



What is known about the effectiveness of social sector freephone helplines?
Rapid evidence-based literature review

FEBRUARY 2018



Our purpose

The purpose of the Social Policy Evaluation and Research Unit (Superu) is to increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders and New Zealand’s communities, families and whānau.

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Executive summary

Figure 1_ Executive summary of learnings and benefits





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Key terms



This report uses the following terms and acronyms.

| Abbreviation/initialism | Description |
|-------------------------|---|
| FV | Family violence |
| ICT | Information Communications and Technology |
| IPV | Intimate Partner Violence |
| SV | Sexual Violence |

| Term | Description |
|---------------------|---|
| Channel | Communication medium such as telephone, email, text, online chat |
| Freephone | Telephone helpline services which are free to use |
| Helpline | Unless specified as a freephone or digital helpline, the term 'helpline' refers broadly to a service that may include one of more types of channels, including telephone, email, web or SMS service |
| Chatline | A telephone service where several users conduct group discussions; by extension an Internet site where users conduct group discussions. Also called a chat room. |
| Texting counselling | The delivery of counselling, including crisis-counselling, using SMS text messaging via a mobile phone. |
| Platform | A platform is a group of technologies that are used as a base upon which other applications, processes or technologies are developed. In personal computing, a platform is the basic hardware (computer) and software (operating system) on which software applications can be run. |



01

Setting the scene



Telephone helpline services commonly consist of a mix of telephone and web-based services that allow a person to receive prompt advice, triage care and referral via telephone or over the internet. These types of services are well-established in the health and social sectors. This literature review focuses on the effectiveness of freephone helplines and associated digital services within the social sector.

In New Zealand, freephone helplines have been established to provide social support, including family counselling, responding to abuse, access to refuge accommodation, and support to victims of family violence and sexual violence. The majority of freephone helplines funded by the Ministry of Social Development (MSD) are crisis services but some also provide free confidential information, advice and/or access to services. Examples are the 211 Family Services helpline service, telephone counselling for children and young people and parent line support and advocacy. Providers of freephone helplines services also represent a mix of non-governmental organisations, universities and Māori authorities.

There is no single definition of social support, yet a working overview of what is included in this term was critical to scoping the literature search. Building on work by Superu, we noted that social services include social protection from risks to life (like health/disability, ageing, occupational injuries, unemployment, retirement, etc.) and services that promote social cohesion, and safeguard of fundamental human rights. It includes support for families, communities and population groups (including immigrants, disabled people, and older people) and assistance for those facing challenges or crises (such as debt and family breakdown).

People accessing services through social service helplines may present with a complex suite of problems including those related to mental health, housing, addiction, and welfare. Good social outcomes depend on effective coordination between related sectors like health, education, and justice.

Previous scans of the available helplines literature have been published, including a review in 2008 by Youthline that included some international and academic evidence on their effectiveness – particularly from Australia, America and the United Kingdom. The review presented some evidence showing that telephone counselling services provide convenient, accessible and valuable sources of support for the public, and are seen as providing flexible, credible and cost-effective help services – particularly as a first point of contact. The review also noted there were different telephone intervention styles and ways of organising services, and identified known barriers to accessing and assessing these types of services.

Updating the evidence base on social sector freephone helplines is appropriate given the passage of time since the 2008 Youthline review. The last nine years has seen an increasing shift to digital-based services such as web chat, text counselling and smartphone applications as alternatives or adjuncts to traditional phone line services.

02

Key findings



The literature in this review indicates telephone helplines are still a valid means to provide social sector support and for people to seek support from. The literature reports there has been an increase in telephone use and developments in telecommunications since the 1970s and along with the availability of the Internet there have been dramatic changes in the way people interact and seek help.

2.1_ The role of freephone helplines in the delivery of social services

Freephone helplines play an important role in the delivery of social services in a wide variety of settings and provide a number of different functions including: crisis support, information and advice, referrals, planned support interventions such as counselling, education and social contact. Helplines are integrated into social service delivery as first point of contact to provide information and access to relevant services for help-seekers. They can also provide ongoing support and outreach follow-up services post interventions.

Helpline services can provide users with information about and referrals to, other services and thus play a role in people accessing appropriate services. Depending on the helpline service function, they often provide access to integrated service provision with either internal referrals within the organisation to other services or referred to external services.

There is good evidence in the literature that freephone helplines role in social service delivery is valued by users as they provide accessible, affordable and timely access to support and information. The confidentiality or anonymity offered by many helpline services is particularly important for some users as it allows them to access services safely without fear of embarrassment, stigmatisation, or repercussions.

2.2_ Freephone helplines and emerging digital technologies

Developments in Information Communications and Technology (ICT) are providing a fast-moving landscape of different communication options with telephone being one form. The literature indicates that many social sector freephone helplines have embraced new telecommunication developments-expanding their services from traditional telephone lines, offering new channels in response to user demand and changes in how people choose to access support. Alternative communication channels include online chat, text, email and online information, programmes, tools, interventions and resources. Given the multiple channels the term 'helpline' is often used by providers and the literature in a broader sense than only the use of telephone.



The effectiveness of different channels of communication depends on multiple factors such as function, population group, appropriateness, cost and accessibility (e.g., availability and cost of Internet, telecommunications, the comfort and ease of use of different mediums, for example for people with disabilities).

Studies highlight the importance of providing choice of communication channels to users, to enable their access and engagement with services. For example, the literature noted a move away from traditional telephone lines within some households, with about one in five households in the of the Internet with this platform now considered an important source of information and an essential resource for many people, including New Zealanders. The rapid growth and great potential in the delivery of counselling services via the Internet was also highlighted; however, the literature noted the addition of online counselling is still controversial in service provision, with challenges including ethical behaviour, regulation of services and best practice models for young people.

Within New Zealand, studies note our higher cost of mobile phone telephony compared to other countries, that New Zealanders have taken to text more than most and that text messaging has become the standard mode of communication for young New Zealanders. In one study, a text service for youth started in 2004 had grown steadily, and over 10 years later was becoming one of the helpline's most popular services.

The freephone method of communication is still highly relevant and valued by users in multiple types of situations. Several studies in the review provided evidence of the uptake and benefits of freephone services for older people to provide information and enhance social connectedness with one study noting the voice can communicate warmth, empathy and laughter, while avoiding judgements based on appearance. While many older people are more comfortable with the use of telephones and appreciate the voice contact, there is also growing international recognition that smart technologies and computer-based interventions may enable and facilitate social connectedness. For example, in the study referred to above, to improve the ability of their users to engage, this helpline for older people planned to expand its services to include email. In countries with an ageing population, this is regarded as an important mechanism through which to provide accessible and cost-effective ways of providing social support to older people at home.

The literature reviewed indicates a broad adoption of freephone and digital technologies in helplines, for example: parenting support, children and youth, victims/survivors of intimate partner violence and sexual violence, and older people. Governments have also increased their online presence in providing information and delivering social and welfare services.

2.3_ Characteristics of well-designed and effective helplines

What characteristics do service users value?

The evidence in the literature was fairly consistent about what users value about freephone helplines and digital technology, with some variation depending on the situation and type of service they were accessing. The overarching features include:

- Accessibility:
 - Helplines can provide broad geographical coverage which is an advantage for people who cannot afford transport and/or live in rural areas
 - No formal access criteria need to be met (eg, there are no barriers such as requiring a referral, meeting a threshold or diagnostic criteria)
 - Convenience (eg, for those who have a disability or care responsibilities)
 - Helplines that are 24/7 allow for flexibility of access at any time
 - For crisis led services the 24/7 timeframe allows for immediacy of access.
- Affordability: freephone numbers and online services remove money as a barrier.
- Confidentiality and in some cases anonymity is highly valued by some callers as it allows them to seek help and avoid embarrassment, stigmatisation, or repercussions.
- Non-judgemental (including avoiding judgements based on appearance) and impartial support.
- Access to accurate information, advice and support.
- Access to other services – referrals, information about where to get help (provision of continuum of service delivery)
 - For agencies working with helplines, quality of service delivery, reach to target users, effective referral delivery and working in partnership with other services were valued.
- Social connectedness.

Studies highlighted a number of learnings from the evaluations of helpline services that are important to consider for design and implementation:

- consideration of national versus local provision of helplines: there is some evidence that national services have the capacity to provide specialised services to specific groups; however, there can be issues when national services are not knowledgeable about the local context in terms of geography and available services or logistical issues patching into local services
- whether developing or merging existing helpline services it is important to have clear governance structures, and clarity about roles and responsibilities to avoid duplication
- having in place appropriate quality assurance framework, and being creative about monitoring and evaluation systems (for example, user satisfaction surveys and developing qualitative data measurement tools to capture the success of the interaction with callers)



- appropriate recruiting, training and supervision for staff and volunteers
- the importance of marketing helplines to ensure it is clear what the helpline is for and having memorable access points (e.g. phone number, text, website)
- the importance of tailoring design to be relevant and culturally appropriate to service users
- the role of helplines in integration and as a gateway to other services – helplines can focus on a whole of systems approach and provide linkages to other services such as counselling, health services, welfare and emergency services
- research on ‘what works’ is not keeping up with innovation and user demand and new models of service.

Improving outreach and accessibility, particularly to the most vulnerable individuals and those with impairments and mobility problems, as well as ensuring helplines can meet the needs of people equally, was highlighted in the literature. Adopting or expanding helpline services to other platforms such as email or text messaging may be more appropriate and inclusive for people with sensory, cognitive or communication impairments and people who are neuro-diverse who find traditional voice provision inaccessible. For people who are unable to access or use the Internet, telephone helplines may be of importance.

While one study reported on a helpline that was established following the merger of existing helplines for older people, no studies in this literature review reported on the merging of helplines across the whole social sector environment.

2.4_ The effectiveness of telephone helplines and digital technologies

Outcomes for service users

Examining the effectiveness of specific helpline and digital services in contributing towards positive outcomes for users is difficult, primarily due to confidentiality or anonymity (valued features of many helplines) which limit the ability to follow-up with users. While many services cannot measure outcomes for users, they can measure performance of service outputs and service delivery. For example, user satisfaction surveys, measuring call volumes, and developing qualitative data measurement tools to better capture the success of the interaction with the call environment.

What the studies reviewed show is the high demand for these services across a broad spectrum of the population. The caller volumes are a crude measure of effectiveness but do point to the need for these services and suggest they provide some value to service users.

This review included some small qualitative studies that followed-up with service users and predominantly showed positive benefits, including benefits for different types of service users.



For example, feedback from a small sample of victims who called a family violence and sexual violence helpline reported they were more aware of services to support them; knowledgeable about their rights; able to recognise the signs of abuse and violence; knowledgeable about what to do next; positive about the future; and in control of the situation having called the Helpline. This study also reported that agency representatives calling on behalf of people experiencing family or sexual violence (and comprising more than 40 percent of callers) were very positive about the quality of the service (Cordis Bright, 2014).

Callers to a telephone-based helpline for older people to improve social connectedness reported: feeling that someone cares about them; feeling less lonely; feeling more confident, and feeling safer and more assured (Wilcox, 2014). In another telephone based helpline providing information and advice to older people, caller feedback indicated high levels of satisfaction with the service, with nearly three-quarters of callers consulted in a service review indicating the information they received has made a difference to their situation (Scott et al, 2009).

A freephone and online chatline service for children showed they experienced a higher sense of well-being and a reduced severity of their problems after engaging with the services. While both chat line and telephone showed positive results, they were slightly more favourable for online chat than for the telephone service (Fukkink and Hermanns, 2009a).

A systematic review of online parenting programmes showed guided and self-guided online interventions can make a significant positive contribution for parents and children. The results showed web-based parenting programs offered opportunities for sharing social support, consulting professionals and training parental competencies (Nieuwboer et al, 2013).

Regarding cost effectiveness of helplines, one study reporting on helplines preventing child sexual abuse in the UK and Netherlands found in their research and economic analysis:

“the Helplines can provide cost effective, quality advice and support to children directly, and to prompt behaviour change in adults and strengthen protective factors, which can reduce the risk of offending” (Caroline, 2013).

However, evaluation of another helpline to protect children in the UK found the operation of the helpline was not considered to be the most viable and cost-effective model, raising concerns about whether a national helpline was best placed to meet need (York Consulting LLP, 2009).

There is good evidence that the demand for helpline services is growing. Nearly all studies identified high demand for freephone services, which sometimes resulted in capacity issues and missed calls. Services where there were a mix of freephone and other channels have generally seen increases in the use of online chat, email, and text.



Effectiveness compared with face-to-face services

Studies that compare telephone and online services with face-to-face were reviewed. For service users, there can be barriers to accessing face-to-face counselling such as physical and mental health challenges, time, transportation, work and care responsibilities. One study identified the biggest barrier to youth seeking help was embarrassment followed by confidentiality, and as telephone helplines could break down both barriers, this was likely the reason telephone helplines were the preferred support for young people (Youthline 2008). For service providers, their ability to reach people and deliver their service effectively and to deliver their service efficiently are important considerations.

Regarding cost effectiveness of services, one study comparing the effectiveness of delivering cognitive behaviour therapy via telephone and face-to-face to treat obsessive compulsive disorders noted delivery via telephone took 40 percent less of the therapists' time, which has economic implications for services (Youthline, 2008).

Overall, the literature provides some evidence that using the telephone for advice, support and counselling is just as effective as face-to-face service delivery. However, the telephone will not suit everyone and consideration is required of the barriers for different population groups and suitability for different situations. A number of studies reported advantages when telephone is integrated into face-to-face health or care services as follow-up support.

