

Telephone helpline support for individuals with couple relationship problems

Shortened report

This report is a shortened version of the final report of this study. It excludes much of the detail included in the larger report on each of the telephone helplines contacted and has a shorter introduction. It also focuses more on the larger helplines in the field. Readers who wish to know more about previous literature and individual helplines are advised to read the longer report.

Introduction

The number of helplines has increased year by year. The latest edition of the directory of the Telephone Helplines Association (THA), a membership organisation for telephone helplines, recorded nearly 1,300 (THA, 2002). Some of these helplines receive huge numbers of calls, including the Samaritans, Childline, and Parentline Plus. The THA in its benchmarking project estimated that approximately 1.5 million successful calls were made to 80 of its members in the year 2001-2 (THA, 2003). Inclusion of the Samaritans, Childline and Parentline Plus (however, Parentline Scotland was included in their survey) would make the figure very much larger.

There are few telephone helplines which have been set up specifically to help with relationship support. Most helplines deal with broader issues such as emotional distress or the family; or with specific groups who commonly may have these difficulties, including students or those aimed at the gay and lesbian population. This study therefore needed not only to focus on helplines specifically in the area of relationship support but also those helplines whose clients do not directly seek help for these issues.

Purpose of helpline and role of the helper

The purpose of helplines vary, some see themselves as offering predominantly advice and information, while others offer predominately emotional support and a listening ear (THA, 1999).

The role of the helpline worker may also vary. They may be seen as the expert in the field whose role is to provide advice and guidance. Alternatively, in other helplines, the role of the worker is to listen, offer support and be non-directive.

The THA considers that there is a need to distinguish between helplines that offer counselling and those helplines whose workers use counselling skills (THA, 1999). The THA defines a counselling service as that “where the caller enters into an ongoing arrangement to discuss particular issues with a qualified counsellor” and a fee is often paid (THA, 1999). In practice, however, there is not always a clear distinction between these two arrangements.

Structures and systems

Helpline structures and systems vary widely, from hours of opening to staffing. Even within some organisations, systems may vary from local centre to centre.

In some organisations, the telephone helpline is only one of the many services available (as in Relate, Marriage Care, NHS Direct). In these cases, the telephone help may not be seen as the ideal method of providing help but as a valuable adjunct to existing services especially when immediate help is sought. In other organisations, however, the telephone helpline is seen as the main client contact service offered (Young Minds, Samaritans).

Some organisations offer counselling appointments using the telephone (as in Relate Direct) while others offer a call back service (as in Young Minds). In addition, a small number of organisations arrange for the helpline worker to provide support by ringing the caller regularly on a pre-arranged basis (as in Prisoners' Family and Friends or the Parentline Plus referral telephone support service).

All these different arrangements have been shown to have an impact on the actual service provided and how it is perceived by both members of the organisation and the public.

Who calls helplines and what help do they want?

Most helplines only record very basic information about callers. Few helplines record more detailed demographic information on callers such as ethnicity, occupation or social class as this can be seen to be unduly intrusive. Most helplines wish to ensure complete anonymity and confidentiality for their callers and this will limit the amount of information collected or asked for. The material collected also depends on the individual callers and how much they are prepared to say about themselves.

Many factors will influence who calls and why; the perceived nature of the helpline; its advertising and media profile; time of day and time of year; as well as the gender, class, and ethnicity of the caller. In the THA's benchmarking project, nearly all of the organisations that responded indicated that they provided information and signposting (giving information to callers about other services or agencies). Eighty five percent gave confidential listening and/or emotional support, 60% gave advice, 60% worked with callers in crisis and 30% made appointments with other agencies on the caller's behalf (THA, 2003).

Staff of helplines and skills

A crucial difference between helplines relates to staffing. Some are staffed by professionally trained staff who are normally paid for their services (Relate, Young Minds). Other helplines are run either by unpaid volunteers (Samaritans) or by a mixture of unpaid volunteers and paid staff (Parentline Plus). The 91 helplines who responded to the THA's benchmarking project had 904 volunteer staff and 1188 salaried staff. The THA have extrapolated from these figures (which do not include some of the helplines that involve considerable numbers of volunteers such as the

Samaritans) to suggest that tens of thousands of volunteers support the whole helpline sector as well as many paid staff.

Helpline workers are expected to be able to demonstrate a wide range of skills (MacLeod & Brisby, 1999). Without any visual information from the caller's face or body language, they have to be able to establish a trusting relationship quickly and be able to explore issues without appearing too intrusive. This has to be done in the very first call, which may be the only call. They may have to talk about and face some very difficult and painful subjects without any prior preparation or notice. They may have to help with making decisions and future plans as well as provide information. In general, these are demanding tasks and there are few therapeutic relationships which require quite so much in such a short time (MacLeod & Brisby, 1999). In addition, they may have to tolerate the fact that the closeness of the telephone often makes it seem that the caller's voice is "inside their head" (Hunt, 1993).

With such demands, it is not surprising that there have been concerns over the skills and abilities of helpline workers, especially those that are volunteers and not professionally trained. Although nearly all volunteers are initially trained and are supervised when first answering calls, this may only be for an initial period. Most helplines have advisory panels but helpline staff need not always involve them. In most cases, the helpline worker/client relationship is private and no one knows exactly what the worker is saying to the client, thus any accountability is very limited.

Training

Induction training is essential if potential helpline workers are to understand the precise aims of the helpline, policies and practices, how to fit in, how to work effectively, and how to develop their skills. The objective of most initial training programmes is to enable helpline workers to respond effectively to the needs of callers. Some offer the opportunity to obtain more formal qualifications (THA, 1999).

The THA (1999) recommends that basic training should include both theoretical and practical components. Trainees should be allowed to practise their skills through role play and other practical exercises.

Supervision and ongoing training

Apart from the initial training, it has been considered that all helpline workers need to be offered a supportive framework within which to operate, and that it is necessary to give them ongoing supervision and help with the more difficult calls.

On-going training is also important. One study assessed helper changes as a result of pre-job training and as a result of a period of experience on the helpline (Elkins & Cohen, 1982). They found that helper skills and knowledge significantly increased with pre-job training but did not show further improvement as a result of five months of experience. They also found that attitudes such as acceptance of others and dogmatism did not change as a result of training or experience. These results suggest that the work of telephone helpers needs ongoing monitoring and training in order to maintain and develop skills.

Perceived value and advantages of helplines over face to face contact

Accessibility, hours available and help in a crisis

Most people have instant access to a telephone day or night, thus enabling them to obtain contact without leaving home. Telephone helplines may be particularly important for those who are housebound, those with limited mobility, those who live in remote areas, or for those who have limited time available during the day either due to work or caring responsibilities. In addition, mobile phones enable the caller to call from a variety of situations without fear of being overheard.

The longer “opening” hours of some telephone helplines may also increase accessibility to a larger proportion of the population. In the THA’s benchmarking project, a fifth offered a night service and a tenth offered a 24 hours service. Another advantage is that they can be used in a crisis situation, without having to book an appointment or leaving the home.

It has also been hypothesised that the widespread availability and accessibility of telephone helplines will also enable and encourage a wider proportion of the population to seek help including children, men and members of a number of ethnic or religious minorities. The provision of specific services for these groups may encourage increased contact. Many of these individuals may find it difficult to seek help by other means.

Anonymity

Another considerable advantage is anonymity. The caller can phone and discuss their problems without divulging their name or any characteristics that may identify them. The value of anonymity has been considered to be particularly important in the case of children or adults in vulnerable circumstances, including homes where there is domestic violence or abuse.

Anonymity may also be especially important when the caller feels shame or feels dirty, ugly or unlovable (Harrison et al, 2001) and they may feel that no-one would want to talk to them or see them. An anonymous telephone call may be the first step to seeking help.

Caller control

The caller is also in more control of the situation than in a face to face interview. They can begin and end when it suits them and call at a time which is safe and appropriate for them (Epstein, 1996). Callers may call once or several times; and disclose issues at a time and pace most appropriate to them (Epstein, 1996). The telephone may allow greater intimacy at a faster pace than face to face. A caller may find it easier to express deeper feelings when they are unable to see the helpline worker and their expression.

Disadvantages of telephone helplines compared with face to face services

Couple work

One of the most major disadvantages with telephone counselling and support (in terms of offering relationship support) is that it will be very difficult to work with the

couple together. Although couples can talk using different telephone extensions or speakerphones, this does not occur frequently.

Non verbal cues

Therapists trained in face to face counselling may find it difficult to adapt to telephone counselling. This may be why making a face to face appointment is usually seen as a positive outcome of telephone work (Hunt, 1993). The therapist may find it difficult to use a phone line, missing all the non-verbal cues, such as body language, facial expressions and interpersonal positioning (as with couples), which are often seen as vital elements in the counselling process.

Caller control and making use of the time

Caller control may also lead to disadvantages. Some callers may ring excessively. In addition, because of the ease of access, some callers may not use the call time carefully and with respect. This will be particularly true for helplines that are free and are readily accessible.

Making an appointment either face to face or by telephone also encourages the client to use the time productively. The helper knows that they have a set amount of time and that it is unlikely that the client will leave or ring off early. With the telephone, the caller can ring off at any time and the contact may be limited. This may be why helpers consider that they tend to be firmer and more directive over the telephone than in face to face work (Hunt, 1983).

There is also the continuing problem of hoax callers. Hoax calls are not only wasteful of staff time but are also de-motivating to helpline workers.

Lack of continuity

Callers and helpline workers tend to have transient relationships. Ongoing callers may have to repeat themselves when they ring again and speak to someone else. This means that callers may not be managed consistently.

Only a minority of helplines try to rectify this situation by allocating callers to individuals and then making arrangements for further contacts to be made to the allocated worker. However, some helplines do offer a service whereby regular telephone contacts are made (Parentline Plus referral telephone support service; Prisoners Family & Friends).

Time limitations and pressures on the helpline worker

One of the difficulties with immediate access telephone helplines is that telephone calls have to be answered even when the helpline worker does not feel ready. They may be no time lag between callers making it difficult to concentrate fully on each caller.

Most helplines have guidelines on the maximum length of any call and those high in demand may have to limit calls to twenty minutes or less (as with Relate-Line). This can be frustrating to both caller and helpline worker. Training is usually necessary to establish ways of limiting the length of calls.

Cost of calling and lack of availability of a telephone

Telephones are not always available. One study found that 10% of their population of parents had no phone at home (Ghate & Hazel, 2001). There are also costs of calling and this may be true even for free phone numbers that are called from mobiles.

Evaluation of telephone helplines

Difficulties in conducting evaluations

It has been notoriously difficult to conduct a thorough evaluation of a telephone helpline. As callers are usually anonymous, it is very difficult to follow callers up subsequently to ask them their views of the service and whether it has made any change. Most helplines adhere strictly to confidentiality guidelines and therefore have not conducted studies of the views of callers following their phone calls.

Lack of evaluation is also linked to funding issues. While the helplines may collect basic information on callers, there is often no funding or resources available for someone to collect the data or analyse it.

Studies of helplines

Few studies have conducted more detailed evaluations and most of these have been conducted outside the United Kingdom. These evaluations have utilised several strategies and measures. These include the following measures: helpline workers' performance by using rating scales; caller satisfaction; changes in objective measures such as suicide rates; change in caller knowledge, affect and behaviour; caller compliance with the worker's recommendations or suggestions; as well as utilisation and reutilization rates of the helpline.

Measuring caller satisfaction

Some studies have contacted helpline callers directly and asked them if they were satisfied with the services received. Studies have generally found that approximately two thirds of callers or more have indicated that they were satisfied with the service provided. However, client satisfaction is notoriously a weak outcome measure as most satisfaction rates are high regardless of the quality of the service offered.

Objective measures

Probably the most rigorous test of outcome is whether callers to a helpline experience any subsequent improvement in their problem situations. One objective measure used is the reduction in suicide rates. However, suicide prevention services have not been shown to have effect in London (Bagley, 1968), the U.S. (Lester, 1972) or Canada (Mishara & Daigle, 1992). The lack of change is not entirely unexpected given the rarity of completed suicide and the major role of other factors (unemployment, changes in economic climate) on these events.

Measuring improvement in the caller

Other studies have collected information from the caller about perceived improvement in problems after the call has been made. Gingerich and colleagues (1988) in the U.S. followed up callers to a well-established anonymous telephone helpline. Overall, 55% indicated their problem less severe at follow up. However, these findings need to be treated with caution. Problems are more likely to be the most severe at the time of initial contact (that may be the reason why contact was made at that time). In addition,

it may only be the callers' perception of a reduction in severity, which may be temporary, rather than an actual change (although a temporary perceived reduction may itself be of value).

What are the most helpful worker behaviours?

Slaikeu and Willis (1978) contacted callers several days after their initial call to the helpline. Results suggested that "clear and accurate information" was the most frequently cited category of helpful behaviours by the helpline workers (cited by 39%). Other categories included support and reassurance (21%); non-judgmental support (19%); providing a new perspective (14%); listening and feedback (13%); providing the opportunity to talk (12%); advocating a particular solution (8%); helping to organise thoughts (4%) and discussing alternative solutions (2%).

In another study, callers were interviewed over the phone immediately after their call to a 24 hour crisis intervention and information centre in the US (Young, 1989). They were also asked what was the most helpful behaviour of the person they talked to. Their responses indicate the following: understanding and caring (mentioned as most helpful behaviours by 39%), appropriate climate (responses indicating that the volunteer was calm, quiet, silent, soothing, or had a positive attitude) (21%); non-judgmental support (19%); listening and feedback (13%) and directiveness (9%). Their study yielded some evidence that directiveness, offering a range of alternatives and problem solving, resulted in more perceived change in the caller than non-judgmental support.

Is a stage model helpful?

The THA in their guidelines (1999) identify six stages in each call: establishing the relationship; exploring the content and context of the call and the feelings of the caller; clarifying the underlying issues; helping callers to identify the next step; ending; and after the call.

The four phase model of telephone crisis intervention, proposed by Echterling and colleagues (1980), is very similar. In the first phase, the helper is concerned with creating or maintaining the climate necessary for intervention. Specific climate actions include sustaining telephone contact, developing a helpful relationship, and establishing helper and caller roles. Assessment of the crisis is the second phase and involves identifying a problem and determining the personal and environmental conditions affecting the problem. The third phase is affect integration, in which the helper assists the caller in recognising, understanding, and expressing feelings about the crisis. The final phase is problem solving, in which some resolution to the crisis is sought. In this phase the helper and caller are involved in identifying goals, exploring and evaluating alternatives, and making decisions regarding the next appropriate step.

Echterling and colleagues have tested this model empirically (1980). They found that the following were all positively related to successful outcomes: decreasing levels of climate behaviour over time during the call; decreasing levels of assessment behaviour through the middle and end of a call; initially increasing and finally decreasing levels of affect behaviours during the call; and increasing levels of problem-solving behaviours during the call.

The results of these studies suggest that listening and offering support may improve short term emotional well being but evidence is lacking on whether they can bring about behaviour change or more long term emotional improvement. Nevertheless, listening and support may be crucial to those whose main aim is to refer the caller on to other types of care and intervention.

The proposed study

This preliminary literature review suggested a number of issues that needed to be covered when each helpline was approached. This included the following:-

- Aims and purpose of the service
- Model of service and system in place for call back or repeated calls
- Hours of opening and ease of access
- Who uses the service and their problems
- How the service is staffed
- The initial and ongoing training including any specific training in relationship problems or difficulties
- Supervision of staff and maintenance of standards
- Perceived advantages and disadvantages of the telephone helpline
- Any evaluation or monitoring undertaken.

In addition, it was important to collect information from helplines workers on their views of telephone helpline support for relationship difficulties and to compare this with other types of support including face to face services.

Method

Stage 1: Data collected from relevant helplines and interviews conducted

Letters and emails were sent to the helpline manager of all appropriate national helplines listed in the Telephone Helpline Association Directory 2002. National helplines were selected if the description suggested that they offered support and counselling and if some of their calls might relate to family or partnership difficulties.

The national helplines contacted are included in appendix A. This included helplines listed under the following categories: carers (2), children and young people (2), domestic violence (7), drugs (1), emotional distress (11), family and parents (8), health (3), legal and civil rights (1), lesbians and gays (5), mental health (4), older people (1), Prisoners and Ex-offenders (1), and Rape and sexual abuse (2).

A number of local helplines were also contacted (also included in appendix A). Telephone contact was also attempted with 89 centres and branches of Relate.

Requests were made for the manager to send appropriate literature on the helpline, statistics on callers, information on training procedures and recruitment of workers/ helpers. They were asked to give an estimate of what proportion of the calls to the service related to partnership difficulties.

Non-responders were followed up by email, telephone or letter. Interviews were requested for all the helpline organisations that were considered highly relevant to the study plus those that indicated that high proportions of their calls were related to partnership difficulties. The semi-structured interviews, covering the themes outlined above, were taped and notes were also taken during the interview. The details of interviews conducted are listed as appendix B as well as the type of contacts made with other organisations. Additional data on the service, users, training, staffing and evaluation were collected.

Following the interview, respondents were sent copies of the summary to ensure that details were correct and to clarify any subsequent issues arising.

Stage 2: Questionnaire study

In order to find out what the helpline operators felt about the service, and how they compared it with any face to face service, questionnaires were sent to helpline workers who had experience in both face to face counselling and telephone helplines. The workers were asked to give details of themselves, their views about the advantages and disadvantages of each, and whether it altered the way in which they worked. Questionnaires were sent to helpline workers in Relate, Careline, Marriage Care and Breaking Free. With Relate, the counsellors were asked to compare the Relate Direct service (where telephone appointments are made) with their face to face work as this was considered by Relate to be a more appropriate comparison. For this group, a slightly adapted version of the questionnaire was used.

Results

Stage 1: Data collected from relevant helplines and interviews conducted

A. Helplines specifically concerned with helping people with relationship difficulties

Very few helplines have been set up specifically to receive calls from people experiencing relationship difficulties. There is no separate category in the Telephone Helpline Association Directory for this area and the relevant agencies are listed under the Family and Parents section.

The agencies included here are Relate and Marriage Care. Relate and Marriage Care were visited personally and additional correspondence undertaken by post, telephone and email. Relate also sent a number of documents (listed in the references). The central office of Relate gave details of 9 centres that gave telephone helpline support. Eighty additional Relate centres were also telephoned to check whether they had a telephone service and details were collected from those that did.

Central Relate

Background

The first Relate telephone helplines were set up in various centres such as Derby, Cheshire and Camberley in the 1990s. During this period, the telephone helplines were seen mainly as a way of “holding” clients while they waited for other types of help rather than a service in its own right (Hunt, 1993).

These earlier services showed that there was substantial demand for help over the telephone and in 1997 Relate received funding from the Lord Chancellor’s Department to pilot a national telephone counselling services for couples whose relationships were in difficulty and crisis. This service started in June 1997 and finished in March 1998 after the nine month funding finished. The service was to provide a telephone counselling line, which would be available on a weekday basis. Out of these hours, a recorded announcement was heard. The service would be principally publicised through the network of Relate centres and press agony aunts.

Each session was staffed by two experienced Relate counsellors trained in telephone counselling with reserve cover by another counsellor. They had a supervisor on call following each session for supervision.

The major advantages of such as service were seen as: -

- a) More immediate access to help
- b) Anonymity
- c) Support during a crisis

d) Accessing callers whom would not normally attend face to face counselling.

Current model of service, Relate-Line and Relate Direct

As the earlier telephone service had been seen as successful, Relate Central started operating Relate-Line in October 2001, after receiving further funding. The service is free, apart from the cost of the phone call and the lines are open daily from Monday to Friday. Callers are usually given up to 20 minutes and a crisis intervention model is used.

The national line has four lines. Two are staffed by counsellors and one is a voice manager for callers, about the lines being busy. This small number of lines means that most callers have to ring several times before getting through. Currently, a regular caller has indicated that he takes between 2 and 7 calls to get through successfully.

In addition to Relate-Line, Relate Direct was first started in June 2002. This service offers telephone appointments to clients at a time most suitable to them, including weekends, evenings, and daytimes. Individuals are not assessed prior to receiving the service apart from ensuring that the problem is appropriate for Relate. A fixed fee is paid and the client pays for the service by credit card at the time of booking. Normally one session is offered at a time. Sometimes a face to face appointment is recommended after the session or another appointment for telephone counselling with the same counsellor is made at a convenient time. Half hour top-up calls are also available.

Currently as Relate Direct is relatively new, appointments can be offered on the same day or a day chosen by the caller. Relate counsellors who staff the services have all received additional training in telephone work. They can work from the office or from home. Clients who make more than one appointment can arrange to talk to the same counsellor.

Although Relate Direct is growing, there may always be some limitations because of the client fees involved. Relate Direct has also entered into a number of contracts with companies so that their employees can be offered a telephone counselling appointment within 48 hours. The service to employees is slightly broader but focuses mainly on relationship problems or those associated with life at home.

Accessibility

Relate-Line has always been in huge demand. Relate have never needed to advertise their telephone lines apart from their web page, in Relate centres, in the yellow pages, or in the agony aunt columns in the newspapers.

In 1997, BT assessed the usage of the service and found that the number of callers was considerably greater than those actually getting through. Over a four-month period (apart from one week), 53,261 calls were made and only 3,425 (6.4%) callers managed to make contact with either a counsellor or the announcement. Of these, only 1,040 callers spoke to a counsellor (although this was collected over a shorter 12-week period). A repeat call analysis indicated that on average callers made twelve

calls before getting through or giving up. Surprisingly, although callers experienced considerable difficulty getting through, some clients managed to speak to a counsellor more than once.

In the last year of operation of Relate Direct, 573 calls have been made and 77% were from women. Although calls are listed under either a man or woman, about 12% of their calls were from couples. Although Relate Direct has not generated the same demand as Relate-Line, it is just developing. However, the costs of Relate Direct (which are fixed) are likely to make it out of reach for many clients, especially those with limited incomes (Barnett, 2003).

Who calls and for what?

Details of callers

In the 9 months during 1997, 4000 callers spoke to a Relate counsellor. Most calls lasted just under 20 minutes and the vast majority used the service to discuss their marital problems, frequently calling at a time of crisis. Problems presented were very familiar to Relate counsellors, including relationship and communication problems, affairs, and sexual problems. Seventy percent of callers were referred by Relate Centres and 22% by the press and the media.

