

KidsHelpPhone.ca
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Kids Help Phone

Proof Positive:

Evaluation of Kids Help Phone's Phone and
Live Chat Counselling Services



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Angie's Story

Angie felt alone and empty — more than she had ever felt in her entire life. Her mom had died just weeks before. Then, without warning, her dad took his own life. Angie was sent to live on a farm with her elderly uncle, whom she barely knew. She was desperate for help. When Angie finally worked up the courage to call Kids Help Phone, she hung up before uttering a word. She just wasn't ready to talk. Instead, Angie decided to use Kids Help Phone's Live Chat service where she was able to 'talk' to a counsellor using her smartphone. The first thing she typed was: "I don't know if I can do this anymore. Please help..."



"I don't know if I can do this anymore. Please help..."

Within moments, professional counsellor Nora typed back, asking Angie if she was okay. Through the course of their two and a half hour Live Chat conversation, Nora skillfully listened and asked questions. Angie explained she was 15 years old. She was overwhelmed by the death of her parents and homesick for the friends in the small town where she grew up.

After Nora reassured her that it's normal to experience intense feelings after a tragic loss, Angie admitted that she occasionally cut herself. She also confided that she'd thought about suicide just so she could be with her Mom and Dad.

Over the course of their long chat, Nora worked hard to gain Angie's trust and to assess if she was in

immediate danger of harming herself. Eventually, they made a list of trusted adults Angie could talk to the next day, including her best friend's mom. She also agreed to contact the local counselling service Nora recommended from the Kids Help Phone database.

Now that she had a plan to deal constructively with her heartbreaking situation, Angie seemed to relax a little. She

mentioned that the farm "was kind of pretty, especially the horses". She even said she was looking forward to the riding lessons her uncle had arranged.

At this point, Nora typed "I believe you're asking for help because there's a part of you that doesn't want to hurt yourself or die. What do you think?" Angie agreed and said she would definitely call her friend's mom the next morning. Then, after promising to Live Chat with Kids Help Phone again whenever she needed to, she typed "Thank you for helping me get through everything." Nora replied, "It's going to take a while, but you'll be ok. Stay in touch and be well."



About Kids Help Phone

Depression

Self-harm

Bullying

Violence

Eating Disorders

Gender Identity

Anxiety

Substance Abuse

Suicide

These are some of the issues that young people across Canada are grappling with every day. Local help is not always available, but Kids Help Phone is. We are here for children and teens who are embarrassed or afraid to seek help in person, for young people for whom no other help is available and for young people on waiting lists for services or in between appointments. In fact, Kids Help Phone is here for any young

person in Canada whenever they need support. Kids Help Phone is a charity with more than 25 years of experience helping kids face the challenges of growing up every day. We help kids develop resiliency, build confidence and emotional strengths, and increase coping and decision-making skills.

Kids Help Phone is a lifeline available to Canada's 6.5 million young people. Our callers, online chatters and website users live in urban, rural and remote communities and come

from every socio-economic sector. In fact, in 2014, young people across Canada reached out to Kids Help Phone over 1.2 million times through our various service channels and website visits and we provided nearly 58,000 one-on-one counselling sessions.

Thanks to the generosity of thousands of donors and supporters, Kids Help Phone has grown from a telephone-only crisis line into a world leader in providing vital, innovative counselling services to children and youth. In fact, we are the only national service providing youth with free, professional counselling on an anonymous, confidential basis. We are also one of the few youth helplines in the world to conduct comprehensive service evaluations in support of our commitment to quality and continuous improvement.

"Kids Help Phone is the lifeline for vulnerable kids when they need help— it's where trusted adults can be counted on to lead them through the maze of despair or fear. The evaluations of the service provide strong evidence that Kids Help Phone is effective in filling a gap for kids who desperately need a safety net."

Shaheen Shariff, Ph.D.

Associate Professor, Department of Integrated Studies in Education, McGill University



EXECUTIVE SUMMARY: Key Learnings



“Kids Help Phone has saved my life multiple times.”

Kids Help Phone is an international leader in youth helplines sought out for its counselling best practices, training support and expertise in communicating research-based information to young people.

Recognized as one of the few helplines in the world to conduct comprehensive service evaluations, our expertise in service design and counselling practices is often sought by helplines around the world.

In 2014, Kids Help Phone conducted the second set of rigorous evaluations of our phone and Live Chat counselling services to better understand their impact on young people and inform our continuous quality enhancements. We are pleased to report that the evaluations revealed significant evidence of the services' effectiveness and useful data and insights about the lives of our wide-ranging clients.

“Kids Help Phone is making an important difference in the lives of children and youth in Canada and particularly for vulnerable youth. The evaluation highlights the key elements of this service that are critical to its success – availability of support 24 hours a day, accessibility online and by phone, anonymity, and the expertise of counsellors. This service fills an important gap in mental health support for youth in Canada - in crisis, in between health care appointments, and for those who are dealing with significant mental health issues. Kids Help Phone prevents tragedies from happening each day through its 24/7 support services to young Canadians.”

Wendy Craig, Ph.D., FRSC

Professor and Head of Psychology,
Queen's University; Scientific Co-Director of PREVNet

▶ Kids Help Phone’s professional counselling is effective.

Our phone and Live Chat evaluations demonstrate that our counselling service positively affects the well-being of youth who connect with our counsellors. In fact, our evaluation proves that young people are significantly better off for having connected with one of our professional counsellors.

▶ Kids Help Phone’s counselling is meeting young people’s expectations.

The vast majority of young people who contacted Kids Help Phone during the evaluation period said their expectations were met, with **98% of callers and 89% of online chatters stating they would contact Kids Help Phone again if they needed help. In addition, 96% of callers and 94% of online chatters would recommend Kids Help Phone to a friend if they needed help.**

▶ Live Chat provides essential support to young people who are experiencing significant mental health distress.

We asked young people to complete the Youth Self-Report¹ diagnostic tool while waiting to chat online with a counsellor. From this tool, which is used by clinical psychologists, we learned that 60% of potential online chatters scored in the clinical (47.3%) or borderline (12.2%) range for anxiety, 83% scored in the clinical (64.4%) or borderline (18.9%) range for depression and 78% scored in the clinical (51.2%) or borderline (26.3%) range on a measure of post-traumatic stress symptoms.

▶ Kids Help Phone counselling is associated with a statistically significant reduction in distress.

Young people reported feeling much less distressed after speaking or chatting online with a Kids Help Phone counsellor for only a single session: **85% of callers experienced a reduction in self-reported distress** (with all callers averaging a reduction of two points on a seven-point scale), and 65% of online chatters felt less distressed (with all online chatters averaging a reduction of more than 1.2 points on a seven-point scale).

“Kids Help Phone provides professional support by counsellors trained in working with children and youth, unlike crisis lines in BC that are volunteer services and have limited experience with children and youth. Multiple research studies confirm that Kids Help Phone counselling significantly improves youth mental health. Furthermore, they have a remarkably short wait time (usually less than one minute) for phone support; for youth in particular who may find it challenging to wait a long time for help (typical for crisis lines), Kids Help Phone is both highly accessible and appropriate. Fraser Health is pleased to provide the Kids Help Phone number to both youth in distress or crisis and their families, for immediate, night-time help when our service is closed.”

Karen Tee, Ph.D., R.Psych.

Project Planning Lead, Child, Youth & Young Adult Mental Health & Substance Use Services, Fraser Health Director, Operations and Planning, BC Integrated Youth Services Initiative

¹Achenbach, T.M. & Rescorla, L.A. (2001). Manual for the ASEBA School-Age Forms & Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth & Families.



► Kids Help Phone counselling is associated with a statistically significant increase in hope.

Seventy-three percent of callers and 64% of online chatters who connected with a Kids Help Phone counsellor experienced an increase in optimism or sense that the future would be better than the present. This increase in hope was strongest for callers who increased, on average, 1.44 points on the seven-point scale.

► Kids Help Phone is supporting young people in high-risk situations.

Twenty-eight percent of Kids Help Phone callers and 30% of online chatters were experiencing high-risk issues that were discussed during counselling. These issues included imminent risk of suicide, active self-harm, living with violence or abuse, and the diagnosis of a mental illness.

► Young people seeking help for mental health or suicide-related concerns are more likely to reach out for support through Live Chat than by phone.

Key findings from our evaluations reinforce counsellors' perception that more "serious" mental health and suicide-related conversations occur through Live Chat than by phone. In fact, youth experiencing serious mental health or suicide-related concerns are 22% more likely to reach out for counselling via Live Chat than by phone. As a result, when a counsellor responds to a chat, it is almost three times more likely to be about mental health or suicide than when they respond to a phone call.

► Kids Help Phone is an essential part of the mental health continuum of care for children, youth and young adults in Canada.

We provide young people in Canada with access to professional counsellors whenever they need support, including when they are on waiting lists for mental health services or between appointments with mental health clinicians. In fact, 28% of callers and 19% of online chatters who participated in the 2014 evaluation were seeing a counsellor or therapist, and 10% of callers and

13% of online chatters were on a waiting list for mental health supports.

Kids Help Phone is often the first place young people turn to for support, before they even consider accessing formal mental health supports. In fact, 40% of young people who contacted Kids Help Phone had not spoken to anyone else about the issues that brought them to our services.

► Kids Help Phone's clients are diverse and represent many potentially vulnerable and under-served populations.

- 20% of callers and 36% of online chatters identified with non-heterosexual orientations (eg. lesbian, gay, bisexual, queer, questioning or asexual)
- 2.6% of young people who call Kids Help Phone identify outside the male/female gender binary (e.g. transgender)
- Over 7% of young people using Live Chat identified as Aboriginal, First Nations or Métis
- 8% of callers identified as Black (African or Caribbean Descent)
- 46% of callers and 43% of online chatters identified as immigrants or first generations

Through this research, Kids Help Phone has demonstrated how service evaluations continue to yield new learnings that are unexpected and help the organization really understand "where kids are at." We are committed to building on these learnings, to provide an effective professional counselling service that benefits young people all across Canada and improves their mental health and well-being. We are already putting our 2014 research into practice with the development of a new manual and enhanced training sessions for our Live Chat counsellors. In addition, we are committed to using our findings to strengthen counselling services and other youth-serving organizations throughout Canada and abroad.

We trust that this report will confirm the confidence that our many loyal donors, partners, and other supporters have in Kids Help Phone. Together, we can continue to meet the growing and quickly evolving mental health and well-being needs of young people in Canada, all while inspiring them to help us become even more effective as Canada's leading youth counselling service.

INTRODUCTION:

Building on Our Knowledge



In 2011, Kids Help Phone committed to evaluating its phone and Live Chat services to better understand their impact on young people, with the longer-term goal of ensuring outstanding, effective service. This report shares key findings from our second evaluation, conducted in 2014.

Why Evaluate Our Services?