Two reviews of the effectiveness of online counselling (one systematic review and a critical review, both conducted in 2013) found evidence that this mode of delivery can have a similar impact as face-to-face counselling (Dowling and Rickwood, 2013; Richards and Viganó, 2013). The authors of one review state that there remains a need for stronger empirical evidence on the effectiveness and efficacy of different methods for delivering counselling, and a deeper understanding of the variables that contribute to in-session events and eventual outcomes unique to each type of delivery. Another author observes that traditional methods of verifying the evidence for the effectiveness of an intervention are not keeping up with user driven changes in technology (Haxell, 2015).

A number of other studies examined the motivations and trends of different users attracted to different modes of communication (Anstiss and Davies, 2015; Gatti et al, 2016; Gibson and Cartwright, 2014; Haxell, 2015; Lazuras and Dokou, 2016). For example, studies on young people cited evidence that anonymity offered by the Internet is one of the main reasons they seek online counselling, with the text or online chat environment allowing adolescents to reply to the counsellor in their own time, giving them greater control of the counselling process (Gibson and Cartwright, 2014; Haxell, 2015).

Considerations for designing and implementing helpline services

The different functions of helplines require a variety of approaches, some which are highly specialised and tailored to vulnerable groups such as victims of sexual abuse and family violence. This has implications for how services are designed and the inclusion of co-design processes with social services and service users to ensure they are meeting service users' needs. It is also essential to consider tailoring services so they are culturally appropriate for service users.

A challenge for online services is the constant technological development that pushes clients to use and become familiar with new ways of communications. Services need to stay up to date and train their counsellors accordingly. For example, the attributes identified as important in the literature for telephone and online guidance and counselling, including access, anonymity and confidentiality, are the same attributes that young people highly valued in their use of texting. With a mobile phone being owned and operated by one person, the means of communicating can be taken into spaces that feel more private, with texting providing for conversations in real time occurring as and when needed. One study on text counselling for youth in New Zealand noted preference for text is most commonly related to concerns for privacy, not wanting others to hear what is private and potentially embarrassing but can also relate to feeling vulnerable or be a well-practised response in preventing oneself being subject to abuse. The relatively lower cost of texting compared to voice in New Zealand has probably supported the use of text counselling.

2.5 Conclusion

The studies reviewed show an emerging body of evidence that indicates delivery of some types of services via telephone and/or Internet can be just as beneficial as face-to-face. Depending on the situation integrated forms of service delivery combining face-to-face, freephone and other channels highlight that services are innovating and engaging with service users in a variety of ways.

Key messages from the literature were the importance of providing service users with a choice of modes of communication to facilitate access and engagement and to be responsive to their needs. Developments in ICT are providing opportunities to enhance the ways we connect and share information. The literature suggests that services that include their service users in design, development, and even implementation are going to be better placed to provide services that meet their needs.

Appendix A

Literature review findings



1.0 Introduction

The following rapid literature review was commissioned by Superu to investigate evidence of what makes for effective social sector telephone helplines and associated digital services. Superu was particularly interested in the evidence that has supported decisions in other jurisdictions regarding the design and development of such services; and the characteristics of effective services. To this end, the research investigated the effectiveness of freephone helplines in providing social service support; characteristics of well-designed freephone helplines; and the sorts of evidence usually used to inform decisions about investing in a telephone helpline (or associated digital platforms) as an alternative to face-to-face support.

Forty-two references yielded evidence and background information on freephone helplines, helplines in general, or reported on developments in the delivery of social service support via new communication technologies. About one quarter of the papers specifically reported on freephone telephone helplines.

2.0 The role of telephone helplines in the social sector in the context of newly emerging digital services

Building on work by Superu, we note that social services include social protection from risks to life (like health/disability, ageing, occupational injuries, unemployment, retirement, etc.) and services that promote social cohesion, and safeguard of fundamental human rights. It includes support for families, communities and population groups (including immigrants, disabled people, and older people) and assistance for those facing challenges or crises (such as debt and family violence). Good social outcomes depend on effective coordination between related sectors like health, welfare, education, and justice.

People accessing services through social service helplines may present with a complex suite of problems including those related to mental health, housing, addiction, and welfare. The Ministry of Health recently completed a literature review of health-related telephone helplines. To avoid repetition, this review does not include mental health, addiction, or suicide support as these are services delivered through New Zealand's health support services; although we recognise that users of social service helplines may be using a range of health-related helpline services.

The potential contribution of the telephone in social service delivery was acknowledged since the 1960s, with the types of telephone support services available differing according to the support they provide and to whom. Services include those that are crisis-led, those that provide advice and counselling, while others provide planned support interventions, referrals, education and information (Madoc-Jones et al, 2007). Helplines also play an important role in raising awareness to improve prevention, providing information and education and access to relevant services for help seekers.



Many helplines are established to address specific types of issues and situations such as family violence, victims/survivors of intimate partner violence, responses to child abuse and child sexual abuse, sexual assault and rape, people facing homelessness or with benefit concerns, people with mental health challenges and people affected by loneliness. Other helplines are more population based providing advice and support specific to targeted groups such as children, youth, parents, older people, and Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI).

Helplines often originate out of community demands and the community aspects of helplines can thus promote community development, strengthen the sense of community and add empowerment to that community (Azaiza 2008). Howe et al (2014) also noted the community aspect of helplines, for example there are thousands of helplines in the UK, ranging from small volunteer-led projects to large well-known charities. Many helplines have grown organically from a demand in the community and are run by non-profit making and voluntary sector organisations.

The literature in this review indicates telephone helplines are still a valid means to provide social sector support and for people to seek support from. The literature reports there has been an increase in telephone use and developments in telecommunications since the 1970s and along with the availability of the Internet there have been dramatic changes in the way people interact and seek help.

Examples of people's changes in interaction and help seeking were highlighted by Fukkink and Hermanns (2009a), who note "the social services sector has discovered the World Wide Web: the problems for which support can be found on the Internet now cover a wide spectrum that includes information, prevention, treatment and aftercare". They noted that children and adolescents are readily finding their way to this new system of help and support, citing research that showed one in five children in the United States consults the Internet to obtain emotional support from peers, websites, or professionals.

Within New Zealand, changes have also occurred, with Young-Hauser et al (2014) noting evidence that 83 percent of New Zealanders use the Internet, with it considered an important source of information and an essential resource for many New Zealanders. Non-users of the Internet are more likely to be in the older age group or lower income group, and fewer Māori and Pasifika people (80 percent) used the Internet at home than Europeans and Asians (95 percent). Evidence cited also included cell phone use, with use among Māori (72 percent) higher than non-Māori (62 percent), particularly for Māori between the ages of 15 and 24 years.

Morris et al (2014) point to evidence of growing international recognition that smart technologies and computer-based interventions may enable and facilitate social connectedness. In countries with an ageing population, this is regarded as an important mechanism through which to provide accessible and cost-effective ways of providing social support to older people at home. For example, the Australian government actively encourages exploration of smart technologies for the social and economic benefits of an ageing population.



The literature indicates that social sector helplines have embraced new telecommunication developments and helpline platforms, expanding services from traditional telephone lines, offering new channels in response to user demand and responding to changes in how people choose to access support (Howe et al, 2014). With the rapid increase in the use of the Internet since it became widely available in 1995 and advances in mobile phone technology, many helpline services now offer text, email, online chat, and other online channels in addition to voice channels, enabling helpline users to access support on their own terms, in a space that is comfortable and increasingly through the user's preferred method of communication. It appears helpline services are being driven by the people contacting them, with helplines having shown adaptability in offering channels in response to user demand (Gibson and Cartwright, 2014; Haxell, 2015; Howe et al, 2014; Fukkink and Hermanns, 2009a,b; NSPCC, 2013).

By broadening helpline platforms, Howe and colleagues note helplines can actively allow callers to choose the method that most suits them when initiating contact, thus easing callers into discussions on challenging and emotional problems (Howe et al, 2014).

This literature review indicates a broad adoption of the Internet and digital technologies in helplines and social services for example: parenting support, children and youth, victims/survivors of intimate partner violence and sexual violence, and older people. Governments have also increased their online presence in providing information and delivering social and welfare services.

3.0_ Effectiveness of telephone helplines and digital technologies

3.1_ Introduction

Examining the effectiveness of specific helpline and digital services in contributing to positive outcomes for users is difficult primarily due to anonymity or confidentiality being a valued feature of many helplines which limits the ability to follow-up with callers to see what outcomes were achieved (Howe et al, 2014; Madoc-Jones et al, 2007; Youthline 2008).

Howe et al's (2014) review of helpline services found that while many of these services cannot measure longer term impact for users, they can measure performance of service outputs and service delivery (eg, user satisfaction surveys, measuring call volumes, and developing qualitative data measurement tools to better capture the success of the interaction with the call environment).

We examined available evidence on effectiveness including volumes and user demand for service; client satisfaction; and information on outcomes for users.



3.2_ Effectiveness of telephone helplines for different situations and service users

Section 3.2 of this report examines the effectiveness of helplines. Ten studies reported on specific telephone helpline services:

- one study reported on domestic abuse and sexual violence in Wales
- three studies reported on UK and Netherlands telephone-based helplines to help protect children and to report child abuse
- two studies reported on telephone-based helplines for older people in the UK
- one study reported briefly on four family helplines available in the UK
- one reported on New Zealand-based helplines: a review of Youthline service (2008)
- two studies reported on telephone-based interventions to support carers of people with Alzheimer's and dementia.

Family violence and sexual violence crisis/helplines

Family violence is considered a pervasive yet preventable public health problem internationally. Tarzia et al (2016) cited evidence of a range of negative health outcomes for women experiencing intimate partner violence (IPV), including increased risk of depression, anxiety, post-traumatic stress disorder and suicide, as well as physical problems. The children of these women have also been found to experience negative health and developmental effects, whether as targets of violent behaviour or witnesses to it.

Family violence and sexual violence helplines serve a number of functions and user groups. They are used in times of crisis by those experiencing or witnessing family violence and they also provide services including outreach, brief intervention that includes safety planning, information and advice, follow-up and planned interventions such as counselling.

All-Wales Domestic Abuse and Sexual Violence Helpline

The evaluation of the All-Wales Domestic Abuse and Sexual Violence Helpline found key developments improved accessibility and effectiveness by moving from a 12 to 24 hour a day service; extending the remit to sexual violence; and developing partnerships and networks with the wider Welsh Domestic Abuse and Sexual Violence (DA/SV) services (Cordis Bright, 2014). Over 40 percent of callers were other agencies calling on behalf of those experiencing DA/SV. Feedback from helpline users (victims, concerned others, and agencies) suggest they are positive about the service. Benefits reported by a small sample of victims (n=16) included: more aware of services to support them; knowledgeable about their rights; able to recognise the signs of abuse and violence; knowledgeable about what to do next; positive about the future; and in control of the situation having called the Helpline (Cordis Bright, 2014)

Agency representatives (n=209) were very positive about the Helpline with regard to the quality of the service. The agency representatives valued the Helpline as an effective first point of contact for making enquiries about DA/SV; they were satisfied with the outcome of their call inferring they got the information and result they wanted; they strongly agreed that the Helpline makes effective referrals; and the majority reported the Helpline works well in partnership with other agencies (Cordis Bright 2014).

The Helpline managed 29,718 calls in 2012-2013, up 33 percent from 2008-2009 (22,285 calls). Findings suggested the Helpline currently meets the needs of different service users, including those experiencing domestic violence and sexual abuse and those professionals working on their behalf. The evaluators identified an area for development was to reduce duplication between local and national helplines.

Child protection

Child abuse is also considered a highly prevalent and preventable problem internationally. Child abuse is defined as the physical, sexual, emotional abuse or neglect of any child or young person. In the UK, in 2013, it was estimated that around 520,000 children were abused or neglected at home each year, with only one in nine known to children's services (NSPCC, 2013). Three studies reported on helplines established in the UK and Netherlands to help protect children, report child abuse and raise awareness about child abuse.

National Society for the Prevention of Cruelty to Children (NSPCC)

The National Society for the Prevention of Cruelty to Children (NSPCC) provides a free 24/7 helpline for adults worried about a child's safety. People can contact the helpline through phone, text, email or an online reporting form; the helpline supports deaf people by offering SignVideo (NSPCC, 2013). The NSPCC reported on its helpline service in 2012/13 and estimated over 91,000 children have directly benefitted. Calls to their helpline counsellors resulted in either advice and/or referrals:

- Provision of advice without making a referral in response to 48 percent (24,573) of the total contacts related to an estimated 49,146 children.
- Referrals to children's services, the police, and other agencies including the Child Exploitation and Online Protection Centre (CEOP) in relation to 52 percent of the contacts to the helpline (26,416 referrals).
- In 2012/13 the NSPCC helpline answered 50,989 contacts, an increase of 15 percent from 2011/12 and 42 percent from 2010/11. The increase followed the Saville case, with more people gaining the confidence to seek advice and reporting their concerns, indicating a heightened sense of duty that protecting children is everyone's responsibility.
- Telephone calls formed most of the contacts (72 percent) in 2012/13, the remainder being by online forms, email and text; however, over the past few years the helpline has seen a rise in popularity of non-voice channels. The authors note that this highlights the importance of providing choice in mode of access (NSPCC, 2013).