More details were obtained from the counsellor records over a 4-month period in 1997 which was timed to correspond with a client satisfaction survey conducted over the same time period. 25% of callers were from males and 75% from females. All adult age groups were represented.

Most callers were married (64%) but 13% were cohabiting. Slightly fewer were separated (11%) and 7% were single, 5% divorced and 1% widowed. Approximately 80% of callers had been in their current relationship for three or more years and nearly half (45%) were in relationships lasting 11 or more years. Most callers (80%) had dependent children.

Sixty two percent of callers were in paid employment, 24% were home based carers, 11% were unemployed and 3% were students. Men were more likely to be employed. The vast majority of callers (93%) were of European extraction. Asians accounted for 3%, Afro-Caribbeans for 2% and other origins 2%.

Three quarters of the callers were women. This is higher than the 58% of women who attend the first face to face interview with Relate (McCarthy & Walker, 1996 cited in Ashford et al, 1988). However, this difference could be due to a number of reasons including opening times of Relate-Line. It could also be due to most telephone callers calling alone while a high proportion of those attending Relate face to face are couples. In face to face counselling, three quarters of the first approach is made by women, a similar percentage to telephone callers to both Relate-Line and Relate Direct.

The findings suggest that the relationship background of Relate-Line users is very similar to those attending face to face counselling. There is some suggestion that Relate-Line clients were less likely to be separated from their partner at the time of counselling (11% of Relate-Line clients were separated compared with 21% of face to

face clients). Relate-Line clients also reported similar problems to the face to face clients although widowed Relate-Line clients were more likely to report sexual problems, illness and bereavement and less likely to report relationship problems.

The counsellors recorded 10% of the callers to Relate-Line as disabled. In addition, 24% of the callers were defined as home based carers. Relate-Line may be of particular benefit to the disabled and those who find it hard to leave home.

The counsellors also made a note of the callers' main problems. Thirty eight percent indicated that they had relationship problems, 29% communication problems, 28% relationship breakdown and 24% indicated a partner's affair.

Although some callers transfer from Relate-Line to Relate Direct, many cannot afford the charges (Barnett, 2003). Ideally, Relate-Line could be used to provide a "taster" session to give clients some idea of what telephone counselling might be like. However, it does seem likely that the two populations of callers (those calling Relate Direct and those calling Relate-Line) do not overlap considerably.

Call information

Counsellors are asked to allocate 20 minutes for each call. In 1997, calls tended to last about 20 minutes on average and the great majority of sessions lasted between 11 and 25 minutes. Call duration was roughly the same regardless of the caller's age, sex, personal circumstances and problems. Callers tended to be on the line longer when bereavement or sexual abuse was a component of their problem. Calls where further action was suggested tended to last longer. However, callers who contacted Relate-Line to obtain their local centre number were on the line nearly as long as clients who wished to discuss their difficulties. It seems likely that callers ringing for their local centre number become more willing to talk about their situation when they meet a warm and empathetic response. Alternatively, callers may ring with a specific request but with the hope of being able to discuss their difficulties at greater length.

For the great majority of callers (86%) some form of further action was suggested. Relate counselling was recommended for 78% of callers and medical help for 15%. Other courses of action were suggested for 16% of callers, including contacting the Citizens Advice Bureau or a solicitor.

Staffing and training

From the earlier work on Relate telephone counselling (Hunt, 1993), it became apparent that extra skills were needed to cope with some of the situations inherent in telephone counselling. The impact of a distressed caller was different to that of a distressed client in face-to-face counselling. There was also more pressure to relieve distress and offer a helpful response over the telephone and this was made more difficult by the time available being shorter.

Currently both Relate-Line and Relate Direct are staffed by Relate trained counsellors. Prior to staffing the telephones, the counsellors are given an eight hour course on telephone counselling. This included training on how to appropriately terminate a call and keep to the time limits. The counsellors then observe others

taking calls to get a feel of the differences between services. All those working on the telephones also offer face to face counselling.

Supervision and support.

Relate-Line is often intensive with no waits between calls. The counsellor may take 18-20 calls in succession. Counsellors can offload to the other helpline colleague or to the manager of Relate-Line. Supervision is also available on demand with either the manager or another counsellor and the counsellors are debriefed following their shift. Additionally counsellors get individual supervision and meet to discuss practice issues as a team.

Relate Direct supervision is offered over the phone or face to face. They cover ongoing case strategies. The amount of supervision given is in accordance with the policy of ratio per hours worked (as in the face to face services).

Ongoing training for Relate-Line staff

Relate-Line staff have a meeting every two months with a case discussion or cover a relevant topic such as Domestic Violence. The telephone counsellors are all centre-based counsellors so they receive a set number of hours of continuing personal development per year.

Advantages and disadvantages of telephone helpline support

Relate began to recognise the value of offering help over the telephone from a number of sources. Often potential clients would pour their heart out to the receptionist and would find that they were helped by this initial contact. Other studies have found that all some clients need is the first intake counselling appointment (Bagnell and colleagues, 2002).

There are a number of other advantages. Using the telephone can be seen as the first stepping stone to getting some help with the problem. It is also particularly helpful for people who are unclear about whether they have a problem or whether it is serious enough to get help. It is also possible that telephone counselling may be more preventive. People may contact Relate-Line at an earlier phase of their problems before these become chronic or the relationship has broken down.

The widespread ownership of mobile phones also means that most individuals can usually find a private place to call. Up to 20% of calls to Relate are from mobile phones. Accessibility is also important for those with a disability or have domestic responsibilities.

There is also the value of being able to being to talk to someone far away from their locality. In the rural community study conducted by Relate, participants indicated that they would prefer non-local workers who would not know them (Relate 2001; 2002).

The disadvantages to telephone work include difficulties in conducting couple counselling. There are often technical difficulties; 10% of calls are sometimes difficult to hear and mobile phones may run out of charge or minutes available. With telephone counselling, non-verbal cues are missing making it more difficult for in-depth counselling to take place.

Another major disadvantage is the heavy demand placed on Relate-Line. Many callers summon up all their courage to ring and then find that they cannot get through. Calling several times before being successful is likely to be frustrating and many callers may give up before this happens.

However, the greatest disadvantage is the funding of a telephone helpline as clients do not pay for the service. It is hoped that in the future, Relate Direct may be able to pay for some of the costs of Relate-Line. Another method of funding considered by Relate is the use of a premium line. However, high proportions of the population would not be able to afford the service and considerable amounts of client money would be retained by the Telephone Company (Bagnell, 2002).

Evaluation

Relate has commissioned or been involved in a number of studies which give further insight into the general public's perceptions of telephone counselling for relationship problems as well as the views of callers about the service.

Knowledge of Relate and telephone counselling service

Awareness of Relate and the telephone service was ascertained in a National Opinion Poll survey carried out in December 1998. This survey carried out 999 interviews with adults aged 15 and over. Seventy eight percent had heard of Relate and 48% of this group considered that it offered a telephone service. This belief was based on expectation rather than experience as the pilot service had only been running for six months plus some telephone lines in a few centres (NOP, 1998).

Public perception of the value of telephone counselling

Relate also commissioned a study to ascertain the public's views on telephone counselling. An independent agency conducted four focus groups in 6 districts of Cumbria and Carlisle as well as a telephone survey of 300 residents (Reaching Out Conference, 2002; Relate documents, 2001 & 2002). The residents and focus group participants were selected to cover a reasonable age range and a local college was visited to speak to students in order to achieve a younger perspective.

Individuals in the groups were asked about where they would suggest someone to go for help with a relationship problem; what was their preferred type of help; how they would prefer to make the first initial contact; what would be the preferred location and times of availability.

Marriage Guidance and Relate were the most frequently cited organisations for providing help for relationship support. Others mentioned less frequently included GPs, the Samaritans, counsellors, the CAB and the Brook Advisory Clinic. Most would prefer a face to face meeting with a trained counsellor and telephone counselling was mentioned as the preferred option by only a small number of participants. Face to face methods of delivery was also much preferred to using email, video-counselling and web cam links. Other media were felt to be impersonal and inappropriate, although there was some recognition that young people may be more comfortable with these types of services.

Anonymity and confidentiality were seen as key issues. It was regarded as very important that the couple did not know the counsellor and should not meet them outside of the situation. The location of the service should strike a balance between ease of access and a discreet location.

Most participants would also prefer a short travelling time (approximately 20 minutes or less) to obtain the service. They also ideally wanted an appointment to be available within two days. However, this ideal face to face scenario would be impossible in practice as it would require a very large number of centres with considerable numbers of staff available at any one time (Bagnell, 2002).

However, the participants' preferred method of first contact with the service was the telephone. The telephone was felt to offer a "safer, less committing first step where the caller can get a feel or sound out the service". A "friendly and trained voice on the other end of the phone would be encouraging" (Relate documents, 2001 & 2002).

Views from consumers of the service

An important evaluation was undertaken in 1997 of callers to the Relate telephone counselling line between August and November 1997 (Ashford et al, 1998). Consent to participate in the study was obtained by the counsellor at the end of the call with those agreeing being contacted by an independent researcher at a time of convenience to the caller. Most of those agreeing were contacted within two weeks of their call to the helpline.

Of the 480 people who agreed to take part, 18% were successfully interviewed by phone after many attempts. Of the 85 subjects interviewed, 83% were female and 17% male. All parts of the country were represented.

Many callers gave more than one reason for having chosen the Relate helpline. Over half (53%) stated that they had chosen the helpline because they wanted immediate help. A further 47% mentioned that this was most the relevant service for their problems as Relate were the experts in the field. Others (20%) mentioned convenience including accessibility and availability; 11% sought advice on a specific situation; and 14% used the service whilst on their local Relate waiting list for counselling.

Two thirds had found out about the helpline through their local Relate centre while 11% had seen the number in a newspaper article or problem page or from a variety of other sources. Interestingly, 31% of callers had used another helpline before. Of these, approximately half (13) had called the Samaritans. The remaining 14 callers had used 10 different helplines.

Callers frequently mentioned that they had been seeking more than one form of help. Advice was mentioned in 63% of cases. Others mentioned "having someone to talk to" (32%); "having someone to listen" (22%); a need for their thoughts and feelings to be validated (22%) and a need for an impartial and unbiased viewpoint (14%).

Callers were asked how easy or difficult it had been for them to get through to the helpline. Just over half (54%) indicated that it has been easy or quite easy. However, 21% said it had been quite difficult and 23% difficult or very difficult. Some callers

had spoken to Relate-Line more than once. There were some multiple callers (18%) with five being the highest number of calls made.

Helpfulness

Of the 85 interviewed, 62% indicated that the service had been very helpful and 24% helpful. Nine percent found the service quite helpful and only 3 (4%) callers found it not very helpful. No callers found it of no help at all. Similarly positive accounts were found when callers were asked to rate their satisfaction with the service from a scale of 0 (no help) to 10 (fully satisfied). No caller rated the service as less than four on the scale. Forty three percent gave a 10; 35% a 9 or 8; 8 % a 7 and the remainder gave a score between 4 and 6.

The respondents were asked what had been helpful or unhelpful about the service. They could mention more than one thing. Over one third of callers (38%) specifically mentioned the counsellor, their kindness, gentleness, and empathy. Another third (32%) found that having their thoughts and feelings validated was helpful; a further 27% indicated that it was being able to talk about the problem, and 20% indicated that it was being listened to.

Ninety one percent of callers reported being given advice during the call with 55% being recommended to go for further counselling at their local Relate centre. The helpfulness of advice was mentioned by 34% of callers.

The majority of callers (61%) found nothing unhelpful. However, unhelpful aspects mentioned included the 20 minute time limit and the limitations of being given advice over the telephone. Four callers (5%) mentioned the time to get through.

The callers were asked about the main advantages and limitations of a telephone line. Advantages included accessibility (mentioned by 37%); immediacy of help (31%) ; good advice (18%) ; having someone to listen (15%). Others mentioned anonymity, providing an introduction to counselling, and the impartial service. Only 7% mentioned no advantages.

Nearly one quarter (24%) mentioned no limitations. However, limitations included the 20 minute time limit (37%); the difficulties getting through (28%) ; and the limited advice given (14%). Smaller numbers indicated that it was hard to get an appointment with the local Relate centre (9%) and 4% indicated that they could not make a follow up telephone call with the same counsellor.

Overall 22% did not suggest any improvements when asked for these. The improvements mentioned by the others were similar to the limitations. These included more lines and more counsellors (28%), more hours (24%), more time to talk (22%), the need to advertise the service better (13%), and the facility to provide follow up calls with the same counsellors (8%).

Although it is likely that the callers actually contacted were not very representative, the survey did indicate the very high levels of satisfaction with the service. The callers seemed to appreciate the quality of contact with the counsellor, the validation of their thoughts and feelings, being able to let off steam, as well as the advice.

Evaluation of Relate Direct

As Relate Direct is a relatively new service, no major evaluations have yet been completed. A small scale study has been undertaken by Julie Jackson as part of her M.A. in Couple Therapy (Jackson, 2003). In this study, she conducted a semi-structured telephone interview with 15 users of the Relate Direct service. These 15 users were selected over a period where telephone appointments had been made to 79 callers. The counsellors identified 22 callers who had agreed to take part. Permission was obtained during the telephone counselling appointment.

The 15 users interviewed included 9 women and 6 men. Their views were overwhelmingly positive with no negative feedback. Most had contacted Relate Direct in a crisis and appreciated the immediacy of the help. They valued the focused response and found that it had given them a different perspective. They also considered that it had been worth the expense.

The callers indicated that they would use the service again. However, most respondents viewed the appointment as a stand alone session of counselling and not all realised that they could have continued. While this made the telephone conversation very focused, there was some suggestion that many users would have been interested in more than one appointment.

Relate centres

In order to find out what other Relate telephone helpline services were in operation, telephone calls were made to the 9 centres mentioned by Relate as having telephone helplines as well as to 80 other centres. No answer was obtained for 25 centres despite many telephone attempts. Of the 64 remaining, 41 (64%) did not offer a service, 8 (13%) were considering a service in the future and 3 (5%) had offered a service in the past but not currently. This left 12 (19%) centres that were currently offering some type of service. However, as contact was not made with a number of centres, it is possible that the telephone services offered might be slightly higher than this.

Centres offering a Relate-Line service

Only four centres contacted were offering a Relate-Line type of service where callers could ring without a prior appointment and receive telephone support free of charge. These four centres indicated that they used Relate counsellors who had received additional training in telephone counselling. Support and supervision sessions for the counsellors were in place.

Relate Dacorum

This centre has a line open on two days a week and callers are given up to 20 minutes. The centre receives approximately 100 calls per year. Generally, it is perceived that people ring for a number of reasons. They may need support while on the waiting list; they may be at an early stage of their problems and wondering whether Relate is for them; they may have difficulties with mobility; or they may have concerns about anonymity. Others phone as they are unable to get their partners involved or because they are already in joint couple counselling but need additional support for themselves. Recommendations made by the counsellors are variable but includes referral to other agencies or the face to face service.

The line is advertised with other services in the local free press. The line receives no current funding but obtained some funding from the Charities Aid Foundation at the beginning. The service is seen as an adjunct to the face to face service, offering emotional support to callers and relieves the pressure on receptionists and counsellors. However it is not perceived as a replacement to face to face counselling with couples, which is seen as the most valuable means of intervention (Hockings, 2003).

Relate Northants

This helpline was opened in 2003 and offers a session on two days. This is run in conjunction with a drop-in service and the telephone answering machine is switched on if someone attends personally.

There is an average of one call per session (usually ranging from 0 to 2 per shift) with calls lasting 25 minutes on average. Callers may ring in a crisis or they may be enquiring about Relate services. Callers are often unsure whether their problems are too small, too complex or whether the service is appropriate for them. Many of those calling the telephone helpline will go on to undertake face to face counselling. Others will be encouraged to contact their GP, other counsellors, the Citizens Advice Bureau or a solicitor.

Funding is also a difficulty. The present service is run when the local office is already open which cuts down on some of the costs.

Relate Pennine

This centre is open on one day a week. The majority of callers ring for a one off call in crisis, however, some clients use the line to check out the service offered. Others have their first assessment over the phone and then continue with face to face counselling. The helpline is funded by the local council.

Relate Pennine also offers counselling appointments by telephone. However, the take up has been minimal over the last 30 months of operation of the scheme. It is now run mainly as a back up service for face to face counselling. If clients are unable to attend for their appointment, it can be conducted by phone instead. Only one male client has ever taken up the service purely by telephone (Fisher, 2003).

Relate Derby

This line was set up five years ago and although it takes the whole range of calls it has become a national specialist line for the partners of those with Asbergers syndrome. It is linked to the website of the National Autistic Society and currently 70-80% of their 250 calls per year are from partners of those with Asbergers.

The line is open one day a week. The partners call for a range of reasons including how to cope; how to communicate better; how to change their partner's behaviour; as well as the impact on the family and their social lives.

The counsellors staffing the line have all received specialist training in Asbergers syndrome. Originally, they received Lottery funding for the first three years but this has now finished which means that they now have to seek funding from elsewhere (Shardlow, 2003).

Services similar to Relate Direct

Apart from Relate Pennine, eight other centres contacted in this survey offer a telephone counselling service by appointment. This included Dorchester, South East Sussex, Lancashire, North East London, Norfolk and Suffolk, Worcestershire, Berkshire and Canterbury.

As with the centres offering a Relate-Line service, all counsellors involved in these services had undergone telephone counselling training and receive regular support, supervision and appropriate further training. Most centres are offering the telephone service at the same financial rate as their face to face service, with the sessions lasting the same amount of time.

The majority of centres currently offering a Relate Direct type of service were finding it difficult to recruit to the service. However, it is difficult to know whether the low take-up is due to the client and counsellor preference or due to lack of publicity or promotion by the centre.

The Relate centre in Dorchester has been offering telephone counselling for the last nine months, but has not actively promoted the service having recently moved into offices undergoing refurbishment. It has found that the take-up in the last 9 months has been minimal with under 20 people having used the service (O'Neill, 2003). The service has been mainly used for those who have difficulties attending the centre, including those with a disability or with mental health problems such as agoraphobia, those with child care difficulties or those with transport difficulties. The service has also been a 'back up' for those undergoing face to face counselling but who cannot attend for an appointment for any reason.

Lancashire started offering telephone counselling 12 months ago and 8 counsellors were trained in telephone counselling. Nevertheless, in the last year only two couples have taken up the service, the majority preferring to attend for face to face counselling. The lack of interest in the telephone appointment system was considered to be partly due to the county having a good provision of offices. Clients do not have to travel far or have a long wait for an appointment (Cuthbertson, 2003).

North East London has started offering telephone counselling in the last few months but there has been no take up of the service. Norfolk and Suffolk also offer a bookable telephone service that has never been used (to their recollection). However, the service has never been promoted heavily.

Worcestershire has found a similar experience (Summers, 2003). Roughly only one session is booked each week and many move on to face to face counselling. Service users tend to be mainly working away from home or needing immediate intervention.

Berkshire offers telephone counselling although only one client, who was working overseas, has used the service. Canterbury (East Kent) has also found the take up to be very low, with only two couples taking up the service in the last year, one being disabled and the other working overseas. Although five counsellors are trained in

telephone helpline skills, the majority of clients have shown a preference for face to face counselling.

Finally, Relate South East Sussex centre has a new telephone counselling service for those unable to attend the centre on a regular basis. This service is offered to anyone, including same sex partnerships, but has been only used by one couple to date (Anstey, 2003).

The Relate Listening Ear Service in Northern Ireland

This service is included in this study as it differs markedly from the other Relate telephone services as the helpline staff are unpaid volunteers and not trained Relate counsellors. There are two telephone helplines and they are open every day except Sunday.

The service is available for those who are experiencing relationship difficulties with their partners, their parents or their children. The leaflet produced suggests that callers will be given the opportunity to tell their story, express their feelings, be heard and understood, and consider their options. They will also gain information and access to the full range of Relate NI services. However, once a client begins counselling with Relate NI, the service is no longer offered.

The service is staffed by listening ear service workers who are not paid, apart from travelling expenses. Those with a recognised certificate or diploma in counselling attend a “first voice” training course including issues such as confidentiality, child protection, managing serious issues, telephone work, support and supervision. Those without this previous training but with appropriate personal characteristics have to undertake and be assessed on a counselling skills course of approximately 75 hours (currently the CSCT/AEB certificate in counselling skills).

The listening ear service workers are supervised by trained Relate counsellors who have completed or are completing the training in supervision. Workers have on-going access to a supervisor to discuss individual calls as well as case supervision group meetings.

Although the quality assurance specifications indicate that client feedback will be obtained as well as the service assessed, no information was available.

Marriage Care

Background, aims and purpose

Another major organisation in the Relationship support field is that of Marriage Care. This organisation introduced a telephone helpline 5 years ago as one of its services. The aim is to provide a confidential listening service for anyone who is experiencing difficulties in their close, personal relationships. The model of the telephone helpline service developed by Marriage Care is similar to that of Relate-Line in that the helpline is run every day and is free to callers (apart from the cost of the phone call). However, the helpline workers are trained volunteers.

There are two lines with two volunteers at all times. The aims of the helpline are to provide emotional support and counselling, with suggestions for further help where appropriate. However, the time allotted per caller is longer than with Relate with a normal maximum of 50 minutes.

Marriage Care also offers a face to face counselling service throughout England and Wales. Although this is open to all faiths, the majority of trained counsellors are Catholic. Initially, funding for the helpline came from the Lord Chancellor's Department but the helpline is now a core service of Marriage Care.

Accessibility

The helpline is open weekdays, including bank holidays. There is an answer phone service out of hours. The helpline receives approximately 10,000 calls per year. The service is advertised in local Thompson telephone directories, doctors' surgeries, health centres, CABs, the churches and in the premarital preparation courses run by Marriage Care. It is mentioned after relevant programmes on television and in popular magazines and newspapers.

Who calls and for what?

Sixty percent of callers are female, 40% male. The callers are of all ages and come from all areas of England and Wales. They also get callers from Scotland and internationally. Occasionally, a couple might ring on the same line.

The calls relate to a range of difficulties, including isolation, stepfamilies, infidelity, abuse, suicide, stress at work, and redundancy. Some of the calls are from individuals in either interracial, interfaith, interclass or intercaste marriages.

The aim is normally to offer one call. The call normally focuses on relationships rather than other issues. Most calls last between 20- 50 minutes with normally 50 minutes maximum but some calls are longer if the person is suicidal or at risk.