Kids Help Phone believes that evaluation is an essential component of effective service delivery, and that having a rigorous process for evaluation is, first and foremost, a sign of respect for and dedication to our young clients. Our commitment to evaluation indicates that client needs are of the utmost priority, and ensures systems are in place to respond to the evaluation outcomes. These include strengthening counselling quality and consistency by ensuring that all counsellors have the tools, skills, training and supervisory support to best serve youth. In

addition, the use of systematic evaluations demonstrates a commitment to cost-efficiency, thereby maximizing the impact of every donor's gift.

Conducting evaluations allows us to:

- Examine whether the service is effecting positive change among our client base, and what that change looks like, thereby providing a further foundation for service enhancements and new programs.

- Learn more about our widely diverse clients and their needs, which can then inform and support professional and program development.
- Determine where the service meets or exceeds benchmarks, and also where development or additional resourcing is needed.
- Share with our donors and supporters a more detailed analysis of their impact on the mental health and well-being of young people in Canada.

- Strengthen our collective understanding of how to best support youth in crisis.

Since 2012, evaluation has become integral to our work. In addition to studying the impact of our phone and Live Chat services, we regularly evaluate our websites, counsellor training and all new services and programs in order to ensure their maximum benefit to the children, teens and young adults who rely on us.

Making a Global Impact

Kids Help Phone is acknowledged as a leader among our peers at Child Helpline International (CHI), a global network of 192 child helplines in 145 countries. As a founding member of CHI, Kids Help Phone has continued to lead in the development of counselling delivered via technology, optimized training and support of professional counsellors, and now research and evaluation. Our research illuminates the crucial role that anonymous helplines can play in supporting youth who cannot or are not comfortable accessing community-based support services.

In 2014, we had the opportunity to share knowledge with colleagues from three helplines in Latin America, who travelled to Canada to learn about our service and how we evaluate its impact.

Over the past few years, Kids Help Phone counselling services staff have spoken at numerous conferences in Canada and abroad about our Live Chat service and its evaluation, development of our app and online supports for

youth, and ways in which we have strengthened services for underserved and potentially vulnerable youth. These conferences included the International Youth Mental Health Conference, International Consultation of Child Helplines in the United Kingdom and Nicaragua, Children's Mental Health Ontario conference, Rainbow Health Ontario conference, Canadian Mental Health Association National Conference and Colloque en éducation 2012 de l'Institut Tshakapesh (serving eight Indigenous communities). In addition, Kids Help Phone has shared learnings from our 2012 phone and Live Chat evaluations with hundreds of organizations around Canada and internationally with the aim of strengthening other youth-serving agencies.

"Kids Help Phone is widely recognized by its peers and its networks as one of the very top youth helplines in the world – high quality professional counselling, innovative new channels such as BroTalk and Live Chat, and a deep commitment to evaluating the effectiveness of its services. I hope all Canadians know just how lucky their young people are."

Sheila Donovan

Executive Director, Child Helpline International, the global network of 183 member child helplines in 142 countries



Goals of 2014 Evaluation

"For over 25 years, Kids Help Phone has been a critical piece of the mental health safety net for Canadian children and youth. More recently, Kids Help Phone has become a global leader in the evaluation of crisis line supports in a sector that has to date lacked evidence to demonstrate its full impact. Through a commitment to meaningful youth engagement, continuous evaluation and evolution of their services, Kids Help Phone has distinguished itself as a trend setter in this area."

Ian Manion, Ph.D., C.Psych.

Director of Youth Mental Health Research at the Institute for Mental Health Research, Ottawa

In 2012, working under the guidance of The Centre for Excellence in Child and Youth Mental Health, we developed and tested the first formal, rigorous, outcome-focused evaluation framework for our phone counselling services. Like most youth helplines around the world, we previously relied on a number of measures to inform ourselves of the effectiveness of our service, and to identify opportunities for improvement and enhancement. These measures included total counselling sessions delivered, survey feedback on our websites, and informal feedback from young people, parents and educators.

The 2012 evaluation established preliminary client demographic, satisfaction and outcome benchmarks beyond our existing basic data (e.g. gender of callers, issues they discussed). Prior to this, our information gathering had been strictly limited by the anonymous and confidential nature of our services. The key learnings from the initial evaluation have informed our work in significant ways. (To learn more about the 2012 evaluation, please read our report, *Proof Positive* at kidshelpphone.ca/results)

Our 2014 research focused on these objectives:

1. Provide a description of the characteristics of youth who access Kids Help Phone services.
2. Describe the nature and level of risk associated with these clients' counselling conversations, particularly as they relate to mental health symptoms.

3. Assess and compare the perceived effectiveness of our phone and Live Chat counselling in improving clients' distress, perceived difficulty of their problem, hope, problem clarity and self-efficacy.
4. Assess "what works" in terms of supporting the therapeutic relationship using both phone and online chat technologies, which lack the contextual and emotional cues available in face-to-face counselling.

Our better understanding of the characteristics of our callers and online chatters informs counsellor hiring and training, the development of services, youth outreach, marketing and fundraising. With continued evaluations, this research may also help us understand the trajectories of youth who reach out to us multiple times throughout adolescence and their relationship with our organization and other external supports.

As a part of our evaluation, we asked questions directly connected to the counselling outcomes outlined in our logic model. The purpose of these questions was to help us understand whether our counselling functions the way that we believe it should and to provide us with a better understanding of the strengths and limitations of technology-based services like Live Chat.

Objective coding of risk-level and ill mental health symptoms helps increase our understanding of Kids Help Phone's unique position and role in the Canadian mental health landscape. For the first time, we used a validated clinical research tool to inform us about online chatters' mental health. We have learned, from online chatters' self-report, for instance, that a large percentage of young people accessing Live Chat have been diagnosed with a mental health condition. This key finding is already making a significant impact on our counselling training.

In this report, we will look at findings related to the phone and Live Chat services. Where helpful, we will compare them to data from our 2012 evaluation. Together, these evaluations add to the body of research informing Kids Help Phone's core services and logic models and add to the body of knowledge available to other youth-serving agencies and helplines.

Understanding Our Service

"Kids Help Phone is reaching out to the many children who remain hidden from the mental health system. It's proven to be a remarkably effective approach that is using technology in positive ways to benefit our children. This is the future of intervention, especially for children who are socially withdrawn, anxious or simply lacking the certainty that they will be believed when they tell adults what they've experienced and are feeling. The anonymity of the contact makes Kids Help Phone an ideal intervention to prevent more serious mental health problems, stop a child's exposure to violence, or simply reassure them that their thoughts, feelings and behaviours are normal."

Michael Ungar, Ph.D.

Network Director, Children and Youth in Challenging Contexts Network
 Director, Resilience Research Centre
 Killam Professor of Social Work, Dalhousie University

Kids Help Phone provides single-session, on-demand professional counselling to kids and teens across Canada by phone and online chat. Staffed by a diverse team of professional counsellors, our services are grounded in client-centred and strengths-focused principles. They combine elements of crisis intervention and Solution-

Focused Brief Therapy (SFBT) and Narrative Therapy (NT) to provide the most effective individualized support.

To help young people access help locally, our referral database – the largest of its kind in Canada – contains more than 40,000 health, mental health, social service, legal and advocacy resources appropriate for young people. Kids Help Phone counsellors have three to five years of prior relevant work experience, as well as credentials in social work, psychology or child-and-youth work. Our orientation of new counsellors spans two weeks, including training in our counselling framework, key issue areas and protocols (e.g., responding to a suicide crisis), role-playing and counselling observation. Counsellors receive regular supervision and professional development training.

Our counsellors' work is supported by a knowledge management database containing the latest evidence-based information for a wide range of issue areas (e.g., suicide crisis, sexting, anxiety, sexual abuse, disordered eating). Drawn from the academic and clinical research literature and converted by our Knowledge Mobilization Team into best-practice guidelines and SFBT frameworks, this database content can be quickly accessed and consulted while on a call or chat. These counsellor tip-sheets are drawn from larger source documents, which contain very detailed information, statistics, trends and counselling tools. The source documents inform the training of new staff and our staff development sessions.

Theory

Kids Help Phone counselling processes are based on developmental-systemic theory, which takes into account the multiple determinants of adolescent problems including demographic factors, developmental strengths and weaknesses, and contextual/systemic influences in problem solving.

With this theoretical orientation in mind, Kids Help Phone counsellors use a process of "scaffolding" to help callers and online chatters regulate emotions, process their situation and problem-solve. Scaffolding is a relationship process that supports learning and development through dynamic supports so that young people can perform above the levels

at which they can perform on their own. As young people learn and practice new skills, adults can reduce or change the scaffolding to support the next task in development.

The scaffolding metaphor enables supportive adults to consider the appropriate supports necessary for youths to obtain the skills, capacities and cognitions to move off unhealthy developmental trajectories and onto healthy ones. Our counsellors provide a supportive space in which kids and teens develop skills, capacities and cognitions that allow them to regulate their emotions, process difficult situations and solve problems.

Process of Counselling

Kids Help Phone counsellors provide scaffolding through Brief Solution-Focused Therapy (BSFT), Narrative Therapy (NT) and crisis counselling. These processes bring clients through a hierarchical process.

First, counsellors work with clients to help regulate emotion and tolerate the distress that brought them to our services. Next, counsellors help clients process the difficult emotions that cloud their ability to think clearly about their problem and to work towards next steps. The clients begin to experience a sense of hope about their situation. Counsellors then

support clients in problem-solving or problem-reducing strategies. This final step supports a sense of self-efficacy – a sense that clients have skills or personal attributes that will help them cope with or improve their situation.

These scaffolding processes are tied to indicators of counselling success. As part of our 2014 service evaluation, we measured changes in clients' distress, hope and self-efficacy from immediately before counselling to immediately after counselling. We also measured changes in clarity and perceived difficulty.

Our Logic Model

Social service agencies commonly use logic models to illustrate the basic components of a service or program and for the purposes of internal program evaluations. We created the Kids Help Phone phone counselling service logic model in 2012 for our first service evaluation, and it continues to underpin our service delivery today.

Three core components drive our services: delivering professional counselling to young people, providing them with clinically reliable and age-appropriate information, and offering them information about programs and services in their communities that are appropriate to their needs.

Our phone and Live Chat counselling services carry somewhat different possibilities and constraints (e.g. emotional nuance can be experienced differently depending on the modality – there are no aural cues at all with Live Chat). Each modality can elicit varying reactions and perceptions from young people (e.g. believing certain modalities are more anonymous, or having a preference for talking as opposed to typing). What both of these counselling services have in common is that they provide on-demand, single-session, professional counselling. By working consistently within this framework, our goal is to provide effective counselling in a way that meets the needs of these young people who are reaching out on their own, without referral or parental involvement, regardless of the modality.

At the start of the evaluation process, we began mapping out the short, intermediate and long-term outcomes that we projected would occur in most of our clients after receiving counselling from Kids Help Phone. As our service reaches a wide age range (5 to 20 years old), we knew that it supports young people at different developmental stages with an incredibly diverse range of issues.