Child Protection Line (CPL)

The Child Protection Line in Scotland was launched in February 2007 as one of the last outputs of a three-year Child Protection reform programme by the Scottish Government. It aims to “provide a single point of contact for members of the public throughout Scotland who have a concern about a child or young person, to call”. Evaluation of the helpline showed call demand for the helpline had been relatively low, with 2,530 calls answered between February 2007 and October 2008. Most calls were about neglect and drug and alcohol concerns. Difficulties were identified in the ability of the call advisors to immediately transfer live calls to local areas (York Consulting LLP, 2009).

The effectiveness of the Child Protection Line in Scotland was inconclusive as there were different perspectives and poor tracking and monitoring of referrals at a local level. The local area Child Protection Committees perceived the CPL had not made any difference at a case level; however, an evaluation of the service found some evidence of effectiveness in terms of raising awareness resulting in the identification of families previously unknown to Social Services (York Consulting LLP, 2009). The anonymous nature of the helpline was valued at local level as prior negative experiences of local services were highlighted as a key reason for the public choosing to call the national line, as opposed to local services.

The evaluators found that there were difficulties evidencing the impact of the Child Protection Line at a child and family level. This limits understanding about whether the same outcomes would have been achieved without the existence of the Child Protection Line (York Consulting LLP, 2009).

Prevention of child sexual abuse – Stop it Now! Helplines

Stop it Now! helplines in the UK and Netherlands aim to improve prevention, recognition and responses to child sexual abuse, including reducing risks by people who have sexual thoughts, feeling or behaviours towards children. The helplines in each country offer information, advice, support, guidance and referrals to services to anyone concerned about child sexual abuse. They conducted awareness campaigns around understanding child sexual abuse and where to get help. Callers were people concerned about their own thoughts and behaviours and concerned members of the public and professionals.

An evaluation conducted in 2013 confirmed that the services in both countries had reached a wide range of users of which a significant proportion were people concerned about their own sexual feelings or behaviour towards children: around 41 percent in the Netherlands and 56 percent in the UK and Ireland (NatCen Social Research, 2014).

Demand outstripped the service capacity in the UK with an average of 2,199 missed calls a month in 2013/14 which was increasing to over 3,000 at the beginning of the 2014 financial year.



The evaluation highlighted a discrepancy between the two countries with regard to the proportion of calls taken from people who had not acted on their feelings which was higher in the Netherlands. This implied the service in the Netherlands could help prevent more child sexual abuse from occurring in the first instance. The author pointed to several factors that could enhance prevention in the Netherlands, firstly, the service was advertised on television there while it was not in the UK. Secondly, the Netherlands confidentiality laws mean that therapists are not allowed to disclose information about previous offending, although they are required to share concerns about specific risks of future abuse. NatCen Social Research (2014) suggests that “this may encourage people to give up their anonymity to access further help, knowing that their confidentiality will be assured”.

The evaluator conducted an economic analysis of the costs and potential benefits of the Helplines in each country and found

“the Helplines can provide cost effective, quality advice and support to protect children directly, and to prompt behaviour change in adults and strengthen protective factors which can reduce the risk of offending”. (NatCen Social Research, 2014).

Services for older people

With the growth in the ageing population, and more older people remaining or being supported to remain in their own homes, it is recognised that many older people can be at risk of social isolation. It is also recognised that good access to information and advice is important for older people. Two studies reported on telephone-based helplines for older people in the UK.

The Silver Line Helpline

The Silver Line Helpline is a free, 24-hour telephone helpline and telephone-based befriending service (launched in 2013) in the UK to empower older people to overcome social isolation and loneliness. The helpline offered information, advice and friendship to older people and recruited and trained volunteers to provide a weekly friendship call.

A review of The Silver Line found after the first year of operation that demand was high and growing with about 1,000 calls a day in 2014 (Wilcox, 2014). The charity expects to receive one million calls annually going forward.

Internal monitoring ranked the benefits that callers reported as: feeling that someone cares about them; feeling less lonely; feeling more confident, and feeling safer and more assured (Wilcox, 2014). The data The Silver Line collects highlighted the social isolation experienced by callers with most living alone (89 percent) and over half (53 percent) saying that they had no one else to speak to other than The Silver Line. An additional benefit of The Silver Line service design is that some of the callers have become Friendship volunteers (n=700) and provide weekly friendship calls to others thus increasing social connectedness of both volunteer and service users.



Wilcox (2014) noted that with stigmatising issues such as loneliness, abuse or neglect telephone contact is a particularly helpful way for isolated people to cut through shame and begin to build social contact, gain new skills or become volunteer befrienders. The author cited evidence suggesting many older people are at risk of social isolation, that there is significant evidence of the pernicious effects of loneliness on health including early morbidity and mortality, as well as the social cost of loneliness. Evidence cited about the social cost of loneliness included a survey of GPs that found “at least one in ten people they see have attended the surgery mainly because they are lonely”.

The author noted the voice can communicate warmth, empathy and laughter, while avoiding judgements based on appearance and that “while younger generations may favour instant messaging or online communication, at present the telephone works well for older people”. The service planned to expand its services to include email and letter-based befriending (Wilcox, 2014).

The Scottish Helpline for Older People (SHOP)

The Scottish Helpline for Older People (SHOP), is a free, independent, confidential telephone helpline service, website and a consortium bringing together organisations working with older people or providing information and advice to older people (aged 50 years and over). Set against a background of an increasingly ageing population in Scotland, enabling older people to have access to good quality information and advice is seen as one way to increase opportunities and remove barriers for older people (Scott et al, 2009).

Scott and colleagues report demand had increased since SHOP was established in 2004; at 2009, SHOP was operating at maximum capacity at around 15,000 calls annually, the majority (57 percent) of calls being about community care, heating and benefits. The service is highly valued by those that use it.

The increasing uptake and high levels of satisfaction reported in caller feedback indicate that it is meeting a need in the community. A review of the service for the Scottish Government found that nearly three-quarters of those consulted indicated that the information they received from SHOP had made a difference to their situation (Scott et al, 2009). The report recognised that the better informed older people are about what is available, the more they can influence the development and delivery of services, and by better understanding their options, the more choice and control older people have over the services provided to them.

Family helplines

In one study, two mothers placed calls to four UK telephone family help lines: NHS Direct, Family Information Service, Parentline Plus, and Tax Credits Helpline (Rowntree and Cornish, 2010). In two of these four helplines, the mothers experienced delays in speaking with an advisor due to the service being busy. The helplines were rated out of ten with NHS Direct, Family Information Service, Parentline Plus, and Tax Credits Helpline rated 7, 5, 8 and 5 respectively.

Young people

Telephone helplines are an acknowledged part of the overall service mix to young people throughout the developed world, and are supported by governments, professionals and the public (Youthline, 2008).

Youthline – telephone and digital services

In New Zealand, Youthline’s phone counselling service is a ‘front door’ to a range of services and provides immediate support, information and referrals. Analysis of Youthline’s call volumes highlights the demand for this service. The 2008 review reports that of the 232,000 calls made to Youthline, counsellors were only able to service 20,000 (Youthline, 2008).

To increase accessibility to services, Youthline has introduced 24/7 response systems and new web-based and texting channels. The Youthline 2008 report notes the telephone channel fits well with youth culture and behaviour, with Youthline and Crown Public Health surveys showing young people place a high value on the use of the telephone as a way of accessing help. In a survey conducted in 2003 where youth were asked what types of services provide best support for young people- almost 70 percent preferred telephone helplines, followed by face-to-face counselling (63 percent) (Youthline, 2008). The survey identified the biggest barrier to respondents seeking help was embarrassment (72 percent) followed by confidentiality (almost 50 percent). The authors indicated that as telephone helplines break down both barriers, this was probably why telephone helplines were the preferred support by young people. While the survey and report were both conducted some time ago, the use of smartphones has grown, enabling young people to access helpline and digital based services such as texting and online chat.

Supporting carers

Caring for people with dementia is challenging. Informal carers are acknowledged as an important resource for people with dementia. Lins et al (2014) cites evidence of negative psychological, physiological and financial impacts for these informal caregivers, with many experiencing moderate to high levels of burden. Two studies examined telephone-based interventions to support informal caregivers of people with dementia.

A Cochrane systematic review of the efficacy of telephone counselling for informal carers of people with dementia found there was moderate evidence it is effective for reducing depressive symptoms in carers and meeting some of their needs. There were no clear positive effects for other outcomes such as stress or anxiety (Lins et al, 2014).



Jackson et al (2016) conducted a systematic review of the effect of telephone, internet or combined supports for carers of people living with Alzheimer's disease and dementia in the community. Of the 22 studies selected for review, 13 were studies of telephone-delivered interventions, five were internet-delivered interventions and four were delivered in a combination of telephone and internet formats. Jackson et al (2016) found the most successful outcomes were for the combined telephone and internet approach, with that mode of delivery exceeding that of telephone alone and internet alone. Telephone support led to significant improvements in outcomes for family carers and people living with dementia with regards to improvements in carer self-efficacy and a reduction in stress related to care recipient behaviour in three studies. Depression was reduced significantly by three of the telephone interventions (Jackson et al, 2016). Similarly, studies of internet interventions showed significant reductions for depression, anxiety, and stress.

Summary

The studies reviewed illustrated several different types of situations and service users including family violence and sexual violence helplines; child protection and prevention of child sexual abuse helplines; helplines for older people, families, young people and carers. While we reviewed a fairly diverse range of helplines, it is not a comprehensive overview of all types of helplines that cater to other types of situations, which limits generalisability.

What the studies reviewed show is the high demand for these services across a broad spectrum of the population. The caller volumes are a crude measure of effectiveness but do point to the need for these services and suggest they provide some value to service users. While there were limitations on the ability to follow-up on service users due to confidentiality or anonymity, there was some information from internal monitoring of user satisfaction or independent studies that follow-up with users. The findings were generally positive about caller satisfaction and the benefits across different types of service users.

3.3_ Effectiveness of digital technologies for different situations and service users

Section 3.3 examines the effectiveness of digital technologies in the provision of helpline services including online interventions, chat, text and email across a range of situations and service users.

Online parenting support and interventions

Authors have noted the increased use of online parenting support and interventions promoted by the availability of the Internet. Nieuwboer et al's (2013) review of online parenting interventions identified that parenting professionals have begun to exploit the opportunities afforded by online technology which now offers a rapidly increasing number of resources for parents. The authors note visitor numbers to parenting websites running up to hundreds of thousands per month, with one of the attractive features of the Internet being the opportunity to receive and give social support anonymously. Russell and Lincoln (2017) noted evidence of exponential growth of support seeking through distance learning, social networking, and other online support group platforms, with one of the potential benefits of using computer-mediated service delivery being the possibility for greater access to a broader population than those facing diagnosis-specific needs.

Nieuwboer et al's (2013) systematic review of online parenting interventions selected 19 studies published between 2000-2010. The results showed guided and self-guided online interventions can make a significant positive contribution for parents and children. The results showed web-based parenting programs offered opportunities for sharing social support, consulting professionals and training parental competencies (Nieuwboer et al, 2013).

Russell and Lincoln's 2017 evaluation of computer-mediated parent education workshops showed positive results. This initiative was provided by a US employer as part of their employee wellness programme. Participants (n=247, primarily European, female, full-time employees) completed pre- and post- test surveys aimed at improving parents' self-concept and dysfunctional parenting practices. The pre-test findings showed there were clinically significant levels of dysfunctional parenting practices, which were significantly decreased after completing the intervention. The authors concluded,

“computer-mediated parent education workshops were efficacious in improving parents' self-concept and reducing parents' use of hostile parenting tactics” (Russell and Lincoln, 2017).

Breitenstein et al (2014) noted the promising trend in recent years toward the adoption of a public health approach to improve the quality of parenting at a population level, by including brief, cost efficient strategies with wider population reach than traditional intensive individual or group parenting programmes. The authors note that behavioural parent training is widely recognised as one of the most effective ways of preventing and treating child behaviour problems but that few parents participate in parenting programmes, with participation rates particularly low for parents of children with significant behaviour problems, families facing additional challenges, living in adverse socio-economic circumstances, belonging to an ethnic minority group or being affected by physical or mental health problems. They also highlighted the stigma often attached to attending any type of parenting programme and other barriers such as timing difficulties, cost, transport and child care. They noted that as Internet and technology capabilities advance the opportunities to develop self-directed, interactive and engaging interactions for expanding the reach of parent training interventions, with digital delivery methods one way to address some of the logistic barriers to face-to-face delivery methods. The authors concluded,



“Findings from this review indicate that the use of technology and digital delivery is a growing and emerging method of delivering parent training interventions with a high potential for increasing reach and sustainability as we implement interventions in real world settings” (Breitenstein et al, 2014).

Morgan et al (2017) also noted that parents with young families can face substantial barriers to attending group programmes. The online adaptation (Cool Little Kids Online) of the Cool Little Kids parenting group programme was developed to overcome barriers to its wide dissemination in the community, with the authors concluding online dissemination may improve access to an evidence-based prevention for child anxiety disorders. Baker et al (2017) also noted that brief online self-administered parenting interventions can be a valuable component of a public health approach.

Family violence (FV) and sexual violence (SV)

All the papers reviewed on IPV and family violence explored interventions, trials, feasibility studies, or theories about online services or aids for reducing some of the barriers for survivors of IPV seeking help.

