertising in 2009, running advertisements on RTÉ Radio One. This proved effective as the number of calls to the service saw a marked increase during the weeks of the advertising.

Unique service within Irish health services

Connect forms part of a range of telephone based mental health services along with the Rape Crisis Centre, One in Four and the religious order funded Faoiseamh. Within this Connect provides a niche of professional counselling which is survivor group led.

Through establishing Connect it has become clear that there is a demand for telephone based counselling and that it may suit some people better than face to face counselling. In effect, Connect facilitates counselling for people who otherwise would not embark on the process. Furthermore, through its establishment as a survivor group led organisation Connect provides a service user led mental health service as per the recommendations set out in the national mental health strategy *A Vision for Change* (2006).

Connect also provides many hidden benefits to the health service, such as comments by service users that using Connect met their needs and reduced their need to access other parts of the health service.

Conclusion: Connect in the future

At the time of establishment it was intended to provide Connect's services on a full-time basis. However, due to funding constraints Connect has not been available to deliver this to date.

The success and growth of the service from 2006-2010 brings it to a point whereby the service is operationally in a ready state to expand its opening hours if funding to enable this could be secured.

A number of factors point towards this:

- Connect has experienced a continuous increase in calls with an average annual increase of 30% during 2007-2010.
- Since 2007 there have been over 10,000 calls received outside of opening hours.
- An independent service evaluation in 2009 recommended the extension of the service to 12 hours a day for seven days a week, moving from a part time to a full time service.
- In 2010 the service received the UK based Helplines Association Quality Standard mark, becoming the first Irish helpline to do so.
- Incorporating other ways of delivering the service using recent developments in technology should be part of the future of Connect.
- More opening hours would improve the service's ability to reach parts of the country that are underrepresented.

I believe Connect is in a strong position both in terms of its operations and service demand to expand the opening hours of the service towards a full-time basis – and funding is the key issue that will need to be addressed in order to achieve this.

Finally, I would like to acknowledge the central role of survivors in the establishment, development and growth of Connect. Their contribution and courage has been critical and lies at the core of the evolution of the service in the future.

Anne Richardson

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Chief Executive Officer, Connect

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Accounts 2006-2009

Income and Expenditure Account for Year Ended 31st December 2006

		Year ended 31/12/2006 €	Period from 30/9/2004 to 31/12/2005 €
INCOME			
Health Services Executive		225,000	225,750
National Lottery		100,000	-
		325,000	225,750
EXPENSES			
Administration expenses		(285,245)	(95,368)
SURPLUS ON ORDINARY ACTIVITIES BEFORE TAX	.2	39,755	130,382
Taxation	3	-	-
SURPLUS FOR THE YEAR	6	39,755	130,382

There are no recognised surpluses or deficits other than the surplus arising from continuing operations disclosed above.

On behalf of the Board:

Kerig krady Rg Whithell

DIRECTORS

Balance Sheet As at 31st December 2006

	Notes	2006 €	2005 €
FIXED ASSETS	4	57,939	6,606
CURRENT ASSETS			
Debtors and prepayments Cash at bank		20,445 176,739	2,845 143,262
CURRENT LIABILITIES		197,184	146,107
CREDITORS (Amounts falling due within o	one year) 5	(55,755)	(22,331)
NET CURRENT ASSETS		141,429	123,776
CREDITORS (Amounts falling due after mothan one year)	ore		
Finance lease obligations – medium term		(29,231)	-
		112,198	123,776
NET ASSETS		170,137	130,382
REPRESENTED BY:			
Income and expenditure account	6	170,137	130,382

On behalf of the Board:

Keirig Brady Royulthell Date: 27/6/2007)))

DIRECTORS

Statement of Financial Activities Year Ended 31st December 2007

Incoming Resources	Notes	2007 €	2006 €
Health Services Executive		445,000	225,000
National Lottery		-	100,000
Other Income		679	-
Total Incoming Resources	3	445,679	325,000
Resources Expended			
Administration Expenses		(421,455)	(285,245)
Net Incoming Resources for Year		24,224	39,755
Total Funds brought forward at beginning of year		170,137	130,382
Total funds carried forward at end of year		194,361	170,137

The income and expenditure in the year arose solely from the continuing activities of the company. The company has no recognised gains and losses other than as disclosed above.