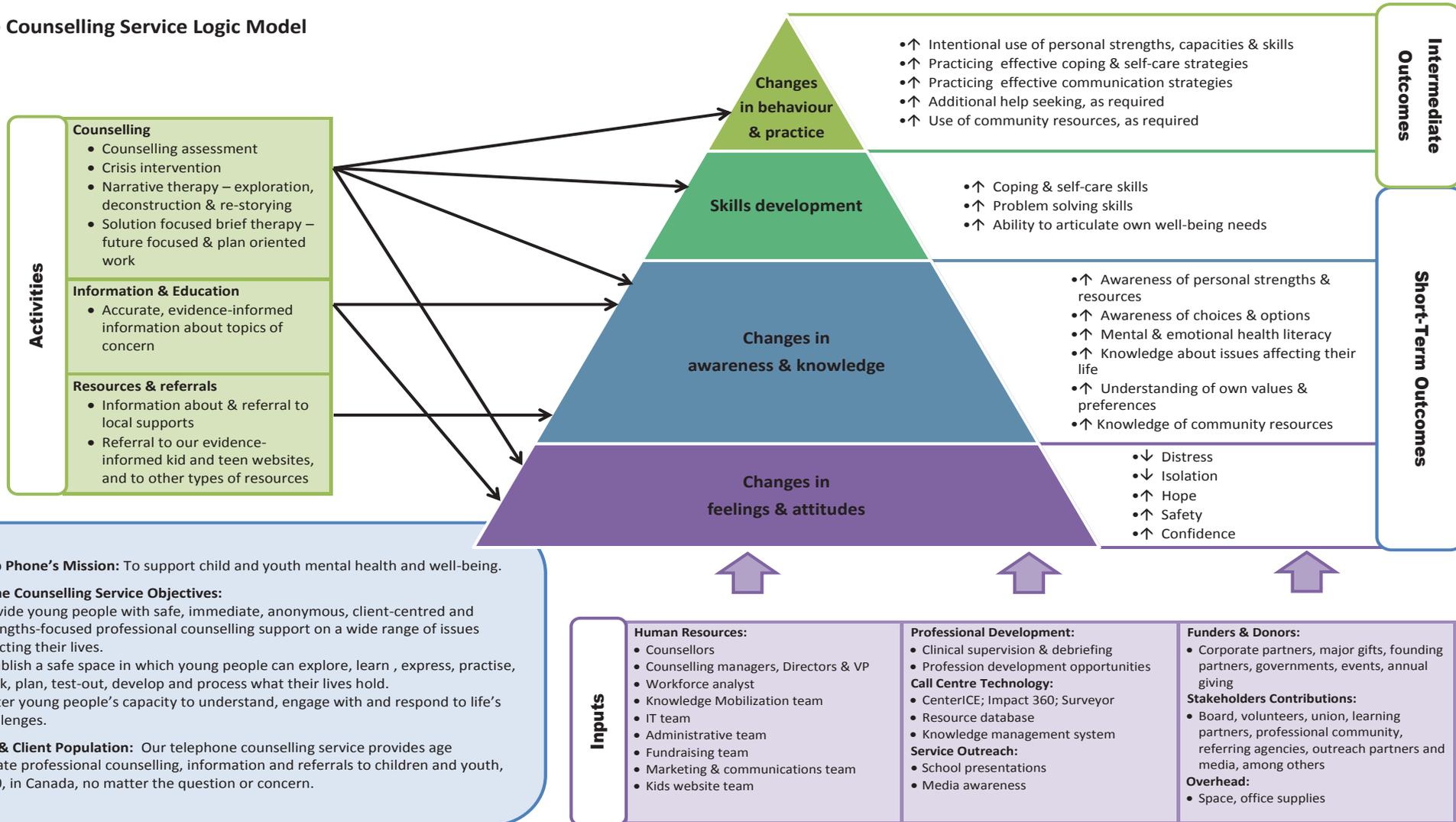


Our Logic Model

Grounded in Kids Help Phone's clinical framework, which uses client-centred, strengths-focused principles and Solution-Focused Brief Therapy and Narrative Therapy, we anticipated that in the short term, service users would experience positive changes in their feelings and attitudes, followed by changes in awareness and knowledge.

As we understand change to be a process, we knew that developing skills and changes in behaviours are more likely to be intermediate and long-term outcomes of multiple counselling sessions, which we would not expect in a single counselling session.

Telephone Counselling Service Logic Model



Overview of Methodology



Recruitment and Sample Sizes

The phone data collection process was designed to run simultaneously with data collection for Live Chat, during the hours of Live Chat operation. For the telephone service, data was collected between 6 p.m. and 12 a.m. (sometimes extending past midnight to allow for callers who began their call with a counsellor before midnight to participate) every Thursday to Monday from May 8 to June 16, 2014. The data collection period was extended to include June 29 and 30, and July 4 to 7, based on the availability of the research team to provide phone coverage. This extension allowed for the collection of 40 more completed questionnaires.

In all, 470 phone clients consented to participate in the research; however, not all of them completed both the before and after counselling portions of the questionnaire. Of these, 116 completed the before-counselling portion only and 75 completed the after-counselling portion only. Four questionnaires were discarded due to a concern that they may have been categorized as a 'prank' or because the

client withdrew consent. The remaining 275 participants completed both portions of the questionnaire. Of those, 232 gave sufficient and usable before-and-after data.

For the chat service, we collected data for 8 weeks. We then extended the data collection period by 10.5 weeks, which allowed for an additional 138 questionnaires to be collected. Data collection lasted from May to September, 2015.

Two hundred and fifty-three online chatters consented to participate in the research and completed the before and/or after counselling portion of the questionnaire, including 129 participants who completed both the before and after scaling questions. A total of 230 questionnaires returned usable data.

Clients under 12 and those who continued to be in extreme distress or faced an emergency situation after counselling were not recruited to this study.

Research Assistants

The research assistants who administered the questionnaires and coded the results were psychology and social work undergraduate and Masters students from York University as well as one Toronto police officer.

The research assistants were supervised by Dilys Haner, Kids Help Phone's research and evaluation analyst, Vanier Scholar and a Ph.D. candidate at York University.

Ethics

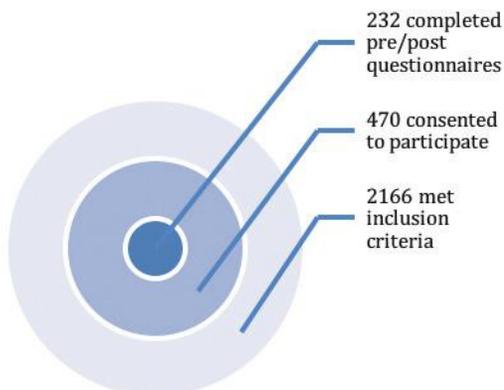
Ethics approval for both the phone and Live Chat evaluations was granted by the York University Research Ethics Board.

Participation Rate

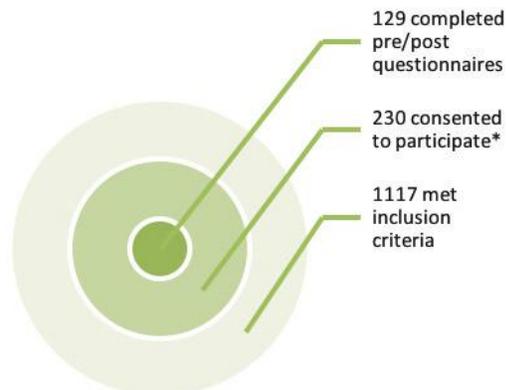
During the 2014 data collection periods, 2,888 counselling calls and 1,100 counselling chats (not including contacts that were hang-ups or assessed as testing or abusive) were recorded in our internal software for logging counselling sessions. A session record is entered approximately 90% of the time both on phone and Live Chat, so we estimate that a total of 4,398 contacts were received during the data collection period. Based on that 90% accuracy rate and the reported 3,283 contacts from clients aged 12 or older, we estimate that there were 3,283 contacts on phone and Live Chat that met our participation criteria and were valid contacts². Of these 3,283 contacts, 1,117 were chats and 2,166 were phone contacts.

Unlike in 2012, the 2014 sample was not entirely recruited via counsellor invitation. Clients had the opportunity to participate in the research before speaking or chatting with a counsellor. Therefore, a recruitment rate cannot be reported for this sample. Participation rates, however, can be reported for both the phone and Live Chat portions of the sample: 22% for phone, 21% for chat, and 21% for the combined sample gave consent to participate, whereas 12% for phone, 12% for chat, and 12% for the combined sample gave complete and usable pre/post counselling data. The total sample including chat participants who gave incomplete but usable data was 14% of all counselling contacts for clients aged 12 and older during the data collection period.

Phone 2014



Chat 2014



²"Valid" refers to contacts that counsellors did not record as testing, abusive or hang-ups.

Participation rates were similar on the phone and Live Chat; however, differences in the nature of the technology resulted in different recruitment challenges. For example, online chatters did not have the opportunity to ask questions of a research assistant before participating, so it was difficult to recruit them for pre-counselling data collection.

Considerably more online chatters agreed to answer the post-counselling portion of the questionnaire than the pre-counselling portion, likely because a counsellor had requested that they consider doing so. Callers tended to complete the questionnaire more often than online chatters, likely because research assistants took them

through it, clarifying ambiguities and letting them know how much of the questionnaire remained to be completed.

The voluntary nature of our study combined with the anonymity of the service means we do not know the exact representativeness of our sample – the extent to which our participants' answers are likely to represent how all counselling clients would answer. Clients may self-select into and out of this type of study for all sorts of reasons, and, as was mentioned previously, we intentionally excluded young people under the age of 12 and those who continued to experience an emergency situation after their counselling sessions.

Questionnaires

For the 2014 evaluation, we asked participants for informed consent and, if granted, asked them to respond to the Counselling Client Questionnaire, version 2 (CCQ-2). The CCQ-2, which was developed by Dilys Haner, Kids Help Phone's evaluation lead, used the Perceived Effectiveness of Counselling Scale (PECS). It was statistically validated at Kids Help Phone using these data. Before and after counselling, we asked young people to identify the degree to which these constructs applied to them and then measured the differences from before to after counselling. We hoped to see the following positive outcomes:

1. Decreased distress
2. Decreased problem difficulty
3. Increased hope
4. Increased problem clarity
5. Increased self-efficacy

The post-counselling portion of the questionnaire also included demographic questions and questions about young people's relationships to Kids Help Phone's services. The transcripts of phone and Live Chat sessions were further analyzed using qualitative methodology to strengthen internal practices.



Evaluation of Phone Counselling



Kids Help Phone's phone counselling service has been available continuously since 1989 and it remains our highest-volume channel. Our first service evaluation, conducted in 2012, demonstrated the powerful and

positive impact that our phone service has on young people. Our 2014 evaluation further confirmed its effectiveness, and also provided valuable insights into our diverse clients and their needs.

Who Uses the Phone Service?