Accessibility of internet based interventions

Tarzia et al (2016) in their theoretical article drawing on current theory and literature on online interventions for FV noted that an Internet-based intervention is always available and accessible from any location, the flexibility allowing women to access the intervention at times when an abusive partner is not present. Online interventions also allow women to self-identify and self-manage without disclosure to a third party, and may also facilitate equity of access for women who might otherwise be disadvantaged, such as women with disabilities, or who live in rural or remote locations, or women who are closely monitored by an abusive partner. The authors argued that the Internet as a method of delivery for family violence might overcome many of the barriers present in other settings such as health care. Tarzia et al (2016) noted barriers within healthcare settings with many women feeling uncomfortable revealing they are experiencing IPV even to a health professional, or worried about disclosure if their partner sees the same healthcare professional.

Constantino et al (2015) cited evidence that survivors of IPV may refrain from face-to-face social interactions due to feelings of stigmatisation, guilt and shame. The authors reported results of their study strongly suggested the Internet can provide a protected environment in which intervention participants control and pace the degree of disclosure without the fear of face-to-face judgement, rejection or devaluation and that their findings added new empirical support for the feasibility of online delivery of interventions for IPV.

Glass et al (2017), in a randomised control trial investigating the longitudinal impact of an internet safety decision aid for abused women, noted there are many prevention and intervention programmes for IPV survivors. While many women seek information online, safety planning tools are substantially under-utilised because the information is typically not tailored to their individual circumstances. Koziol-McLain et al (2015) also noted the low access rate for specialist services for safety planning by women experiencing violence.

Two papers examined the potential for an Internet-based safety decision aid for New Zealand women. Young-Hauser et al (2014), in their feasibility study examining the suitability of an IPV interactive online decision aid developed in America for its application in New Zealand, noted women experiencing IPV face complex decisions around their safety. In their study, based on focus groups, the decision aid was modified into a cross-culturally appropriate tool to benefit New Zealand women who experience IPV, with the next phase being testing the tool for usability and utility.

Koziol-McLain et al (2015) reported on a randomised controlled trial protocol for a web-based safety decision aid intervention for abused women. The authors noted the trial, when it takes place, will provide much needed information about safety planning, including how women in abusive relationships safely access information and resources through the Internet. The decision aid may also provide a cost effective easily accessed safety planning resource that can be translated into clinical and community practice.

Eden et al (2015) reported on a multi-state randomised control trial to test the effectiveness of an internet safety decision aid to help abused women compared with usual safety planning. The authors found that the group using the safety aid had significantly greater reduction in feeling uncertain and in feeling unsupported about safety than the usual safety planning group, after baseline values were controlled for. The authors concluded,

“Abused women randomised to the safety decision aid reported less decisional conflict about their safety in the abusive intimate relationship after one use compared to women randomised to the usual safety planning condition.”

RAINN National Sexual Assault Online Hotline (NSAOH)

The Rape, Abuse and Incest National Network (RAINN) in the United States, has provided a telephone hotline service since 1994, receiving more than 11,000 calls per month and providing services to more than one million visitors since opening. They expanded their services and it is the first to include an online hotline – the National Sexual Assault Online Hotline (NSAOH), offering a 24 hour, 7 days a week Internet-based one-to-one chat hotline.

Finn and Hughes’ (2008) evaluation of NSAOH outlined the rationale for the service which was based on: “research that showed that most victims of rape and sexual abuse are young people aged 14-24 years; a reluctance of victims to report victimisation to traditional authorities; the increasing use of the Internet, particularly by young people; the emerging evidence that therapeutic services can be effectively provided online; and the many requests from victims and their family to the RAINN website and telephone hotline for Internet-based services”. The evaluation found the model to be viable and useful for about 80 percent of visitors.



Older people

Morris et al (2014) in their systematic review regarding smart technologies to enhance social connectedness in older people who live at home remarked with the rapid worldwide increase in the proportion of older people, that health-care and social agencies are finding it increasingly difficult to support the increasing number of older people seeking support. The findings of their review suggested there is emerging evidence to support the implementation of technology to improve some dimensions of social connectedness, including social support, empowerment and self-efficacy, loneliness and social networks and that smart technology may play a role in improving quality of life, depression, self-esteem and stress.

Youth

Evidence from this literature review highlights the prevalence of online communication and mobile phones, which have become a widely used form of communication technology among youth, including in seeking help. Gatti et al (2016) and Gibson and Cartwright (2014) cited evidence that adolescents prefer mobile phones, these being uniquely suited to their needs, being lightweight, less intrusive, and they connect them with spatially distributed peers. They also provide a space where they can communicate without adult surveillance and control. Gibson and Cartwright (2014) also cite evidence that New Zealanders, including young people, have taken to the use of text more than most, with text messaging becoming the standard mode of communication for young New Zealanders.

Haxell (2015) cites evidence that the higher costs of mobile phone telephony in New Zealand compared to other countries (New Zealand ranked 28th out of 30 OECD countries for cost) has contributed to this unique pattern in New Zealand with the average number of text messages sent per month in 2011 being 230 compared to 25 mobile calls being made on average per month. Anstiss and Davies (2015) also note text messaging provides a particularly low cost and convenient way for young people in New Zealand to stay in touch.

Haxell (2015) stated:

“The phones hardly ring at Youthline in New Zealand anymore: youth still have problems but it mostly happens silently.”

Youthline had traditionally provided a service that had predominantly involved phone calls with a small number of emails received. The gift of a personal digital assistant (PDA) allowed for multiple approaches through which young people could access the service by phone call, email or text message. Text messaging was introduced as a portal through which an invitation to use the free helpline or an offer of face to face appointments could be offered. With anxiety that text messaging would provide too little information or messages may be unclear, but also concerned that not providing an accessible text-based service would also involve risk, Youthline debated the provision of text counselling. When tracing unique identifiers of phone numbers and comparing those who called with those who text, a different cohort of young people was identified (Haxell, 2015).

Youthline adapted its service provision to meet the needs of these young people. New Zealand's Youthline texting service which started in 2004 has steadily grown, and ten years later Gibson and Cartwright (2014) reported it was becoming one their most popular services, with 10,000 – 20,000 texts per month. Gibson and Cartwright's small qualitative study with young people found they valued the "privacy and autonomy, having control over the counselling process and maintaining anonymity. Participants appreciated the accessibility of text counselling and felt comfortable communicating through text. Despite the anonymity, they also felt they got to know the counsellor as a 'real person' and experienced a relational connection with them". The authors suggested that text counselling may "help young people balance their contradictory needs for autonomy and connection and facilitate their engagement with counselling support" (Gibson and Cartwright, 2014).

Haxell (2015) notes that the attributes identified as important in the literature for telephone and online guidance and counselling, including access, anonymity and confidentiality, are the same attributes that young people highly valued in their use of texting. The author cites evidence that with a mobile phone being owned and operated by one person, the means of communicating can be taken into spaces that feel more private. Silence contributes further to anywhere-anytime access, with texting providing for conversations in real time, occurring as and when needed. Haxell notes that a preference for text is most commonly related to concerns for privacy, not wanting others to hear what is private and potentially embarrassing but can also relate to feeling vulnerable or be a well-practised response in preventing oneself being subject to abuse.

"Talking silently can mean not getting a hiding, not being bullied, not having one's mobile phone confiscated and not having one's means of emotional support denied".

Haxell (2015) provides an example of a text received "Um I dnt lik to talk on phnes cause ma dad will give me a hiding" that provided the means of support to a young boy hiding under the house waiting for his drunk father to fall asleep. The author concludes,

"Being relevant requires being responsive to young people in current hard times. While a service might be friendly, if it is not accessible, it cannot be used. Texting is shown here as a means of emotional support."

Anstiss and Davies (2015) cites evidence for young people's preference for technology-aided counselling media, particularly text messaging, that text messaging presents organisations working with young people a platform to communicate and offer support to young people on their terms and highlighting the need for community agencies to adapt to new technologies in offering youth-friendly, effective, and appropriate vehicles of support.

Online counselling for children and young people

Gatti et al's (2016) qualitative study on young people's motivations to use online counselling also identified they valued the anonymity and privacy as they do not have to provide personal information or be physically present. There is a sense of privacy, unlike the telephone when someone can overhear the conversation.



Fukkink and Hermanns (2009 a,b) noted that the Dutch Kindertelefoon, which was established as the first European child helpline in 1979, provides a traditional toll-free telephone service with an additional online chat service to provide information, advice and support to children aged between eight and 18 years. The authors report that in 2006, the Kindertelefoon volunteers held 138,000 telephone conversations and 12,000 online chat conversations with children and youth, who ask for emotional support, information or advice (Fukkink and Hermanns, 2009a).

Findings from their research showed that children experienced a higher sense of well-being and a reduced severity of their problems after engaging with the Kindertelefoon services. While both chat line and telephone showed positive results, they were slightly more favourable for online chat than for the telephone service. They conducted a follow-up survey which found that many of the children who contacted the Kindertelefoon suffered from relatively severe emotional problems. The authors concluded that the results of their study underlined the need for closer cooperation between child helplines and mental health and child welfare services (Fukkink and Hermanns, 2009a).

Counselling

Gibson and Cartwright (2014) notes that in recent years an increasing number of researchers have pointed to the potential advantages of using contemporary communication technologies to provide counselling. Sefi and Hanley (2012) cited evidence that the online world offers an inclusive space which is emotionally safe for people who find face-to-face encounters too challenging and therefore are often isolated and unknown to statutory services. Lazuras and Dokou (2016) noted increasingly more people are using the web, creating significant opportunities in the delivery of professional services using web technologies.

Gatti et al (2016) noted the use of the Internet for counselling has quickly increased, and cited evidence that it is well accepted by patients, encourages self-disclosure, reduces the issue of time constraint, can be used in a cost-efficient manner and creates permanent records that can provide opportunities for both client and counsellor to review and reflect. The authors noted that one of the most positive features of on line counselling reported in the literature is the accessibility of the service, without time restrictions. While the authors noted online counselling has great potential they also noted the challenges regarding regulation of services and best practice models for young people.

Harris and Birnbaum (2015) also noted the benefits of providing counselling through technological forums being increased accessibility, anonymity and comfort for the clients but also noted that the addition of online counselling to service provision is controversial. Regarding adolescents, the authors cited evidence that anonymity offered by the Internet is one of the main reasons adolescents seek online counselling, with the text environment allowing clients to reply to the counsellor in their own time, and giving them greater control of the counselling process.

Richards and Viganó (2013) noted the growth of online counselling in the last 15 years, alongside technological developments, citing evidence for the flourishing of technology-delivered psychological interventions likely being due to: “increasing acceptability of the Internet as a legitimate social tool; computer developments in relation to ease of use, privacy protection and online capabilities; development of ethical guidelines by professional organisations; growing research and establishment of online training for professionals”. The authors also noted that users’ concerns about online counselling include lack of privacy associated with the use of technology, security of the technology being used and being caught using online counselling.

Summary

The studies reviewed illustrated a number of different types of situations and service users including online parenting programmes; online chat and texting counselling for young people carers, and parents; family violence and sexual violence Internet-based safety decision tools; sexual assault online hotline; and smart technologies for older people. Like freephone helplines, while this is a fairly diverse range of service users and applications, it is not a comprehensive overview.

Given the fast pace of technological developments and innovations the research on effectiveness has found it difficult to keep up. There certainly appears to be some promising findings among the studies reviewed for online parenting programmes, online chat and texting counselling for children and young people; and emerging evidence for smart technologies to enhance social connectedness in older people; and use of online applications and hotlines for family violence. What the studies suggest is that effectiveness would be enhanced by providing consumers with a choice of channels to fit their situation and ability to engage and that this is an area that requires more research.

3.4_ Effectiveness of freephone or online services compared with face-to-face services

For service users, there can be barriers to accessing face-to-face counselling such as physical and mental health challenges, time, transportation, work and care responsibilities. For service providers, their ability to reach people and deliver their service effectively and to deliver their service efficiently are important considerations.

Overall the literature provides some evidence that using the telephone for advice, support and counselling is just as effective as face-to-face service delivery. However, the telephone will not suit everyone and consideration is required of the barriers for different population groups and suitability for different situations. A number of studies reported advantages when telephone is integrated into face-to-face health or care services as follow-up support (Madoc-Jones et al, 2007).



Several studies in this review have compared counselling delivered by telephone with face-to-face therapy, and found the clinical outcome and levels of satisfaction to be equivalent. For example, one study compared the effectiveness of delivering cognitive behaviour therapy (CBT) via telephone and face-to-face to treat obsessive compulsive disorders. This study noted delivery via telephone took 40 percent less of the therapists' time which has economic implications for services (Youthline 2008).

Dowling and Rickwood's (2013) systematic review examining the effectiveness of online counselling via synchronous chat found positive effects across six studies. Two found that individual online synchronous chat was equivalent to face-to-face help; one found that it was better than telephone delivered care; one that it was equivalent to a telephone delivered service; one that it was better than a wait-list control; and one that it was effective but less so than a telephone delivered service.

Richards and Viganó (2013) in their critical review of online counselling also found evidence that this mode of delivery can have a similar impact as face-to-face counselling. They propose a need for stronger empirical evidence on the effectiveness and efficacy of different methods for delivering counselling and a deeper understanding of the variables that contribute to in-session events and eventual outcomes unique to each mode (Richards and Viganó 2013).

4.0_ Characteristics of well-designed and effective helplines

4.1_ Introduction

This literature review identified consistent themes across the literature about key characteristics of well-designed and effective helplines from the perspective of service users, providers and commissioners. We begin with a summary of the attributes of helplines valued by users and then identify learnings from the literature on developing and designing helpline services.