The workers focus on what the caller wants now and to be supportive even when enquiries are fairly straightforward. However, only a minority of callers just want information. Part of the role of the worker is to signpost callers onto other services, where appropriate, including faith and non faith organisations. Helpline workers refer to the face to face counselling service run by Marriage Care, but this depends on the needs of individuals. Being able to offer a face to face service to callers has found to be a helpful resource (Armstrong, 2002).

Information on other services is given over the telephone rather than sent through the post. They are thus able to keep callers anonymous. Take up of face to face counselling is seen as a positive outcome.

Staffing and training

The service normally has 13 volunteers staffing the lines. The manager of the service is always available when the lines are open.

The personnel who staff the helpline are all volunteers but receive considerable training and on going support. Marriage Care advertises for new volunteers in the media and through volunteer bureaux and the Internet. They actively encourage men and different ethnic groups to apply by stating that they are particularly welcome when advertising. While faith is not relevant, volunteers need a belief in the importance of relationships. Most volunteers have some experience of using counselling skills (either as volunteers or in their work), some are trained counsellors and others are in training.

All volunteers receive 3 to 4 days induction. After this, the trainer agrees with each individual on their individualised plan of training. Volunteers start taking calls paired with an experienced volunteer. Training takes a varying length of time but can last six months. The training focuses on developing the trainee's counselling skills first. Included in the training are the following: mental health issues, disabilities, domestic violence, depression and suicide, relationship and communication difficulties, culture and difference, supervision and debriefing skills, Egan problem solving, crisis management, sexual difficulties and abusive callers. Volunteers are considered experienced after one year.

On-going training and support

All volunteers including trainees are supervised at the end of the day, to develop skills and encourage self-reflection. There are also opportunities to debrief after individual calls but supervisors and trainers do not listen in on calls.

New volunteers receive weekly supervision initially and then move to monthly supervision. On going training is compulsory and occurs once a month for the whole helpline team. All training takes place in house by qualified trainers. In addition, other experts in the field are invited to give specific relevant workshops.

Advantages and disadvantages

The advantages of the Marriage Care phone lines were very similar to those previously mentioned (Armstrong, 2002). These included accessibility, caller control and anonymity. Admitting to a relationship problem is seen to be very difficult for the majority of people, with feelings of shame or fears about being judged. People are also fearful of being seen entering a counselling building. Another advantage is that help is immediate, callers can receive help when in crisis. The process of telephoning can also contribute to the normalisation of some problems.

The main disadvantage is the cost of the telephone call and the number being shown on some itemised bills. Although there is usually some way of getting round the problem, it is important to be careful especially in abusive, potentially violent situations.

Overall summary of section

The findings strongly suggest that it is not lack of knowledge that deters people from contacting counselling services for relationship problems as most people are aware of agencies such as Relate. Feelings such as shame, stigma and fears over counselling are much more likely to have an impact over whether that first contact is made.

The findings from Relate suggest, however, that they may be a considerable overlap between clients using Relate-Line and those making face to face appointments. The majority of callers had accessed it through their local Relate centre. Many callers were on the waiting list and had been directed toward the helpline for more immediate help. In addition, more than half of the callers were advised by the helpline to go to their local Relate centre for further counselling. The helpline would therefore further increase demand for face to face counselling rather than be offered as an alternative. Relate-Line was therefore not tapping into a completely different sector of the population who would not attend face to face counselling (apart from some disabled clients or those living abroad), although the low cost of Relate-Line might be a factor.

However, this situation might easily alter if the telephone helplines for relationship support was advertised more widely. This might encourage a much broader section of the population to use the telephone service. Currently advertising does not seem to be an appropriate option, giving the high numbers of callers who already do not get through. It is likely that only the most persistent get through to a counsellor, with a constantly engaged tone acting as a powerful deterrent to those with ambivalent feelings about calling.

While there is considerable uptake and use of Relate-Line, this did not seem to be the case for Relate services that charged. On the whole, Relate Direct is not oversubscribed and many of the centres had set up telephone counselling services by appointment only to find that few clients took advantage of it. It is possible that many of the people who are willing to pay out a relatively substantial sum prefer to see a counsellor personally rather than on the telephone.

There is also the issue of staffing. What level of training is necessary for telephone helpline workers in the area of relationship support? Relate uses paid trained counsellors. Marriage Care and the Relate Northern Ireland Listening Ear Service use unpaid volunteers. Without a thorough evaluation, it is difficult to gauge whether the service offered by one is much more helpful than the service offered by the other.

The service varied according to the length of calls. Callers to Relate-Line are encouraged to keep to 20 minutes while callers to Marriage Care have up to 50 minutes, a service similar to Relate Direct. The longer maximum time may mean that the format of calls to both Relate Direct and Marriage Care are much more similar to a one- off counselling session.

The focus given on support, supervision and further training were very similar for all the agencies covered in this section. All these services ensured that helpline workers were given thorough initial training, ongoing staff development and immediately available support.

Helplines for parents and children

These helplines are considered as a separate category as they constitute some of the most frequently called helplines and high proportions of callers to these helplines are having problems in their current relationships or in previous relationships. Although callers may not call specifically for a relationship difficulty, the relationship problem is often of major significance in their lives or in the problem presented. This section will give details of two of the major helplines in this sector, Parentline Plus and Young Minds. It will also briefly cover the Lone Parent helpline.

Parentline Plus

Background, aims and purpose

Parentline Plus is a major service in the parenting sector. In addition to the telephone helpline, Parentline Plus offers parenting courses, workshops, training for professionals, a website, and information leaflets.

The telephone helpline service of Parentline Plus received 290,000 calls last year (Parentline Plus, 2002). The helpline aims to support parents by combining information and support. Parents are sent information and are signposted to other organisations, where appropriate. It also provides an opportunity for parents to talk to someone in confidence and think about what to do next. The main aim is to help parents to identify their own solution to their situation.

Current model

Currently, the service operates in ten call centres. It has a mix of approximately 200 volunteers as well as paid staff. Paid staff work in two call centres and also run the night service. They have more responsibilities and generally take more calls than the volunteers so are not necessarily seen as a more expensive option. A free textphone service is also available for people with a speech or hearing impairment and an email service is currently being developed.

Funding for the helpline is from various sources including the Home Office Family Policy Unit, local governments and other local agencies, trusts and foundations.

Accessibility

Since February 2002, the line is open 24 hours every day. Up to 32 lines are available but this does depend on the time of day.

The helpline is advertised through poster campaigns, through local and regional newspapers, in agony aunt columns, in GP surgeries, health visitor clinics and at solicitors' offices. Currently, demand is roughly 250,000 calls per year but calls rise dramatically if there is increased publicity through television coverage.

Who calls and what do they call about? (Details of callers from October to December 2002)

The helpline workers are asked to fill out a call return sheet for every caller. These call sheets are used to compile the quarterly reports on the service, which examine the helpline calls received (Parentline Plus, 2002a).

In the last quarterly report of 2002 (October to December), 74% of calls were from mothers and 11% from fathers. Forty five percent were from lone parents, who are mostly mothers. A third of calls (34%) were from individuals based in nuclear families and 13% from stepfamilies. Although the issues often relate to adult circumstances, most parents ring to express concerns about their children. Many calls (47%) are from parents of teenagers.

Callers come from all part of the country. The ethnicity of callers is not always collected or recorded. In the quarterly report, details were available for only 12% of callers. Of these, 9% were white British. There is a perception that ethnic minority groups are likely to be under represented and more outreach activities are necessary to encourage these groups to call (Braun, 2003).

The involvement of other professionals is also recorded. GPs and schools are most commonly mentioned, followed by social services, the police and solicitors. Counsellors are less commonly mentioned.

In 2002, the first and second most commonly discussed issues by callers were children's challenging behaviour (first) or the emotional state of their child (second). However, the records indicate that the emotional difficulties of the caller and problems within the couple relationship were commonly discussed with these callers. The third most commonly discussed issue was the caller's own isolation and loneliness. This was mentioned by 45%. Loneliness and isolation were often related to lack of family support, being a lone parent, or a recent separation or divorce.

The fourth most common reason was the impact of divorce and separation on the children (mentioned by 42%). Almost half of these problems related to difficulties associated with the contact with the non-resident parent. The fifth most common reason was the impact of divorce and separation on the caller (mentioned by 35%). Many of these problems were related to relationship difficulties with their ex-partner including difficulties in maintaining contact or tensions within the second family.

While the sixth most common reason was schooling and education (mentioned by 32%), the seventh was the caller's experience of emotional, physical or verbal abuse (mentioned by 31%). A similar proportion also rang to talk about disagreements or conflict between the caller and other adults (31%). This included 12% of calls about conflict between the caller and their ex-partner; 6% of calls about conflict between the caller and their current partner; 6% about current or past domestic violence; and 3% about their arguments.

Information and referral

During the period October to December 2002, contacting another agency was suggested to 54% of callers and 31% were sent information. Agencies suggested include Young Minds (6%) and Children's legal centres (5%). Relate was suggested for 2% of calls, and a similar percentage referred to the British Association of Counselling and Psychotherapy who have a register of counsellors.

A range of other people were suggested for the caller to contact, including calling Parentline Plus again (76%), GPs (19%) and health visitors (3%). In addition, 12% were encouraged to talk to their partner and 8% their ex partner.

Analysis of 110 calls received in January 2001

An in-depth analysis of 110 calls in January 2001 was undertaken using funding from the Lord Chancellor's Department (Parentline Plus, 2001). The study was undertaken specifically to understand the relationship issues which many parents face.

This study of 110 calls found that while 68% of callers initially called to discuss their child's behaviour, the underlying cause was often identified as communication difficulties in the family, particularly in the way that the couple or ex-couple talked about and dealt with their problems together.

Of the calls analysed, 81% of callers identified communication as being a major concern. Of these, 10% cited problems between the couple as the main reason for their call; 71% identified a lack of couple communication as being a major factor in the problems they were facing with their children; and 40% of callers recognised they did not know how to discuss difficult issues with their partner or ex-partner.

In this study, many callers had already attempted to access help through GPs (24%), psychological services (21%), social services (20%), schools (19%), solicitors (15%), police (12%) and the Court Welfare Service (6%). In general, callers cited having contacted more than one agency but many felt that they had been unable to express their needs or to access the help they needed.

Analysis of calls between January 2001 and April 2002.

Another study analysed the calls to investigate the connection between the relationship difficulties and family breakdown and the children's emotional and mental health. An in-depth analysis was undertaken of a sample of 200 calls made to the helpline on this issue between January 2001 and April 2002 (Parentline Plus, 2002b). During this period, 32% of parents who contacted Parentline Plus cited family breakdown as a cause or contributing factor to their children's difficulties.

In this sample, 46% of parents who called the helpline were worried about the impact of divorce or separation on their child's behaviour. The issues raised included conflict, residency, contact, and feelings of isolation. The findings led the writers of the report to suggest that "much of the post separation conflict is an attempt to continue, finish and win the battles left over from the relationship now apparently ended" (Parentline Plus, 2002b).

Parents indicated that it was often difficult to continue parenting with someone where the personal relationship has ended. Eleven percent of the 200 calls were about

residency matters, 8% about parental issues and many others about contact issues. The problems discussed by callers suggest the importance of giving support to parents throughout the separation process so that the children (as well as adults) can emerge positively from the transition.

Staffing and training

Volunteers are recruited in a variety of ways, including advertisements in the national press, local newspapers and key ethnic minority titles. All volunteers have parenting experience.

The initial training is divided into two parts. Volunteers listen into calls before completing the second part. After the training, volunteers undertake a six-month probationary period where they are closely supervised and supported. In each of the call centres, a paid supervisor listens in or sits alongside. In the second part of their training, volunteers have sessions on family diversity, couple relationships, divorce and separation. A number of agencies feed into their training.

Paid staff have relevant experience but no specific qualifications. Most were originally volunteers so they have already undergone the volunteer training. Others would have had substantial telephone helpline experience from elsewhere. The latter group receives fast track training which is based on the volunteer training.

The aim of ongoing training is to further develop the skills of volunteers and ensure that these do not decline over time. Volunteers can attend a practice development group once a month. They can bring problematic cases to the group. In addition, they have topic based in-service training at least twice a year. In these sessions, they get outside speakers to talk on a range of relevant issues. Skill development is also encouraged by an annual review system. Volunteers can also participate in advanced call training, when they revisit their initial training and talk about the type of skills necessary for taking a call. This is currently being developed and the trainers being trained.

Perceived advantages/ disadvantages of a telephone helpline

A telephone helpline was seen to have a number of advantages. This includes anonymity, accessibility and caller control. Another advantage was the ability to get to a deeper level much faster. In terms of relationship problems, it is possible that people are accessing telephone support at a much earlier stage of their difficulties. Individuals may not necessarily perceive the difficulty as a relationship problem but these issues are discussed in the context of parenting or family issues (Braun, 2003).

One of the disadvantages of a Parentline Plus telephone helpline is that it is not possible to conduct ongoing work. In addition, if the calls are not answered in the same locality, it is more difficult to make good local referrals (Braun, 2003).

Evaluation

The quarterly reports that give information on calls also give information on the callers' views on how they were helped (Parentline Plus, 2002a). These data are

collected from the helpline workers' reports. In the report on calls between October – December 2002, high proportions (82%) indicated that it was chance to offload or have someone to listen; 53% indicated that it had given them ideas about what to do next; 40% indicated that it had reassured them; and 20% indicated that it had given them information. Only 1% indicated that it had not helped. These are similar figures to those given in other quarterly reports. The reports also indicate whether callers had used the service before. Twenty two percent indicated that they had used Parentline Plus before and 64% indicated that they had not. Three percent had called repeatedly.

Parentline Plus has recently been evaluated externally but the report is not yet available. However, a preliminary draft indicates that the helpline was considered to be of high quality “with most callers interviewed being satisfied with the service they received and felt helped by having made the call”. There was also “good evidence that the helpline was reaching some excluded or hard to reach groups” and that “the helpline is dealing with a far higher level of need, and otherwise unmet need, than had been envisaged when it was established”.

Other telephone support offered by Parentline Plus

In addition to the helpline, Parentline Plus also uses the telephone to deliver ongoing support to parents identified in need of help.

The referral telephone support service is commissioned by a number of specific agencies including Social Services Departments (SSDs) and Youth Offending Teams. Parents are identified by these services as needing support. Parents are called weekly by the same member of staff for a period of 6-12 weeks (8 weeks on average) for approximately half to three quarters of an hour. A coaching task-orientated model is used, although the families usually have multiple problems and commonly lurch from one crisis to another so listening and emotional support are also important. Couple relationship issues are commonly presented and discussed.

The staff involved in this service have previously been part of Parentline Plus either working on the helplines or as facilitators on the parenting courses. They receive initial training as well as ongoing support and training. This service is seen as preventive and is appropriate for needy families who do not fit the criteria for SSD involvement, for parents on parenting orders, or for young people to prevent re-offending.

In addition to the support service, Parentline Plus are currently piloting the use of the telephone to deliver parenting courses. In these courses, parents use teleconference facilities. The nature of these groups has been found to vary depending on the parents' needs as well as the style of the facilitator running the course. Some are run mainly as courses while others are more supportive.

Young Minds

Background, aims and purpose and current model of service

Young Minds Parents Information Service (P.I.S) is a free telephone helpline, which provides advice and information for any adult with concerns about a child or young person's mental health or emotional well-being. Although the focus of Young Minds is on children's mental health, it is a service for adults, many of whom have difficulties in their family relationships. Factors such as domestic violence, parental discord, divorce and separation, and parental mental health problems are frequent underlying themes. Many problems can be traced right back to pregnancy and birth.

The helpline was set up in 1993 to meet the need of parents and carers in this situation. The service is also used by professionals. The service is perceived to bridge the gap between callers' immediate needs and the extreme shortage of children's mental health services and the long waiting lists. The telephone is seen as the main agent of communication as no face to face service is offered.

The service operates at two levels, the frontline service and the callback service. A team who receive calls, explore callers' concerns and provide relevant information run the frontline service. The aim is to hear their concerns and help them find a way forward (Young Minds, 2002). The calls are aimed to last about 10 minutes. Callers are sent tailor-made individual packs of information relevant to their situation.

Approximately one third are offered a callback service at a time that is most suitable for them and within one week. The callback service is staffed by Young Minds professional advisers. These are all qualified child and family mental health practitioners and include psychologists, social workers, family therapists, nurses, teachers and psychiatrists. The service is available for those callers whose situations are complex or entrenched and who need more time and expertise than the frontline service can offer. Callers are offered to be called back at a time most suitable for them, including daytimes, evenings or weekends. The consultation is up to 50 minutes on the telephone. The aim is to offer one call, only a small minority (approximately 5%) are offered follow up calls. The callback service enables the caller to have time to think through the situation so they can make the most of the call. The focus is on equipping the caller with the "mental tools" to find their way forward.

Young Minds has received funding from the Department of Health, the Community Fund, and the Home Office as well as grants and donations.

Accessibility

The frontline service is offered part time on weekdays. The frontline service received 4000 calls in 2001, approximately 3000 from callers. Thirty five percent of these callers received a callback.

Who calls and for what?

Between January and December 2001, PIS responded to 3785 calls. Of these, 2,785 concerned children or young people. The remaining calls required general information about services or mental health problems in young people. The majority of callers to the helpline were mothers (60%) followed by professionals (11%) and fathers (8%).

Of these calls, 22% had concerns about family breakdown, 5% about parental discord and 4% about domestic violence. The information leaflet “Keeping in touch after divorce and separation” was sent out to 11% of callers and the Royal College of Psychiatrists Fact sheet 15 “Divorce or separation of parents- the impact on children and adolescents” was sent out to 8%.

A third of callers obtained the P.I.S number from voluntary services, including Parentline Plus, Mind, Gingerbread, the CAB as well as NHS Direct. Referrals from Parentline Plus are the largest group, making up 20% of the total calls to the helpline.

Very high proportions of calls are from parents who have been divorced or separated with estimates at 90% (Buckley & Wilson, 2002). Many are in complex family relationships. As most callers have experienced a divorce or separation, there is often a discussion on the role of the ex-partner who is the parent of the child in question. High proportions of callers are given leaflets on family mediation, the rights of the separated and divorced, and keeping in contact with both parents.

Parents of 5-11 years olds, 12-16 year olds and 17-21 year olds commonly mention divorce and separation issues. In the younger age groups, it is one of the two most mentioned topics, equal to school and education problems.

Callback workers often focus on the family system to gauge where support may be available for the presenting parent and this often includes the role of absent parents and family. There are also a number of calls regarding adopted children and it is often the teenage period when parents find it most difficult to cope.

Staff and training

The frontline service is staffed by a range of paid professionals including nurses, speech therapists, and psychology graduates. They receive in house training in telephone work in line with the THA Guidelines. Some are sent on the Brief Encounters training run by One Plus One which helps them manage the call within the time frame. The B.E. training is also seen as valuable due to the emphasis on the parental relationship.

Debriefing takes place after the telephone shift. Frontline staff have monthly one to one meetings with the frontline manager and monthly clinical supervision with an independent psychodynamic psychotherapist.

Mental health professionals (currently 17) from a range of different mental health disciplines staff the callback service. These professionals are paid for their time (apart from a minority of individuals who give their time voluntarily). These advisers work in a freelance capacity and make their own arrangements for supervision. However, they can discuss any concerns during the handover period or by calling in.

They have briefing meetings three times a year to specifically discuss the work, specific cases and share concerns.

Advantages of the telephone

Anonymity is seen as very important as well as accessibility. The telephone helpline staff and professionals are able to work in depth very quickly and to establish a level of intimacy. Telephone work allows callers to be heard, to feel safe and to retain control of the therapeutic process (Buckley and Wilson, 2002).

Evaluation

A user survey was carried out over the first three months of 2002 to determine the callers' opinions about the service. They received replies from 180 out of the 600 contacted (30%). Seventy eight percent of the callers found the frontline service very helpful and 18% found it quite helpful. Respondents were generally satisfied with the information they had been sent both in terms of amount and level of understanding.

Sixty three percent of the respondents indicated that they had taken some action as a result of speaking to the frontline adviser. The most common actions were requesting a referral from the GP, or passing information to someone else. Some parents had encouraged their child to get help or had changed their approach to the child's behaviour. Many had contacted the organisations listed on the resource sheets sent. Other respondents were relieved to have talked through their problem. One commented that they "felt a lot happier just knowing that I had shared my problems with someone and that information and a callback were on their way".

Seventy percent of callers who had received a callback found the service very helpful and 20% quite helpful. Advisers were described as caring, supportive and extremely helpful. They appreciated that the advisers were objective and impartial professionals and that the service was confidential. Just over a third of those who had received a callback felt it had made a lot of difference to the way they saw the problem, 31% felt it had made quite a bit of difference and 25% felt it had made a little difference. Callers seemed to find the combination of written information and a later callback particularly helpful.

In addition to this survey, an in depth telephone interview was carried out with 13 parents who had used the service in the last six months (Tunnard, 2002 in Young Minds, 2002). The overwhelming message from parents was how much they valued the service. They were grateful for the time and the information. They were pleased not to have been judged and to have treated with sympathy, courtesy, warmth and respect. They were also pleased to be spoken to in a language they could understand. This was often in sharp contrast to their encounters with many professionals who often used words and phrases that they could not understand.

National Lone Parent Helpline

This helpline is included here as it is a major helpline for single parents. However, the visit made to the helpline did clarify that the helpline did function mainly as an advice

and information line rather than providing emotional support and counselling. Therefore, the line will be covered in less detail in this report than the others.

The Lone Parent helpline is run by the National Council for One Parent Families in partnership with One Parent Families Scotland (OPFS). A tiered system is in operation. All callers speak to a receptionist, who then puts them through to the general helpline or the advice line. However, at least one quarter of the calls taken by the general helpline are directed to the advice Line. Both parts of the service see themselves as mainly a signposting and information service rather than a counselling and listening service. The advice line is specifically focused around maintenance, benefits and other financial issues. There has recently been an increase in calls relating to family law and issues about children.

The helpline operates on weekdays while the advice line is available part time on three days a week. The helpline receives approximately 20,000 calls per annum and many of these relate to more than one issue.

Due to the nature of the helpline, relationships and relationship difficulties feature in the majority of the calls, as many callers are separated, divorced, bereaved or facing one of these transitions. A number of calls are made before or shortly after the birth of a baby. However, the reasons for calling the line are mainly practical concerns associated with financial difficulties, homelessness, legal difficulties or issues related to returning to work and childcare.

