

Kids Help Line: A unique counselling service for children

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Brother Paul Smith returned to Australia from Britain in 1990 committed to establishing a national telephone counselling service for children that would be preventive.

As a De La Salle Brother, Paul Smith had worked with young people in a number of community and institutional settings. At the time of his visit to Britain he was in his tenth year as Director of Boys-town, a residential facility for young males placed in care as the result of child protection concerns or offending behaviour. His frustration with Government bureaucracies and their inability to support preventive programs was well known in Queensland.

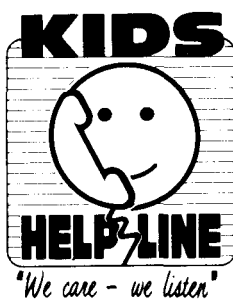
The study tour of Britain included time at Childline, a telephone counselling service for children established in 1986. Childline counselled 57,342 children in 1990 with more than 30% of their calls relating to physical or sexual abuse. Childline is 80% funded by donations and covenants, and markets itself to children in need of help and protection. The service is supported by a referral system and a client-call data base as well as a sophisticated supervision system for its volunteer counsellors.

Brother Paul returned home impressed with the potential of a service such as Childline, but determined to both broaden its access by children and to support the counselling with state-of-the-art technology.

The service began its development with four short term goals:

1. To provide a professional, accountable counselling service for any problem that would empower children and validate their experiences – hence the motto: 'we care we listen'.
2. To develop a national referral database that would identify services and gaps in services for children.
3. To collect data on problem calls that would provide information on a state and regional basis for use by Government and non-Government policy makers. This had to be achieved without jeopardising the anonymity of the callers.
4. To advocate on those issues where children's interests are ignored or unrecognised.

Detailed planning for the service began in October 1990 and it started operations in Queensland on March 25, 1991. In September 1991, it expanded to the Northern Territory and in November, to Victoria. Kids Help Line is now available to more than 1.5 million children and young people aged 5 to 18 years.



Who rings Kids Help Line?

In the first twelve months 207,203 calls were answered by counsellors of which 75,019 were categorised as problem calls. More than 60% of callers were aged 15 years or less. The gender breakdown for callers across all age groups follows help-seeking trends in most other human service programs with a greater number of female clients (53%) than males (47%), although this difference is not as great as expected.

The number of calls received in the first year surprised everyone, even those who believed that a large unmet need existed in this area for under 15's. It needs to be remembered that the three States have only been on line together since November and the projected call numbers for a full year's operation is 374,400. At the time of writing, there are 35,000 attempted calls made to the 008 number each week, but Kids Help Line can only handle about 7200 of these.

What problems are presented?

Each call is assigned to one of 41 sub-classes which are grouped into 11 problem categories. Standard definitions are used by counsellors in determining which sub-class is appropriate. The problem categories and the number of calls received in the first year are given in TABLE 1 and FIGURE 1