Case studies are provided in Appendix C to illustrate how they have developed in response to user demand and policy direction, their strengths and learnings.

4.2_ What characteristics do service users value?

The evidence in the literature was fairly consistent about what users value about free telephone helplines and digital technology, with some variation depending on the situation and type of service they were accessing. The overarching features include:

- Accessibility:
 - Helplines can provide broad geographical coverage which is an advantage for people who cannot afford transport and/or live in rural areas

- No formal access criteria need to be met (eg, there are no barriers such as requiring a referral, meeting a threshold or diagnostic criteria)
- Convenience (eg, for those who have a disability or care responsibilities)
- Helplines that are 24/7 allow for flexibility of access at any time
- For crisis led services the 24/7 timeframe allows for immediacy of access.
- Affordability: freephone numbers and online services mean money is not a barrier.
- Confidentiality and in some cases anonymity is highly valued by callers as it allows them to seek help and avoid embarrassment, stigmatisation, or repercussions.
- Non-judgemental, impartial support.
- Access to accurate information, advice and support.
- Access to other services – referrals, information about where to get help (provision of continuum of service delivery).
- Social connectedness (Balmer et al, 2012, Howe et al, 2014, Madoc-Jones et al, 2007).

Howe et al (2014) outlined the key aspects of helplines including delivering person-centred and person-led care, and providing a trusted space and confidentiality; as such the independence of helplines is valued by callers. The ability of helplines to offer non-judgmental support to people when they need it and the anonymous and confidential nature of services are important when people are afraid or worried about seeking help or advice on issues which they find difficult or sensitive. Many provide emotional support, and are well placed to provide a non-stigmatising service, as they give a high degree of control over disclosure, offering the user confidentiality, and in some cases, anonymity (Howe et al, 2014).

Azaiza (2008) investigating the appropriateness of the helpline as a model of service delivery in minority communities noted the extensive research between anonymity and help-seeking behaviour with anonymity available in helplines adding to the sense of security on the part of the help seeker. The authors concluded,

“helplines enable people to seek support, which can promote further help seeking behaviour”.

Helplines can reach out effectively to vulnerable, isolated communities, improve outreach and accessibility (Howe et al, 2014). Unlike some statutory services helplines can be accessed freely without threshold criteria or a ‘diagnosis’. Similar themes were also evident in the paper by Azaiza (2008), with the author noting helplines may serve a broad cross-section of the population, may reach groups that typically have not used traditional services, may provide a viable option for expanding services to larger geographical areas, and as helplines often operate for extended hours they can offer services when only limited emergency help is available.



Madoc-Jones et al (2007) noted the ability of telephone support systems to offer planned support opportunities for users who find it difficult to access regular (face-to-face) services due to constraints including work or caring commitments, cost of transport, or physical disabilities. The authors found their study, in line with previous research, suggested provision of telephone support in social care can overcome some practical and financial difficulties for users with little discernible loss to their experience of satisfaction with the service, and that “planned support may provide a valuable service to users who are most disadvantaged and marginalised and who have found traditional forms of support unsatisfactory”.

4.3_ Considerations for designing and implementing helpline services

The following section outlines considerations and learnings for designing and implementing helpline services identified in the literature.

Tailoring design so it is relevant and culturally appropriate for service users

The cultural appropriateness to New Zealand women of an intimate partner decision aid developed in the United States was examined by Young-Hauser et al (2014), in a feasibility study using focus groups. They produced a design that is authentic to New Zealand, enhancing the tool's appeal to women living in this country while contributing to its cultural appropriateness. The safety plan was also revised and modified to include age-appropriate recommendations and reflect New Zealand child care practices and policies.

The Silver Line for older people developed in response to needs, for example for callers with complex needs, including depression or dementia, befriending calls are made by staff at headquarters who have skills and experience to provide appropriate support, rather than volunteers. The Silver Line has also recruited a Head of Outreach to aid the process of finding community resources for callers and to identify supporters for the charity.

Several studies highlighted the importance of marketing helplines to ensure it was clear what the helpline was for and with memorable contact information such as a phone number, text, or website address (Howe et al, 2014, Wilcox 2014).

Integration and gateway to other services

Howe et al (2014) noted helplines are at the frontline in service delivery as they can offer the first step to further help, as well as on-going support. As such helplines can focus on a whole of systems approach to care and support, and provide linkages to other services such as counselling, health services, welfare and emergency services. Helpline operators must have knowledge of local services and the operational mechanisms and protocols in place for referrals.

The helplines sector can support areas of public service delivery with interventions from helpline workers helping to prevent self-harm, reduce emergency admissions and support people to access services in the most appropriate way. The authors noted the immense value of helplines particularly in relieving pressure on other services (Howe et al, 2014).

New Zealand examples of helplines that provide a single point of entry to multiple services include Healthline and the Canterbury Support Line. Healthline is a national freephone service available 24/7 that is staffed by experienced nurses whose role is to provide: assessment and triage of callers with symptoms; general health advice and information for callers without symptoms; and information on health services throughout New Zealand.¹

The Canterbury Support Line was established in 2010 in response to the Canterbury earthquakes to provide free telephone earthquake support and counselling. An evaluation of the Canterbury Support Line conducted by Miles et al (2013) found it was an effective and well-performed service for enabling people to access psychosocial support services. The service had been effective in providing information and support to people in subsequent disasters (Nelson flooding in 2011; cyclones in Auckland in 2012) and the authors recommend it as a blueprint for disaster response both nationally and internationally (Miles et al, 2013).

Another example of a close working relationship in response to high profile events is the work of the National Society for the Protection of Cruelty to Children Helpline (NSPCC) who form partnerships in relation to specific events or issues. In 2012/13 the highest-profile partnership was with the Metropolitan Police in Operation Yewtree. The helpline was commissioned by the Metropolitan Police in October 2012, just prior to the airing of the ITV documentary 'Exposure: The other side of Jimmy Savile', to provide a single point of contact for members of the public wishing to report abuse relating to this enquiry. NSPCC has since worked in partnership with police and other agencies to provide support to the public in response to other high-profile cases (NSPCC, 2013).

National versus local provision

Howe et al's (2014) consideration of national versus local provision of helplines found that national services have the capacity to provide specialised services to specific groups. The authors state,

“National helplines may have particular skill and expertise in supporting people with a particular condition or a particular population demographic, such as young people or people from ethnic minority groups. This is particularly helpful where there is recognised lack of engagement with local provision by these groups. Helpline services delivered across England or the UK can provide greater reach to vulnerable people and reduce the postcode approach to service provision”.

¹ Information accessed at <http://www.health.govt.nz/your-health/services-and-support/health-care-services/healthline/about-healthline>



Considerations for contracting providers

Several studies identified contracting appropriately experienced providers with the capacity and systems to manage volumes of calls, including variation in volumes and to train and supervise staff (Wilcox, 2014; York Consulting LLP, 2009). For example, The Silver Line Helpline out-sourced this service to a company with a strong track record in this area, and after a pilot phase, selected a provider with experience providing NHS Direct and 111 services, to provide the national helpline (Wilcox, 2014).

The recruitment process for the national provider sought a team with qualities such as empathy, good listening skills and genuine interest in the purpose of The Silver Line to supply staff dedicated to The Silver Line Helpline. The befriending service is provided by trained volunteers, carefully matched with callers to bring together individuals with similar interests (Wilcox, 2014).

Similarly, the Scottish Government's Child Protection Line contracted with a provider that was a well-established consumer contact and communications company managing many high-profile Government funded Scottish and UK-based telephone lines. The skills and training of call advisors was a key feature of the operational model, and an important feature of the provider's approach was to provide comprehensive support to call advisors (York Consulting LLP, 2009).

Merging of helplines

Scott et al (2009) in reviewing the Scottish Helpline for Older People (SHOP) documented the establishment of the service which merged other helplines targeting the same group to avoid duplication. There were some areas of concern identified including confusion over the governance of the helpline with the respective responsibilities of ACS and the Consortium not clear, and there were different views as to whose helpline it was. There was also a lack of clarity about the role and purpose of the Consortium. Opportunities for the helpline to provide better value for money were highlighted as well as strengthening the service through the introduction of a quality assurance framework, improved monitoring and evaluation systems, and strengthening signposting and referral systems.

No studies in this literature review reported on the merging of helplines across the whole social sector environment.

Protocols and standards

Scott et al's (2009) review highlighted the importance of standards in the provision of advice and information including the statement "There should be proper standards for the services and properly trained up staff. It should not be left to chance...". The report cites the potential benefits of standards including:

- Effectiveness – with standards providing a benchmark for quality from which to measure performance and evaluate a service
- Accountability – with standards having the ability to enhance public confidence, recognition and transparency of a service

- Protection – with standards helping to safeguard the interests of potentially vulnerable people and protect the integrity of the service, and
- Clarity – where standards can help users, funders, commissioners and others know what to expect from a service.

The All-Wales Domestic Abuse and Sexual Violence (DA/SV) Helpline Evaluation report listed a set of criteria that indicated the helpline was delivering in line with the Welsh Government’s service specification, including:

- The helpline being delivered by a team of skilled, well-trained, bilingual and experienced practitioners
- To ensure 24/7, 365-day delivery, emergency working protocols and procedures are in place, if necessary
- The helpline had achieved a quality mark accreditation (The Helpline Association Quality Mark)
- Having a set of recruitment, retention and training protocols and procedures in place to support the delivery of the helpline
- A set of operational policies, protocols and procedures in place to help helpline staff deliver the service effectively and consistently
- A set of performance management and internal quality assurance protocols, and
- Helpline staff are positive about the leadership of the helpline (Cordis Bright 2014).

Workforce training and quality assurance

Howe et al (2014) notes the high use of volunteers within the helplines sector. For example, Helplines Association research reported that 3 in 4 staff in the sector were volunteers. Helplines can be attractive to volunteers as a way of gaining skills and to support a cause to which they have an attachment or personal experience, “indicating that there are high levels of empathetic qualities within helpline service provision”. They also note that helplines are innovators in enabling people to volunteer flexibly, with some helplines enabling volunteers to work remotely from home or by logging on to a virtual call centre system (Howe et al, 2014).

The Youthline report (2008) also raised the importance of volunteers and the role helplines play in their lives, particularly the ability to learn valuable transferable skills, gain valuable training and work experience which can help in obtaining paid employment. At Youthline, through their training, the volunteers become confident and empowered and are trained to take on leadership roles (Youthline 2008).

Howe et al (2014) note that helpline volunteers have to go through robust training and supervision processes, to ensure the quality of support given to callers and also to protect the emotional wellbeing of helpline volunteers.



Youthline (2008) noted that analysis of the 1-800 SUICIDE telephone network in the United States identified several variables considered necessary for successful telephone intervention including a supportive approach and good contact, collaborative problem solving, active listening and avoidance of negative style. The researchers who analysed this telephone network identified a need for greater quality control of telephone helpline services to reinforce these variables, including the use of call monitoring for quality assurance, developing model training programmes, and the application of standards of good practice. Youthline (2008) also noted a study of the Kids Help Line services (for children aged 5-18 years) focused on assessing staff development and training to improve outcomes for callers.

Service engagement

Madoc-Jones et al (2007) cited evidence in the literature of factors that are key to optimising success of telephone support services. These include that services are most effective when providers work hard to be psychologically present for service users on and off the telephone, with presence being able to be shored up by reassurance that support is always available, if needed. They also note research highlighting the importance of operator skills and training for the effective delivery of telephone support services. The authors also cited evidence that telephone support may be more effective where users have established face-to-face contact with providers before delivery of telephone support, with reported advantages gained when telephone support is used to 'follow on' from or 'top up' face-to-face delivery in health and social care.

Sense of ownership and control for young and old

Wilcox (2014) in reporting on The Silver Line reports control must stay with callers in a helpline for adults. As older adults, these are people who have life experience, opinions and preferences and that needs to be honoured. Also, Helpline advisors need to work at the caller's pace when moving towards change or new ideas or risk rejection, resistance and becoming oppressive.

Youthline (2008) noted the importance of young people having a sense of 'ownership' of youth services designed for them, with the involvement of young people in defining their community needs being important to ensure that the right mix of services is offered.

Gatti et al (2016) raised that a challenge for online listening services is the constant technological development that pushes clients to use and become familiar with new ways of communications and that services need to stay up to date and train their counsellors accordingly. They stated:

"it is important that services pay close attention to the way their target population is communicating and be ready to change and develop new ways to work".

Monitoring and evaluation

Howe et al (2014) note the challenges for helplines in measuring outcomes given the confidential and anonymous nature of the services they provide. Confidentiality, the authors note can present challenges in the measurement of long-term outcomes for individual helplines. This can in turn make it difficult for helplines competing for funding within highly prescriptive outcomes-based funding pots.

Howe et al (2014) also note that funders need to ensure value in the resources that they deploy; however, helplines have challenges in measuring success when a key attribute is that they accept anonymous calls. They indicate that without data gathering and user tracking, it may be more difficult for helpline services to show longer term benefits compared to for example, more traditional face-to-face mental health support provision. Helplines do not know what happens when a call ends; however, other sectors can track a cohort of users more effectively and therefore potentially gain a distinct advantage when competing against helplines for funds (Howe et al, 2014).