APPROVED BY THE DIRECTORS ON 15TH MAY 2008

Carter H Dowell - Spine

Carmel McDonnell Byrne

RMC

Ray Maloney

Balance Sheet As at 31st December 2007

FIXED ASSETS		Notes	2007 €	2006 €
Tangible Assets		5	60,533	57,939
CURRENT ASSETS				
Debtors and Prepayments Bank Balances	5	6	84,742 157,167	20,445 176,739
			241,909	197,184
<u>CREDITORS</u>	(Amounts falling due within 1 year)	7	(108,081)	(55,755)
NET CURRENT ASSE	<u>18</u>		133,828	141,429
CREDITORS	(Amounts falling due after more than 1 year)	8	-	(29,231)
NET ASSETS			194,361	170,137
ACCUMULATED FUN	IDS			
GENERAL FUNDS				
Total funds			194,361	170,137
Balance at end of year			194,361	170,137

APPROVED BY THE DIRECTORS ON 15TH MAY 2008

ON BEHALF OF THE DIRECTORS

Europer H Dervell-Brane

Carmel McDonnell Byrne

Ray Maloney

Statement of Financial Activities Year Ended 31st December 2008

	Notes	2008 €	2007 €
Incoming Resources	notes	ť	C
Grants - Health Services Executive		526,591	445,000
Other Income - interest earned (gross)		4,659	679
Total Incoming Resources	4	531,250	445,679
Resources Expended			
Administration Expenses		(529,915)	(421,455)
Net Incoming Resources for Year		1,335	24,224
Total Funds brought forward at beginning of year		194,361	170,137
Total funds carried forward at end of year		195,696	194,361

The income and expenditure in the year arose solely from the continuing activities of the company. The company has no recognised gains and losses other than as disclosed above.

APPROVED BY THE DIRECTORS ON 15TH MAY 2008

Euger HDowell-Bane

Carmel McDonnell Byrne

RMa

Ray Maloney

Balance Sheet As at 31st December 2008

FIXED ASSETS		Notes	2008 €	2007 €
Tangible fixed assets		6	48,253	60,533
CURRENT ASSETS				
Debtors and prepayments Cash at bank and in hand.		7	57,307 173,182	84,742 157,167
			230,489	241,909
CREDITORS	(Amounts falling due within one year)	8	83,046	108,081
NET CURRENT ASSET	<u>L8</u>		147,443	133,828
NET ASSETS			195,696	194,361
ACCUMULATED FUN	<u>DS</u>			
GENERAL FUNDS				
Total funds			195,696	194,361
Balance at end of year			195,696	194,361

APPROVED BY THE DIRECTORS ON 23rd APRIL 2009

Joe Cahill

aline breaks

Oliver Burke

Statement of Financial Activities Year Ended 31st December 2009

	Notes	2009 €	2008 €
Incoming Resources	Trotes	ť	C
Grants - Health Services Executive		483,523	526,591
Other Income - interest earned (gross)		2,848	4,659
Total Incoming Resources		486,371	531,250
Resources Expended			
Administration Expenses		(494,315)	(529,915)
Net (Outgoing)/Incoming Resources for Year	4	(7,944)	1,335
Total Funds brought forward at beginning of year		195,696	194,361
Total funds carried forward at end of year		187,752	195,696

The income and expenditure in the year arose solely from the continuing activities of the company. The company has no recognised gains and losses other than as disclosed above.

APPROVED BY THE DIRECTORS ON 15TH MAY 2008

Carles HDewell-Brane

Carmel McDonnell Byrne

RMO

Ray Maloney

Balance Sheet As at 31st December 2009

FIXED ASSETS		Notes	2009 €	2008 €
Tangible fixed assets		6	27,301	48,253
CURRENT ASSETS				
Debtors and prepayments Cash at bank and in hand.		7	19,960 216,204	57,307 173,182
			236,164	230,489
CREDITORS	(Amounts falling due within one year)	8	75,713	83,046
NET CURRENT ASSET	<u>'S</u>		160,451	147,443
NET ASSETS			187,752	195,696
ACCUMULATED FUNI	<u>DS</u>			
GENERAL FUNDS				
Total funds			187,752	195,696
Balance at end of year			187,752	195,696

APPROVED BY THE DIRECTORS ON 1ST APRIL 2010

RMO

Ray Maloney

aster buddy

Christine Buckley

Connect personnel

Members of the company NOVA helpline

Cork Cork

Carmel McDonnell Byrne	Aislinn Centre
Christine Buckley	Aislinn Centre
Oliver Burke	Right of Place
Noel Barry	Right of Place
Billy O'Regan	Right of Place
Delores Foster	SOCA UK
Mick Waters	SOCA UK

Board members

Christine Buckley	Aislinn Centre
Oliver Burke	Right of Place
Joe Cahill	Chairperson
Rita Hamilton	Office Administrator
Breda Lawless	HSE Official
Ray Maloney	Secretary/Treasurer, HSE Official
Finbarr Marsden	HSE Official
Anne Richardson	Chief Executive Officer
Fiona Ward	HSE Official
Mick Waters	Survivors of Child Abuse (SOCA UK)

Accountants Solicitors FFA Chartered Accountants, 25 Suffolk Street, Dublin 2. McCann Fitzgerald, Riverside One, Sir John Rogerson's Quay, Dublin 2.