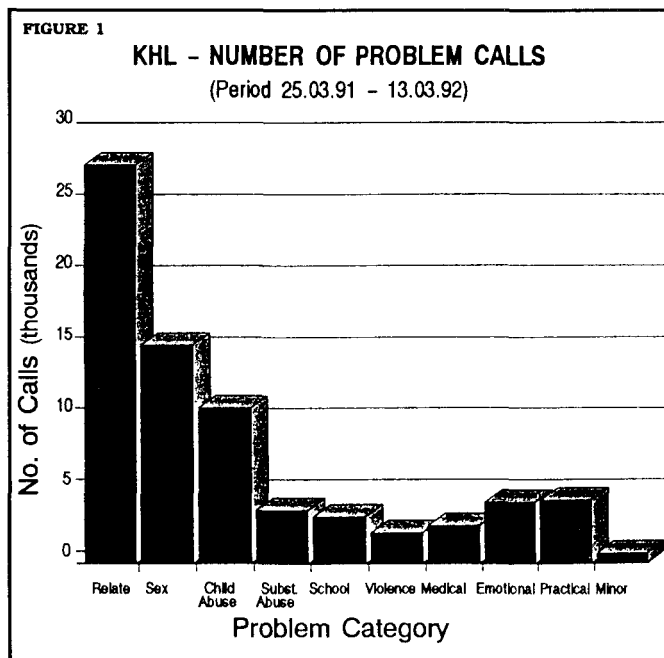


TABLE 1

CLASS/SUB-CLASS	NO.	%
1. RELATIONSHIP	27,901	37.19
Relationship Family	14,249	20.33
Relationship Mate	9,013	12.01
Relationship Partner	3,638	4.85
2. SEX RELATED	15,263	20.35
Sex Contraception	518	0.69
Sex Harassment	955	1.27
Sex ID-Gender	1,137	1.52
Sex Other	7,062	9.41
Sex Pregnancy	5,405	7.20
Sex STD	185	0.25
3. CHILD ABUSE	10,852	14.93
Emotional Abuse	490	0.65
Neglect	223	0.30
Physical Abuse	6,217	8.29
Sex Abuse	3,922	5.23
4. SUBSTANCE ABUSE	3,701	4.93
Alcohol Family	928	1.24
Alcohol Self	386	0.51
Drug Family	416	0.55
Drug Self	1,971	2.63
5. SCHOOL	3,241	4.32
Study	3,241	4.32
6. VIOLENCE	2,115	2.82
Violence Assault	442	0.59
Violence Domestic	525	0.70
Violence Rape	1,147	1.53
7. MEDICAL	2,634	3.51
HIV - AIDS	335	0.45
Physical	1,839	2.45
Psychological	460	0.61
8. EMOTIONAL	4,290	5.72
Death	616	0.82
Grief	794	1.06
Lonely	2,227	2.97
Suicide	653	0.87
9. PRACTICAL	4,373	5.83
Employs	193	0.26
Financial	387	0.52
Homeless	2,912	3.88
Law	574	0.77
Theft	305	0.41
10. MINOR CATEGORIES	659	0.88
Cults/Gangs	659	0.88

A five point severity scale is attached to each problem sub-class. It is not intended that this should suggest that problems be rated in terms of some quantitative measure. Its utility is in assisting the identification of five grades of call from a relatively simple enquiry to a very serious or

significant event with a high level of traumatic impact. The distribution of calls across severity codes for sexual abuse and physical abuse problems best illustrates the use of severity codes in analysing calls.

FIGURE 2

SEXUAL ABUSE - ALL STATES

(Period 25.03.91 - 13.03.92)

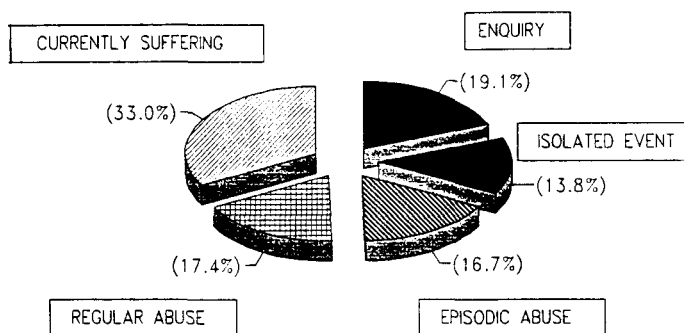
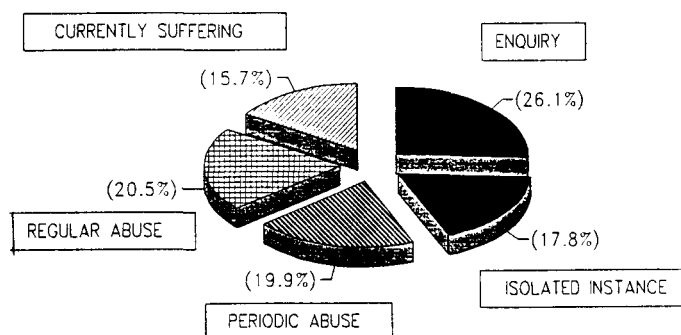