The Welsh Government and staff of the All-Wales Domestic Abuse and Sexual Violence Helpline also recognised that it would be positive to be able to demonstrate the outcomes and impacts the helpline has on callers. It was recommended the Welsh Government should develop a strategic plan for the helpline that would outline the inputs, activity and outputs required to meet the envisaged outcomes and impacts. The development of a SMART logic model (and outcome framework) was recommended to guide future monitoring and evaluation activity; however, it was noted this could be resource intensive due to the transitory nature of the service and the vulnerability of callers. To make improvements to the helpline website, it was suggested having a separate page containing information specifically for agencies, having a feedback form on the website for enquirers to feed back about the information on the site or their experience of calling the helpline, and developing an online resource portal to fit with the planned role of the helpline as a first point of contact (Cordis Bright, 2014).



5.0 International trends in development of helplines

5.1 Introduction

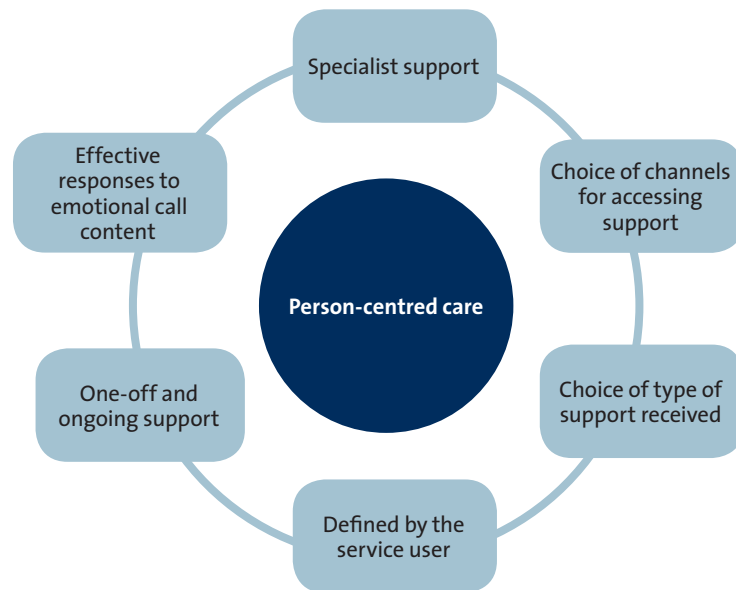
This chapter provides a general overview of some of the key international trends in the development of helpline services to improve accessibility and reach and manage some of the challenges.

5.2 Trends in helpline services

Howe et al (2014) provide an overview of the structure, function, challenges and changes in helpline provision in the UK. The authors report there are thousands of helplines in the UK ranging from small volunteer-led projects to large well-known charities with the sector being complex. They noted that the way helplines manage issues such as confidentiality, repeat calls and emotional and challenging content will differ, with some helplines offering reflective listening, encouraging callers to explore options and identify solutions for themselves while others will clearly define themselves as a befriending service, or provider of information or advice. The authors noted while these different approaches by helplines highlight some key strengths around individualised approach to caller support, tools for helplines to manage demands for their services and enabling helplines to offer specialised and high-quality service delivery, it can also be difficult for callers to know which helpline is best for them with consequent challenges in managing user expectations.

Howe et al (2014) provide a diagram showing person-centred care delivery within the helpline sector. The diagram illustrates the diversity within the helpline sector, within the target audience and the way in which the service is delivered, and highlights the cross purposes of the equality and impact focus in the work of helplines. The tables below the diagram show the two approaches to the identification and approach of helplines, the authors noting each clearly intersects each other in practice.

Figure 2 _ Person-centred care delivery within the helpline sector



Equalities focused approach (equalities and outreach), considering the helpline's purpose.
 Samples of helpline focus through community segmentation

- Mental health
- Children and young people
- Older people and carers
- Disabled people and people living with chronic health conditions
- Debt and advice services
- People from black and minority ethnic communities
- Crime and victims of crime and violence
- Lesbian, gay, bisexual and transgender people

Impact focused approach (service delivery)

- Approach to confidentiality
- Provision of advice
- Approach to befriending
- Encouragement to repeat callers
- Provision of information
- Delivery of response to emotional call content
- Evaluation of service provision
- Quality

Source: Howe et al (2014) Helplines at the frontline of health and social care



Improving outreach and accessibility

Howe et al (2014) highlight that improving outreach and accessibility, reaching the most vulnerable individuals and supporting people with impairments, mobility problems or long-term health conditions to have direct timely access to advice and support are important in helpline provision. The authors note that the adoption or expansion to other platforms such as email or text messaging may be more appropriate and inclusive for people with sensory, cognitive or communication impairments and people who are neuro-diverse who find traditional voice provision inaccessible.

The author's note meeting the access needs of people with sensory, physical, communication and cognitive impairments is demanding and service providers need to invest time and money to do this.

“There is a strong perception that there is a need for greater levels of consultation and engagement with service users, but that actually the opposite is occurring, particularly as the levels of funding to the voluntary sector for advocacy and engagement have been falling”.

The authors also note that in the UK there is a growing trend in health and social services towards the use of electronic systems (via the Internet) to book appointments, find services and access self-help information, and highlight this is a problem for people unable to access the Internet. They cited evidence reporting that in 2011, only 61 percent of disabled people lived in houses with internet access compared to 86 percent of non-disabled people. For disabled people who may not be able to use the internet to access an increasing number of health and social services, helplines may be of importance (Howe et al, 2014).

Howe et al also raise the issue of not only how helplines might enable disabled people and service users to access services more easily, but also the accessibility of helplines. In the UK, ensuring that services are able to meet the needs of people equally is an expectation in the Equality Act 2010 (Howe et al, 2014).

Challenges facing helpline services and commissioners in the UK

Howe et al (2014) identified the following challenges for service providers and commissioners:

- the significant increase in calls, with some helplines reporting call volume increases of over 40 percent
- reports from helplines that the complexity of calls is increasing with callers experiencing multiple and complex problems relating to issues including mental health, housing, debt, unemployment and substance abuse
- challenges for donor recognition within helpline service provision, with some helplines having concerns on whether having a statutory logo on specialist helpline provision would reduce the likelihood of receiving calls from particularly vulnerable groups, given helpline callers value anonymity
- challenges in sharing data with service commissioners where the caller can be identified

- additional challenges for small helplines in trying to access funding through increasingly localised funding structures. The authors suggest there is a need for 'greater use of targeted strategic national funds in relation to helpline provision and for better support for helplines to develop more effective tools to measure the value of service provision within the call environment', and
- a need for greater recognition within commissioning structures of the value of helplines, although in this article the authors raised this issue with regard to health helplines (Howe et al, 2014).

5.3_ Consumer driven demand for multiple channels of communication

Howe et al's (2014) review of helplines observed that these "services are driven by the people calling and helplines have shown adaptability in offering new channels in response to user demand". They noted that with the increase of phone use and developments in telecommunications, there have been changes in how people choose to access support and a shift away from traditional telephone lines. Evidence they cited suggests potential helpline users were now as likely to seek support via email or online chat as they were by telephone and noted that 18 percent of UK households no longer have a fixed landline in their home. They noted that helplines have recognised these shifts and have adapted, with a number of helplines now offering support through text messages, email and online channels alongside freephone numbers.

Analysis of the Helplines Sector conducted in 2011, and cited by Howe et al (2014), reported a range of use by users and providers of different means of communication. Some helplines reported higher levels of telephone use even when email, text or other communication channels were available. Other examples showed that responding by email may be cheaper than responding by phone, with one helpline reporting that three quarters of their contact comes via email and suggesting that email offers the user greater privacy when using a service.

Jackson et al (2016) found that within the studies reviewed, combined telephone and internet delivery of multicomponent interventions demonstrated more positive outcomes than telephone or internet alone. The authors suggested that future research "in this area of technology delivered support may include fast emerging newer technology devices such as iPads in combination with enhanced communication". They also stated:

"With the uptake of consumer driven health in aged care, combining support and education in a more cost effective and accessible mode of delivery may allow greater access and flexibility".

Research on 'what works' is not keeping up with innovation and user demand

Haxell (2015) observes that traditional methods of verifying the evidence for the effectiveness of an intervention are not keeping up with the changes in technology that are user driven.



“While the specialism of providing guidance and counselling through digital technologies is in its infancy, the desire for an evidence base for practice though desirable may also restrict needed developments. The absence of evidence does not necessarily equate with undesirable, ineffective or inferior practice. The non-traditional sector (those outside of the formal health or education sector), where borders to innovative practice are perhaps less formal, may provide opportunity to observe practice that is more fluid, more adaptive and more responsive to the community served” (Haxell, 2015).

Haxell draws attention to the processes young people themselves are electing to make use of emotional support provided by a 24-hour crisis helpline at Youthline and specifically the emotional support provided by their text messaging service.

5.4_ Developments in different types of helpline services

This section identifies some trends in the development of specific types of helpline services.

Developments in children’s helplines

Fukkink and Hermanns (2009b) note many countries offer special child helplines which were estimated at that time to hold nine million calls annually, highlighting the large demand for these services. The authors cited evidence that recently a number of child helpline organisations have introduced Web-based support, including in Canada, Croatia, Germany, Hongkong, Lithuania, Luxembourg, New Zealand, Philippines, Portugal, Slovakia, South Korea, Sweden, the United Kingdom, and the United States. The authors also note the Dutch Kindertelefoon, the first European child helpline to be established, incorporated a confidential on-to-one chat service alongside their telephone based service. Fukkink and Hermanns (2009b) note the initiative of the Kindertelefoon and other international helplines to expand their services fits with the wider trend of introducing online support and counselling. They note the development and implementation of a new service requires significant investment which is required to reach a new generation of children and adolescents who are divided into traditional callers and users of new media.

Developments in addressing social isolation

Morris et al (2014) note there is growing international recognition that smart technologies may enable and facilitate social connectedness and that the Australian government actively encourages exploration of smart and enabling technologies for the social and economic benefits of an ageing nation. Smart technologies and computer-based interventions can provide social support to older people at home.

While loneliness is a well-recognised risk factor for older people, Howe et al (2014) also raised the issue of loneliness “because any member of society can suffer from loneliness” citing evidence that nearly 60 percent of those aged between 18 and 34 years reported feeling lonely often or sometimes, compared with 35 percent of those over 55 years.

Australian government provision of online community services

Paris and Nepal (2016) investigated whether an online community could be used by government to provide support to disadvantaged citizens. They designed, implemented and deployed an online community where the government staff served as moderators and information providers. This experimental community was run in collaboration with the Australian Department of Human Services. The authors noted an increasing number of people are sourcing information online and that governments have increased their presence online with more government services being delivered online. They also note that people go online to seek support and that online communities and social networks in general have potential to provide social and emotional peer-support.

The aim of the community was to provide its members with informational and emotional support. Informational support included textual resources (links, factsheets and FAQ); media pages (with podcasts and videos developed specifically for the community); live chat sessions; an activity journey and a discussion forum. In addition to the discussion forum the community offered several ways for people to interact with each other and build relationships including a buddy programme and collaborative activities. The authors reported the community achieved its aims with community members finding the support they received welcome and useful, and importantly it enabled them to be heard by government.

6.0 Conclusion

This literature review on the role of freephone helplines in the social service sector has highlighted how the use of the telephone to provide access to services is still highly relevant and has now been complemented by multiple other channels of communication. The constant developments in ICT and evolving preferences of service users mean the incorporation of new forms of technology have been largely consumer driven. For the social service sector to engage and ensure equitable access to services this means understanding the complexities of different population groups' needs.

Identifying what works best for who in different types of situations is challenging, not least because what many users value about helpline services is confidentiality or anonymity. The studies reviewed show an emerging body of evidence that indicates delivery of some types of services via telephone and/or internet can be just as beneficial as face-to-face. Depending on the situation integrated forms of service delivery combining face-to-face, freephone and other channels highlight that services are innovating and engaging with service users in a variety of ways.

Key messages from the literature were the importance of providing service users with a choice of modes of communication to facilitate access and engagement and to be responsive to their needs. Developments in ICT are providing opportunities to enhance the ways we connect and share information. The literature suggests that services that include their service users in design, development, and even implementation are going to be better placed to provide services that meet their needs.



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Appendix B

Methodology, search strategy and search terms





Scope and terms of reference

As part of its legislative mandate, Superu supports the work of Ministers by commissioning researchers to answer questions on behalf of the Government about the dynamics of the social sector. In March 2017, Superu engaged Allen and Clarke Policy and Regulatory Specialists Limited (Allen + Clarke) to conduct a rapid literature review investigating evidence for effective social sector telephone helplines and associated digital services. This review will contribute to the programme of work by aiming to better understand the evidence about what makes for effective social service telephone helplines and associated digital services, with the aim of informing Minister's thinking about future service design.

Superu is specifically interested in answering the following questions:

1. What is the place and role of freephone helplines in the context of newly emerging digital services?
2. What does the literature say about the effectiveness of social sector freephone helplines in providing support to those seeking information, advice, referral to services, and support to those in crisis respectively?
3. Is there evidence that such services lead to better social outcomes for recipients of the services?
4. What are the situations where helplines are most effective in terms of providing information, advice and support to referral to acute services, support for those in crisis, and post intervention follow-up that respectively represent a continuum of service delivery intervention?
5. What are the characteristics of well-designed and effective freephone helplines?
6. What changes are happening internationally in the way that freephone helpline services are being designed, delivered, and commissioned?
7. What sort of evidence is usually used to inform decisions on moving to a telephone helpline [or associated digital platform] from some other medium, such as face-to-face support services?