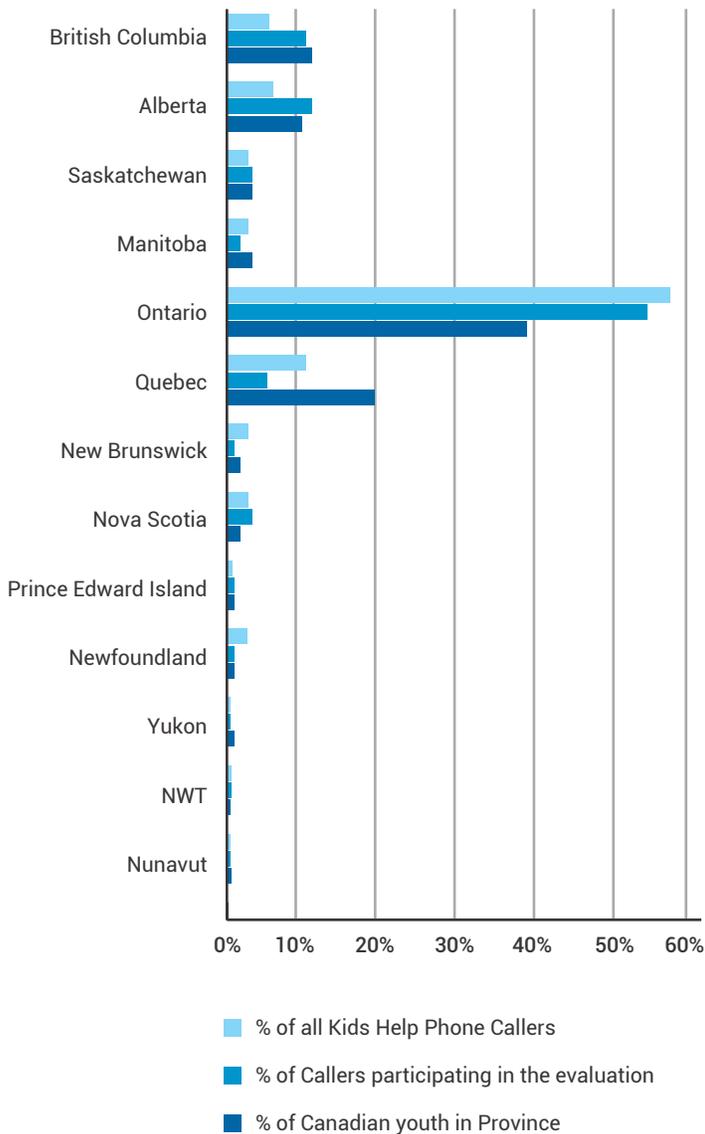
DEMOGRAPHICS

Along with age and provincial/territorial data, we asked study participants for important information such as place of residence, gender identity, culture/ethnicity, generational status and more (we also asked many of these questions in our 2012 research). This section shares highlights from our findings.



"The change I felt from before the call and after the call was more than I thought it would be. It was awesome!"

GEOGRAPHIC LOCATION



The young people who participated in the phone evaluation closely mirrored those who regularly call our service in terms of the province or territory they live in.

PLACE OF RESIDENCE

In 2012, the majority of phone participants reported they lived with parents or other family (91%), and 9% lived alone, with a partner or in another situation. In 2014, 88% of phone participants and 93% of chat participants reported they lived with a parent or other family. Of phone and Live Chat respectively, 2.5% and 5.3% lived alone.

These samples also contain a small number of youth who were living with peers, street involved or living in group homes or foster care.

AGE

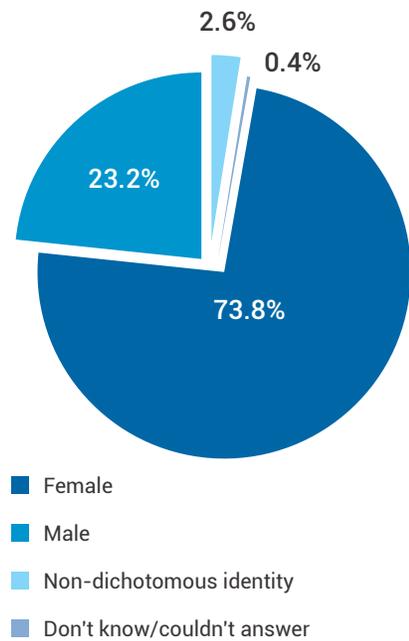
The majority of phone participants were ages 14 to 18, and the majority of online chat participants were ages 13 to 17. We intentionally excluded clients under 12 from the study because of ethical requirements regarding age of consent.

GENDER IDENTITY

The majority of respondents were female, which is in line with overall use of our phone counselling service and that of most helplines around the world.³

A small number of respondents had a non-dichotomous identity or could not answer. Six phone participants identified with non-binary gender identities including “transgender,” “genderfluid” and “genderqueer.” While there are no comparable statistics for transgender or other non-dichotomous gender identities among the Canadian population, we assume that these groups are overrepresented among our respondents.

2014 Phone



³2011 General Child Helpline Data. <http://www.childhelplineinternational.org/resources/data/connecting-to-children/connecting-to-children-2011-data/>

SEXUAL ORIENTATION

In our 2012 evaluation, 16% of our phone participants self-identified as gay, lesbian, bisexual or questioning. While there were no comparable statistics for LGBTQ identification among the Canadian population, we assumed that this group was overrepresented in our sample. In 2014, **20.4% of the phone sample and 35.9% of the chat sample identified with non-heterosexual orientations.** The difference between the 2014 phone and Live Chat samples is statistically significant, as there were significantly more non-heterosexual orientations (eg. lesbian, gay, bisexual, queer, questioning or asexual) participants in the chat sample than in the phone sample.

The increase in non-heterosexual youth represented in our evaluation could mean that there are more non-heterosexual clients using our service, or that increasing awareness, tolerance and acceptance toward these groups has allowed more youth to feel safe in acknowledging and disclosing their identities.

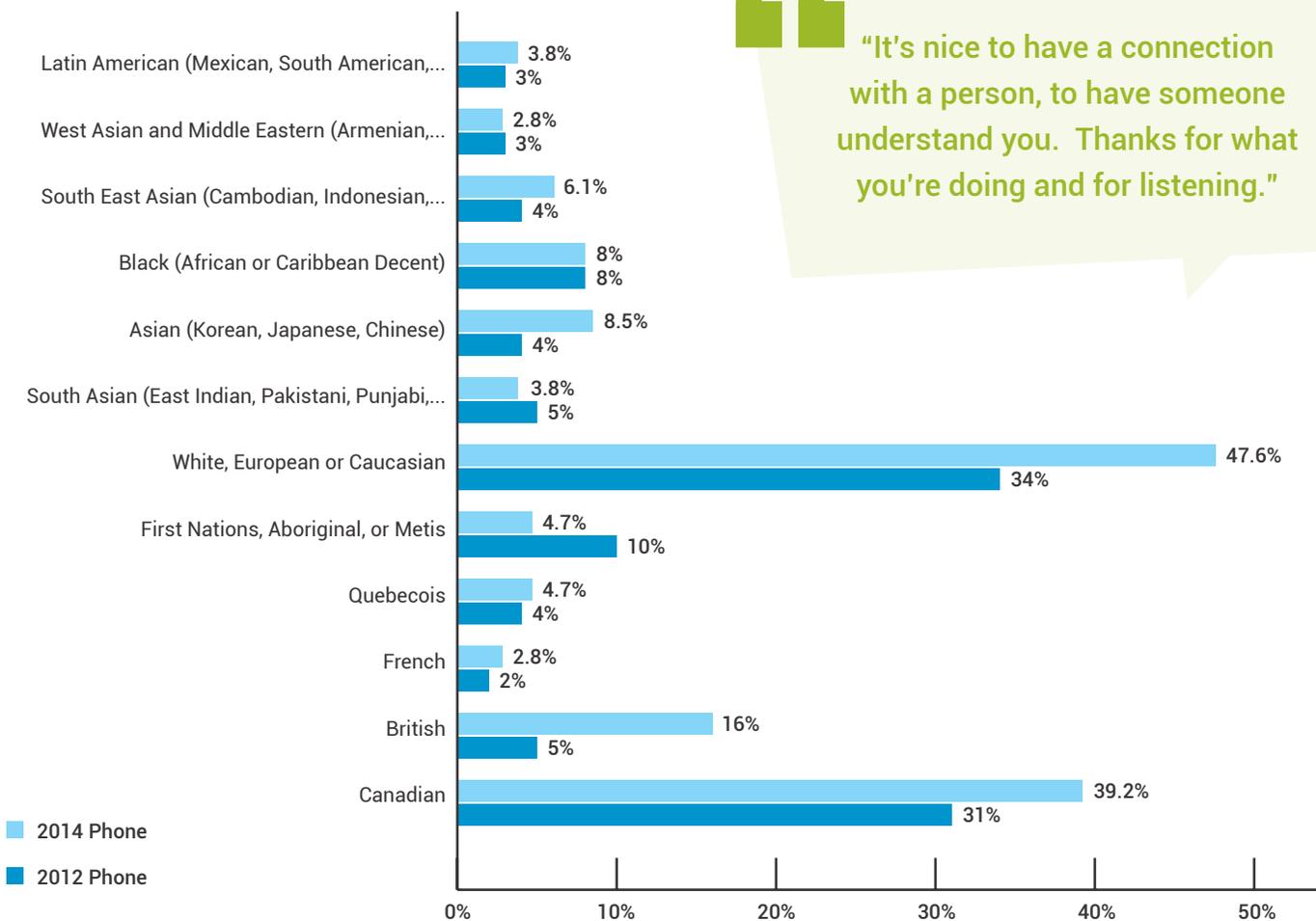
In 2014, we added significant content about sexual orientation and gender identity to our websites. This content has been widely distributed and very well received and may have raised the perception of Kids Help Phone as a safe place for LGBTQ-identified youth to turn to for counselling and support.

RACIAL, ETHNIC OR CULTURAL AFFILIATION

To better understand the racial, ethnic and cultural affiliation of our callers, we asked a broad, open-ended question: "People are often described as belonging to particular racial, ethnic or cultural group(s). For example, Filipino, Jamaican, English or Inuit. To which ethnic or cultural groups do you see yourself belonging?" Respondents could self-identify in any way they liked, and they could identify with as many groups as they liked.

In the 2014 evaluations, 47.6% of phone participants identified as White, European or Caucasian, and 39.2% answered "Canadian." Young people identifying as First

Racial, Ethnic, or Cultural Identity (2012 - 2014 Phone)



“It's nice to have a connection with a person, to have someone understand you. Thanks for what you're doing and for listening.”

Nations, Aboriginal or Métis made up 4.7% of the phone sample. We are working to increase our outreach to First Nations, Aboriginal and Métis youth, as we know Kids Help Phone is often a critical lifeline for youth in these groups.