FIGURE 3

PHYSICAL ABUSE - ALL STATES

(Period 25.03.91 - 13.03.92)

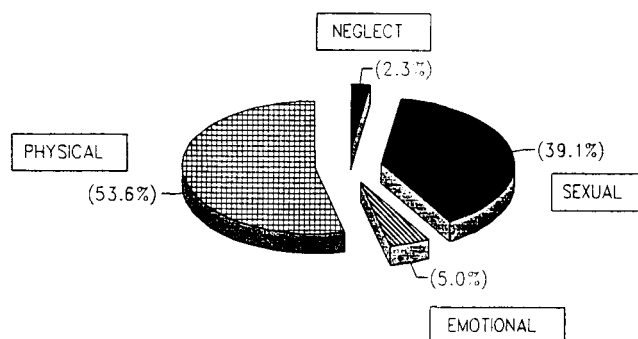


Those calls that relate to Child Abuse show physical and sexual abuse to be the predominant sub-classes.

FIGURE 4

CHILD ABUSE - ALL STATES

(Period 25.03.91 - 13.03.92)



Physical abuse calls account for a little over half (54%) of the Child Abuse contacts. Of the female callers 81% were under 15, with 80% of male callers under 15. Sexual abuse calls account for 39% of Child Abuse calls and were predominantly from female callers (75%). Of the female callers 64% were under 15 and 59% of male callers were under 15.

Kids Help Line has recently completed the analysis of the first year's data. Our initial focus has been to produce age, gender and problem type interactions. The data is available in an all-States summary with individual State supplements.

Who can access the data?

One of the goals of Kids Help Line is to make as wide a use of collected data as possible. To this end we welcome requests for data from other organisations, individual researchers and service provider agencies. Any such information can be supplied on a cost recovery basis and on the understanding that Kids Help Line will be acknowledged in any research using such data.

All statistical information is provided with a complete set of problem, sub-class and severity code definitions. Statistical collection techniques are also explained along with the limitations in interpreting some fields of data. Requests for regional data will need to specify the postcode range of the area required. All requests should be made to:

Executive Director
Kids Help Line
PO Box 376
RED HILL QLD 4064 Tel: 07 369 1588

Who are the counsellors?

Unlike any other large telephone counselling services, KHL pays its counsellors. This decision was made after thorough research into cost/benefit results of supporting a totally volunteer agency.

Selection:

Because good counsellors come from all walks of life, the recruitment net is spread as widely as possible and virtually anyone can apply. Written applications are carefully reviewed. Those who make it into the 'yes' pile are then interviewed by two staff members. The interview is structured and uses carefully devised questions and scenarios. Some of these scenarios touch on applicants' personal experiences.

Those who pass this hurdle are then invited to take part in a one day screening exercise. The purpose of this group session is to identify those who have the emotional skills to handle children's sometimes heart-breaking disclosures over the phone. Because this can sometimes trigger an individual's own childhood memories, those who are chosen for training are invariably those who have come to terms with issues from their own childhoods and adult lives.

Training:

The screening process also serves as an orientation to the three week full-time induction training course. Trainees receive no payment for the 100 hour course and there is no guarantee of employment at its conclusion. As a result,