Superu are interested in the evidence that has supported decisions in other jurisdictions regarding the design and development of telephone helpline services; and the characteristics of effective services. To this end, the research investigated the effectiveness of freephone helplines in providing social service support; characteristics of well-designed freephone helplines; and the sorts of evidence usually used to inform decisions about investing in a telephone helpline (or associated digital platform) as an alternative to face-to-face support.

This report is informed by a review of academic research published in 2007 and onwards. A brief overview of the methodology is discussed below.

Review of academic research

We reviewed academic literature that investigated the use, design, efficacy and future of social service helplines. The questions detailed in table 1 guided our data collection and analysis.

TABLE
01
Key research questions

| Key research question | |
|-----------------------|--|
| 1 | What is the place and role of social sector freephone helplines in the context of newly emerging digital services? |
| 2 | What does the literature say about the effectiveness of social sector freephone helplines in providing support to those seeking information, advice, referral to services, and support to those in crisis respectively? |
| 3 | Is there evidence that such services lead to better social outcomes for recipients of the services? |
| 4 | What are the situations where helplines are most effective in terms of providing information, advice and support to referral to acute services, support for those in crisis, and post intervention follow-up that respectively represent a continuum of service delivery intervention? |
| 5 | What are the characteristics of well-designed and effective freephone helplines? |
| 6 | What changes are happening internationally in the way that freephone helpline services are being designed, delivered, and commissioned? |
| 7 | What sort of evidence is usually used to inform decisions on moving to a telephone helpline [or associated digital platform] from some other medium, such as face-to-face support services? |

Search strategy and findings

A comprehensive search strategy and inclusion process was undertaken to identify relevant articles. Thirty-five academic databases were searched along with article bibliographies. The titles and abstracts of the identified documents were reviewed by our team's lead analyst and considered against inclusion criteria (see text box). Where inclusion criteria were met or where confirmation of inclusion was required, full-text papers were obtained and reviewed.

Allen + Clarke's original search strategy returned too few articles, with too narrow scope. Working with MSD, the research team amended the search terms and strategy to obtain both a greater number and more targeted results.

Omitted search terms

Some of the original search terms provided by Allen + Clarke were omitted by MSD as they were either not providing relevant results, or adding unnecessary 'noise' to the search results. For example, the terms relating to people, such as 'senior citizen' and 'adolescent' added considerable noise as they commonly occurred in items completely unrelated to the search. In contrast, a term like 'homeless' was much more likely to occur in the relevant context.



Exclusions and near limiters

To help further reduce noise purposefully excluded terms (exclusions) were added, using a 'NOT' limiter in the search string. To try and counter the high volume of results MSD also employed a 'near' limiter ensure that the search terms remained in scope.

Search terms and search string

A list of search terms was developed based on many of the original search terms drafted by Allen + Clarke. A tailored search string was also created using these terms, as well as the exclusions and near limiters. The final search string used was the following:

(A1 OR ((A2 OR A3) NEAR B))) AND C NOT D

The table below lists the codes used in this search string, as well as the key search terms for each code. These search terms were interchanged within each given code to create a variety of different combinations of words to form the search strings. This ensured that the search net was cast wide, but that it was also targeted.

TABLE
02
Search terms

| Code | Key search terms |
|------|---|
| A1 | "helpline" OR "help line" OR "crisis line" OR "advice line" |
| A2 | "telephone" OR "Freephone" OR "phone" OR "smartphone" OR "mobile" OR "SMSs" OR "text message" OR "call cent*" OR "contact cent*" OR "hotline" OR "hot line" |
| A3 | "web" OR "internet" OR "online" OR "app" |
| B | help OR advice OR support OR service OR tool |
| C | "counselling" OR "social services" OR "child welfare" OR "family violence" OR "domestic violence" OR "intimate partner violence" OR "sexual violence" OR "sexual assault" OR "rape" OR "abuse" OR "neglect" OR "refuge" OR "homeless*" OR "social housing" OR "emergency housing" OR "housing support" |
| D | "drug*" OR "alcohol" OR "medical" OR "hospital" OR "nurse*" OR "self-management" OR "healthcare" OR "health care" OR "consumer" OR "smoking" OR "substance" OR "tobacco" OR "AI" OR "artificial intelligence" OR "business" OR "education" OR "learning" OR "computer science" OR "cancer" OR "disease" OR "animal" OR "neural network*" OR "lake" OR "image" OR "internet service provider*" |

The list below includes details of the 35 academic databases included in the search.

Database list:

- Academic OneFile
- Academic Search Complete
- Academic Search Index
- Australia/New Zealand Reference Centre
- Australian Criminology Database
- Business Book Summaries
- Business Insights: Essentials
- Business Source Complete
- Center for Research Libraries
- Complementary Index
- Digital Access to Scholarship at Harvard (DASH)
- Directory of Open Access Journals
- Emerald Insight
- ERIC
- EU Bookshop
- Expanded Academic ASAP
- General OneFile
- General Reference Center Gold
- Health & Wellness Resource Center
- Index New Zealand
- InfoTrac Health Reference Center Academic
- Library, Information Science & Technology Abstracts
- Media Archive
- Networked Digital Library of Theses & Dissertations
- Newswires
- OECD iLibrary
- OpenAIRE
- Opposing Viewpoints in Context
- Publications New Zealand Metadata
- Regional Business News
- Science In Context
- ScienceDirect
- Scopus
- SocINDEX with Full Text
- World Bank eLibrary

In total, 52 relevant articles were identified for potential inclusion. Two articles were not able to be obtained. One Cochrane Review was identified and included during the literature review. The Canterbury Support Line: A Review of the Literature and Evaluation of the Service was also included. Of the 52 potential articles, 42 articles have been included in Allen + Clarke’s review. Articles that were not included in the review were mostly related to counselling and ethical and risk management.



Inclusion criteria

Results from the initial review of secondary research were assessed for inclusion using the following criteria:

- Currency (published since 2007),
- Relevance to primary research questions,
- Scope,
- English language, and
- Material that exhibits methodological rigour.

Primary research was included where it meets the above criteria as well as:

- Sources of information produced by recognised and reputable organisations (grey literature), and
- Applicability to the New Zealand context, including those materials with a Māori and/or Pasifika focus.

We included grey literature identified through the targeted web-search of agreed sources, limited to publicly available material. This may include:

- Studies that have not yet been completed or which are in publication
- Government strategies, policies, protocols and guidelines
- Standards and reviews/evaluations focused on helpline services and associated digital technologies
- Information from NGOs, such as case studies, reports, activities and lessons learned
- Commentary relevant to efficacy of helpline services
- Sector initiated analyses or reviews and any subsequent changes in operational processes
- Funding bids, conference papers or presentations (where research has not yet been published), and
- Operational good practice as it relates to telephone helplines.

Allen + Clarke also conducted bibliography searches of included resources to confirm all relevant citations are identified. This resulted in the identification of one further article.

Assumptions and limitations

The findings and conclusions of the literature review drawn need to be considered in light of the following limitations, which created challenges for comparison and synthesis:

- Published literature included a broad range of methodologies, including systematic reviews, meta-analysis, randomised control trials, qualitative studies, exploratory studies, pilot/feasibility studies, a literature review and report, a narrative and critical review of the literature, a survey report, a mixed-methods study, a theoretical article, and more than ten descriptive reports, reviews, evaluations or commentaries.
- Many of the systematic reviews and randomised control trials were about counselling and digital technologies, and noted limitations in the studies. The one systematic review on telephone counselling for informal carers of people with dementia published by the Cochrane Database of Systematic Reviews urged caution in interpreting the results of the review due to the small number of included studies and their moderate quality.
- The one meta-analysis was about an online intervention.
- The majority of the randomised control trials were about digital interventions, particularly online parenting interventions or tools.
- Information about freephone telephone helplines was mostly presented in descriptive reports, evaluation reports or commentaries.

Appendix C

Case studies



The case studies are drawn from the literature and provide examples of strengths and learnings regarding the design, governance, workforce recruitment and development, and delivery of helplines. The key themes across the case studies have been summarised in the literature review, particularly in chapter 4.

Case study 1: The Silver Line

The paper by Wilcox (2014) 'The Silver Line Helpline: a 'ChildLine' for older people', is the only paper in this literature review to report on this helpline and provides the following information.

The national charity Silver Line Helpline, offering information, advice and friendship to older people across the UK was made possible by grants from Comic Relief and the Big Lottery Fund, Comic Relief funding the pilot phase and the Big Lottery Fund making a donation to cover half the costs for the first two years of national operations. The Silver Line was founded by Esther Rantzen, who also founded ChildLine.

Rationale of the helpline

The founding goal of The Silver Line is "to provide older people with a route out of loneliness and social isolation that is accessible and empowering". Wilcox cites evidence about the prevalence of social isolation and loneliness among older people in the UK and how this plays out in their lives, the social costs of loneliness and the pernicious effects of loneliness on health. She poses the question "Why do not these people reach out for help to people in their lives, so that a confidential and anonymous helpline becomes necessary?" Evidence cited includes a sense of shame around loneliness, a wider phenomenon of secret loneliness, with 60 percent in a survey admitting to loneliness never having mentioned their feelings to their families, with the most cited reason for this being wishing to avoid being a burden.

Government policy and The Silver Line

Wilcox notes that The Silver Line's work "is in tune with the previous government's concordat 'Putting people first' (Department of Health, 2007) which, as summarized by Age UK (2010) represented a strategic shift towards prevention, early intervention and enablement, with "the alleviation of loneliness and isolation [was] a major priority". The language of both 'Putting people first' and the White Paper 'Our health, our care, our say' (Department of Health, 2006) stressed that adult social care should work to support older people's independence, ability to choose their care and their inclusion in society. Clearly there are parallels here with The Silver Line's mission to provide ways to reconnect in ways of the callers' choosing".

Regarding alignment with current government policy Wilcox states:

"The current government also has as goal of 'Helping older people most at risk of long-term loneliness and social isolation to remain active' (Department of Work and Pension (DWP), 2014a). To this end, the government has funded Community Agents to support older people within communities to try new things, to understand how they will benefit from 'being more active, engaged and contributing in their communities' and to build their social contacts."



The author notes The Silver Line helpline staff fulfil an equivalent role, and in the future, a comparison of outcomes from the two schemes could occur. She also notes “Another government priority for older people highlighted by the government is the goal of ‘Fuller working lives’ (Department of Work and Pensions (DWP), 2014b), with the aim to Stop people leaving the labour market involuntarily in their 50s and early 60s [which] can be catastrophic for an individual’s retirement finances and can also negatively affect their wider health and wellbeing”. Wilcox states:

“this represents an interesting evolution in government policy from preventing suffering and isolation to promoting full workplace integration at least for people below state pension age.”

Silver Line’s methodology

The Silver Line aims to be easily accessible, draws flexibly on ChildLine’s model of offering a single, memorable telephone number, operating 24 hours a day, seven days a week, and is free to the caller. The Silver Line has plans in progress to expand from a 24-hour helpline and telephone-based befriending service to email and letter-based befriending and to establish friendship circles.

The service signposts callers to activities, groups and agencies as appropriate, provides a telephone befriending service and identifies callers with complex needs or in need of safeguarding and be a link to appropriate services or authorities. Wilcox cites evidence that as with ChildLine, for older people, a telephone line offering confidentiality and anonymity can give callers a way they feel safe to disclose abuse or neglect at the hands of carers or family members, once trust is established.

To cope with potentially large variations in demand (100 to 1,000 calls per day) The Silver Line out-sourced this service to a company with a strong track record in this area, and after a pilot phase, selected a provider with experience providing NHS Direct and 111 services, to provide the national helpline.

The recruitment process for the national provider sought a team with qualities such as empathy, good listening skills and genuine interest in the purpose of The Silver Line to supply staff dedicated to The Silver Line Helpline. The befriending service is provided by trained volunteers, carefully matched with callers to bring together individuals with similar interests.

For both helpline and befriending service volunteers, the core of training focuses on The Silver Line values, including being committed, encouraging and empowering, showing respect, providing comfort and seeking to be transforming in the sense of achieving positive change alongside the caller. Both services place an emphasis on active listening with “respectful nudges towards opening up to new ideas or interest”. Wilcox notes the helpline draws on the informal influence from social focused brief theory (citing the reference for this).

The volunteers are trained to consider the needs regarding relationships: to feel accepted, wanted, respected and needed, and case studies are used to enable volunteers to become comfortable with their new role, bringing authenticity and humour to the calls. Wilcox also notes the clear distinction between a befriending relationship and a professional care relationship:

“conversations between callers and Silver Line Friends or helpline Advisors having a peer-to-peer dynamic and be the stuff of everyday life rather than driven by the implementation of policy or technique.”

The charity has had collaborative relationships with other voluntary sector agencies in the same field since its inception, as part of its purpose is to link callers to such agencies. It also offers signposting to other agencies such as the University of the Third Age, which can support the forging of face-to-face connections in local communities. It also has a specialist partner for calls that indicate abuse or neglect, with referrals made as appropriate. For callers with complex needs, including depression or dementia, befriending calls are made by staff at headquarters who have skills and experience to provide appropriate support, rather than volunteers.

The Silver Line has also recruited a Head of Outreach to aid the process of finding community resources for callers and to identify supporters for the charity.





Case study 2: Scottish Helpline for Older People (SHOP)

The Review of the Scottish Helpline for Older People by Scott et al (2009) reports on the Scottish Helpline for Older People (SHOP), including the policy context under which SHOP was established. The review also provides information about telephone helplines in Scotland.