A small minority of callers do ask for specific relationship help and advice. In these instances, helpline workers may encourage callers to contact relationship counsellors, Parentline Plus, GPs or local networks of friends. An estimated 9% of calls are signposted to other organisations such as Parentline Plus, because they involve parenting and emotional issues.

Calls tend to be longer to the advice line than to the general helpline. They can last up to 45 minutes but the average is 18 minutes. Calls to the general helpline, which is seen mainly as a signposting and information service, are normally between 8 to 10 minutes but can be up to 25 minutes if the caller is upset.

Advantages of a helpline

The telephone helpline is seen to be very appropriate for single parents who are likely to have domestic responsibilities. Although the line is mainly for practical advice, it is seen to be important to have a human voice to ease the emotional impact of the situation (Benenson, 2003).

Evaluation

In a recent survey of 200 lone parents, callers were asked whether it was important that the service was specifically for lone parents rather than all parents (Benenson, 2003). The majority (60%) agreed that it was important that the service was for lone parents only. However, this survey was conducted on those using the line. It is possible that other lone parents (including those from ethnic minorities) may consider that there is more stigma attached to calling a line specifically for lone parents.

Overall summary of section

These helplines for parents have very high numbers of callers. A major advantage is that of accessibility and anonymity. It is likely that high proportions of their callers would not have sought help at all without the helpline. Often a call to the telephone helpline can enable callers to seek additional help and services elsewhere.

However, not all of the callers were new to seeking help. Many of the parents had been in contact with other agencies before they called the helpline, but still felt unheard, unsupported and in need of further help. Parentline Plus perceives callers as needing to offload and be heard before being signposted to other services. They also need help in exploring possible strategies and next steps, including, where appropriate, referrals to other agencies, and/or provision of information and leaflets. Once they had a chance to express and consider their needs, many parents indicated that they would be going back to services they had initially approached.

Some telephone helplines offer emotional support and listening, while others provide predominantly information and advice. It is possible that many callers may find the difference confusing and it is therefore important that all helpline workers are supportive and empathetic. While the lone parent helpline aims to provide an information and signposting service, rather than a counselling and listening service, the figures given on the length of many of their calls suggest that the latter is often carried out. Callers may only take up a suggestion to contact another agency if they perceive they have received a caring response from the first helpline contacted.

With the Young Minds helpline, it is possible for a caller to be able to speak to a child or family mental health professional within a very short space of time. These professionals have usually very long waiting lists and families may have to wait several weeks or months to see a professional after referral from their GP. The preventive value of this type of help is likely to be considerable, not only because of this quick access to specialist help but also because many families may not seek help from the health care services or other agencies at all.

The figures from Parentline Plus suggest that high proportions of their callers are those who have separated and divorced. The same is true for Young Minds and the Lone Parent helpline. Many of the difficulties relate to the impact of the divorce or separation on the child and to the difficulties in communication with the ex-partner. These difficulties often result in parents and families feeling isolated, unsupported and generally unable to work through a problem. The majority of parents in the survey conducted by Parentline Plus did not know how to open up discussions with their partner about the relationship problems they were facing.

The figures from all of the helplines indicate the impact of relationship difficulties on the child. However, these not only include relationships when the parents still live together but also those when the parents live apart. Difficulties in subsequent relationships in stepfamilies are also common. It is important to recognise that partners not only need help and support when the family is still intact but also after the relationship has ended.

General emotional support helplines

This section will include those telephone helplines that offer emotional support and listening to anyone with any type of problem. It is expected that many individuals with a couple relationship difficulty are likely to contact these organisations, although they may not initially focus on this problem.

This section will include the most widely known helpline, the Samaritans. Although this helpline was originally set up for those with suicidal feelings or despair, more recent advertising campaigns have paid less focus on this, hoping to reach out to those with a wider range of emotional problems and difficulties. This section will also include Careline and Miyad. Although the latter is a confidential national helpline run by the Jewish Marriage Council, it is open to all, regardless of type of problem, religious practice or commitment.

Samaritans

Background, aims and purpose

The Samaritans is probably the best known and most widely used of all the telephone helplines. It has 203 branches in the UK and Republic of Ireland and 496 telephone lines. These branches are all registered as independent charities. Their aim is to provide confidential emotional support for those experiencing feelings of distress or despair, including those which may lead to suicide.

The telephone service is the main service offered by the Samaritans, and 93% of the contacts are made over the telephone (Samaritans, 2002a). However, people can also visit the branches, email, text on their mobile phones or write.

Callers can contact Samaritans via the local branch number (which is usually available in the local press and in various localities such as GP surgeries) or through a national number. The national number is advertised nationally in a variety of ways including television advertisements, newspapers and bill-boards.

Each branch is a separate charity and raises money in a variety of ways. Donations, gifts and legacies are crucial. The central office receives funding from a variety of sources as well as project funding. It is currently targeting work with specific groups including the homeless, young people, drug abusers, the rural community and prisoners. It receives funding for some of these initiatives from the Department of Health, the Home Office and the Community Fund.

Accessibility

The Samaritans helpline is open 24 hours every day of the year. By having both national and local numbers, they have been able to reduce the engaged rate on the national number to less than 1%.

In 2001, Samaritans received 4.8 million contacts, however, 41% of these calls were silent or snap contacts where the caller did not make verbal contact. In 2,821,000 cases, the caller made verbal contact with the helpline worker (Samaritans, 2002).

Additionally, there were 72,600 drop in visits to branches, 2,000 contacts by letter and 64,000 contacts by email. Contacts (18,700) were made with people outside of the branches including prisons, agricultural shows, and music festivals (Samaritans, 2002). The Samaritans also runs a prison listening scheme which is operating in over 100 prisons in the UK. This scheme trains prisoners to provide support to fellow inmates 24 hours a day.

The email service is currently being developed and emailers are promised a response in 12 hours. One hundred branches are currently on-line and it is planned that eventually all branches will be on-line. Email contacts have rapidly increased from 37,000 in 2000 to 64,000 in 2001 (Samaritans, 2002).

Who calls and for what?

Unlike the majority of other telephone helplines covered in this study, the Samaritans receives more contacts in total from men (53%) than women (44%). Sex was unknown for 3% of callers. For email contacts, 26% are from men and 56% from women (while 18% were unknown) (Samaritans, 2002a).

Because of confidentiality issues, the Samaritans do not generally release any information about the difficulties of their callers. However in a survey of 82 people in 1998 who called the Samaritans, callers were asked “what would you say are/were the main causes of your stress, worry or depression”. Fifty nine percent of callers had relationship problems and 45% had experienced relationship breakdown. A further 25% indicated sexual problems or problems with sexuality.

The figures of another survey carried out in 1999 were almost identical. Half had relationship problems, 43% had experienced family breakdown and 20% had sexual problems or problems with their sexuality (figures supplied by the Samaritans).

High proportions of callers to the Samaritans are feeling distressed and suicidal. Volunteers are asked to explore suicidal feelings in all callers, where possible and in 2001, this occurred in 65% of the verbal contacts. In 26% of the calls (477,800), the caller expressed suicidal feelings at the time of the call.

Suicidal feelings and thoughts are also common in those who email. Half of those who were asked about potential suicidal thoughts indicated that they had been thinking in this way (Samaritans, 2002a).

In the 1998 survey, callers were also asked whether they had sought help from a number of professionals and agencies. Seventy four percent had contacted their GP, 29% had contacted their church and 18% had contacted Relate. These findings suggest that callers who ring the Samaritans are likely to be in contact with other agencies as well. Branches vary in their policy about signposting callers on. Some are comfortable about suggesting to callers that they contact other agencies, while others prefer not to signpost on. The volunteers are trained to give all callers the opportunity to talk through their problem even though they may be calling for very specific information such as an address or opening time.

Staffing and training

All those on the helpline are volunteers. At the end of 2001, the number of Samaritan volunteers numbered 18,300 with 69% being female. On average, each active volunteer took 292 calls in 2001 (Samaritans, 2002a).

Each branch is a charity in its own right and selection and training of volunteers varies from branch to branch. Normally, the training is in two parts. Between the first and second part, the trainee listens into phone calls and then another trained volunteer listens into their phone calls. After successfully completing the training and a certain number of duties, the trainee is given their number and becomes a volunteer.

The initial preparation of volunteers covers all aspects of the nature of the service provided by the Samaritans and will concentrate on developing listening skills by way of group exercises, discussion and role-playing. Additional tuition is usually given on issues such as suicide, depression and how to deal with calls of a sexual nature. Trained volunteers also attend ongoing training sessions every year.

Normally, there is nothing specifically on training for relationship problems. The listening skills developed are considered to be applicable for all types of calls received. However, on-going training is determined by the perceived needs of branches. Branches can arrange for speakers to attend from a range of organisations and members of Relate have spoken occasionally at branch meetings to discuss their way of working.

Volunteers are encouraged to support each other on a shift. However, there is always a shift leader, a more experienced volunteer, available over the telephone. Branches have a “caller care” system in place for those callers who call repeatedly so that volunteers can be more consistent in their response. This system may be used to alert volunteers for those callers who are considered particularly vulnerable and distressed.

Evaluation

As each call is strictly confidential, this means no major client evaluations have been undertaken. While branches are monitored by specially trained visitors and on-going training for volunteers is mandatory, there may still be considerable variability both among the branches and volunteers in their ability to respond to callers in general or calls with relationship problems.

Careline

Background, aims and purpose and current model of service

Careline has been in existence since 1978 and was previously run and funded by the National Childrens Home as part of their countrywide network of 9 Carelines. Although all other Carelines have been closed down, the volunteers in Ilford were determined to keep the service running and registered it independently as a national charity.

The aims of the service are to provide a confidential, non-judgmental, empathetic and supportive crisis intervention telephone counselling service to children, young people and adults. In addition to the telephone helpline service, Careline provides a face to face counselling service for adults (with currently 10 counsellors), enabling counselling to be available for those who might otherwise find it beyond their means. However, the telephone lines are seen as the priority and the face to face counsellors also have to staff the lines.

Careline has obtained funding from the National Lotteries Board, from Trusts, foundations and donations.

Accessibility

Careline has four telephone lines that are staffed during weekdays and weekday evenings. Shifts are staffed by at least two volunteers at any one time.

Callers are referred from a variety of other agencies including Childline, Child Protection teams, Domestic Violence units, Victim Support schemes, Relate, Mind, Samaritans, CAB, Brook Advisory Centres, Rape Crisis Centres, GPs, health visitors, social workers, college advisors, teachers and youth leaders. The service is also mentioned by agony aunts who write for the national newspapers and magazines, and by television companies including BBC, Granada, Carlton, LWT and HTV Wales.

Who calls and for what?

The age of callers range from 5 to over 70. People in their 30s make up the most frequent callers, but calls from teenagers and those in the twenties are also high (Careline, 2002).

Callers ring from all over the country; sometimes from abroad. Although people call on “everything and anything”, partnership problems are very common. Approximately 90% have a relationship issue in the broadest sense including problems with parents, grandparents and split families. Many callers are lonely and isolated or coping with the aftermath of family breakdown.

The call statistics in 2001 indicated that 21% were depressed or had mental health problems; 23% had a variety of other problems; 17% had relationship difficulties; 17% were being abused or were the survivors of child abuse; 6% rang about violence; 6% had sexual difficulties, problems with sexuality or being HIV; 5% were bereaved;

and 5% were ringing about bullying (Careline, 2002). Other problems included exam worries, eating disorders, rape and sexual assault.

The average length of calls is 20 minutes but can last up to one hour. Workers tend to be more problem solving in their work than with face to face as they work on the principle that they have “only got one call”. The volunteers will also talk to callers about face to face counselling and explore the issues. They give the phone numbers of appropriate agencies but do not send literature so that callers can remain anonymous.

Approximately 30% of callers ring more than once (Sharp, 2002). The calls of those who become regular callers are monitored and a discussion occurs on how best to manage them. Some people ring over a period of a few weeks for help during a crisis while others ring for longer periods.

The volunteers come from a wide variety of cultures. This means that a number of other spoken languages can sometimes be offered to callers including Hebrew, Gujrati, Punjabi, Urdu and Hindi.

Staffing and training

The volunteers who staff the lines are unpaid and recruited via the local colleges and from advertisements in the local papers including the ethnic papers. The initial training is split into 2 modules over a period of three months. After basic training there is a further probationary period of several months working alongside an experienced helpline worker when the trainee first listens in and then takes calls.

All volunteers receive supervision and ongoing training every two months on a relevant issue. Retention of volunteers can be a problem as they are unpaid. Volunteers, many of whom are single parent mothers, develop skills and then find paid work. Some stay less than one year, while others stay long term.

Advantages/disadvantages

The advantages identified were similar to those mentioned by other agencies including accessibility and caller control. In addition, the individual need not be as committed as when seeking face to face help. A number of disadvantages were perceived however. In face to face work, the individual can progress at their own pace, over more than one session. A relationship can be built up with the counsellor and this is more likely to help those with longer term problems (Sharp, 2003).

Evaluation

Although the service is carefully monitored, no formal client evaluations have been undertaken. However, the annual report includes a number of very positive quotes of the help received from callers (Careline, 2002).

MIYAD –the Jewish Crisis Helpline.

Background, aims and purpose

Miyad was established fifteen years ago in response to the suicide of a woman from the North London Jewish community. It is a confidential national help line, run by the Jewish Marriage Council, which is available to all, regardless of religious practice.

The Jewish Marriage Council also runs couple, family and individual counselling, a mediation service, marriage preparation, social skills, a group for the separated and divorced, groups for those in transition (for example, groups for the newly married and for those in the postnatal period) as well as a marriage bureau. They also offer a Get Advisory Service which allows divorced Jews to remarry within the Jewish faith.

The Jewish Marriage Council is funded from donations, fundraising and a grant from the Lord Chancellor's Department.

Accessibility

The helpline is open Sunday to Thursday noon to midnight. On Fridays, it is open from noon until one hour before Shabbat. The helpline is advertised via the Jewish press, yellow pages, word of mouth and local GP surgeries.

Who calls and for what?

There are three main categories of caller. An estimated 50% of all calls are received from regular callers, many of whom have mental health problems, and are permitted to call only once each day unless there is a particular crisis. These calls are spread throughout the volunteers. There are also occasional callers, those who call a few times during a crisis and those that call just once.

An estimated 90% of callers are of Jewish background. Although calls are received on any issue, an estimated half or more of all callers relate to a whole range of relationship issues, including loneliness and domestic violence. Approximately, one quarter of these calls are about couple relationships.

An estimated 40% of callers are men compared with 60% women. The majority of calls are received from adults, right across the age spectrum. An estimated 250 calls are received per month, but there is capacity to respond to more calls. The average call is 20 minutes but calls can last up to one hour.

There is no pattern to call times and it is not always clear what the 'trigger' has been leading to the call. The volunteers are always encouraged to identify why the call is being made at this particular time, to focus on 'why now'. There is also no indication that callers are making contact at an earlier stage than they would if seeking face to face counselling. Callers are referred on to other services where appropriate.

Staffing and training

Volunteers are Jewish and recruited via the Jewish press as well as by word of mouth.

They are given initial training over a six week period. Initially the trainee listens into calls and then deals with calls in the presence of a mentor who observes and advises.

Supervision is available during and after shifts. Monthly training takes place in groups of ten, where case studies or topics, such as call handling, mental health issues, depression, domestic violence, elderly care, gay and lesbian issues and child abuse are discussed. Relationship issues are covered in these monthly-training sessions. An annual training day takes place where all are encouraged to attend and outside speakers are invited.

Advantages/ disadvantages of a helpline

Anonymity and accessibility are both seen as important. Telephone helplines can be open for longer time periods and are available to those in isolated regions or in full time employment. The telephone helpline is also seen as a useful prelude to counselling, allowing a caller to safely practice talking about their problems prior to a face to face encounter. It may also serve as a taster of what counselling is like or how counselling might help (Berger, 2003).

There were also perceived to be a number of disadvantages. The service is not seen to be the equivalent of therapy. There are also concerns about what can be achieved especially when valuable non-verbal communication is not present (Berger, 2003).

Evaluation

Although there is considerable monitoring of the service, no formal evaluation has taken place. However, ongoing support and training is taken seriously and is frequent.

Overall summary of section

It can be seen that the more general emotional support helplines have a large role in offering support to those with relationship difficulties. High proportions of their callers have couple relationship problems. Some of these individuals will present these problems as their most major difficulty while for others it may only represent one part of their difficulties.

Unfortunately, very little formal evaluation has taken place within these helplines. While some have undertaken small scale evaluations, these tend to be very limited in scope. There is therefore no evidence of the helpfulness of these helplines for people with relationship difficulties. Most surveys undertaken have indicated that clients find the contact helpful, but it is very difficult to estimate the extent of the help.

With the general helplines, there tends to be an emphasis on equipping the helpline worker with general counselling and listening skills. These skills can then be applied to any type of problem presented by the caller. This is seen as more important than focusing on specific problems such as relationship difficulties.

Helplines for domestic violence and previous abuse

There are a number of national and local helplines working in the area of domestic violence and previous abuse. Many were contacted for information but few responded especially in the area of domestic violence. It is possible that many of those working in the domestic violence area saw their prime aim to be supporting women rather than the relationship, which had often been abusive. Many of the organisations were all women organisations and men were not encouraged to participate or call.

Two interviews were conducted, one with Breaking Free, a helpline that focuses on supporting adult survivors of childhood sexual abuse, and Everyman, a helpline that focuses on offering counselling and support to male perpetrators of violence.

Breaking Free

Background, aims and purpose

The aim of Breaking Free is to support women survivors of childhood sexual abuse. The helpline is one of the services offered. Other services include individual and group sessions, support by letter and an outreach service. The organisation also acts as an information and signposting agency for male and female survivors, families and friends of survivors and professional bodies.

Funding for all services comes from the Lottery Community Fund and donations. Other charitable foundations have given funding for particular projects in the past. The counselling service is free, although voluntary contributions are encouraged.

Accessibility

The helpline opening times are variable from week to week but are stated on the answerphone message. There is only one line, when this is engaged all other calls are directed to the answerphone.

The helpline is advertised at community awareness events, open days, by word of mouth, leaflets and posters in local GP surgeries. Many GPs suggest that women call. The organisation has also been mentioned by the BBC (after relevant programmes), by national newspapers and the NSPCC.

Who calls and who what?

An estimated 4,000 calls were received in 2002. There is no pattern to the calls, apart from significant rises after TV coverage of the issue.

Calls can last up to one hour. The average call length is 10-15 minutes and many are enquiries. Often callers need to ring more than once before being able to talk about their problems.

There are some regular callers, and they are normally limited to a one-hour phone call each day. Others call when they are in distress. Calls are also received from family

and friends of survivors. In these cases the survivor is encouraged to call the line. Professionals, including social service staff and GPs, also call.

The helpline is run for women. Volunteers will signpost any male survivors of sexual abuse to an appropriate support agency, mainly Survivors UK. The volunteers have a resource directory available to signpost to other services.

Some local callers to the helpline go on to receive face-to-face counselling and others who live at a distance from the office will go on to receive letter support. With letter support, one volunteer is assigned to support the survivor over a period which may last up to three years.

The issue of couple relationships comes up frequently in the calls to the helpline. Many of the callers are in couple relationships and have found that the past sexual abuse is having an effect on the current relationship. This may include fear of intimacy, fear of rejection, lack of trust, or problems with depression and low self-esteem. It is often these current difficulties which trigger the call.

Families and partners often find it hard to understand the fears and anxieties of the survivors and communication between partners and spouses can therefore be difficult. Some partners will ring the helpline and face to face couple counselling does sometimes take place. However, this is not commonly undertaken as men are not actively encouraged to visit the building.

Staffing and training

Initially volunteers were survivors of sexual abuse, however this is not the case now. Some callers find it more helpful to speak to a survivor with shared experiences, however, others find it easier to speak to someone without this background.

The initial training, over 10 weeks, covers all aspects of sexual abuse and the training emphasises the need for the volunteer to be aware of their own attitudes to the subject. Telephone helpline skills are also taught. Some volunteers are already trainee counsellors and therefore have a good theoretical background.

After training, new volunteers then commence working on the helpline, and will be shadowed for at least the first three weeks of taking calls.

On-going training is undertaken for an average of 4 days a year, and this is mainly in-house although there is a budget to attend external courses. Peer support is available during and after shifts. Co-dependency between regular callers and volunteers can be a problem, although boundary setting and personal reflective practice are encouraged.

No specific training on couple relationship issues is given to volunteers although it is felt that this would be of benefit. Throughout the training the volunteers are shown how to offer appropriate support to survivors as they negotiate their current relationships.

Advantages and disadvantages of a helpline

These are seen as anonymity and caller control. The disadvantages are seen as lack of non-verbal cues and possible lack of privacy in the caller's home. While the face to face assessments are conducted by two workers, this is not possible on the telephone.

Everyman Project

Background, aims and purpose

The Everyman Project was set up in 1996 and became a registered charity in 1997. It is run mainly by volunteers and works with men who want to stop behaving abusively or violently. In addition to the telephone helpline, the project runs a brief counselling programme and an information and advisory service. The project does not deal with sexual abuse towards children. The project is funded by a variety of Trusts and charitable donations.

Who calls and for what?

The majority of calls are from Greater London but some calls are received from across the country. In one year, September 2001- August 2002, the line received 190 calls. Of these, 41% were mainly for information about the counselling programme or local services, while the remainder (59%) were for emotional support and counselling. Male callers were in the majority (89%), 11% were from female victims. The helpline deals with all types of violence, however, the majority of calls relate to domestic violence. Approximately 85-90% of callers are concerned about the effect of the violence on their partner and their relationship.

Some men are encouraged to call the line by their GP or by psychiatric services, by word of mouth or from other services. Many callers phone following a particular crisis, wishing to change their behaviour. Calls are also received from women who are concerned about their partners' violence, parents concerned about the behaviour of their adult children and men concerned about their behaviour of their female partners.

The helpline seeks to provide advice, support and counselling to all callers. Calls on average last between 20 – 25 minutes but can take up to an hour. The caller may be advised on appropriate strategies to help avert violent episodes, for example taking time out, walking away, counting to ten etc. Concerns are discussed and the counselling service is explained if the caller wishes to join the programme.

The helpline, whilst not dealing with couples directly, is involved in relationship matters. As well as working with men who wish to change their behaviour, the service aims to provide a support service for partners and other victims of domestic violence.