The top three non-Canadian and non-Caucasian affiliations in the phone sample were Asian (8.5%), Black African or Caribbean (8%) and South East Asian (6.1%). The numbers for Asian and South East Asian participants increased from 2012 (when both were at 4%), while the number of Black African or Caribbean participants remained the same.

"Kids Help Phone has been an important resource for Indigenous children and youth throughout Canada, in particular in communities where there is limited access to the variety of resources offered to the Indigenous urban population. As Kids Help Phone evolves I am optimistic that more Indigenous children and youth reach out to this thoughtful and caring service."

Jeannine Carriere, Ph.D.

Professor, University of Victoria
School of Social Work and Faculty Lead
Indigenous Student Support Centre

GENERATIONAL STATUS

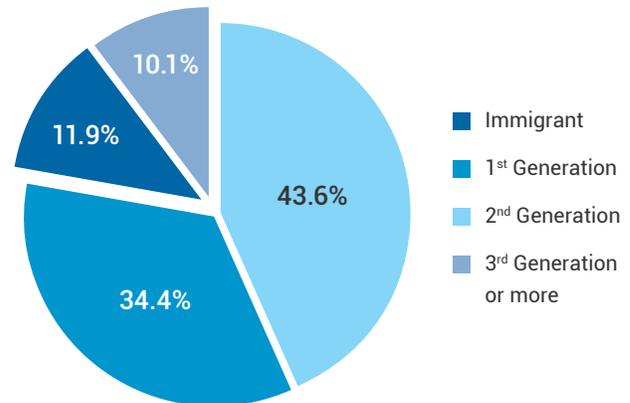
In 2014, for the first time, we asked young people a question to help identify a caller's generational status in Canada. Because Canada is a multicultural society with a large immigrant and new Canadian population, we hoped to determine how many of our clients are newcomers to Canada. Immigrant youth and first-generation young people often experience unique stressors (e.g. culture shock, culture clash between their families and the dominant culture, or different barriers to service such as cultural stigma against ill mental health and help-seeking, or lack of awareness about government and community services).

For the purposes of this evaluation, "immigrant" was defined as having been born outside of Canada. "First generation" was defined as having been born inside Canada with at least one parent not born in Canada. "Second generation" was defined as the young person

and both parents having been born inside Canada with at least three or more grandparents not born in Canada. "Third generation +" was defined as the young person and both parents having been born in Canada with two more grandparents also having been born in Canada.

We found that a large percentage of respondents, **46% identify as immigrant or first generation.**

Generational Statuses of 2014 Phone Participants (n = 214)



"It's great when people just give a listening ear, relay info back to you and give real advice, not just slogans."



Reasons for Using the Phone Service

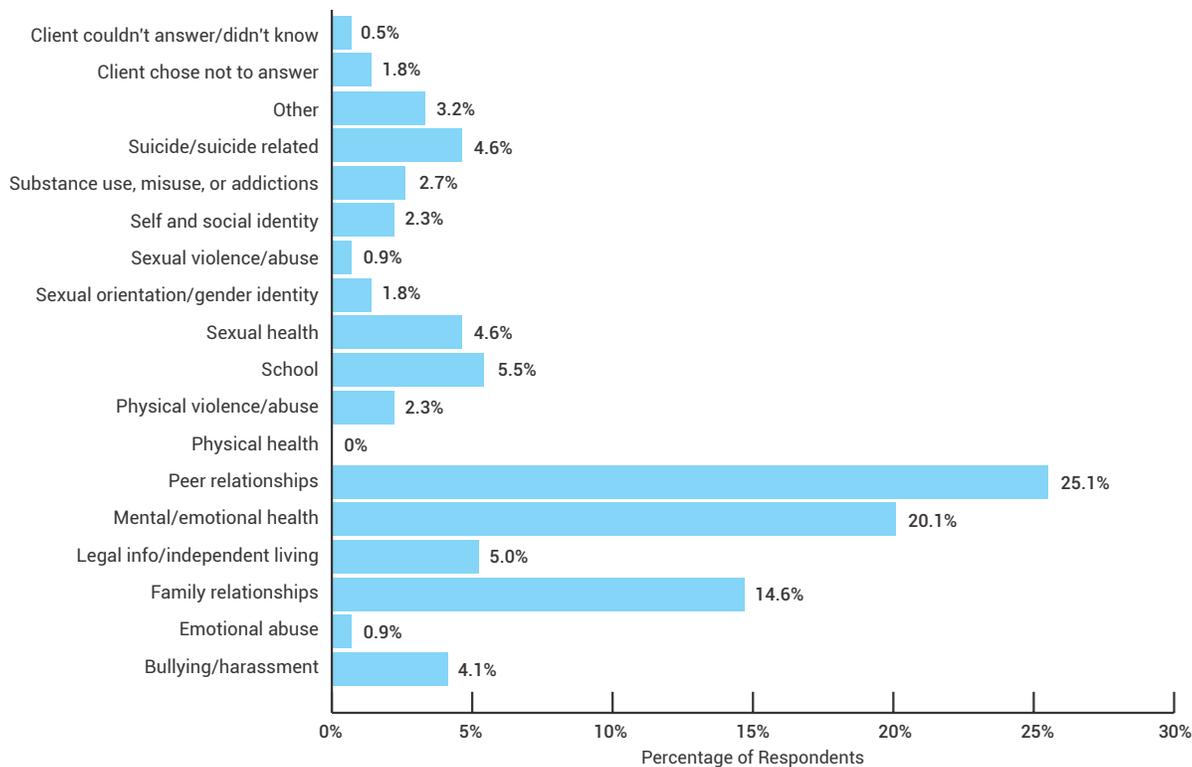
Young people contact Kids Help Phone with a diverse range of issues, such as bullying, substance abuse, depression, eating disorders and thoughts of suicide.

The 2014 service evaluation was an opportunity to expand on the knowledge we gained from our 2012 evaluation. Once again, we asked our phone participants, "What problem or situation did you contact Kids Help Phone about today?" In 2014, we had 219 respondents. The top self-identified topics were peer relationships (25.1%), mental/emotional health (20.1%), and family relationships (14.6%)

As the chat evaluation section of this report will demonstrate, young people are more likely to discuss "serious" mental and emotional health topics, including suicide, via chat than phone.

The majority of Kids Help Phone callers prefer the phone service over other options. When asked their preferred service medium, 87% of callers chose the phone (8.7% preferred Live Chat, 1.9% preferred our Ask Us Online service and 2.4% stated no preference).

Problem or Situation Topic as Reported by 2014 Participants Using the Phone Service (forced single choice)



Frequency of Service Use

Our phone service evaluations have helped us better understand callers' relationships with Kids Help Phone. Many young people connect with our counsellors multiple times. The 2014 research showed that 32% of callers who participated in the evaluation were new users of our service. About a third of prior callers had used the phone service once before, and a third had called two to five times. This demonstrates how Kids Help Phone supports young people as they work through complex challenges at

different times in their lives.

We also learned that many of our callers have a long-standing relationship with Kids Help Phone: 30.9% reported using the service for more than 13 months and 22.3% for four to 12 months. The remaining 46.8% had used the service for three months or less.

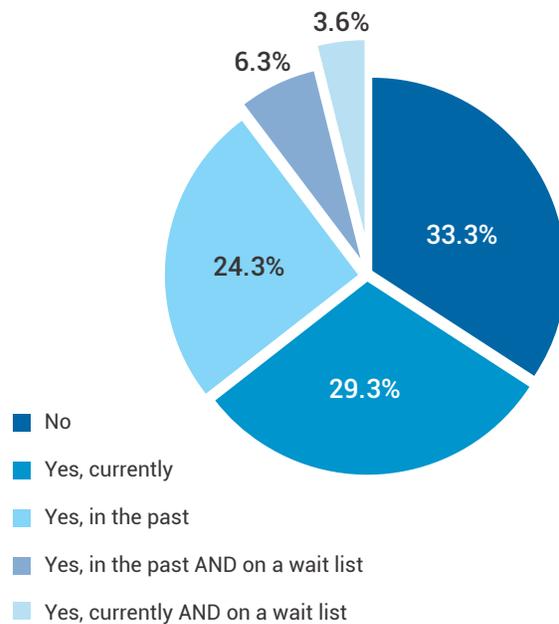
Use of Other Supports

To gain insight into the role of Kids Help Phone's counselling services in the lives of young people, we asked participants whether they had spoken to anyone else about their topic of concern before contacting us. We also inquired about their previous help-seeking efforts and contact with formal supports.

Of the 224 phone participants in 2014, 133 (59.4%) had spoken to someone else (63.2% had spoken to a friend/peer, 53% to a sibling and 34.6% to a parent/guardian/adult family member). About 40% had not spoken to anyone about the problem or issue before calling Kids Help Phone. This suggests that, for many young people, our service is the primary trusted support they can turn to.

Anecdotal reports from counselling staff have long indicated that a number of our clients access the telephone counselling service in addition to receiving ongoing, face-to-face professional mental health services. We asked our respondents "Have you ever gone to see a professional counsellor or therapist?" In the 2012 phone sample, 41% stated they had seen a counsellor/therapist in the past, were currently seeing a counsellor, or both. At the time, this number was thought to be remarkably high. We asked the same question in 2014 and there was a clear increase in the proportion of phone participants who had formal contact with mental health support: **66.7% had seen a counsellor/therapist in the past or were currently seeing one** (none stated "both").

2014 Phone Relationship to Formal Mental Health Supports (n = 222)



Impact of Kids Help Phone's Phone Counselling Service

To assess Kids Help Phone's effectiveness in phone counselling, our 2014 evaluation measured service impact in a number of counselling outcome areas, including distress, perceived difficulty and clarity of the problem, hope and self-efficacy. To ensure that we were accurately measuring these constructs, our Research and Evaluation Analyst created the Perceived Effectiveness of Counselling Scale (PECS). This 16-item scale was expanded from the three-item scale used in 2012, allowing us to gain greater insight and improve the reliability of study results. We asked phone participants several questions before and after their counselling session and compared the responses.

DISTRESS

To measure distress, we asked participants to reflect on how upset they felt about their problem (on a scale of zero to seven), before and after speaking with a counsellor. We also asked how strongly they were feeling their emotions at that point and how stressed out they felt.

Kids Help Phone is, before all else, a helpline for youth experiencing an uncomfortable level of distress, so it's unsurprising that distress saw the greatest positive change among our callers. 232 respondents answered these questions before and after their counselling session.

The average distress rating for phone participants before counselling was 1.45 on the seven-point scale. After counselling, the average distress rating was 3.44.⁴ The average change score was 2.00 points. This difference was statistically significant, suggesting the shift in distress was due to the session with a Kids Help Phone counsellor. Overall, **85% of phone participants improved by 1.00 point or more on the distress scale.** Of note, we also learned that callers tend to be in greater initial distress than our chat users.