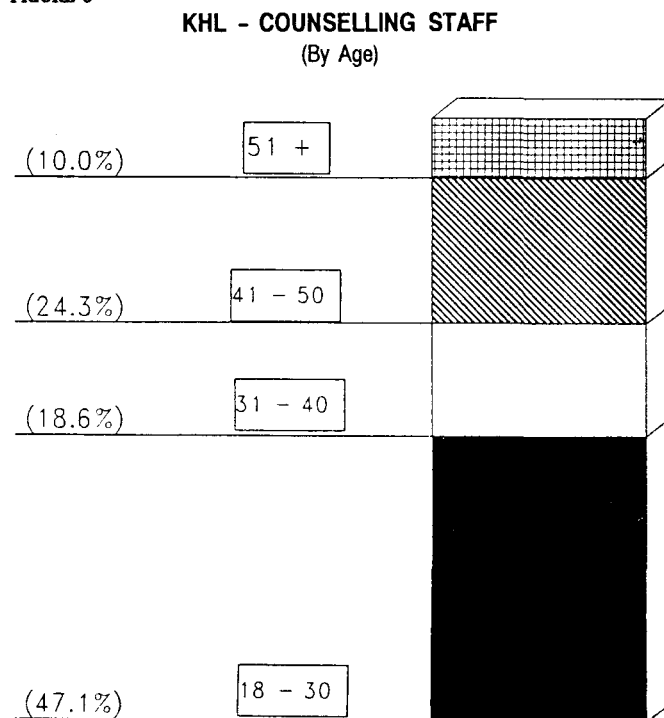
people have to be pretty committed to get even this far along the path.

Not surprisingly, some trainees decide to 'opt out' of the program when they get the full picture of what counsellors have to face when they are at work. The majority, however, are invited to join the staff on three months' probation.

Probation:

This involves working closely with a Supervisor who has the dual role of overseeing the telephone counsellors on shift as well as providing personal supervision. The personal supervision entails an in-depth relationship with the new counsellor. The purpose of this is to help the counsellor develop professionally and personally within the organisation. By having the ability to monitor counsellors' calls on shifts, Supervisors can offer valuable feedback and advice. All supervisors monitor all counsellors - so there is a large flow of information about each individual's performance.

FIGURE 5



At the end of the probation period, the counsellor, along with his or her personal supervisor, has a meeting with the Director of Counselling. Most are then either welcomed on to the permanent staff or offered a further period of probation.

A great deal of credit must be given to Kids Help Line counsellors for undertaking and successfully completing this rigorous selection and training process. Their commitment to the children who phone the service is enormous.

The Impact and Repercussions of KHL

Just to reiterate, in the course of a twelve months period, a new service has attracted 75,019 problem calls. These calls have come from a target population, the majority of whom did not previously fall into the category of potential 'clients'

of the child, youth and family services system. Some callers contact once only, others who perceive a satisfactory response on their initial contact may call again when a new problem confronts them; while another group of callers will become regular users of KHL. Others still, have used the service and been referred on to other agencies – the outcomes of those referrals are not known in all cases. It is useful to speculate on the immediate impact and on-going repercussions of the progressive growth and development of KHL as it attracts problem calls from more of its target population.

Impact on Kids Help Line

The total number of calls received over this period was 207,203. Of the total calls, 75,019 were problem calls. Between 7,200 and 7,500 calls are currently being answered each week. KHL plans to expand into the remaining States of South Australia, Tasmania, West Australia, Australian Capital Territory and New South Wales in the near future. This action will effectively put the KHL service within reach of a further 1,703,662 school aged children, more than double those already having access to the service. Thus when KHL is operating on a national basis throughout Australia, and after all States have been operating for a full twelve months period, the total number of calls answered each year could be projected as high as 650,000 and the number of problem calls received could be projected as high as 250,000, assuming that the ratio of total calls to problem calls remains stable.

Obviously, this potential national calling rate is going to place the service under a technological, funding and human resource strain. The technology will need to be advanced and expanded to cope with the increasing pressure. More trained counsellors and more sophisticated rosters will be required to ensure that the pick-up rate or response rate of calls answered does not fall below an acceptable level (20%). Similarly, additional funds to cover the increasing cost of the telephone account and the operating budget will be required from a variety of sources.

This will certainly provide a lot of headaches for KHL senior management, but the success of the initial year of operation, has created a determination to ensure that all Australians in the target group have the opportunity to seek help through the KHL service. The challenge is out also to the nation to resource this service in whatever ways it can to ensure that preventive and protection oriented services are available to this vulnerable age group.