Staff and training

The helpline is staffed by trained volunteers. The training includes listening skills, telephone helpline skills, information on violence and abuse, the analysis of a violent incident, the structure of the Everyman Project and its counselling programme. Sessions also include dealing with difficult calls including those that are suicidal,

distressed, silent, abusive and inappropriate. There is no specific couple relationship training. Volunteers are shadowed on the line before going solo and this can take up to six months.

Group supervision, with an external supervisor, takes place on alternate weeks.

Advantages of a helpline

The advantages are seen as anonymity and immediacy. People can receive help in a crisis (including suicidal callers). Telephone support is not only seen as a cheaper option than counselling but also has some advantages. For example, it is often easier to be more direct and challenging on the phone. In addition, the caller may not ring again and therefore time has to be maximised.

Overall summary of this section

The lack of response from helplines working in this field was disappointing but possibly an indicator of the views of those approached on the purpose and aims of their helpline. The majority of these helplines are set up for women and the workers may see themselves as primarily concerned with women's current and future well being rather than the couple relationship. Many of the organisations were staffed totally by women and men were not encouraged to call or visit the building.

Both the helplines visited were using volunteers rather than professionals. This does show that some organisations use volunteers to take calls that may be both very difficult and distressing. Thorough initial training, on-going training and support are vital in these situations and both organisations did this who were interviewed.

Both these organisations offered face to face counselling, although uptake may not be possible for many callers who do not live within travelling distance. The telephone helpline was seen not only to increase accessibility but was often the easiest way to start asking for help.

Everyman was the only helpline in this study whose main focus was helping men and whose callers were mainly men. Helplines that reach inaccessible groups are particularly important, not only for the support they give but also if they encourage further helpseeking.

Telephone helplines run by religious groups

Some of the helplines with a religious affiliation are included elsewhere, such as Marriage Care and Miyad, as they are open to anyone, regardless of faith. This section includes the Premier Lifeline and the Muslim Womens Helpline. While the Premier Lifeline is open to all, it is very closely affiliated to the Premier Christian Radio, a service primarily for Christians. The latter helpline is specifically for Muslim women.

Premier Christian Radio Lifeline

Background, aims and purpose

Lifeline was established as a confidential Christian helpline offering information about Premier radio and its programmes, a listening ear, opportunity for prayer when appropriate and the opportunity to discuss spiritual issues. Its aim is to offer social welfare from a Christian perspective.

The radio service was initially just London-wide but now broadcasts nationally and world-wide on the web. The helpline now receives calls from throughout the UK and has a global email service which has been running for four years.

The helpline is funded through Premier which is owned by the Christian Media Trust. Some additional income is gained from the commercial activities of the charity.

Accessibility

The helpline is always open for 15 hours every day of the year, normally from 9am to midnight. There are presently 8 lines. Over 70,000 calls were taken in 2001.

Who calls and for what?

Anyone can call with any problem. The majority of callers are women (70%). Callers are Christians, those spiritually searching and those of other faiths or none. Premier now reaches into the Black church community and this is also reflected in the callers.

Calls are made to either request information or are from those in distress. Information requests relate to programmes heard on the radio or to obtain materials and products. Many callers, having made the initial request for a product or information, having 'tested the water', will then move on to raise more personal issues. It is noticeable that when a promotion is made on air for materials or information there is also an increase in other calls.

The helpline workers have access to a database of churches, Christian organisations as well as other organisations. They have access to a range of information leaflets including those on stress, bereavement, and information for the newly married.

Loneliness is the most common reason for calling Lifeline. Relationships are the second highest reason for calling. Relationship issues include being single, dating

issues, breakdown of relationships, unfaithfulness, divorce, family issues, parenting, children, sexual relationships, work and conflicts at home.

In addition to the helpline, an average of 100 emails are received each week and these often relate to specific broadcasts as well as to a variety of personal issues.

Staffing and training

There are about 100 volunteers of all ages. There are more women than men but there is an ethnic/ cultural mix. After the initial training, volunteers then observe calls, by shadowing, before taking calls under supervision for a period of one month. At three months, a review is carried out. Ongoing training is available once volunteers are in post. This includes training days facilitated by external trainers. The topics can include mental health issues, sexuality, relationships and marriage.

Staff are always available to support the volunteers. In addition, peer support is encouraged.

Advantages of a helpline

These are seen as anonymity, immediacy and privacy. However, the support is not seen as a substitute for “in depth” counselling or couple counselling.

Muslim Womens Help Line

The aim of this helpline (MWHL) is to provide a confidential spiritual counselling service to Muslim women. The line was open in January 1990 and this has expanded to five days a week over time. A service available on one evening a week is also being planned. The helpline employs a full time co-ordinator and a rota of volunteers. The helpline provides a free confidential listening service, emotional support, practical help, information, and referral to face to face counselling services at the MWHL.

Who calls and for what?

Women ring with a range of problems including sexual abuse, domestic violence, marital problems, forced and arranged marriages, problems with converting, loneliness, single parenthood, divorce, incest, and child-parent conflict. In the year up to June 1997, one in 6 callers suffered from marital problems and one in 12 suffered from domestic violence.

In the year 2000, 3,000 client contacts were made. Marital discord accounted for 14.5% of the calls. This category can be subdivided into divorce, complaints of extremism resulting in incompatibility, problems of families interfering, as well as other types of difficulties. Many of the difficulties arose because husbands were not willing to approach services such as reconciliation and mediation services for help. Forced marriage accounted for 3.5% (73 calls) of the calls received.

In 2001, there were 2,800 callers. The majority of callers were in the 18-25 age group and many were British born Asian students. Calls related to a range of problems including domestic violence, divorce and sexual abuse. A high proportion of callers

obtained the number from a Muslim organisation, a friend or through the internet. One hundred email enquiries were also received. In 2001, there was a marked increase in calls related to domestic violence and marital disputes. In addition, callers had concerns over maintenance, child custody and difficulties in securing an Islamic divorce.

Some of the callers are encouraged to attend for face to face counselling. However, the number wanting this type of help is much greater than the resources available.

Staffing and training

Staff are all counsellors at various stages in their training and accreditation but they also receive in- house training on telephone work, the type of calls received, and the policies of the helpline.

Volunteers first observe and then answer some of the easier calls before they take on the full range of calls. Although there is only one volunteer on the line at any one time, immediate support is available by either the co-ordinator or another member of the organisation. There are no specific ongoing training events, but volunteers are encouraged to attend any relevant external training events.

Overall summary of this section

The helplines run by religious groups may be particularly valuable in obtaining access to ethnic and religious minorities. In these groups, there may be more shame and stigma in asking for help, especially for very personal and family difficulties. Some callers may be reluctant to ring more general helplines, as they need to ensure that the helpline worker will fully understand their cultural values and customs including religious beliefs.

Telephone Helplines for Young People and Students

This section covers helplines for children, young people and students. This includes Childline, the Nightline service for students in the London area, and Get Connected, a service that connects young people to a range of appropriate helplines. High proportions of young adults call about relationship difficulties while many younger children call about relationship difficulties within their families.

Childline

This report will not focus on this helpline in detail, as its prime function is a helpline for children rather than adults. However, it is still used by some young adults and adults; and many of the calls from young children relate to family difficulties, family breakdown and the difficulties adjusting to becoming a stepfamily.

The aims of Childline are to protect children at significant risk of harm; to help children resolve or alleviate their problems; and to raise public awareness and influence policies and practice which affect children's lives and development (Childline, 2002).

Childline receives over one million calls each year and many of these require fairly straightforward help and information. Between April 2000 to March 2001 more than 138,000 children and young people were given in-depth counselling on the phone. Of this group, 119,000 children had rung in for the first time, including 498 who wrote. A further 19,353 calls were received from individuals who had called previously and needed further help.

Most of Childline's funding comes from donations and gifts but they also receive grants from the government bodies, trusts and foundations.

Accessibility

Childline operates from ten centres in the UK with a free phone number. Although Childline is open for 24 hours every day, many more children try to ring than get through. The information sheet in 2002 indicated that approximately 15,000 calls are attempted to Childline each day but only 3,500 calls are answered.

Who calls and for what?

Callers include children, young adults and adults. In 2001, 17% of callers to Childline are young adults between 16-18 years old (Childline, 2002a). In addition, the helpline workers spoke to 6,328 adults (Childline, 2002a).

Approximately four times as many girls call than boys. This difference occurs across all age groups (Owen-Evans, 2003). Children call about a range of problems, but the most common problems are abuse (both sexual and physical), bullying, family relationships and worries about friends' welfare. Family relationships are generally the third most common reason for ringing (12-14 % of all calls in 1999/2001). Other problems include substance abuse, running away, bereavement, unhappiness when

parents divorce, worries about sex and pregnancy, suicidal feelings, and problems with friends or at school.

The survey “Listening to ten year olds” was undertaken on Childline’s 10th birthday (1996). Twelve percent of all children (not just 10 year olds) called the line about family relationship problems. Approximately one third of this group spoke about parental divorce or separation, difficulties in the relationship with their parents or step-parents; and concerns about contact with absent parents. Some children talked about struggles in their relationship with new parental figures and the difficulties in establishing new patterns in their family life. Some children who rang felt confused and distressed as they had little or no contact with one parent.

Staffing and training

Childline has over 950 volunteers. The initial training explores particular issues such as sexuality, child protection and bereavement, many of which are related to family relationships. At present, volunteers are not given any specific training on couple relationships but this might be something considered in the future.

Volunteers are debriefed at the end of a session with a supervisor to obtain guidance, support and to share their concerns or distress. They are supported by a range of professional staff drawn from different backgrounds.

Advantages

The arguments for providing a telephone helpline for children are even stronger than those for adults. It is more difficult for children to access services and it may be more difficult to confide because of concerns regarding confidentiality or being believed. A free confidential telephone helpline, where anonymity is ensured, may be the only way in which many children can start to confide in someone.

In 1986, one third of the children who called about sexual abuse had been suffering for more than 5 years. In 2002, half the children who called childline about sexual abuse did so within a month of the abuse starting. Hopefully, these are signs that Childline is facilitating earlier help-seeking and consequently earlier intervention.

Get Connected

Background, aims and purpose

The line was opened in 2000 as an initiative of the Suzy Lamplugh Trust. Get Connected is a confidential, non-judgmental helpline that finds young people, under 25, the best help whatever the problem. The helpline offers a listening and signposting service, and has a database of thousands of local and national organisations.

The Carphone Warehouse provides purpose-built offices and financial support. Additional funds are raised through trusts, individual and corporate sponsors. Sponsors have included BBC Children in Need, The Community Fund and Vodafone Group PLC.

Accessibility

The line is open from 1pm to 11pm every day and is available from anywhere in the UK. Calls from landlines are free and 99% of mobile phones are also free. It also offers a free connection to the service chosen and will text important information.

Who calls and for what?

Details on the Get Connection website indicate that in 2002, there were approximately 12,073 callers. Most callers were female (65%), 38% were under 16, 45% were 16 to 24 and 17% were aged over 24. The average call length was 6 minutes. Three quarters of callers were living at home, although some had run away and some were living rough. A range of ethnic minorities were represented; including 19% Asian, 5% Afro- Caribbean, and 4% African.

For the 12,073 calls, 11,593 connections or referrals were made. This included 8,711 referrals where the caller is given information about a service. Connections were made for 6,555 calls to 663 organisations (this is when the caller is directly connected to another service) and 34% of these attempts were successful. The top twenty services that were used by Get Connected included Careline, Childline, the Samaritans, Saneline, Parentline Plus, NHS Direct, London Friend, as well as various Lesbian and Gay Switchboards (www.getconnected.org.uk).

A survey from January to September 2002 indicated that 16% of callers called about sex and pregnancy; 15% about sexuality; 15% about abuse; 13% about relationships with family; and 10% about relationships with friends and others. Thus nearly half wanted to talk about sex, pregnancy, sexuality or abuse. The vast majority of these callers were confused, lacking in information, and felt unable to talk to anyone they knew. Most callers ask to speak to someone confidentially and want a mixture of information, advice and support (Get Connected, 2002).

One in three calls come from boys or young men. A third of these concern sexuality. These findings suggest that questioning one's sexuality is a major problem for a significant number of young men (Get Connected, 2002). Young women are more likely to talk about sex and pregnancy (14%) relationships within the family (14%) relationships with friends and others (12%).

This study also compared a sample of 510 young people's views (aged between 15-19) and a sample of parents' views. While most parents thought that their children could talk to them about anything, only one in three young people felt comfortable talking to their parents about sex, pregnancy, sexuality or abuse (Get Connected, 2002).

Staffing and training

Volunteers receive initial training and then are supervised and supported by shift managers. Volunteers come from a range of backgrounds, but have to be over 17 years of age. Two-thirds are under 30 years of age.

London Nightline at University of London Students Union

Background, aims and purpose

Nightline was set up initially to offer an out of hours service, for students run by students. The primary aim of the helpline is to reduce student suicide and to offer a non-judgmental, independent, non-directive listening service. However, Nightline is also an information service. This is seen as a means of overcoming the stigma attached to calling a helpline. Nightline has a database for volunteers to refer to and callers are encouraged to call other agencies when appropriate.

All higher education institutions and Students Unions are eligible to affiliate, the present number amounting to 47.

Accessibility

Two lines are open every night of the term from 6pm to 8am. The service therefore is open for students in crisis until university welfare services re-open in the morning.

Nightline also runs an email service. An automatic response is sent out informing the caller of an expected reply time, usually within 48 hours, and outlining the scope and limitations of service. On average, a handful of emails are received each night.

Who calls and for what?

In a four month period in 2002, 472 calls were made. The average call length was 10 minutes. There were on average, 12 calls per night, ranging from 5 to 25.

Equal numbers of men and women use the line and half of the calls are requests for information. No statistical information is available on the ethnicity of callers, however it is estimated that calls are received from white, Asian and black students as well as international students who do not have English as their first language.

The majority of those needing emotional support have relationship problems and/ or are depressed. Boy/girlfriend problems are the predominant topic of relationship calls but parental issues also arise. There are a couple of calls a week relating to sexuality and there is an average of one sex call a night. One suicide call was received last year and calls were received from others who were feeling suicidal.

Twenty percent of those who email make contact because they are depressed and 20% email about their relationships. Emailing seems to be more popular for men and it is thought that many of those who email would not have called the telephone helpline.

Staffing and training

Volunteers are students. Women predominate (77%) but there is an ethnic mix. On successful completion of the initial training, the new volunteer shadows an experienced volunteer taking calls, for a minimum of two duties.

No specific relationship training is given, however the role-plays are often based on relationships, this being the predominant reason for calling the helpline. Relate have

been approached to provide some training input, however, this has not been possible due to costs.

Peer support is available on each shift and in addition the full time co-ordinator is available 24 hours a day by phone. There is ongoing training once a term and an annual training weekend. Outside trainers and speakers take the sessions. This has included the Samaritans, Depression Alliance and London Friend.

Advantages

The advantages of the telephone service were similar to those quoted by others. However, email was seen as having a number of additional advantages. It was felt that email appealed to a wider range of students, including those with poor English, and those who needed to build up confidence before calling by telephone. It can be seen as being even more private and anonymous than the telephone, making it easier to reveal feelings. Email also allows both callers and volunteers to feel less under pressure, with more time to think and respond. Telephone calls, however, mean that volunteers can respond to tone of voice and verbal cues. There are also more opportunities to retrieve any misunderstandings.

Overall summary for this section

Many of the calls to Childline are about parental divorce and separation, as well as coming to terms with a new family or an absent parent. These findings mirror those of Parentline Plus, showing the emotional distress caused by family breakdown, separation and divorce.

Childline also receives calls from young adults with worries over sex, sexuality and pregnancy, which were also commonly presented to the Get Connected helpline. The findings suggest a great need among many children and young adults to talk about their relationships as well as their developing sexuality. They are also much more likely to use the telephone or email than use face to face services. To encourage accessibility, it is important that these helplines are free or of low cost including calls from mobiles.

Get Connected may encourage young people to make the first call for help. It may be particularly difficult for young adults who are questioning their sexuality to ring a helpline specifically for gay or lesbian callers. Calling a general helpline for further information may be the easiest first step. If they receive an empathetic response, this may enable them to seek or be connected to more specific help.

Telephone helplines for lesbians, gay and bisexual callers

A large number of national and local Lesbian and Gay helplines were contacted by a variety of means (phone calls, letters, faxes and email) but few responded or were able to give any figures. Eventually, information was obtained from two helplines, the London Lesbian and Gay switchboard and the Lesbian and Gay Christian Movement. Details from the former will be included here.

The London Lesbian and Gay Switchboard

This helpline was started in 1974 and took their millionth call in 1982. The helpline aims to provide a comprehensive information, support and referral service for lesbians and gay men from all backgrounds throughout the UK. A major aim is to raise awareness of sexual health issues.

The helpline has helped to set up the Black Lesbian and Gay Switchboard and the Shakti phone line for South Asian lesbian, gay, bisexual and transsexual people.

The helpline is currently open 24 hours a day. The number of lines available varies but there is the facility for up to 10 volunteers to take calls at any one time.

Who calls and for what?

The helpline is targeted towards lesbians and gay men but bisexuals, partners, friends, employers, teachers and parents also call. LLGS answered 24,788 calls in 2002/3. Of these, details were recorded for 22,760. Seventy three percent were male, 27% female. The majority of calls were from lesbians and gays but some were from bisexual and heterosexual individuals. A small proportion were under 18 (Annual report, 2003).

Callers were recorded as ringing for a range of reasons, many just need to talk. Others were ringing for information including details of entertainment venues, social activities, social support groups or other helplines. However, 4,054 calls were specifically about relationships.

Calls ranged in duration. The helpline workers considered that support was given in 33% of the calls; information for 45% and 22% were silent or hoax calls.

A major aim of the helpline is to encourage the prevention of HIV. Safer sex is often discussed with callers, although this was more likely to be raised initially by the helpline worker. For example, LLGS raised the issue of safer sex in 64% of the calls where HIV/AIDS was discussed. The callers' knowledge of safer sex is often explored as well as providing information on range of related subjects such as testing, medical services, and bereavement.

Staffing and training

Volunteers are all lesbian or gay men themselves. After initial training, volunteers

are allotted a personal trainer who accompanies the trainee on shifts and monitors their progress for at least 45 hours on the phone. As a trainee, they have to attend three compulsory training sessions, two on sexual health and one on legal calls.

Overall summary

Overall, little information was obtained from the helplines who serve this important sector. This could have been due to concerns over confidentiality but may be due to the views of the helpline managers about taking part in a study that was mainly focused on relationship support for heterosexuals. However, these initial findings suggest that relationship difficulties are commonly presented to these helplines.

Helplines for mental health problems

Helplines were also contacted whose prime concern were mental health problems of some kind. Most of these helplines either saw themselves as offering a listening and emotional support or a service that could signpost callers onto this type of help.

AI – Anon and the National Women and Mental Health Information Line

Some helplines in this area saw their main role was to refer people on to other supportive services provided by their organisation. An example is AI-Anon, which is a helpline for the families of those with alcohol problems. The prime role of the helpline service is to refer the callers on to their local group for ongoing emotional support rather than provide one- off support from the helpline.

The National Women and Mental Health Information Line is similar in that it provides information on how to access counselling or therapy in the caller's area as well as details of self help or support groups. They also have written a series of 22 factsheets on different aspects of women's mental health which are sent out as required. Although the helpline is seen as offering information and referral, the helpline operators (all women) are trained in telephone counselling skills and aim to support women with difficulties, carers and mental health professionals.

Mind

A number of branches of Mind run helplines. However, the Mind Information Unit in the central office indicated that they were unable to give any details of how many callers rang with relationship problems but that the issues did "crop up from time to time". Mind produces a range of information booklets including two leaflets available on relationships: "How to deal with relationship problems" and "How to cope with family life". Between July to December 2002, three of the former and five of the latter had been requested from the Mind Information Unit. The training to volunteers does include the problems experienced by carers of people with mental health problems but not specifically relationship problems (Shapland, 2002).

Saneline

Established in 1992 by the mental health charity SANE, Saneline also offers practical information, crisis care and emotional support to anyone affected by mental health problems and receives calls every year from service users, family members, carers, voluntary organisations and health professionals.

Saneline receives approximately 3,100 calls a month, of which 58% are service users, 11% are carers, 4% are health professionals and information-seekers. The most frequent illnesses reported by callers are depression (43%), schizophrenia/ psychosis (31%) followed by anxiety (15%) and bipolar affective disorder (10%).

60% of service users and three quarters of carers who call Saneline are female. The majority of service users, and some carers, are seeking emotional support and are feeling distressed. However, 18% of callers are also seeking information, whether it is

information about treatment, legal issues, benefits or support groups. Three percent of callers are suicidal or the call relates to someone who is feeling suicidal.

Although studies have been undertaken on callers and on callers who are carers, no information is available on how often relationship difficulties are discussed. However, it seems likely that many callers, including carers, will talk about their relationship or the impact of the illness on their relationship. Studies have indicated that high proportions of callers want emotional support.

The line is staffed by volunteers and most of the initial training is centred around mental health issues and call handling skills. There is no specific training on relationship matters.

Community Advice and Listening Line (CALL) and Wales Rural Stress Helpline

These are two helplines run by the North East Wales NHS Trust. CALL is a mental health line while the Rural Stress helpline is more general (it is included here as it is closely affiliated to CALL).

The mental health line in 2002 had 10,854 calls, 62% were from women. Most of the callers were aged between 31 and 60 years of age, with one quarter being aged between 37 and 42. Helpline operators have up to three choices of subject to categorise calls. Callers ring with a range of problems including difficulties with alcohol, anxiety, depression, mental health, bereavement, family, loneliness and schizophrenia. Three percent were classified as calling with their relationship problems. However, the categories chosen depend on the operator so it is possible that some relationship problems may be listed under depression or anxiety or vice versa.

The volunteers' initial training covers difficult calls and worst case scenarios such as attempted suicide, callers in crisis and angry callers. It also covers calls relating to a variety of illnesses, such as depression, schizophrenia, anxiety, suicide and self harm. The training does not particularly address relationship problems but it is recognised that these are issues that come up frequently.

The rural stress line is less frequently used (approximately 920 callers in 2002). Its aims are to provide support, practical help and signpost on as required. Callers rang with a range of issues including bereavement, depression, loneliness, anxiety, stress. Smaller numbers were identified as calling specifically about their relationships (4%).