PERCEIVED DIFFICULTY OF THE PROBLEM

Speaking with a counsellor is intended to help clients shift their perception of their problem or situation from being something overwhelming to something manageable. To assess how much our counsellors help young people change their points of view on their problems, we asked participants about the difficulty of the problem or situation for which they needed help, how much help they needed to move forward with the problem or situation, and how hard the problem was. The average score was 1.72 before counselling and 2.39 after counselling, resulting in an average change score of 0.67. This is a small but positive change, in line with counsellors' expectations.

PERCEIVED CLARITY OF THE PROBLEM

Counsellors often help clients define their problem or situation, distilling it from an amorphous or complicated set of factors to a clear and well-defined issue. In assisting clients to see their problem clearly, counsellors help them to set aside factors that may muddy their thinking and then determine possible next steps.

To see whether counsellors help callers perceive their problem more clearly, we asked participants how clearly they could see what problem or situation it was they needed to deal with, how easy or hard it was to put the problem or situation into words, and how much they knew what to do about their problem or situation.

The average problem clarity score before phone counselling was 3.45, the most positive subscale score before counselling, likely indicating that participants believed they saw their problem with some clarity to begin with. On average, phone clients left their counselling sessions with a rating of 4.67, showing an average

1.21 increase. This change was statistically significant, indicating that this positive change was likely due to the counselling session. Overall 69% of callers saw their problem more clearly after speaking with a counsellor than before. This demonstrates how Kids Help Phone is helping young people develop the skills they need to assess problems and move forward.



“The phone call was really helpful. I don’t mean to sound shocked, but I just talked through and it just clicked for me and I just know what to do. The counsellor was extremely helpful and I feel so much better.”

SELF-EFFICACY

Self-efficacy is the sense of one's own ability to “deal with” a problem or situation. Youth who contact Kids Help Phone already display some sense of self-efficacy, as the act of reaching out for help is a demonstration of their abilities to deal with their difficult issues. However, youth may not view the act of reaching out as such.

We asked participants how capable they were of dealing with their problem or situation, how well they could cope with the problem or situation they were dealing with, and how well they could deal with the problem or situation they were facing.

Before counselling, phone participants had an average self-efficacy score of 2.82. The average after-counselling score was 4.55, with an average increase of 1.73 points. This positive change was statistically significant, indicating that Kids Help Phone counsellors are helping callers increase their self-efficacy. **Overall, 82% of callers had increased self-efficacy around their problem or situation after speaking with a counsellor than before.**

⁴Positive change increases the score.

HOPE

When clients leave the counselling session, our greatest aim as a professional counselling service is that their sense of hope about their problem or situation has increased. A major goal of counselling is to increase the young person's sense of optimism or possibility that the future can be better than the present.

We asked participants how hopeful they were that their problem or situation could change for the better, and how possible it was for their problem or situation to get better. The average before-counselling score was 3.30. The average score increased by 1.44 points to 4.75 – the highest score for any category for phone participants after counselling. Importantly, **73% of callers had more hope about their problem or situation as a result of their counselling conversations.** Kids Help Phone is successful in helping young people see a brighter future.

CLIENT SATISFACTION

To determine whether users of our phone service were satisfied with their counselling experience, we asked them a number of questions regarding their expectations, whether they would call Kids Help Phone again, and whether they would recommend our service to a friend.

To assess callers' hopes and expectations, we asked, "What did you want to get out of your call with a counsellor today?" Phone clients responded to this open-ended question and research assistants fitted their responses into one of three categories: 1) emotional processing/management or talking; 2) issue-based discussion or problem solving; or 3) other. Emotional processing was

prioritized only slightly more than issue-based problem-solving. Likewise, having an emotional processing or problem-solving goal for the counselling contact was not related to scores for counselling outcomes, and there was no statistically significant gender difference for the goal of counselling contact.

To better understand both overall client satisfaction with the support they received and respondents' relationship with Kids Help Phone, we asked, "Would you call Kids Help Phone again if you needed help?" **In 2014, 98% of callers said they would phone again if they needed help. Additionally, 96% of respondents said they would recommend Kids Help Phone to a friend.**



"I think the people you pick for Kids Help Phone are fantastic and you should keep doing what you're doing because what you're doing is right."

"Young people today need options for reaching out. Reaching out, talking with safe adults, is resilience. Reaching out is saying "no" to stigma and self-blame. Youth can expect caring adults who have their best interests in mind at BroTalk and the services at Kids Help Phone. It is like saying to youth and young adults: "We're here, we're ready to listen, we can figure this out - Thanks for calling." You cannot put a price tag on offering a safe, secure, trained person who makes the youth feel that they matter. And youth matter...a lot."

Christine Wekerle, Ph.D.

Associate Professor, Department of Pediatrics,
McMaster University



Conclusion

Our 2014 service evaluation has provided deeper insight into who uses our phone service and how it makes a positive impact on their tough situation. It has also illuminated differences between our phone and Live Chat clients, helping us to improve how we serve both groups.

KIDS HELP PHONE'S PHONE COUNSELLING IS HIGHLY EFFECTIVE

After speaking to our counsellors, young people experience decreased distress and increased clarity and self-efficacy. They also have a greater sense of hope and feel better able to solve their problems. Our research also showed extremely high levels of satisfaction, with 98.2% of callers saying they would use the service again.

KIDS HELP PHONE IS REACHING THE KIDS WHO NEED HELP MOST

Kids Help Phone is reaching under-served and potentially vulnerable young people across Canada, including those who identify as LGBTQ (20.4% of callers), Aboriginal youth (4.7% of callers), immigrants and first-generation youth (46.3% of callers), and young people dealing with mental health challenges (67% of callers had seen a counsellor/therapist in the past or were currently seeing one).

Kids Help Phone provides an essential service that plays a critical role in meeting the mental health needs of children and youth across Canada.

"Kids Help Phone is a frontline resource for young people who need someone to talk to about mental health precisely because it provides easy, immediate, direct, and round-the-clock access to professional help. The service uses technology to remove barriers, thereby allowing any young person to feel safe opening up about personal circumstances that they may be reluctant to discuss in a traditional mental health care setting. The value of Kids Help Phone lies not only in its reach and in the support it offers, but also in the critical role it plays in linking youth to formal services."

Ashok Malla MD, FRCPC

Director, ACCESS Open Minds
Director, Prevention and Early Intervention Program for Psychoses (PEPP-Montréal), Douglas Institute
Professor, Department of Psychiatry, McGill



Evaluation of Live Chat Counselling



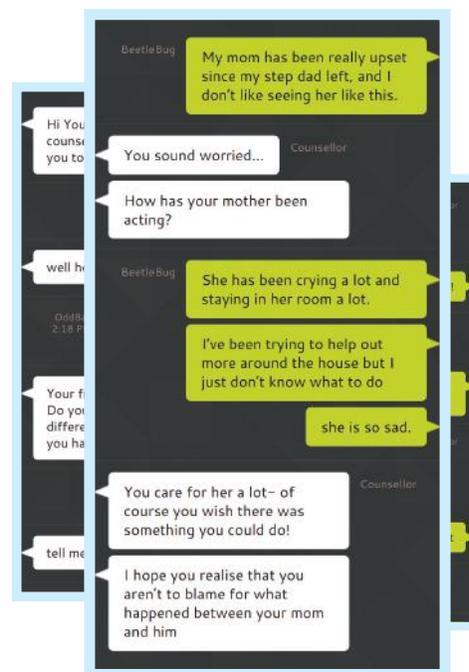
Kids Help Phone introduced its online Live Chat counselling service in 2011 after research showed that 71% of young people wanted to access professional counselling via instant messaging or chat. The Live Chat is now a key part of our services.

Since 2011, our donors have responded to kids' overwhelming demands on the service by funding further counselling positions. Their generosity has enabled an expansion of the nights and hours of service to five a week, eight hours per night. During the evaluation period in 2014, Live Chat was available from 6 p.m. to 12 a.m., and we collected data from May 8 to September 1 2014.

Using a computer or mobile device, chat users exchange one-on-one messages in real time with a counsellor. As with our phone service, these sessions are provided on an anonymous and confidential basis. We now conduct approximately 325 chats every week.

We collected some demographic data about our chat participants in 2012, though results were somewhat limited because Live Chat was a pilot

project at the time and had not yet been marketed to youth across Canada. In 2014, we gained a richer and more accurate view of our chat users using a new questionnaire.



Who Uses the Chat Service?

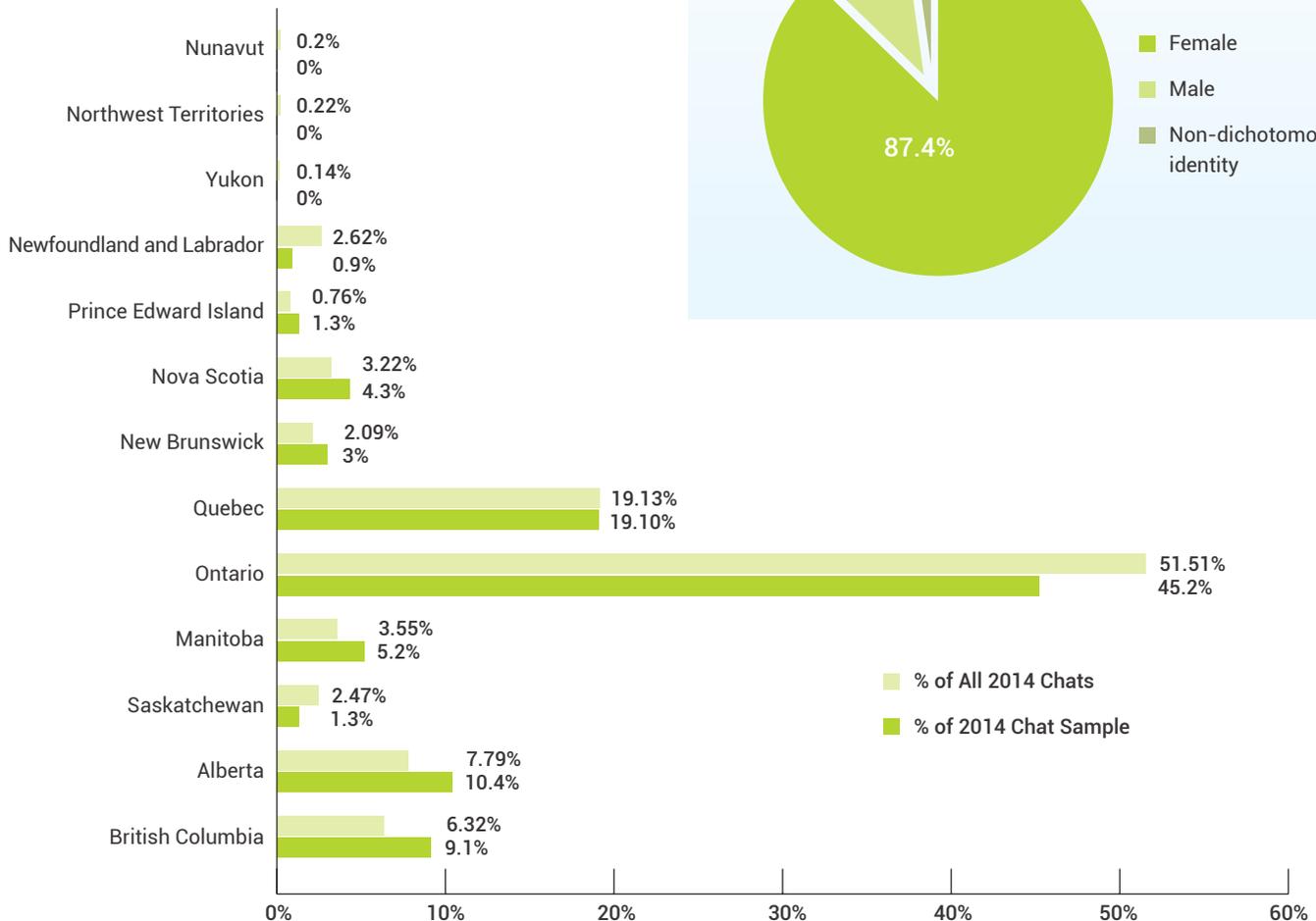
DEMOGRAPHICS

Along with age and provincial/territorial data, we asked study participants for important information such as place of residence, gender identity, culture/ethnicity, generational status and more. This section shares highlights from our findings.