Why do the Children Use the Service?

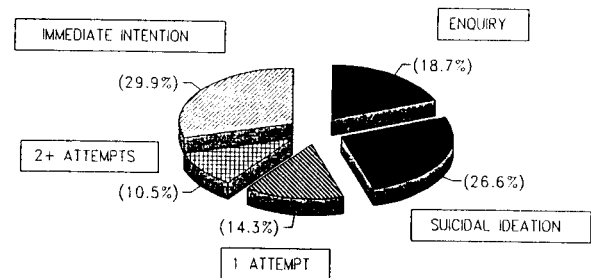
Before addressing the impact and repercussions of KHL on other parts of the human service system, it will be useful to explore why it is that children and young people have been so accepting of the service to date, and why they use it for a wide range of needs, whether these be practical, information or counselling. The answer to these questions seems to lie in the basic and underlying philosophy of the organisation, which is reflected in its policies and practices. It is tempting to simply say that Kids Help Line is used by children because it is there and because it has been well marketed.

Such simplification would devalue the verbal and written feedback that has come from the children themselves and the increasing number of repeat callers, who want an extended relationship with a counsellor to work through issues. Much careful thought and analysis has gone into the philosophical underpinnings, the formulation of the policies and the training, supervision and guidance of the practitioners on the telephones to ensure that the service truly reflects our knowledge of the stages of development of the callers and the needs that they have in these early and critical transition periods of their lives.

The Mission Statement that guides the development of Kids Help Line is: **'Kids Help Line aims to deliver an effective, competent and accountable program of professional assistance to all young Australians, which recognises the right of individuals to make decisions which both empower and validate them.'** The three operative concepts here are of course, decision-making rights, empowerment and validation.

The first decision which rests in the hands of the child is the decision about whether or not to telephone Kids Help Line. Access is unrestricted for any child, regardless of age, race, creed or socio-economic condition. The second decision for the child to make is whether to respond to Kids Help Line's invitation to speak. Over a twelve months period, in fact more than 56,000 calls were made and the decision to remain silent or to hang up without speaking was taken. We can hypothesise that other callers chose to chat or joke with the KHL Counsellors rather than talk about a problem and others again inquired about the service, perhaps with a view to using or not using it later or recommending it or not recommending it to a friend. Whatever the motivation or the action, the decision rested firmly in the hands of the child.

FIGURE 6 SUICIDE - ALL STATES (Period 25.03.91 - 13.03.92)



Once the child has made the decision to confide in the Counsellor, he or she is still in control of the situation because the telephone enables them to 'switch counselling on' or 'switch counselling off' at will by picking up from or replacing the telephone handset in its cradle. The technology gives them the ability to make this decision, but it also empowers them, rather than placing power in the hands of the Counsellor. Kids Help Line policies guide the practice of the Counsellor to ensure that this empowerment continues. Policies in the areas of confidentiality, acceptance of anonymity, non-moralistic behaviour and professional competence guide staff in the way each caller is treated. On-going monitoring of calls and supervision and training of staff ensure that the quality of the practices is maintained. Above all, the Counsellors are trained to listen to and validate the children's perceptions.

Their usual personal experience in many cases has been that adults have told them that they do not believe their story. Some attempts to empower a child to refer him or herself to local services have failed because the agency has required adult validation of those children's stories before responding to a child's needs. The importance of accepting the child's perceptions and working from that basis has been supported on many occasions. The most unlikely and initially far fetched stories are later found to be true. KHL therefore provides the wherewithal for children to make contact with the service if they wish, talk about themselves and their problems if they wish, remain anonymous if they wish, obtain competent professional counselling if they wish, and after exploring all the options available and the consequences of taking action on those options, make their own decision about what to do and when to do it. Perhaps one of the reasons why children contact Kids Help Line rather than one of their own local helping services, is because the local services may not have taken account of children's needs for anonymity and autonomy.