Overall summary of this section

Although the mental health lines specifically focus on mental health issues, it seems likely that many of the callers will talk about their relationships. This would include callers who ring about their mental health problem or if the caller is a carer.

The training is focused on mental health issues; developing listening and support skills; and dealing with difficult calls. None of the mental health helplines covered training on relationship issues.

Telephone helplines for other groups including health issues

This section includes a range of helplines including those relating to health issues. The material includes that collected in an interview with the Prisoners' Family and Friends service as well as other material collected by telephone, email and letter. Many of the helplines included in this section regard themselves as primarily offering information, advice and signposting on. Few saw their main role as offering emotional support and counselling.

Prisoners' Families and Friends Service

Background, aims and purpose

Prisoners' Families and Friends service is an independent voluntary agency, which has been helping prisoners' families for over 30 years. In addition to the free national telephone helpline, their services include weekly "drop-in" sessions, providing information on local services and support groups, assistance with practical issues, and visiting families at home. Currently two helplines are in operation, both free and nationally based.

The initial service offered by PFF was home visits by trained befrienders. Over time, however, they found that people were less inclined to invite befrienders into their homes and preferred information and advice by phone. This led to a telephone befriending scheme for clients requiring regular support but who would prefer a phone call to a home visit. The befriender calls the client weekly for up to half an hour.

Funding is received from a number of sources including trusts, local governments, the Community fund, and the Lord Chancellor's Department.

Accessibility

The lines are open weekdays with one volunteer covering both lines. Calls may be diverted to another prisoner organisation if the line is busy.

Who calls and for what?

In the year ending March 2002, PFF had dealt with 4,000 enquiries, the majority were by telephone but there were also some by letter and in person. In that period, 251 information packs were also sent out. In 2003 it is anticipated that both lines will receive in excess of 5,000 calls during the year.

Calls are received from all localities. Callers are of ages and cover an ethnic mix. The majority of calls are received from women who are female partners of male prisoners but sometimes mothers of young offenders call. Male callers are mainly fathers of male young offenders.

Calls to the helpline relate to the emotional and practical impact of having a relative or friend in prison, from admission to release. Approximately half the calls are for practical reasons and the other half are for emotional reasons.

Many callers will telephone the helpline on more than one occasion. About 30% of callers may access one or more of the other PFF services including group sessions, home visits, telephone befriending or a service where the PFF acts as an advocate.

A series of advice sheets on subjects such as assisted prison visits and home detention are available to be sent out to callers. The most recent publication is “Coming Home: Thinking about family relationships on release: information and support for prisoners families”. While prisoners may undergo a two-week reintegration programme prior to release, the main focus is on work, housing, and resettlement. Little attention is paid to relationship issues.

Calls about relationship issues

Relationship issues are seen to feature in the majority of calls. Many callers will telephone about a practical concern and relationship and emotional problems will emerge. Calls include the following: the shock of imprisonment and coping with life when their partner is in prison; what to tell children about the prison sentence; communication issues between partners during imprisonment; issues concerning trust and fears of the prisoner that his partner has been unfaithful; changes in attitudes towards the partner (or relationship breakdown) during imprisonment. There are also many calls about how the caller will manage once their partner has been released. These include: how to re-negotiate the couple relationship and resume a sexual relationship; fears over domestic violence; how the children will cope; and concerns over how the partner will react when released (Audrey Hyde-Chambers, 2003).

Staff and training

The helpline is managed by a paid member of staff and is run by staff and volunteers. After training, volunteers will then start working on the helpline, initially being shadowed by the trainer and learning additional skills whilst in post.

Support is available at all times and volunteers are debriefed by a member of staff at the end of the shift. The opportunity of undertaking further training is available to all volunteers after a period of time working on the helpline. Volunteers access additional training two or three times a year.

Despite the fact that relationship problems are commonly presented, helpline volunteers have not received additional training on relationships. In the past, volunteers have signposted calls from those experiencing relationship difficulties to other specialist services. However, it has often been difficult to gain appointments with Relate due to waiting lists.

Advantages and disadvantages of a telephone helpline

These are seen as immediacy, accessibility and anonymity. This may be particularly important for the families of prisoners who do not want undue intrusion. It is also seen as a less costly service than providing regular home visits and is an easier service to provide nationwide. On the negative side, communication can be sometimes limited with lack of non-verbal cues.

Helplines for health including NHS Direct

Fifteen helplines in the health sector were contacted (including those involving alcohol, carers, disability, drugs, and learning disability). However, the majority of the organisations contacted were unable to specify the proportion of callers with relationship problems. Most suggested that it was likely to be very small percentage. The majority of the helplines contacted working in the sector saw themselves as primarily information and advice lines. Few felt equipped to talk about emotional issues and would signpost callers on to other helplines such as the Samaritans or to Relate.

The largest provider in this sector is NHS Direct. NHS Direct now handles over half a million telephone calls per month and the NHS Direct Online internet service has half a million on-line transactions every month. Although these figures make it the largest single health service in the world, NHS Direct is planning to expand its call taking capacity by three fold in the next three years. While current levels of capacity are 6 million calls per year, it is expecting to handle 16 million calls by 2006 (DoH, 2003).

Apart from this increase in capacity, there are also plans to run a NHS Direct information service across all digital TV platforms in 2004. Information on relationships could be part of this service, possibly under the healthy living section.

NHS Direct employs nurses who are required to have 4-5 years post registration experience. They use a system of computer based decision making guidelines (algorithms) to offer the appropriate advice to callers, ranging from self care to an emergency service referral. Although no statistics are collected on the number of people with relationship problems that call, a study has been undertaken in the Kent, Surrey and Sussex region on callers with mental health problems (Allen et al, 2003) as well as staff views on these callers and their training.

The staff found that many callers with mental health needs were often difficult to algorithm as the software used a predominantly medical model which was not always appropriate for these types of calls. Many callers generally wanted to talk and there was a lack of software guidance for this. They also had frequent callers and the staff considered that they needed further guidance on their management.

Although this survey does not indicate the number of callers with relationship difficulties, the findings suggest that many callers have a need to talk (not just receive advice on symptoms) and that NHS Direct also has callers who ring frequently. It is highly likely that a proportion of these callers have relationship difficulties. Certainly, an increase in awareness and ability to recognise relationship problems might have an impact on the way the nurses worked and the help received by clients.

Other services

In addition to the telephone helplines listed above, there are a number of more commercial lines as well as those attached to companies or workplace counselling schemes. A major provider in this field is the Broadcasting Support Service. This organisation was set up in 1975 when the BBC launched its adult literacy campaign.

During this campaign, broadcasters recognised that when they highlighted a need they also had to provide a way for viewers and listeners to take action. At that time, BSS handled all the telephone enquiries on this subject and sent out literature to people who wanted to learn to read.

At the present time, BSS is not specifically involved in any helplines providing support for relationships, although this topic might arise with callers (O'Toole, 2003). For example, BSS operates the free and confidential information line for adult survivors of child abuse for the National Association for People Abused in Childhood (launched in 2002).

There are the premium lines offering support with relationships. The Sun, for example, runs two helplines that are advertised in the newspaper. Calls currently cost £1.50 per minute and callers talk to trained counsellors. These lines are open 12 hours a day 7 days a week. In the past, Relate counsellors were involved in this work but now it is staffed by BACP accredited counsellors and psychotherapists. Calls last a maximum of 20 minutes. There is a line for sexual guidance and an additional line for counselling on issues such as infidelity, relationship breakdown, bereavement, stress, conflict, abuse, addictions, bullying and unplanned pregnancy.

In the first 6 months of 2003, the Sun helplines received 7,107 calls and they averaged around 10 minutes a call. Of those where gender was recorded, 919 were male, 181 female. Callers were mainly aged between 20 and 35 and considerable proportions rang from rural and often remote areas including Ireland, Scotland and Wales. People called for a range of problems but 821 were related to sexual problems, 248 to relationships, 13 to family problems and 137 involved a wide range of other problems including bereavement, eating disorders, stress and self harm.

Many of the counsellors on the Sun helplines already have training in sexual issues and telephone work. All receive a special one day training on telephone counselling and on the regulations governing premium rate lines. The counsellors are offered support during their shifts as well as regular supervision and debriefing by conference call. The service is seen as invaluable for some needy people who are unable or unwilling to access face to face counselling (Saunders, 2003). It seems to access certain sectors of the population, such as young men, who are much less likely to contact other helplines.

Overall summary for this section

This section indicates the range of helplines available. Most of the helplines contacted in this section (apart from Prisoners' Families and Friends and the Sun) did not consider that relationship problems were commonly presented, although it is likely that a substantial proportion of their callers do have relationship difficulties. The helplines for health (often contacted by carers) did tend to concentrate on offering information rather than emotional support. Callers presenting these difficulties were therefore likely to be signposted on. The calls to NHS Direct indicate that some of their callers did want to talk and that helpline staff were finding it difficult to manage some of these calls as well as repeat callers. Training in relationship issues might be of value to some of these helpline workers. This might aid recognition and identification so that more appropriate referrals or signposting can be made.

Stage 2: Questionnaire study

In order to find out what the helpline operators felt about the service, and how they compared it with any face to face service, questionnaires were sent to helpline workers who had experience in both face to face and telephone helpline settings. Questionnaires were sent to helpline workers in Relate, Careline, Marriage Care and Breaking Free. With Relate, the counsellors were asked to compare the Relate Direct service (where telephone appointments are made) with their face to face work as this was considered by Relate to be a more appropriate comparison.

A. Questionnaires returned from the Relate Direct service

Copies of questionnaires were sent to the manager of the Relate Direct service with stamped addressed individual envelopes for their return. Eight counsellors who were working on the Relate Direct service as well as offering face to face appointments filled up the questionnaires. The questionnaire included a series of questions with tick box answers but there were also a number of open-ended questions for comments. The closed questions related to the advantages and disadvantages of the two types of counselling and the closed responses used the answers given by other participants in the study. The Relate Direct counsellors wrote a considerable number of comments to the open ended questions posed.

Four male and four female counsellors replied; they were all aged between 41 and 60 and were trained and experienced couple and individual counsellors. There were no differences between responses according to gender or age.

Advantages of face to face counselling over telephone counselling by appointment

The first question asked about the perceived advantages of face to face counselling over telephone counselling by appointment. They were given a series of possible answers and were asked to tick those that they agreed with and to assign three ranks (1st, 2nd or 3rd) to the three most important advantages. They were also given a chance to comment or add any other perceived advantage.

Table 1: Advantages of face to face work

Advantages of face to face counselling	Number who agree	Number ranking it 1st
Non verbal cues	8	4
Worker able to develop personal relationship more	5	1
Can see couples together	7	1
Clients make more commitment and effort	3	1
Usually have more than one session arranged	5	-
Other advantages	2	1

As it can be seen from table 1, non verbal cues were considered to be the most important advantage of face to face counselling. Four counsellors ranked this advantage first and two further counsellors ranked it second. The counsellors' responses also indicated that seeing the couple together was usually very helpful in gaining an understanding of the dynamics of the relationship.

Several counsellors indicated that while individual work could be undertaken by telephone or face to face, couple counselling was more appropriately conducted in person. Having three people in a room (couple plus counsellor) often enabled issues relating to early family life to be acted out. However, three counsellors stressed that couple work could be conducted over the telephone. This was possible using conference call facilities, speaker phones or two extensions. These counsellors recognised that there may be additional difficulties in conducting couple work over the telephone, but there were often ways in which these problems could be resolved.

Most counsellors did not agree that there was any difference in client commitment and effort in the two settings. Clients making appointments by telephone (which were costly) were as committed as those who attended in person.

Advantages of telephone counselling by appointment over face to face counselling

Accessibility was ranked as the most important advantage of telephone counselling. Four ranked this first and an additional 3 counsellors gave this their second ranking. However, availability during a crisis was also seen as important with three counsellors giving it a ranking of 1 and three a ranking of 2.

Table 2 : Advantages of telephone counselling by appointment

Advantages of telephone counselling by appointment	Number who agree	Number ranking it 1st
Easy access for clients (both in terms of time and travelling)	8	4
Available during a crisis or when most needed	7	3
Clients divulge problems/ issues more quickly	5	1
Less stigma / chance of being seen	8	-
Client is in more control of situation	5	-
Other advantages	2	-

Just over half agreed that clients divulge their problems more quickly over the telephone (some disagreed with this) and that the telephone enables the client to keep in more control of the situation. One counsellor also indicated the value of anonymity. Two mentioned that it may be particularly helpful for those with sexual difficulties (or problems with current or past abuse) who often found it difficult to discuss their problems face to face.

The telephone counselling service was also seen as a way of introducing clients to counselling or a way in which they could test out the services of Relate.

Disadvantages of face to face counselling over telephone counselling by appointment

Table 3 : Disadvantages of face to face counselling

Disadvantages of face to face counselling	Number who agree	Number ranking it 1st
More limited times of availability	6	1
Non attendance of clients	6	1
Waiting lists for clients	7	5
Other disadvantages	2	-

The waiting lists were considered to be most important disadvantage of face to face work. Non attendance seemed to apply in both face to face and telephone work and was perceived as less of a difficulty as clients tend to pre pay in both settings. One counsellor mentioned the cost of a number of face to face sessions which might be disadvantageous for many clients. This counsellor also indicated that some clients preferred a one off telephone session rather than a longer term period of work.

Disadvantages of telephone counselling by appointment over face to face counselling

Table 4 : Disadvantages of telephone counselling by appointment

Disadvantages of telephone counselling by appointment	Number who agree	Number ranking 1st
Cannot work easily with couples	6	3
Access too easy, clients less committed, make less effort	2	1
Other distractions for caller (interruptions etc)	8	1
Counselling tends to be more directive over the telephone	4	1
Caller in control – eg can ring off at any time	2	-
Other disadvantages	1	-

Most considered that not being able to undertake work with couples was the most important disadvantage of telephone work. However, all the counsellors indicated that another disadvantage was that telephone callers could be distracted or interrupted.

Some counsellors perceived being more directive as a disadvantage while others saw it as an advantage. The latter felt that some clients may benefit from a solution based approach, particularly in crisis.

The cost of the Relate Direct service was also mentioned by three counsellors as a disadvantage. In many cases it is much more expensive than face to face counselling

as the fee is fixed. Face to face services in some centres are charged according to the client's resources.

Differences in ways of working and skills necessary

The counsellors were asked about whether there were any differences in how they worked in the two settings. They were also asked what additional skills were necessary for telephone work.

Their answers suggested that telephone work was generally perceived as more difficult and demanding. As there was normally only one session, they had less time to explore and they needed (or were expected) to be more directive. They also had to be stricter with priority setting. This intensity meant that they needed to concentrate and focus more and there was less time to develop a relationship. Misunderstandings were also more likely to occur with telephone counselling, especially couple counselling.

Additional skills for this work included being able to focus on the voice and changes in intonation, being sensitive to verbal cues, remaining focused, and to be able to work in a very emotional or crisis situation. It was also not possible to use silences so the counsellor often had to learn to verbalise more. They also had to be clearer over instructions especially with couples. However, it was still possible to focus on the relationship and reflect back on interactions and patterns.

Comparability

Although most counsellors felt that there were considerable differences between the two types of work, it was still possible to work in depth with clients over the telephone as well as face to face. It was also possible to be as supportive in the different situations, although it was often easier to show support face to face through the use of non verbal cues. Comparability depended very much on the client and how they could use the situation. In some cases, telephone work could be more valuable as the response could be quicker.

Counsellor and client preference

Six counsellors had no preference and enjoyed working and developing their skills in the two situations. Two counsellors preferred face to face work, one finding it easier to develop a relationship in this setting. The other found feedback was much easier when non verbal cues were present.

Most counsellors felt that clients were very appreciative in both settings and their preference depended very much on individual need.

Differences between Relate-Line and Relate Direct

Although the focus of the questionnaire was on their experiences of Relate Direct, one question asked them to compare the two services. The services were seen to be very different. The time limits of Relate- Line meant that assessments needed to be very quick and interventions tended to focus on the exploration of options as well as

offering information about where to seek further support. They considered Relate Direct as more comparable to the face to face service. The clients of Relate Direct also tended to be more focused, prepared and more receptive. Relate-Line was more appropriate for those needing immediate help in a crisis.

B. Questionnaires returned from Marriage Care, Careline and Breaking Free

Nine respondents completed the questionnaires which compared their face to face work with their work on the telephone helpline. These nine workers were from three different agencies, Marriage Care, Careline and Breaking Free. The questionnaire given to this group was worded slightly differently as it was comparing face to face counselling with a direct access telephone helpline.

Eight of the 9 respondents were female. Four were aged in their thirties, two in their forties and three in their fifties. They varied considerably in their hours of work, but only one person was working more than 9 hours face to face and 6 hours or more hours on the telephone.

Six of the 9 respondents were trained counsellors, the remainder had some degree of preliminary training. All had experience of telephone helplines that offer immediate help to callers but two had had experience of longer telephone appointments as well. All had worked face to face with individuals but only two with couples.

There were no major differences between the responses from workers in the three different agencies so the results are given for the group as a whole.

Advantages of face to face counselling over telephone counselling/support

Table 5 : Advantages of face to face work

Advantages of face to face over telephone	Number who agree	Number ranking it 1st
Non verbal cues	5	3
Worker able to develop personal relationship more	6	4
Can see couples together	3	-
Clients make more commitment and effort	7	-
Have set amount of time and sessions allocated	4	1
Have more time in face to face sessions	2	-
Other advantages	-	-

It can be seen from table 5 that the responses were rather different to the Relate Direct counsellors. Clients attending face to face were seen as much more committed and the worker felt better able to develop the personal relationship more. The helpline workers were comparing face to face session by appointment with help given over a

telephone line that had no set boundaries. The phone call may be brief and a one-off. In addition, the client usually the telephone helpline may not have prepared or fully considered how best to use the call. However, two of the 9 helpline workers indicated that the situation was very different with clients who received telephone support regularly and on a pre-arranged basis. With these clients, a good working relationship could be established by using the telephone. One of these helpline workers had provided counselling by telephone appointment, the other had undertaken this work on a placement.

Advantages of telephone counselling/support over face to face counselling

Table 6 : Advantages of telephone support/counselling

Advantages of telephone support/ counselling	Number who agree	Number ranking it 1st
Easy access for clients (both in terms of time and travelling)	8	3
Available during a crisis or when most needed	6	4
Clients divulge problems/ issues more quickly	4	-
Less stigma / chance of being seen	6	1
Client is in more control of situation	4	1
Other advantages	1	1

The advantages of telephone work were similar to those mentioned by the Relate Direct counsellors. Accessibility and availability were seen as the most important advantages. Just less than half also considered that another advantage was that clients could divulge their problems more quickly and they were in more control of the situation. Respondents also commented that the telephone was particularly helpful for disabled clients or those who lived too far away to visit.

One respondent mentioned the value of complete anonymity. Another felt that the telephone helpline was an important first step for many callers. This might eventually enable them to undertake face to face counselling.

Disadvantages of face to face counselling over telephone counselling/support

There were perceived to be a number of disadvantages of face to face counselling including availability, room availability, and waiting lists. One respondent commented that the clients must be motivated to ensure that face to face counselling would be valuable.

Table 7 : Disadvantages of face to face counselling

Disadvantages of face to face counselling	Number who agree	Number ranking it 1st
More limited times of availability	9	4
Non attendance of clients	5	3
Waiting lists for clients	9	2
More time consuming	2	1
Other disadvantages	-	-

Disadvantages of telephone counselling/support over face to face counselling

Table 8 : Disadvantages of telephone counselling/support

Disadvantages of telephone counselling/support	Number who agree	Number ranking it 1st
Cannot work easily with couples	4	-
Lack of continuity for repeated callers	4	2
Access too easy, clients less committed, make less effort	-	-
Hoax callers	4	1
Other distractions for caller(interruptions etc)	7	1
Support/ counselling tends to be more directive	-	-
Caller in control – e.g. can ring off at any time	6	2
Telephone line often engaged	7	4
Shorter maximum time limit than face to face	1	-
Very busy for worker– no space between callers- may be difficult to re-engage	2	-
Other disadvantages	-	-

The respondents also perceived a number of disadvantages including distractions, the telephone line often being engaged, the caller being in control, lack of continuity and not being able to work with couples. The respondents were more mixed about what they considered the most important disadvantage.

Differences in the counselling/support offered

Three helpline workers considered that face to face counselling offered more to the client as it was easier to build up a trusting relationship. One worker considered that it provided a safe place for clients to explore their issues and that it was better for long term solutions. Another indicated that it was not possible to achieve the same level of help on the telephone and another felt that regular sessions were necessary for client exploration and personal growth.

Three felt that there was no difference and one felt that motivated individuals could achieve the same gains with telephone support. One respondent felt telephone counselling offered more to the client as they were able to work in the here and now, another indicated that it was more helpful as it could be given in a crisis.

Preference

Four indicated a personal preference for face to face counselling. Four felt no preference. One preferred the telephone but had the most experience of this type of work. Most felt that client preference depended on their needs, the time available and their commitment. One respondent indicated that many clients liked both types of help and tended to use the telephone for additional support when needed.

Counselling by Email

Two Relate Direct Counsellors also undertook email counselling for Relate (called email consultations). They both agreed on some of the advantages of email compared with face to face services, including increased accessibility for the client; time to construct and think through the message (advantageous for both client and counsellor); clients divulging more quickly with email; and that writing in itself could be therapeutic. They also both agreed on some disadvantages. This included lack of verbal and non verbal cues and the greater potential for misunderstandings.

Both counsellors felt that email counselling could be valuable for some clients. One counsellor had had the experience of both partners writing parts of the email submission and felt that this could be developed and encouraged.

Both felt email counselling needed additional skills. This included ease with the written word; being able to write in a language suitable for the client; being able to evaluate what is being asked and the depth of reply required; to know about other forms of help available for the client; as well as ease with computer technology.

Overall summary

The findings suggest that each type of service has its own advantages and disadvantages for both the work and the client. The answers of some of the participants also suggest that telephone counselling by appointment was perceived as “counselling” and that it was possible to work at the same level in some cases as in face to face counselling. However, there was also some suggestion that it was generally more intense and concentrated on the telephone than face to face and this may be partly why some helpline workers preferred the latter.

The comments of the respondents do indicate the important of workers receiving specific further training and experience of telephone work. With training and experience, it may be possible for telephone workers to overcome some of the difficulties encountered when working on the telephone. This might even include some of the problems experienced when working with couples.