GEOGRAPHIC LOCATION

Ontario composes the largest proportions of both the phone and Live Chat samples. The difference in Quebec participants between phone and Live Chat is notable. In 2014, young people from that province demonstrated a preference for chat over phone. This could be because there is no other helpline offering online chat services in French.

Percentage of 2014 Online Chatters by Province/Territory

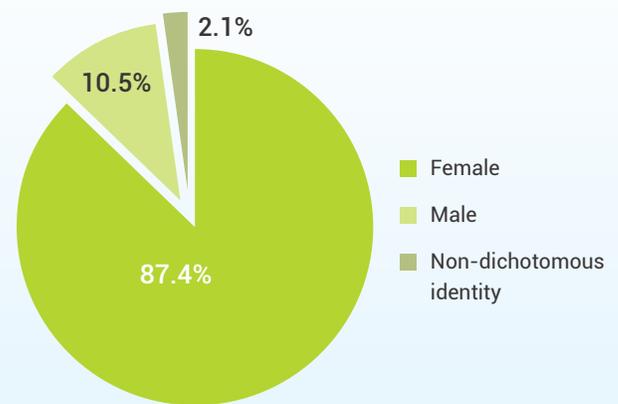


GENDER IDENTITY

The majority of young people using our Live Chat service during the evaluation period were female, which is in line with overall use of our phone counselling service and that of most helplines around the world.⁵

The most interesting finding in the 2014 data is the difference in male use of the chat vs. phone media. Only 10.4% of the chat participants identified as male (23.2% on phone), while 87.4% identified as female (73.8% on phone). On chat, 2.1% identified with non-binary gender identities (2.6% on phone).

2014 Chat



⁵2011 General Child Helpline Data. <http://www.childhelplineinternational.org/resources/data/connecting-to-children/connecting-to-children-2011-data/>

Who Uses the Chat Service?

SEXUAL IDENTITY

In 2014, 20.4% of the phone sample and 35.9% of the chat sample identified with non-heterosexual orientations.

The difference between the 2014 phone and Live Chat samples is statistically significant. There were more non-heterosexual participants in the chat sample than in the phone sample. This could mean that there are more non-heterosexual clients using our service, or that increasing awareness, tolerance and acceptance toward these groups has allowed more youth to feel safe in acknowledging and disclosing their identities.

In 2014, we added significant content about sexual identity to our websites. This might have raised the perception of Kids Help Phone as a safe place for LGBTQ-identified youth to turn for counselling and support.

RACIAL, ETHNIC OR CULTURAL AFFILIATION

To better understand our clients' racial, ethnic and cultural affiliation, we asked a broad, open-ended question: "People are often described as belonging to particular racial, ethnic or cultural group(s). For example, Filipino, Jamaican, English or Inuit. To which ethnic or cultural groups do you see yourself belonging?" Respondents could self-identify any way they liked and with as many groups as they liked.

In the 2014 evaluations:

- 40.1% of chat participants identified as White, European or Caucasian
- 82.2% identified as "Canadian"
- 7.2% identified as First Nations, Aboriginal or Métis
- The top three non-Canadian and non-Caucasian affiliations in the chat sample were Asian (Korean, Japanese or Chinese) (12.5%), First Nations, Aboriginal or Métis (7.2%) and Black (African or Caribbean) (5.3%)

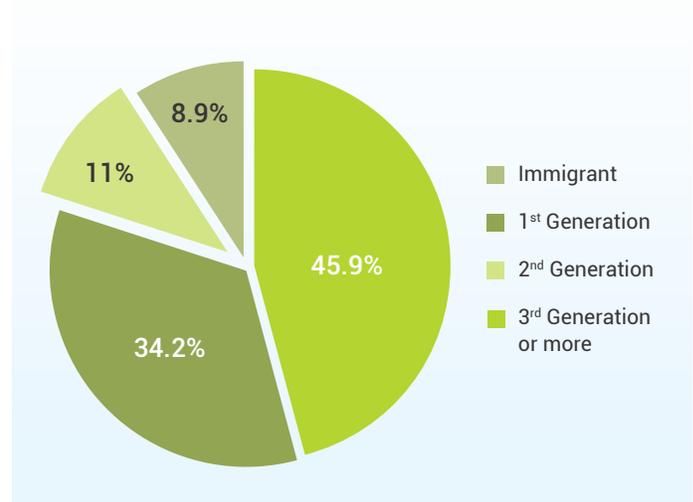
GENERATIONAL STATUS

For the first time, we asked young people a question that would help us identify their generational status in Canada. Because Canada is a multicultural society with a large immigrant and recent Canadian population, we hoped to determine how many of our clients are newcomers. Immigrant youth and first-generation young people experience unique stressors (e.g., culture shock, culture clash between their families and the dominant culture, or different barriers to service).

For the purposes of this evaluation, "immigrant" was defined as having been born outside of Canada. "First generation" was defined as having been born inside Canada with at least one non-Canada-born parent. "Second generation" was defined as the young person and both parents having been born inside Canada with at least three or more grandparents not born in Canada. "Third generation +" was defined as the young person and both parents having been born in Canada with two more grandparents also having been born in Canada.

We found that a large percentage of chat users, 43.1%, identify as immigrant or first generation.

Generational Status of 2014 Chat Participants (n = 146)



Reasons for Using Live Chat

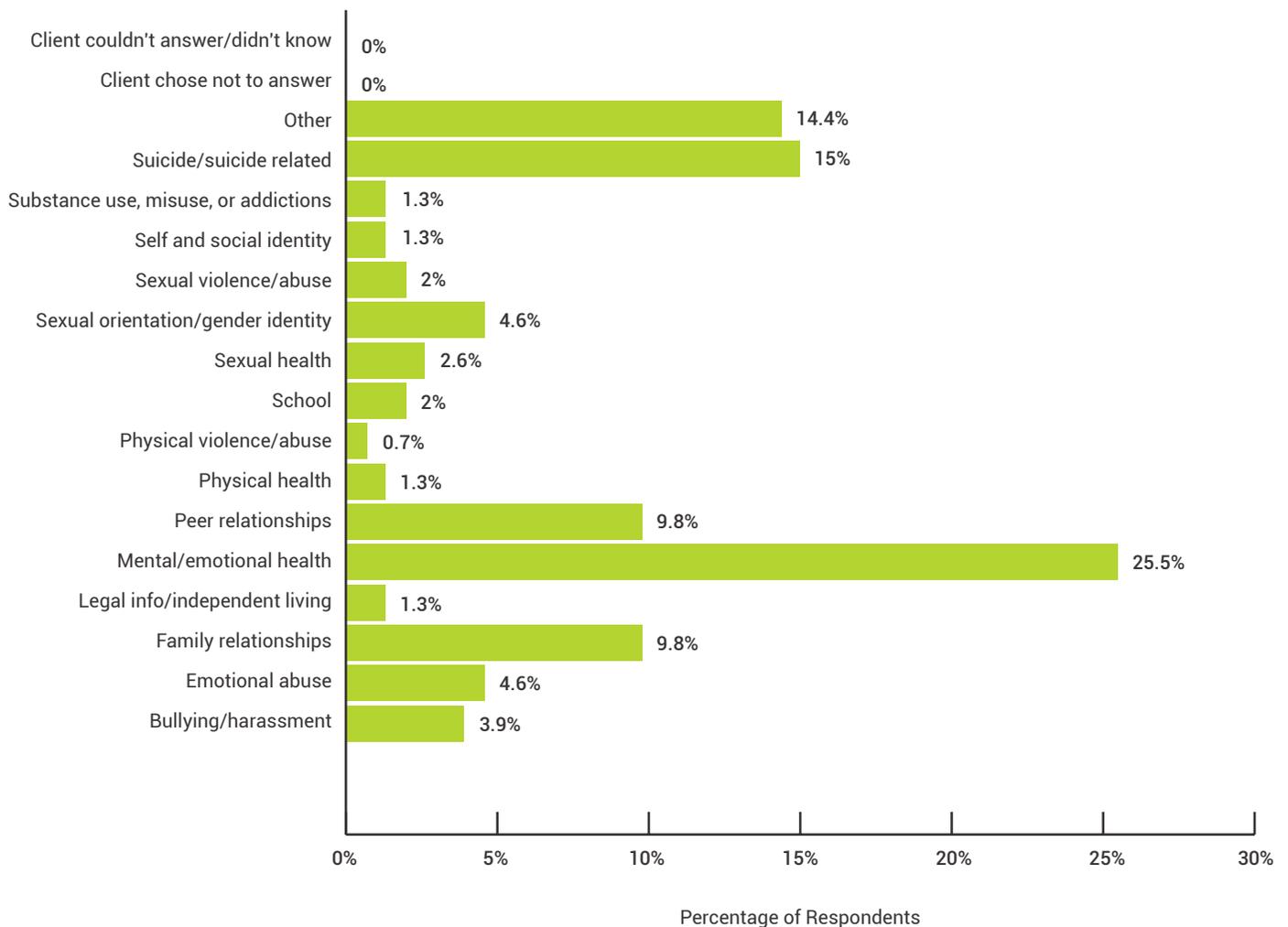
Based on the research that Kids Help Phone did before launching Live Chat, we predicted that the service would attract a large proportion of young people dealing with serious mental health challenges, including depression, self-harm and thoughts of suicide. Indeed, our 2012 service evaluation found that a high proportion of chat users raised very serious concerns, compared to 2012 phone users (for example, suicide was the topic for 18% of online chatters versus 3% for callers).