Impact and Repercussions on Other Agencies

So far the immediate impact of the Kids Help Line service on other agencies in the States of Queensland, Northern Territory and Victoria has been quite minimal. Up to 21 April 1992, only 3,960 children and young people had been referred to another agency in their State of origin. This constituted about 6% of all problem calls. Two qualifications must be made here. What some people may consider to be a low referral rate is not due to a lack of knowledge on the part of KHL of the wide range of agencies that are available. It has a computerised data base of up-to-date information about the where, when, what, how and who of inter-agency referral. The other qualification is in differing definitions of inter-agency referral. By referral KHL means providing the child with all the information about optional agencies and giving them the power to choose whether to refer themselves to the agency of their choice. With respect for the anonymity of the caller, no more sophisticated referral procedure is possible at this stage, although improved direct referral procedures are being considered.

Most of the referrals that have been made have been in the practical problem areas. Such agencies as Family Planning Association in all States, Department of Family Services in Queensland and Community Services Victoria and various emergency youth accommodation services in each of the three States have been offered to children. Again, because of anonymity and unless the child calls back with the outcome, we do not know how many of these referrals are successful. More than one quarter (1,037 out of a possible 4,373) of the callers in the practical problem categories accepted a referral to a local agency, compared with less than one fifth (511 out of a possible 27,901) in the relationship problem area.

It is in this relationship area, especially family relationships, that we anticipate children may be increasingly willing to accept referrals to local agencies to get assistance for their parents in conflict or for their own conflicts. Family reconciliation centres and family counselling and support services,

in particular, could well receive increasing numbers of calls from children as young as 10 or 11 who wish to help their own families to resolve internal conflicts and try to avoid the 'spectre' of divorce. Similarly, given that already more than 10,000 Australian children have called about child abuse, mostly physical and sexual, then Child Protection Services in each of the three States need to consider that over time the referral rate of these cases could well escalate markedly. Almost one sixteenth of the callers (689 out of a possible 10,852) with child abuse problems appeared to accept a referral to a local service, but potentially there are many more who could get to that point through counselling.

The repercussions for local agencies in the longer term need to be addressed both by KHL and by the agencies concerned. For example, some family counselling agencies only have sufficient funding for a part time counsellor and there is frequently a 3 weeks waiting list to see a counsellor.

As the number of calls from KHL clients increases, agencies may need to lobby for additional funds or review the extent to which they are equipped to respond to a child attempting to refer their family or themselves to the service. Kids Help Line is partly addressing the referral issue by exploring with Telecom Australia, ways for KHL, the child and the referral agency to be on the line together to enable the child to negotiate a referral. This should allow the referral agency to benefit from some of the rapport that has already been built up between the child and KHL and give the child a chance to check out the bona fides of the referral agency. Protocols or agreed procedures with the agencies concerned would need to be drawn up to ensure the smooth transition of the child from KHL to local agency or to give the child more time to make a referral decision if they need it.

Similar linkages could be made between the child, KHL and local information and referral services, such as Lifeline in regional areas or local Citizens Advice Bureaux to ensure that the most appropriate agency for a referral is canvassed and is accessible to the child.

In conclusion, it appears that from an immediate future impact perspective, local agencies in all States of Australia can expect that as the technology becomes more sophisticated, access to local services improves, and the KHL service is expanded to other States, that there is likely to be a steady increase in the number of successful referrals of children from KHL to those services. The repercussions in the long term are that groups of services, such as child protection, family counselling, family planning, substance abuse agencies, mental health and information and referral services may need to get into on-going dialogue with KHL about access and suitability of services for the younger aged child. KHL has set up such preliminary consultative mechanisms in the States to facilitate this.

Kids Help Line, thanks to the generosity of the National Children's Bureau of Australia, will be producing a regular update of its activities in this Journal, the purpose of which will be to inform about trends in both presenting problems and referral outcomes, but also to invite dialogue and discussion with those agencies in Australia that are dedicated to positive preventive services for children, young people and families. ♦