The responses also indicate the differences encountered between telephone counselling by appointment and telephone helplines who offer immediate access.

Discussion

Limitations

There were a number of limitations to this study.

The first major limitation is the lack of quantitative information on the number of callers who talk about their couple relationship difficulties. Helplines were asked to supply any figures available. While the majority of helplines had figures on number of calls as well as their age and gender, they often had no details on the original problem presented or the type of difficulties discussed during the telephone call. It is also probable that some helplines had some of this information but were not willing to divulge it. Most helplines stress their anonymity and are not keen to show that some records are collected, even though callers remain anonymous (apart from some helplines recording the caller's first name). Estimates of the number of callers with relationship problems were often therefore guesses. While some helplines did record the reason why the caller rang or the issues discussed during the call, it was still difficult to ascertain precisely the number of callers with couple relationship problems. Helpline operators were also regarded by their managers as varying in the quality of their records. The boxes ticked to record problems or any commentary written will most likely to be related to the perceived purpose of the helpline. Thus a depressed caller in a unhappy relationship who rings a mental health line is probably more likely to be classified as "depressed" rather than ringing for a "relationship problem".

Another limitation is the overall lack of response from some of the helplines contacted. Many helplines did not respond to letters, emails or phone calls. This was particularly acute for the domestic violence helplines and those relating to same sex relationships. In the case of domestic violence, workers may perceive their prime purpose is to care for the woman's current and future well-being rather than the couple relationship. Many of the organisations were staffed totally by women and men were not encouraged to call or visit the building. Gay and lesbian helplines may perceive this study as primarily concerned with heterosexual relationships, therefore becoming involved was not a priority. However, the overall lack of response is probably simply due to lack of time. Most helplines were chronically lacking in funds, so administrative support tended to be minimal.

Another limitation is the general lack of evaluation. This is not surprising when helplines promote themselves as being completely anonymous. Ensuring complete anonymity makes it exceedingly difficult to conduct any systematic evaluations as callers cannot be contacted either to ask their opinions of the service or to assess any behavioural change. Most helplines had not carried out any systematic evaluation of the service. While some of the larger helplines (for example, Parentline Plus and Relate) had undertaken evaluations, they tended to enquire about perceived satisfaction with the service and its usefulness (understandably) rather than undertake any more objective assessments. The need for more detailed evaluations will be discussed later.

The use of telephone helplines by those with relationship difficulties

Although precise figures were often unavailable, the findings of the survey indicate that high proportions of callers to telephone helplines have couple relationship problems. While these difficulties may not always be the problem first presented to the helpline worker during the call, the existence of such problems and their impact on callers were often subsequently discussed. The small surveys conducted by the Samaritans suggested that over half of their callers had relationship problems and that one quarter indicated sexual problems or a problem with their sexuality. The sheer volume of callers to the Samaritans (4.8 million contacts in 2001) and the numbers of lines available (496) means that staff on this general helpline will talk to large numbers of callers with relationship difficulties.

Parentline Plus is another high volume helpline (approximately 250,000 calls per year) whose callers commonly have relationship difficulties. The last quarterly report conducted in 2002 found that the fourth most common reason for calling was the impact of divorce and separation on the children (mentioned by 42%). Almost half of these problems related to difficulties associated with the contact with the non-resident parent. The fifth most common reason was the impact of divorce and separation on the caller (mentioned by 35%). Many callers had difficulties with their ex-partner or there were tensions within the second family or stepfamily. Thirty one percent of callers also rang to talk about disagreements or conflict between the caller and other adults, the majority of these related to difficulties with their current partner or ex-partner.

The majority of other helplines contacted also had callers with relationship problems, however, the proportion of callers with these difficulties varied considerably. The proportion tended to be high in those helplines offering general emotional support, those serving young people, those aimed at parents and families, as well as the lesbian and gay population. Although little information was obtained from helplines for abuse or domestic violence, it is highly likely that relationship difficulties are very commonly discussed. The only helplines where relationship problems did not feature strongly were the health and mental health helplines. However, this may relate more to the orientation of the worker and the focus of the call rather than the problems currently being experienced by the callers.

Taking into account the number of helplines and the volume of calls, the amount of relationship support given by these helplines is considerable. Many more people are accessing these services than are able to contact the helplines run by organisations specifically concerned with relationship support.

Who calls helplines with relationship difficulties?

Gender differences

In nearly all the helplines, men accessed the services much less frequently than women. This gender difference was even apparent in child callers to Childline. There are, perhaps, a multitude of reasons for these differences. Men may find it more difficult to admit to difficulties; they may leave it to the woman in the partnership to

seek help; they may access different types of help or use more informal methods; or they simply may have less need to confide in others. More general research in this area as well as that specifically focusing on relationship difficulties suggests that men are less likely to confide in others and seek help less for all types of problems including their own health (Goldberg & Huxley, 1992; Bringle & Byers, 1997).

The Sun helpline, the helpline for London Lesbian and Gay Switchboard, and the Samaritans are some of the helplines that receive higher proportions of calls from men than women. Data from the Sun helpline suggests that most men ring to talk about sexual difficulties. As this is stated as one of the primary purposes of the helpline, men with these problems might feel more encouraged to ring this line rather than a general phone line on relationships. The Samaritans also receives calls regarding sexual matters. The small survey indicated that one quarter indicated of callers indicated that they had sexual problems or a problem with their sexuality (Samaritans, 1998). However, as every call to the Samaritans is logged regardless of length and appropriateness, it is also likely that some male callers are hoax callers.

Would having men-only helplines encourage men to call? Is it easier for men to seek help from a service that they feel will be specifically geared up for their needs? Would the very existence of such services indicate to men that it is not shameful or unmanly to seek help? Services that focus on providing information as well as emotional support may also encourage more men to call. The Student Nightline service has equal numbers of male and female students calling and this service is advertised as offering information appropriate for students (such as the telephone number of local food take-aways) as well as providing emotional support. The London Lesbian and Gay Switchboard is similar in that it offers information about a variety of services and entertainment venues as well as emotional support. Services closely associated with mobile phones and their companies (such as Get Connected) may also project an image that will encourage young men to call. Similarly, developing email or text message services may be valuable in increasing access. Student Nightline has found this to be the case with their email service.

The findings of this study suggest that high proportions of young men and women who call telephone helplines tend to present with relationship difficulties. The close association found between relationship difficulties and mental health problems indicates the importance of making sure that they do have someone to turn to. Young men may be particularly vulnerable and are at greater risk of suicide (Dennison & Coleman, 2000). Recent publicity from Childline also indicates that they wish to encourage more boys to call (Childline, 2003). In addition, the findings from Get Connected suggest that young adolescent men with concerns over their sexuality may be a particularly vulnerable group. They may not only have considerable needs for confidential support and advice but might also find it difficult to talk to friends and family.

Ethnicity

Most of the helplines did not have details of the ethnicity of their callers. However, subjective impressions suggest that callers from minority ethnic groups are under-represented. In these groups, there may be considerable shame and stigma in asking for help, especially for very personal and family difficulties.

The problems of callers ringing the Muslim Women Helpline were clearly indicative of some of the difficulties often not disclosed either within or outside the family. The women were ringing with a range of problems including sexual abuse, domestic violence, marital problems, forced and arranged marriages, single parenthood, divorce, incest, and child-parent conflict. It was estimated that one in 6 callers had marital problems and one in 12 suffered from domestic violence.

The helplines run by religious groups may be particularly valuable in developing access to ethnic and religious minorities. It is likely that many of these callers will be reluctant to ring more general helplines, as they need to ensure that the helpline worker will fully understand their cultural values and customs including religious beliefs. Because of concerns over anonymity and making sure that other family members are not involved, telephone helplines may be especially important for these groups. This was fully recognised by 2 as 1, a relationship support service specifically for black couples, although they had not been able to set up a telephone service as yet (phone call to 2 as 1, 2003).

Separated and divorced individuals

The figures from Parentline Plus suggest that high proportions of their callers are not currently living with the father of their children and are separated and divorced. The same is true for callers to Young Minds and the Lone Parent helpline.

Many of the difficulties presented relate to the impact of the divorce or separation on the child and subsequent difficulties in communication with the ex-partner. It is important that services are available not only for couples in intact relationships but also for those who are coping with the process of separation, divorce and the aftermath. It is possible that many separated and divorced parents may find it easier to call a parenting helpline. Their primary concern may be the impact on the child or the children rather than their own emotional and psychological needs. Although many of Relate's face to face clients are also separated and divorced, the existence of parenting helplines leads to many more individuals talking about their relationships on the telephone. Difficulties in subsequent relationships in stepfamilies are also common. The launch of "Contact Counts" in 2003 by Parentline Plus may also increase the numbers of separated and divorced parents who ring.

Do the telephone helplines access a different population than those accessing other relationship services?

Relationship specific helplines

The findings from Relate-Line and the telephone helplines in some of the Relate branches suggest that they may be a considerable overlap between those accessing the telephone helpline and those making face to face appointments at the centre. This is probably in part due to the lack of general advertising of these services outside the centres. A high proportion of Relate-Line clients and those calling the centres obtained the number from the local Relate centre (two thirds in the study conducted in 1997). Many callers were on the waiting list and had been directed toward the helpline for more immediate help. In addition, more than half of the callers were advised by the helpline to go to their local Relate centre for further counselling. The

helpline would therefore tend to increase demand for face to face counselling rather than be offered as an alternative.

Although Relate-Line was not, on the whole, tapping into a completely different sector of the population who would not attend face to face counselling, there were some clients accessing the service that were unable to attend face to face. This included disabled clients and those living abroad. The service developed by Relate Derby is also a valuable innovation. The use of a phone line means that partners of those with Asbergers syndrome can ring from any area of the country and receive help from counsellors with special training and knowledge about the condition.

Statistics provided by Relate suggest that higher proportion of men attend the face to face services than telephone. However, this is probably due to the higher proportions of couples seeking face to face counselling. Even with these latter services, women are three times more likely to access the service first or make the appointment (Ashford et al, 1998).

There is also some evidence that fewer of the Relate-Line clients are separated than those accessing face to face counselling (Ashford et al, 1998). This does suggest that there may be more opportunities for preventive work in this medium. However, the finding would need replication.

Widespread advertising of Relate-Line would probably dramatically alter the caller population and encourage many more individuals and couples to access the service. Publicity has been seen to have a dramatic effect on callers to other helplines. Many have a huge increase in callers if the chief executive or a helpline worker makes an appearance on television or if a number is advertised after an appropriate television programme. However, increased advertising for Relate-Line does not seem to be a viable option, given the high numbers of callers who already do not get through. It is likely that only the most persistent get through to a counsellor, with a constantly engaged tone acting as a powerful deterrent to those with ambivalent feelings about calling.

As no statistics were available from Marriage Care, it is difficult to ascertain the overlap between callers to their helpline and those accessing their face to face services. However, perceptions suggest that the callers to their helpline are more likely to cover a wider population, both in terms of ethnicity and religious beliefs (Armstrong, 2002).

Other helplines

It seems very likely that there are large populations of clients with relationship difficulties that do not consider contacting Relate-Line, Marriage Care or a face to face service. The findings of community surveys conducted by Relate strongly suggest that the majority (78%) of people interviewed know about Relate and what it does. Nearly half of those who knew about Relate also believed that it offered a telephone service. It is therefore not lack of knowledge that deters people from contacting counselling services or phone lines for relationship problems. Feelings such as shame, stigma, and fears over what the counselling process may reveal, are much more likely to have an impact over whether that first contact is made.

Other helplines will therefore always have high proportions of callers with relationship difficulties. Some of these callers may be those who find it difficult to contact an organisation specifically for relationships. Others may recognise that they have a relationship difficulty but do not believe that it can be helped. One of the findings in our current study on helpseeking in intact couples was that many believed that outside help could not make a difference to the quality of a relationship and therefore there was no point in seeking this type of help (Ayles, personal communication, 2003). Others may perceive that their main problem is something else. This could be a parenting issue, a mental or physical health problem, or a more practical issue.

Individuals are therefore more likely to contact a range of organisations such as Parentline Plus, the Samaritans, or a mental health line. Depending on the skills of the helpline worker and the willingness of the caller, relationship issues may be discussed. How well this is handled and managed will depend very much on the understanding, ability and training of the helpline workers.

“New” callers or users of other services?

One reason for setting up helplines is to access sectors of the population currently not seeking help from traditional agencies. The data on callers collected from Parentline Plus suggests that some of the callers had not called or contacted other agencies before. It is likely that many of their callers would not have sought help face to face and many might not have sought help at all without the helpline. Contacting an agency by telephone is probably the easiest first step for many people. Individuals can ring with a simple request and then expand if they meet with an empathetic response. This may then encourage them to seek additional help and services elsewhere.

However, the study by Parentline Plus found that a number of other callers had previously sought help from elsewhere, including GPs, social workers and health visitors, but had not had all their needs met. Their call line reports suggest that parents need to be able to offload and be listened to. They needed to discuss possible strategies and alternatives before being signposted on. It is possible that the other agencies contacted before were not able to offer the time to listen, explore and discuss. By listening to the caller, giving them support and information, and giving them time to offload, the caller was often then able to re-contact some of these agencies for further help (Parentline Plus, 2001).

The survey conducted by Relate-Line suggested that there was some overlap between their callers and those accessing other types of helpline service. Just under one third indicated that they had used another helpline before. Approximately half of this group had called the Samaritans, the remainder had used ten different helplines. The survey of Samaritan callers also found similar results, 74% had contacted their GP, 29% had contacted their church and 18% had contacted Relate.

These findings do suggest that there may be a group of people who may be in contact with more than one telephone helpline at any one time. Many of the helplines had strategies in place to wean callers that called regularly. Although this was a problem occasionally encountered, none of the helplines considered that this presented a difficulty that could not be overcome.

Advantages of telephone helplines versus other types of relationship services

The managers of the helpline services were asked about the advantages and disadvantages of telephone helpline support. Many of their answers were similar to each other and to the literature already collected on the subject (outlined in the introduction).

Accessibility

Accessibility to a helpline involves ensuring that people know of its existence; know how to make contact; be able to make contact; and feel sufficiently safe to be able to talk freely about their situation.

Location

Telephone counselling/support has a particular value in certain circumstances where, for instance, people have mobility difficulties or live in geographically remote areas. These people may find it very difficult to attend physically. This is also true for national helplines; people can access the service from anywhere in the country. This may be particularly important for those people with special needs spread throughout the country, for example, the service offered by Relate Derby for the partners of those with Asbergers syndrome or the service offered by Prisoners' Family and Friends.

Offering more than one language

Telephone helplines can also improve accessibility for people from different ethnic groups by offering more than one language. Callers can be diverted to other centres (if available) to be assisted by another helpline worker with the appropriate language. Alternatively callers can be informed when workers will be available that can speak the language. The provision of other languages is something that needs to be developed by a range of telephone helplines. This may encourage more minority groups to use the service.

Immediate availability

Many of the helpline organisers considered that the immediate availability of help was a major advantage. Many of the larger helplines offer a 24 hour service and other helplines are open in evenings and weekends. While this improves accessibility for those with heavy time commitments, it also means that callers can ring in a crisis or after a situation that triggers seeking help. Having to wait for an appointment may mean that the client may lose some of the urgency felt when originally needing help.

Increased accessibility to specialist help

Some helplines gave quick or immediate access to specialist help. With Young Minds, it is possible for a caller to be able to speak to a child or family mental health professional within a very short space of time. These professionals have usually very long waiting lists and families may have to wait several weeks or months to see a professional after referral from their GP. The preventive value of this type of help is likely to be considerable, not only because of this quick access to specialist help but also because many families may not seek help from outside agencies at all.

Cost and travelling

Helplines can also improve accessibility in terms of costs. There are no costs of travel or having to take time off work. The availability of low cost or free phone calls improves accessibility to low income families and young people.

Anonymity

Anonymity is another major advantage. Being able to call without giving one's name or address may make all the difference. This certainly has been the experience of Childline where children are fearful that any contact with an outside agency may have significant consequences. Young adults or those in abusive situations may also be concerned about confidentiality and information being fed back to their parents or partners. Complete anonymity reduces these fears.

Anonymity and ethnicity

Anonymity may also improve accessibility for people from a range of ethnic groups. For many of these groups, it is especially difficult to disclose difficulties to those outside the family. When the problems are about the family, individuals and couples may feel there is no one to turn to.

Anonymity and sexual problems

Another barrier to seeking help is embarrassment, stigma or shame. It may be particularly difficult to admit to problems in one's closest relationship. People may also feel disloyal when talking about their partner. Difficulties with sex or sexuality may be much easier to disclose over the telephone than face to face. Helpline workers indicated that it was often easier for clients to talk about these difficulties over the telephone as they could avoid face to face contact when discussing these matters. The number of male callers who ring the Sun helplines on sexual matters is another indication that a telephone helpline can be a preferred option. A high proportion of male callers (who are mostly young adults) to Get Connected ring about their sexuality while young women talk about sex, relationships and pregnancy (Get Connected, 2002). Some of these individuals may feel that they have nowhere to turn to ask for help, advice or information. A telephone call, email or text message may be the only way they can disclose this very intimate information.

Helplines may have important benefits in terms of prevention, including health promotion, reductions in sexually transmitted infection, and unwanted pregnancy. For example, the London Gay and Lesbian Switchboard (where Get Connected transfers many calls) tries to raise the issue of safe sex with a high proportion of their callers.

Anonymity and parenting

Anonymity may also be important for those with parenting difficulties. Parents may fear asking for help from face to face services as they might imply failure as a parent or inability to cope, which may lead on to other perceived consequences such as loss of benefits or loss of a child. Other parents may also perceive services as being mainly for problem families and not for them (Finch, 2000).

Intrusiveness

The telephone may be less intrusive. A number of helplines in this study have noted that there is a fine line between offering support and interfering. The referral telephone support service offered by Parentline Plus and the service offered by

Prisoners' Family and Friends have both found that offering regular telephone support to families was more acceptable than personal visits.

Disadvantages of telephone helplines

Apart from the difficulties in conducting couple work, the respondents in this survey mentioned few disadvantages. They were generally committed to their service and the many advantages it offered to clients. The disadvantages were generally considered minor and could be overcome.

Couple work and non verbal cues

The two most commonly mentioned disadvantages were difficulties in conducting couple work and the absence of non verbal cues. Many participants considered that while individual work could be undertaken by telephone or face to face, couple counselling was more appropriately conducted in person. Having three people in a room (couple plus counsellor) often enabled issues relating to early family life to be acted out. Seeing a couple together was also valuable in gaining an understanding of the dynamics of the relationship.

The lack of non verbal cues were considered to be the major disadvantage of telephone work in general. This may be particularly important for those workers initially trained for face to face counselling as they may find it particularly difficult to adapt to using the telephone.

Caller control and making use of the time

There was also some suggestion that callers with immediate access may not always use the time effectively or be so committed. However, this was not the case with clients who had made an appointment or were receiving a call back.

Although most of those interviewed in the survey recognised that there were problems with hoax callers or those who rang frequently, there were usually arrangements and training in place to help manage these.

Costs of the call

Another disadvantage is the cost of the call or the worries that the telephone number might appear on itemised bills. It is important that helplines receiving calls from vulnerable individuals are careful to ensure that the latter is avoided where possible.

Callers' views

Callers to some of the helplines indicated very similar advantages and disadvantages to those suggested by staff. The advantages mentioned by callers in the Relate-Line survey included accessibility (mentioned by 37%); immediacy of help (31%); good advice (18%); and having someone to listen (15%). Others mentioned anonymity, providing an introduction to counselling, and the impartial service. Only 7% mentioned no advantages (Ashford et al, 1998).

Less information has been collected about the disadvantages perceived by callers. In the Relate-Line study, callers were asked about the difficulties. These included: getting through (28%); the limited advice given (14%); and not being able to make a

follow up telephone call with the same counsellor (4%). The most commonly mentioned difficulty was the 20 minute time limit (37%). However, this disadvantage would only apply to a line with a relatively short time limit.

Staffing and training

Professionals versus volunteers

There is considerable debate on whether telephone helplines should be staffed by professionally trained staff rather than volunteers. However, some lines that deal with many of the most difficult problems (for example, Everyman and Breaking Free) use trained volunteers rather than professionals. In the field of relationship support, Marriage Care uses volunteers while Relate employs professional trained counsellors. While the Relate Listening Ear service in Northern Ireland does use volunteers, this line is seen mainly as a holding mechanism as callers cannot access the service once a face to face counsellor is involved.

The debate on whether only professionally qualified counsellors can conduct effective counselling either face to face or on the telephone is conducted on the basis of only experiential and anecdotal evidence. There have only been a few studies that have tried to compare the effectiveness of professional help versus that given by volunteers and none have compared telephone helpline work. Comparative research is urgently needed to establish whether there are differences in outcome between helplines staffed by volunteers or professionals.

The other important issue in this debate is the cost. The costs of using professional paid staff compared with volunteers has not been adequately assessed. Sometimes volunteers are used because of the philosophy and values of the organisation rather than because they are the cheaper option. The costs of using volunteer staff who are unpaid may still be considerable. Recruiting, training and supporting volunteers can be expensive. Some turnover of volunteers is inevitable and it is therefore important to try to reduce this by encouraging commitment and motivation as well as providing ongoing support, supervision and training.

Initial training

It can be seen that providing support and listening over the phone is a very skilled and demanding process when done well. It can be much more difficult than face to face. Callers can ring off and there are no natural breaks or opportunities to reflect and consider. The worker has to learn to explore issues without being too intrusive, be prepared to talk about almost any subject without prior knowledge, and may be plunged into a crisis situation with someone who needs immediate help.

Some telephone helplines offer emotional support and listening, while others provide predominantly information and advice. It is possible that many callers may find the difference confusing and it is therefore important that all helpline workers are supportive and empathetic.

Good quality training is therefore essential for all helpline telephone workers whether the line is primarily for advice and information or for support. Most helplines are aware that all callers need a caring response and that this type of response is still necessary even when the majority of callers will be signposted on or given

information. The caller may be enabled to make further contacts once they have been given the strength and knowledge by the helpline worker who has listened, made suggestions and supported appropriately.

From the earlier work on Relate telephone counselling (Hunt, 1993), it became apparent that extra skills were needed to cope with telephone counselling. The impact of a distressed caller was different to that of a distressed client in face to face counselling. Over the telephone, there was often more pressure to relieve distress and offer a helpful response and this was made more difficult by the shortage of time available. Additional skills for this work included being able to focus on the voice and changes in intonation; being sensitive to verbal cues; remaining focused; and being able to work in a very emotional or crisis situation. It was also not always possible to use silences as in face to face work.