This was also true for our 2014 evaluation. This repeated finding suggests that young people who are experiencing severe mental health issues or suicidal thoughts are more likely to seek help through chat than on the phone,

perhaps because of increased perceived anonymity on chat or clients preferring chat over verbal communication. In 2014, the top self-identified topics for chat participants were **mental/emotional health (25.5%), suicide/suicide related (15%), peer relationships (9.8%) and family relationships (9.8%).**

Live Chat attracts seriously troubled young people, facing challenges such as depression, self-harm and suicide.

Problem or Situation Topic as Reported by 2014 Participants Using the Live Chat Service (forced single choice)



Frequency of Service Use

Our service evaluations have helped us better understand online chatters' relationship with Kids Help Phone.

Many young people connect with our counsellors multiple times. Our research showed that 28% of Live Chat users were first-time online chatters, and the remaining 72% had accessed phone, chat or Ask Us Online previously. Approximately 63% of online chatters had never used our phone service. This suggests that **a majority of chat users are dedicated to the chat service and would not reach out for counselling otherwise**, despite the longer waits for chat compared to our phone service.

We also learned that many chat users have a long-standing relationship with Kids Help Phone: **30% reported using our counselling service for longer than 13 months and 22% for four to 12 months**. The remaining 48% had used the service for three months or less. Counsellors have noticed the same online chatters using the service multiple times, and that online chatters tend to discuss serious issues that are not easily addressed in a single session.

Use of Other External Supports

We asked our chat participants if they had spoken to anyone else about their issue or problem before contacting Kids Help Phone. Of the 157 participants who answered this question, 62% indicated that they had. The most common responses: 59% had spoken to a friend/peer, 62% to a sibling and 30% to a parent/guardian/adult family member. About **38% had not spoken to anyone about the problem or issue before using Live Chat meaning that Kids Help Phone was the first place they turned to for support**.

Interestingly, chat participants were more likely than phone participants to have spoken to a counsellor, therapist, social or health services professional, teacher, school guidance counsellor, psychologist or psychiatrist about their current situation. It is likely that other service professionals are recommending Kids Help Phone as a support to use between sessions.

In terms of formal counselling supports, 49% of online chatters stated they had seen a counsellor/therapist in the past or were currently seeing one. Of those online chatters, 13% of respondents were on a wait list for mental health supports. These findings confirm Kids Help Phone's critical role in the continuum of mental health care for young people across the country.



"You should try and get more people to do it, I think it's a really useful thing. Much less scary than calling"



Impact of Kids Help Phone's Live Chat Counselling Service

Our 2014 study measured our counselling impact in clinical areas including distress, awareness of personal strengths and problem-solving. To accurately measure these constructs, our research and evaluation analyst created the Perceived Effectiveness of Counselling Scale (PECS), a 16-item scale (expanded from the three-item scale we used in our 2012 research). Before and after online chatters' counselling sessions, we asked them to rate their level of distress and other concepts on a seven-point scale, and compared the responses to measure the effectiveness of our service.

DISTRESS

Young people who use our chat service report very high levels of distress. To assess how well we help them to reduce their distress levels, we asked participants how upset they felt, how strongly they felt emotions at that moment, and how stressed out they felt.

Chat participants began their counselling sessions with an average distress rating of 2.19 points and ended with an average distress rating of 3.39 points (low scores are associated with poor outcomes, and high scores are associated with good outcomes). The average positive change was 1.20 points, making the decrease in distress statistically significant. Overall, 65% of chat participants improved by 1-point or more on the distress scale demonstrating that Kids Help Phone counsellors are making a positive impact.

PERCEIVED DIFFICULTY OF THE PROBLEM

To assess how much our counsellors help young people develop problem-solving skills, we asked chat participants to rate the difficulty of the problem or situation for which they needed help, how much help they needed to move forward with their problem or situation, and how hard the problem was.

There was an expected increase in the online chatters' self-ratings of this concept from before counselling (2.32) to after counselling (3.04). The resulting average positive change of 0.72 points was statistically significant, although not as profound as with phone counselling.

PERCEIVED CLARITY OF THE PROBLEM

By helping young people to see their problem clearly, counsellors help them determine possible next steps. We asked participants how clearly they could see what problem or situation they needed to deal with, how easy or hard it was to put the problem or situation into words, and how much they knew what to do about their problem or situation.

There was an expected increase in the online chatters' self-ratings of this concept from before counselling (3.04) to after counselling (4.31). The resulting average positive change of 1.27 points was statistically significant. Overall, **69% of online chatters saw their problem more clearly after chatting with a counsellor than before.**

SELF-EFFICACY

Self-efficacy is the sense of one's own ability to "deal with" a problem or situation. To see whether our chat service improves users' self-efficacy, we asked participants how capable they were of dealing with their problem or situation, how well they could cope with the problem or situation they were facing, and how well they could deal with it.

There was an expected increase in online chatters' self-ratings of this concept from before counselling (2.58) to after counselling (3.66). The resulting average positive change of 1.08 points was statistically significant. Overall, 63% of online chatters had increased self-efficacy around their problem or situation after chatting with a counsellor than before, indicating that Kids Help Phone counsellors are helping young people better deal with their problems.



"My counsellor today was great. I really feel a lot better about my situation."

Impact of Kids Help Phone's Live Chat Counselling Service

HOPE

A major aim of counselling is to increase a young person's sense of optimism and belief that the future can be better than the present.

We asked chat participants how hopeful they were that their problem or situation could change for the better and how possible it was for their problem or situation to get better. There was an expected increase in online chatters' ratings of this concept from before counselling (3.47) to after counselling (4.25). The resulting average positive change of 0.78 points was statistically significant. Overall, 64% of online chatters had more hope about their problem or situation as a result of their counselling conversations, indicating that counselling is giving our Live Chat users a greater sense of hope.

CLIENT SATISFACTION

To determine whether users of Live Chat were satisfied with their counselling experience, we asked questions about their expectations, whether they would use Kids Help Phone again and whether they would recommend our service to a friend.

To assess callers' hopes and expectations, we asked, "What did you want to get out of your call with a counsellor today?" Phone clients responded to this open-ended question and research assistants fitted their responses into one of three categories: 1) emotional processing/management or talking; 2) issue-based discussion or problem solving; or 3) other.

Similar to the results for phone users, emotional processing was prioritized only slightly more than issue-based problem-solving. Likewise, having an emotional processing or problem-solving goal for the counselling contact was not related to scores on counselling outcomes, and there were no statistically significant gender difference for goal of counselling session.

When asked, "Would you call Kids Help Phone again if you needed help?" 89.4% of online chatters said they would. This is slightly lower than the 98.2% of callers who indicated they would, indicating that more callers than online chatters may be satisfied with the service they received. This is most likely due to the unique challenges of providing counselling over Live Chat for which no aural or visual cues are available and where evaluating the emotional state of the chatter can be challenging.

When asked whether the client would recommend the service to a friend, 93.9% of online chatters said they would, an improvement over the 85.5% who answered the same way in 2012.



"The person who helped me was amazing and extremely helpful, you guys should give him a bonus or a promotion."



Conclusion

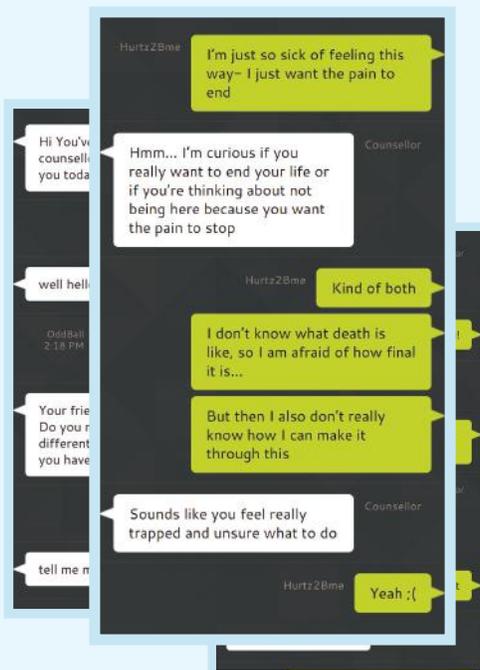
There is a clear and urgent need to increase the capacity of Live Chat.

The demand for Kids Help Phone's Live Chat service has grown steadily since it was introduced at the end of 2011. Though chat counselling is moderately less therapeutically effective than phone counselling, our research shows that Live Chat is still of very significant benefit. A majority of Live Chat users have never tried phone counselling; a critical value of Live Chat therefore is that it attracts very distressed young people who may not reach out for help in other ways.

This is especially significant because chat users tend to have more complex and/or dangerous issues than our phone users; in fact, youth experiencing mental health or suicide-related concerns are 22% more likely to reach out for counselling via Live Chat than by phone.

In a separate project, our researcher looked closely at the top and bottom 10% of chat transcripts of counselling sessions in terms of counselling outcomes. In this way, we have learned a great deal about how to counsel most effectively using chat. The results of this project form the basis of a new Chat Training Manual for our counsellors.

The service is currently only available five days a week, eight hours per day (In English Wednesday to Sunday; in French Thursday to Monday, 6 p.m. to 2 a.m. EST). Online counselling sessions take three to four times longer than phone sessions, and many young people who want to connect with a counsellor are unable to. Expanding this service is one of the most cost-effective means of providing excellent care to those young people in severe distress and dangerous situations across Canada.



CONCLUSION:

A New Way of Working



At Kids Help Phone, regular evaluation is an important way to better understand our services and the young people who depend on them.

Since our evaluation development process in 2011, rigorous service evaluation has become part of our DNA, helping us to better serve kids and teens – including those from under-served and vulnerable groups – and to ensure that we're getting the most value from donors' funds.

In addition to evaluating our phone and Live Chat counselling, we are reviewing our other services and activities, too. Since 2012, we have been working with the Ontario Centre of Excellence for Child and Youth Mental Health to evaluate Good2Talk, our Ontario-only helpline for post-secondary students. We are evaluating our new BroTalk website and chat service for teenage boys, as well as our counsellor training. We are also evaluating our Kids Help Phone Counsellor in the Classroom program to ensure that our curriculum and in-classroom discussions with the counsellor are having the maximum positive impact on young people's lives.

Our research is proof positive that Kids Help Phone is highly effective and that our full suite of services is making a significant difference. We are committed to

providing outstanding professional counselling and improving our services overall in order to help young people overcome the challenges in their lives and successfully achieve full adulthood.

"Kids Help Phone provides an essential service for children and youth who struggle with a wide range of individual, relationship, and situational problems. This service is essential because Canada ranks very poorly on youths' reports of finding it easy to just talk to their mothers and fathers (25th of 28 countries, UNICEF, 2013). Research at Kids Help Phone identifies the type of youth who access this important service, the nature of their problems, and their perceptions of the effectiveness of the counselling through a range of services. With these data, Kids Help Phone can not only inform continual improvement of their services, they can provide even deeper analysis of the return on their donors' investments, and contribute substantially to the knowledge and practices of similar counselling services around the world."

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Acknowledgements & Credits

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Proof Positive:

Evaluation of Kids Help Phone's
Phone and Live Chat Counselling Services



Kids Help Phone