All the helplines contacted took their initial training seriously. Many use volunteers without much or any initial experience. All the helplines trained their helpline workers in basic listening skills and most gave specific training on telephone work. The training includes both theoretical and practical components, as suggested in the THA guidelines.

Ongoing training, support and supervision

Most of the helplines contacted had good procedures in place to offer ongoing support and supervision. In most cases, immediate support was also available if necessary. However, the organisations did vary according to how much supervision was available and whether this was specified or was left up to the individual worker to access when necessary.

The amount of ongoing training also varied considerably. This was taken much more seriously in some organisations than in others. As research does show that the skills of helpline workers may decrease after the initial training and supervision period is over, further training should perhaps be given more emphasis than it currently receives in many agencies.

Ongoing training tended to be focused on the perceived needs of the workers as well as the availability of trainers and speakers. The cost of speakers was another issue. Some helplines were unable to afford the fees of some speakers (for example, the Student Nightline service had been unable to pay the fees for a speaker/ trainer from Relate) and therefore had to try someone else. Few mentioned workshops on couple relationships as a specific topic either in the initial or ongoing training.

Training in relationship skills

The initial training of most helplines tends to emphasise the need for workers to learn general counselling and listening skills. These skills can then be applied to any type of problem presented by the caller. This is seen as more important than focusing on specific problems such as relationship difficulties.

Few helplines, except those specifically for relationship support field, gave their workers additionally training in relationships or how they might be able to intervene to reduce couple conflict or distress. However, high proportions of the helpline managers contacted indicated that they would welcome additional training on how to

support relationships. Given the high proportions of callers with relationship problems, it does seem that this might be an appropriate subject for an ongoing training session. Identifying relationship difficulties; understanding couple dynamics; and talking about conflict may all be issues that could be discussed.

Training may also be valuable to enable telephone workers to talk to couples as well as individuals. Those, with experience in this work, mentioned that they had to be much clearer to clients when giving instructions on how they could manage a three-way call. However, these experienced counsellors felt that it was still possible to focus on the relationship in telephone work and reflect back on interactions and patterns.

The value of telephone counselling compared with face to face work

Best seen as an adjunct to face to face work

The perceived value of the telephone helpline service is due in part to the precise nature of the service as well as how the helpline relates to the organisation as a whole. In organisations that primarily offer face to face services, the telephone helpline is often seen as an adjunct to these services. In general, most of the individuals interviewed in organisations such as these did not regard the help given over the telephone to be comparable to a face to face session. It was seen as a valuable way to offer support immediately but not the same as a more structured intervention.

Many of the telephone helplines run by Relate had been set up originally to ease the face to face service and to reduce the stress on receptionists. The telephone helpline service was mainly seen as one way of holding clients until the face to face service was available rather than as a service in its own right. Relate-Line and the Listening Ear service in Northern Ireland still has this ethos partly in mind as high proportions are referred on to the face to face service and uptake of this service is seen as a successful outcome.

In these types of services, the telephone helpline is not necessarily perceived as reducing the need for face to face help. Respondents to the survey of Relate centres also indicated this view as well as some of the questionnaire respondents. Many respondents saw the service as a means of increasing the take-up of face to face services. If clients found the initial telephone contact helpful, they might be more likely to seek face to face support.

The use of telephone support as an adjunct to face to face counselling may be valuable for many clients. Using the telephone prior to the counselling session is not necessarily a waste of time or resources. Some clients are worried about what to say to the counsellor and how to present their problems (Hunt, 1983), a prior telephone call can allay their fears. In addition, the notion of rehearsing for counselling or therapy does occur in the US. A preparatory interview exploring client's conceptions and expectations of the service may affect the subsequent drop out rate and talking to a helpline counsellor about an impending interview may help the client to keep the appointment and make better use of the initial meeting (Hunt, 1983).

Respondents to the questionnaire and some of the helpline survey participants also indicated that some clients supplement their face to face counselling sessions with

additional telephone support. The face to face counselling can work on longer term changes while the telephone work can be used to support the client in a crisis or when needing immediate help.

Valuable as a stand alone service

In those organisations where there is either no or a limited face to face service, the telephone conversation itself is seen as the main method of offering help (as in Young Minds, Parentline Plus, the Samaritans). Here the telephone call is seen as stand alone and not as an adjunct to something else. This may be why many of the participants in the survey considered that they were more likely to adopt a crisis intervention approach on the telephone and be more problem solving. The workers were keenly aware that they might have only one call with this individual and that it was important to make the most use of the time. A number of helplines also specifically indicated that callers were encouraged to call once rather than make repeated calls (Marriage Care, Young Minds). This pressure may make the caller and helpline worker use the allotted time more appropriately.

However, many of the managers of the helplines did not perceive that the help that was given over the telephone was comparable to that given in a face to face counselling session (including the helpline manager of Marriage Care). This was also the general consensus of opinion from those involved in the questionnaire survey. Clients attending face to face were seen as much more committed and the worker felt better able to develop the personal relationship more. The phone call may be brief and a one-off and the client may not have prepared or fully considered how best to use the call. In a face to face session, it was easier for the worker to build up a trusting relationship. Regular sessions were also necessary for longer term solutions, client exploration and personal growth.

Length of call

The length of call may also be an important factor. Callers to Relate-Line are encouraged to keep to 20 minutes while callers to Marriage Care spend up to 50 minutes. The longer maximum time may mean that the calls conducted by Marriage Care are more similar to a one-off counselling session.

Telephone counselling by appointment compared with face to face help

The results of this survey clearly show that there may be a considerable difference between those telephone services offered immediately and those where an appointment or call back are given. The Relate Direct respondents in the questionnaire survey saw Relate-Line and Relate Direct as very different. The time limits of Relate-Line meant that assessments needed to be very quick and interventions tended to focus on the exploration of options as well as offering information about where to seek further support. Relate-Line was perceived as very appropriate for those needing help in a crisis. Relate Direct, on the other hand, was more comparable to the face to face service. The clients of Relate Direct also tended to be more focused and more receptive.

Appointments, call backs, or those services offering regular telephone support, may encourage the caller to consider carefully what they wish to say and for them to use the time productively and carefully. They also give the worker time to think over the situation and prepare. The questionnaire completed by counsellors employed by

Relate Direct suggested that the telephone counselling service by appointment was perceived to be very similar to the face to face service and most felt that counselling was possible to the same depth. Two of the questionnaire respondents in the survey of immediate telephone support also felt that telephone counselling could be as valuable as face to face help. Both of these respondents had also had experience of telephone counselling by appointment, however.

Three of the Relate Direct questionnaire respondents had also found couple counselling over the telephone to be successful. Although there were difficulties, these could be overcome by training on new techniques and by gaining experience. As non verbal cues will not be present, the counsellor needs to use other ways of exploring the dynamics in the couple relationship. They may also have to learn certain other procedures so that they can work and develop these three way conversations.

Clients' preference

The experience of some of the Relate centres suggests, however, that many individuals and couples do not want telephone counselling by appointment. Many centres had set up the service to find that the take up was very low or non-existent. While this could be partly due to advertising, it may be due to the fact that seeking an appointment for counselling needs a certain degree of commitment. Individuals or couples with this degree of investment may prefer a face to face appointment. Certainly, many centres found that some of the clients who started off with telephone counselling transferred to face to face work.

In one Relate study carried out in several different locations, most participants indicated that they would prefer a face to face meeting with a trained counsellor rather than a telephone appointment. Face to face methods of delivery were much preferred to using the telephone, email, video-counselling and web cam links. Other media were felt to be impersonal and inappropriate, although there was some recognition that young people may be more comfortable with these types of services (Relate documents, 2001 and 2002).

Telephone counselling by appointment may therefore be of most value to those unable to attend face to face due to mobility, care responsibilities, or travelling difficulties.

Funding issues

Receiving appropriate funding was a major issue with all helplines contacted. Many helplines had received initial funding to start up (from the lottery or from other charitable foundations) but many were facing a closing down or reduction of the service when no additional funding had been made available. The policy of only giving funding for a short start-up phase may lead to greater client and worker disappointment after initial expectations having been raised.

Many helplines could only offer limited hours of opening with many fewer lines available than considered necessary. Relate-Line is in this position with high proportions of callers unable to get through. A constantly engaged telephone line will act as a major deterrent to first time callers, who may have taken a considerable time to summon up the courage to ring. This also means that heavily used lines are unable to advertise their services, not wishing to create a greater demand.

Costs of the service

There is very little literature which directly compares the costs of providing telephone services with face to face help. However, it is likely that the costs of a telephone service will be much less. Face to face services will normally have much higher overheads including separate interview rooms, receptionists, waiting rooms and security issues.

The costs to the client of using a telephone service are also likely to be much less, with no costs of travelling, taking time off work, or finding alternative care for children or elderly dependants. This may be why many of the helplines are so popular.

This is not the case when a fee is charged. For example, the costs of an appointment with Relate Direct may deter many people from accessing the service, including those originally contacting Relate-Line. On the whole, Relate Direct (run by the central office) is not oversubscribed and many of the centres that set up telephone counselling services by appointment found that few clients took advantage of it. It is probable that many of the people who are willing to pay out a relatively substantial sum prefer to see a counsellor personally rather talk on the telephone.

The costs of using Relate Direct are also likely to reduce its accessibility to large proportions of the population. While reports suggest that users of Relate Direct are very satisfied with the service, many others would find it difficult to afford the fee. The Relate Direct counsellors in the questionnaire survey indicated that the cost was often substantially more than face to face services as no reduction in fees was allowed.

Costs may not always deter callers. It may take less commitment to ring a premium telephone helpline charged by the minute (and this can be done on the spur of the moment as with the Sun helpline) rather than agreeing to pre-pay a flat fee by credit card for an appointment in the future.

Helpfulness of telephone helplines

There is little objective evidence of the helpfulness of telephone helplines for people with relationship difficulties, apart from client satisfaction. Most surveys undertaken have indicated that clients find the contact helpful, but it is very difficult to estimate the extent of the help.

The survey of Relate-Line found that 86% of callers indicated that the service had been either very helpful or helpful. Most gave it a rating of 8 or more out of 10. The clients rated listening as important as well as kindness, being supported and their being able to talk. Clients also found it helpful having their thoughts and feelings validated. Many mentioned advice (Ashford et al, 1998). The small survey of Relate Direct clients also showed very positive responses from clients (Jackson, 2003).

The call data quarterly reports from Parentline Plus give information on callers' views (Parentline Plus, 2002a), although these data are collected from the helpline workers'

own reports. In the last report of 2002, high proportions (82%) indicated that it was a chance to offload or have someone to listen; 53% indicated that it had given them ideas about what to do next; 40% indicated that it had reassured them; and 20% indicated that it had given them information. Only 1% indicated that it had not helped. These are similar figures to those given in other Parentline Plus reports.

Evaluation of other helplines have also found that the majority of callers were satisfied with the service and had been helped.

Expanding the service?

Should more resources be spent on increasing specific telephone helplines for relationship problems or should the resources be spent on training the workers in existing helplines to further develop their skills?

The results of this study suggest that both are important as there is a need for both specific relationship support helplines as well as more general helplines where the helpline workers are adequately trained in helping couple relationships.

Some people may find it easier to call a general helpline first to find out whether they really have a problem or difficulty and who may be most appropriate for them to contact. People are also more likely to know about the larger helplines such as the Samaritans, Childline or Parentline Plus who have the resources to advertise widely. These larger helplines also have a huge volume of callers, many of whom have relationship difficulties. Thus one relatively simple and cost effective way of supporting people with relationship difficulties would be to develop the training given on relationship difficulties to workers in this field. As all helplines offer on-going training, specific workshops or sessions could be built into already existing programmes. Nearly all of the helplines contacted expressed an interest in further training on relationships and were agreed that it would be valuable. Some had attempted to secure such training but often the costs had prohibited this from happening.

This training in relationship problems would be valuable for some of the smaller telephone helplines or those in the health and mental health sector. Although callers may not always mention relationship difficulties initially (as in the health and mental health lines) they can have an impact on the problems presented. A caller may ring because they are depressed but this can be due to chronic marital difficulties. Alternatively a carer might ring for a specific question about their partner's illness but their main difficulty is adjusting to a change in their relationship. Helpline workers may be much more able to support their callers if they receive training in identifying relationship difficulties, offering support and signposting on.

Apart from this training, there does seem to be a substantial case to give more support to specific helplines in the relationship support sector including Relate-Line and Marriage Care as well as some more general emotional support lines such as Careline. Many of these helplines are very busy and the lines are constantly engaged. They are thus unable to cope with the volume of callers and many people in need unable to easily access the service.

There is also the value of very specific helplines (for example, the Relate Derby line for the partners of those with Aspergers and the Prisoners' Family and Friends helpline). These services are set up for particular groups and the telephone helpline workers are specially trained to be able to respond to the callers' specific problems. People with these problems may find it easier to approach an organisation when they know that the helpline worker will understand some of their difficulties. It may help to normalise their problems. This will also be true for helplines specifically set up for people from various ethnic minorities or religious groups, encouraging greater numbers to access the service and call.

Generally, the findings of this survey indicate that diversity is important. General helplines, specific helplines, letter support, email and text messaging all have their place in improving accessibility, especially for hard to reach groups. Telephone counselling by appointment, call backs and regular supportive calls have been shown to be of value to those needing more structured help.

Evaluation

Very little formal evaluation has taken place within these helplines. While some organisations have undertaken small scale evaluations, these tend to be very limited in scope. This lack of evaluation is probably due in part to lack of expertise in carrying out such work or just lack of time. The absence of funds and administrative support often means that many helplines do not have the funds to collate and analyse the information that they collect. There are also the real concerns about anonymity and confidentiality. As most helplines promote their complete anonymity, it then makes it very difficult to admit to keeping records or undertake any follow up evaluations.

There are a number of important questions that are left unanswered. Do professional counsellors help clients more than well trained volunteers? With additional training, can individual or couple counselling/support by telephone be as effective as that conducted face to face? Do clients contact telephone helpline services at an earlier stage of their problems than with face to face services, thus leading to more prevention? Do telephone helplines substantially increase accessibility to groups in the population with the most need?

There are a number of areas whether further evaluation would be helpful. This could then be used to inform future training and how services should be run.

Recommendations and conclusions

The need for training

High proportions of individuals with relationship problems are contacting helplines. Whether these problems are discussed will depend on the caller but also on the interests, confidence and skills of the worker. The findings of the study suggests that training helpline workers on how to identify and manage these difficulties would be an effective way of offering relationship support to very large numbers of people.

Telephone helpline managers were very positive about receiving such an input and considered that it would most appropriately be delivered during ongoing training. Content could include training in identifying relationship difficulties or picking up relevant verbal cues; giving support and reassurance; and problem solving techniques.

Increasing accessibility

Telephone helplines increase overall accessibility but men, boys and members of ethnic minorities are still under-represented. Increased uptake by these groups may be encouraged by male only helplines or by services set up specifically for certain ethnic groups. Services in other languages may also be of value.

It is also important to ensure that there are acceptable services specifically for young people as high proportions of this group ring to talk about relationships, sex, sexuality and pregnancy. These helplines not only provide support to distressed young people but also may have value in the prevention of sexual transmitted infections or unwanted pregnancy.

Support for intact relationships and those already broken down

The findings strongly suggest that couples who are separated or divorced may need as much help as intact couples and families with difficulties. The former may be more likely to contact parenting or general helplines as they may perceive relationship specific services as more appropriate for couples still together.

Maintaining diversity

The results of this study strongly suggest that diversity is of essential. There is a need for general helplines such as Careline as well as specific helplines such as Relate-line. It is important that a range of telephone helpline services are available, including immediate access lines, call back services, telephone counselling services by appointment and regular telephone support. These supplement face to face services by considerably broadening access and the percentage of population helped.

Staffing

Can relationship support and counselling be delivered by trained volunteers? How much training is necessary and of what type? Research is necessary to find out what level of experience and training is necessary to bring about improved outcomes and to investigate benefits and costs.

Further evaluation

There is very little evaluation already undertaken. This lack means that it is difficult to ascertain the amount of actual help being given by helpline workers. Client reports suggest that they are very satisfied with the help received but it is very difficult to compare the help received by a telephone call compared with other forms of help. It is also difficult to gauge whether the help is only short term or can bring about more term change. Further evaluation would provide much needed information on the value of this work.

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Some references in the text relate to material collected by interview, letter, telephone or email. These are included in appendix B.

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Appendix A Helplines initially contacted

Name of helplines	National or local
Alcohol Helplines	
Alateen	National
Alcoholics Anonymous	Local
Carers	
Carers Line	National
Carers UK	National
Carers Information and Support Service	Local
Gateshead Carers Association	Local
Children and Young People	
Get Connected Helpline	National
Connect 141:121	Local
Kettering Youth Information and Counselling	Local
Off The Record	Local
Disability	
SPOD	National
Domestic Violence	
Everyman Project	National
Jewish Womens Aid helpline	National
Northampton Women's Aid	National
Pathway Project	National
Refuge	National
Welsh Women's Aid	Local
Women's Aid National Domestic Violence Helpline	National
Apna Ghar	Local
Women's Aid Advice Centre	Local
Women's Domestic Violence Helpline (Manchester)	Local
Drugs	
Adfam National	National
Family and Friends Drugs Line	Local
Mind in Camden - Minor Tranquilliser Service	Local
Emotional Distress	
ASSIST (Assistance Support & Self Help in Surviving Trauma)	National
Association for Postnatal Illness	National

Bristol Crisis Service for Women	National
Careline	National
Confidential Care	National
Couple Counselling Scotland	Local
Crossline Central	Local
Lifeline	National
Miyad – National Jewish Crisis Helpline	National
Muslim Women's Helpline	National
Nottingham Crisis Line for Women	Local
Supportline	National
The Samaritans	National
Doncaster Women's Telephone Helpline	Local
Family Link Line (Liverpool)	Local
Leeds User Led Crisis Service	Local
London Nightline	Local
NERIL – North Essex Resource and Information Line for Mental Health	Local
SOLACE	Local
Sunderland Mental Illness Helpline	Local

Family and Parents

CHILD – The National Infertility Support Network	National
Family Contact Line	National
Gingerbread Advice Line	National
Marriage Care	National
National Council for One Parent Families	National
Parent Lifeline	National
Parentline Plus	National
Relate	National
Stepfamily Scotland	Local
Youngminds - Parents' Information Service	National
Family Counselling Helpline	Local
Family Line Surrey	Local
Family Matters	Local
Kids & Us	Local
MOSAC	Local
Parent Helpline (Doncaster)	Local

Health

Breast Cancer Care	National
Issue (National Fertility Association)	National
NHS Direct	National

Learning Disability

Mencap	National
Parent Partnership Project	National

Legal and Civil Rights

Rights of women National

Lesbians, Gay Men and Bisexuals

Jewish Lesbian and Gay Helpline National
Lesbian and Gay Christian Movement National
London Lesbian and Gay Switchboard National
Out-Side-in National
Quest Linkline Helpline for Lesbian and Gay Catholics National
Derby Friend Local
East Lancashire Lesbian and Gay Switchboard Local
Gay Advice Local
Gay and Lesbian Switchboard (South West) Local
Lewisham friend Local
South Essex Switchboard Local

Mental Health

Alzheimer's Helpline
Community Advice and Listening Line National
Depression Alliance National
MINDinfoline National
SANELINE National
Women & Mental Health Infoline National
Campaign Against Men Living Miserably (CALM) National
Carelinkline National
Crisis Line (Oxfordshire) Local
Crisis Line (North West) Local
Greenwich Out of Hours Mental Health Support Service Local
Lifeline Local
MIND – Bristol Local
MIND – Greenwich Local

Older People

Elder Abuse Response National
Help the Aged National
Senior Line National

Prisoners and Ex Offenders

Prisoners Wives and Families Society National
Prisoners' Family and Friends Service National

Rape and Sexual Abuse

Breaking Free National
Childwatch National
Reachout National

Appendix B

Interviews were conducted in the following organisations with the people specified (in late 2002/2003):-

Breaking Free: Annette Bulluta and Debbie Sandoval
Careline: Angela Sharp
Everyman: Sonia Saljean
Marriage Care: Angela Armstrong
Miyad: Naomi Berger
Nightline: Sophie Allchin
National Council for One Parent Families: Natasha Benenson
Parentline Plus: Dorit Braun. Additional information from Gill Loughran.
Premier Lifeline: Jonathan Clark
Prisoners' Family and Friends: Audrey Hyde-Chambers
Relate Central: group interview with Steve Bagnell, Duncan White, Lynn Barnet, Kathy Ward, Debbie Bannigan. Separate interview with Lynn Barnett.
Additional information obtained from Helga Leake, Ross Lynn, Rob Bolton and Julie Jackson.
Samaritans: Kate Wilson
Young Minds: Juliet Buckley and Peter Wilson

Telephone interviews were conducted with the following organisations:

Al-Anon: Nicki Bagust
Muslim Women Helpline: Najma Ebrahim
NHS Direct, Kent, Surrey and Sussex: Sue Gurney
Relate Dacorum: Mike Hockings
Relate Derby: David Shardlow
Relate Direct: Julie Jackson
Relate Dorchester: Ann O'Neill
Relate Lancashire: Vicky Cuthbertson
Relate Northants: Wendy Lovell
Relate Pennine: Sue Fisher
Relate Staffordshire Ann Collard
Relate South East Sussex: Maureen Anstey
Relate Worcestershire: Annette Summers

Email and/or letter contact was made with the following organisations:

Bristol Mind: Sal Ball.
Bristol Crisis Service for Women: Hilary Lindsay
B.S.S: Michael O'Toole
C.A.L.L and Wales Rural Stress Line: Janet Roberts
Carers UK: Andrea Martin
Childline: Becky Owen-Evans
Family and Friends: Valda Reid
Family Contact Line: Alison Cordingley
Family Matters: Mary Trevillion
LMGC: Wendy Thomas
LGCM: Margaret Evans.
Mind info line: Margaret Shapland
Relate Northern Ireland: Robin McRoberts
Rural Stress Helpline: Janet Roberts
Sane: Elizabeth Woodcock and Val Hughes
Senior Line, Help the Aged: David Brown
Sun: Deidre Saunders