SHOP was established in 2004, with the majority of its funding coming from the Scottish Government. It provides a free, independent, confidential telephone helpline service and website for older people, supported by a Consortium of statutory and voluntary organisations focused on improving the delivery of information and advice to older people. It is the only telephone helpline that provides national coverage specifically for older people in Scotland.

Although primarily a telephone service people can also make enquiries by email or post, and SHOP has a searchable online database available to the public. The helpline is open Monday to Friday 10am to 4pm. There are four telephones, with unanswered calls going to an answering machine with staff responding always on the same day that messages are left. SHOP has facilities to manage enquiries from people with hearing difficulties and visual impairments, has access to interpretation services, and provides written information translated into different languages. The helpline is managed by Age Concern and Help the Aged in Scotland (ACS). At the time of this study, SHOP had five full-time members of staff and four part-time volunteers providing the helpline service.

Policy context

The Scottish Executive published in 2007 'All Our Futures: Planning for a Scotland with an Ageing Population' which Scott et al (2009) note is now the key Government document for the issues around the demographic ageing of the Scottish population. 'All Our Futures' identified six priority areas for action, and Scott et al (2009) notes in their report that improved access to information assists towards all of these priority areas. The authors note the report recognises that the better informed older people are about what is available, the more they are able to influence the development and delivery of services. By better understanding their options, the more choice and control older people have over the services provided to them. Specifically, the Scottish Executive indicated that it "will continue to encourage developments such as the Scottish Helpline for Older People which provide the information people need through the right channels". Scott et al (2009) also note there is evidence from research that telephone contact is an effective means of providing advice and information to older people.

Establishing SHOP

Scott et al (2009) note ACS submitted a proposal to the Scottish Government in 2004 suggesting that one integrated national telephone helpline should be established for older people. ACS had been concerned that existing information sources for older people were under threat, with the Edinburgh and Leith Age Concern advice service for older people in Edinburgh closing down in March 2004. Additionally, Help the Aged SeniorLine was closing its Scottish office in late 2003. The ACS proposal to the Scottish Government would therefore bring together existing ACS and Help the Aged services while making wider links with other information and advice providers.

The report by Scott et al (2009) noted there were several developments that could impact on the SHOP helpline. The authors note “the merger of Age Concern and Help the Aged raises the prospect of a more integrated approach to the provision of advice and information across the UK, a move that could potentially add value to the SHOP service”. In addition, the Scottish Government was moving to establish Care Information Scotland, a telephone helpline service for older people seeking information and advice on community care to be managed by NHS 24. As community care is a significant and growing area of SHOP it was unclear how issues of duplication would be addressed.

Key findings identified areas of concern including confusion over the governance of the helpline with the respective responsibilities of ACS and the Consortium not clear, and there were different views as to whose helpline it is. There was also a lack of clarity about the role and purpose of the Consortium. Opportunities for the helpline to provide better value for money were highlighted, as well as strengthening the service through the introduction of a quality assurance framework, improved monitoring and evaluation systems, and strengthening signposting and referral systems.

The authors note there are a number of quality frameworks that are potentially applicable to information and advice helplines including the Scottish National Standards for Information and Advice Providers, sponsored by the Scottish Government. The Telephone Helplines Association established a quality standard for helplines in 1999, specifically targeted to smaller helplines that might otherwise have difficulty addressing issues of quality. The Scottish Accessible Information Forum (SAIF) was set up to advance the recommendations of the Scottish Working Group on information Services for Disabled People and Carers. SAIF produced Standards for Disability Information and Advice Provision in Scotland. The four sections of the Standards are: governing to ensure accessibility; developing your service to ensure accessibility; managing your service to ensure accessibility and involving disabled people and their representatives.



Case study 3: All-Wales Domestic Abuse and Sexual Violence Helpline

The report by Cordis Bright (2014) evaluating the All-Wales Domestic Abuse and Sexual Violence Helpline described the implementation of the Helpline, and proposed eight recommendations to inform decision-making in relation to the Helpline in the future.

The Helpline has evolved over time in both its delivery and implementation with key changes including moving from a 12 to 24-hour day service in 2005, extending its remit to include Sexual Violence from 2011 and developing partnership working and integration into the wider network of Welsh Domestic Abuse and Sexual Violence (DA/SV) services. It does not have set SMART targets for activity, outputs, outcomes or impacts; the aims and objectives it does have are not clearly defined as to how they can be measured.

The Helpline delivers under the Welsh Government's service specification. This includes services being delivered by a team of skilled, well-trained bi-lingual and experienced practitioners. The service is available 24/7, 365 days per year, and if necessary is achieved through emergency working protocols and procedures. It has achieved the Helpline Association's Quality Mark accreditation.

It collects and delivers monitoring data in line with the Welsh Government's service specification, and has a set of recruitment, retention and training protocols and procedures to support delivery of the Helpline. It has a set of operational policies, protocols and procedures in place to support Helpline staff deliver effectively and consistently and a set of performance management and internal quality assurance protocols to support a positive learning environment and reflective practice.

The eight recommendations were:

1. Develop and agree a SMART logic model: indicators of success for the helpline including activity, outputs, outcomes and impacts and who is responsible for collecting, collating and analysing measures and when reporting will occur.
2. Social Return on Investment analysis: to achieve this outcome appropriate measures and associated tariffs would need to be agreed between the Helpline and the Welsh Government.
3. Review the effectiveness of current marketing activity: should include analysis of methods that can be evidenced as being effective or not to help inform the development of a more joined-up approach to awareness raising and marketing.
4. Develop and awareness raising/marketing plan.
5. Develop a strategic plan for the Helpline: For the fourth re-tender of the Helpline service, the Welsh Government should develop a strategic plan for the Helpline to outline the inputs, activity and outputs required to meet the envisaged outcomes and impacts. This should be linked to the SMART logic model (including the outcomes framework) for the Helpline to guide future monitoring and evaluation activity.
6. Review approach to monitoring data: linked to recommendation 5, the Welsh Government should introduce an approach to monitoring to ensure consistent recording and efficient delivery of information for strategic and operational decisions.

7. Scope whether the Helpline can be an All Wales Referral Hub with partners.
8. Reduce duplication between the national Helpline and local Welsh Women's Aid Helplines: there should be joint agreement about expectations and responsibilities and ensure the proper allocation of public funding to reduce the duplication that currently exists between the national Helpline and the local WWA Helplines.

The report by Cordis Bright (2014) also notes that to demonstrate the Helpline's longer-term outcomes and impact on callers, longitudinal research would be the most suitable approach; however, any future research would need to overcome barriers to information sharing and ensuring callers' anonymity and confidentiality, as well as the challenge of recruiting vulnerable research participants and following them over time.





Case study 4: The National Society for the Prevention of Cruelty to Children Helpline (NSPCC)

The report 'Helpline highlight 2012/13: more people speaking out to protect children' (NSPCC, 2013) is the only paper in this review to report on this helpline, and provides the following information.

The NSPCC helpline provides a free 24/7 service for adults worried about a child's safety. The helpline helps the NSPCC to prevent child abuse and neglect. People can contact the helpline via phone, text, email or an online reporting form. The helpline is able to answer contacts in any language, and for contacts who are deaf or hard of hearing the helpline offers SignVideo.

Calls have been the main way that people contact the helpline although the helpline has seen a rise in popularity of non-voice channel over the past few years such as via online forms, email and text message. The reduction in contacts by telephone was reported over time, being 83 percent in 2010/2011; 79 percent in 2011/2012 and in 2012/13 72 percent of contacts were made through people telephoning the helpline. In 2012/2013, the remaining 28 percent of contacts were made through online forms (14 percent), email (10 percent) and text (4 percent). The NSPCC helpline states it is continuing to provide as many ways as possible for people to make contact with them and at the time the report was published the NSPCC was scoping whether new channels such as Skype would be feasible.

Trained helpline counsellors answer the contacts. These counsellors come from a range of professional backgrounds including social work, teaching, counselling and health. Counsellors can provide advice or guidance to callers to help them protect children or if the concerns raised are sufficiently serious and containing sufficient identifying information about the child, the NSPCC shares the details with children's services or the police to allow further investigation or action.

In 2012/13 NSPCC counsellors answered 50,989 contacts, an increase of 15 percent from 2011/2012 and a 42 percent increase from 2010/2011. In 2012/2013, counsellors provided advice without making a referral in response to 48 percent of contacts received. The helpline provides advice and signposts people to sources of support, providing crucial early help and preventing intervention delays. The report notes the importance of early help and giving support as soon as possible as a problem is identified is widely recognised by child protection practitioners and policy makers. The authors state:

"As the revised Working Together 2013 guidance states: For children who need additional help every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professional to meet the needs of these children as early as possible can be critical to their future".

In 2012/2013, 52 percent of contacts were referred to children's services, the police and other agencies. The report notes the importance of information sharing among professionals in the revised 'Working Together 2013'. NSPCC supports this approach when making referrals.

The NSPCC report notes that often people choose to contact the helpline rather than children's services directly for reasons including: wanting to remain anonymous; not being sure if they are right to be worried; fear of getting involved; 24/7 availability of the helpline; perceptions that contacting children's services would lead a family being separated immediately; and not knowing who they should call. The report notes 'without the helpline those who have contacted us may not have shared their concerns with other agencies, leaving children at risk'

While the NSPCC receives disproportionately more contacts from England, to ensure the NSPCC is doing all it can to reach people in the four nations of the UK, it is running campaigns and developing relationships with agencies and organisations across the devolved nations to raise awareness of the helpline.

In addition to working in partnership with agencies the NSPCC forms partnerships in relation to specific events or issues. In 2012/13 the highest-profile partnership was with the Metropolitan Police in Operation Yewtree. The helpline was commissioned by the Metropolitan Police in October 2012, just prior to the airing of the ITV documentary 'Exposure: The other side of Jimmy Savile', to provide a single point of contact for members of the public wishing to report abuse relating to this enquiry. In the weeks following the broadcast the NSPCC saw an almost 60 percent rise in people contacting the helpline with concerns around the sexual abuse of children happening right now. The NSPCC also worked closely with the National Association for People Abused in Childhood to support their helpline to offer a 24/7 service (rather than the 9-5 service they were providing) to survivors of child abuse.

Operation Yewtree also acted as a springboard for the NSPCC to set up other helplines to assist police investigations into abuse in North Wales children's homes (Operation Pallial), allegations of indecent assaults on children by former Rochdale MP, Sir Cyril Smith (Operation Corevus) and claims that children were abused at the Elm Guest House by prominent men (Operation Fernbridge).

Since 2010, the NSPCC has worked in partnership with Crimestoppers. It has also provided 29 commissioned helplines to specific organisations and is looking for more opportunities to collaborate with others who work to protect children and prevent them from being harmed. An example provided is a helpline set up by NSPCC, in partnership with the Royal College of Midwives and community groups who work to protect girls from abuse, to protect young girls at risk of female genital mutilation.



Case study 5: Stop it Now! UK and Ireland and Stop it Now! Netherlands

The paper by NatCen Social Research (2014) 'A public health approach to tackling child sexual abuse: Research on Stop it Now! UK and Ireland and Stop it Now! Netherlands' provided background about the Helplines and a Toolkit that outlines the key points in developing a suitable helpline for a particular nation, area, or user group, based on the research.

Stop it Now! UK and Ireland was established in 2002 by the Lucy Faithful Foundation, a child protection charity focused on preventing child sexual abuse. Stop it Now! Netherlands was founded later, in 2012 and is run by the IN HOPE/Medpunt Kinderporno hotline for reporting online child abuse images, and the de Waag psychiatric clinic.

The core of the Stop it Now! programme is an anonymous telephone/email helpline. The helplines are based on a public health model with the public health approach having shown ways in which all members of the community can contribute to preventing child sexual abuse. Both helplines offer information, advice, support and guidance to anyone concerned about child sexual abuse, including people worried about their own sexual thoughts and behaviour towards children, members of the public or professionals concerned about the sexual behaviour or another adult or child, or those concerned for a child. The helplines offer two phases of support and can link its users to other resources and services delivered by the respective founding organisations. The design of the Helplines assists callers with different support needs, from one-off support and guidance to being routed into face-to-face forensic therapy or psycho-educational programmes. The research however showed demand was outstripping supply, with 3,676 calls missed by Stop it Now! UK in April 2014.

From this research, a Toolkit was developed to assist people across Europe to develop helplines which suit their specific national or local context. The Toolkit covers key stages of establishing and operating a helpline, taking into account what else is available for people who need support and available resources.

Considerations for designing a helpline include:

- Mode: a helpline can be accessed using single or multiple routes such as telephone, email and web-chat.
- Content: it may offer one or more service such as information, advice and guidance; specialist counselling; or therapeutic support.
- Structure: a helpline can operate as a support in itself, act as a gateway to other resources or services, or do both of these things.
- Target groups: the Toolkit assumes that a helpline would be aimed primarily at people who pose a current or potential threat to children and young people. It may also aim to provide services for other groups affected by or concerned about child sexual abuse (in the same way as Stop it Now!).
- Promotion: how will the helpline be promoted so that the specific target groups are aware of it and know what it can offer them, and will this be combined with awareness-raising about sexual abuse?' NatCen Social Research (2014).

Case study 6: Child Protection Line (CPL)

York Consulting LLP (2009) reports in 'Evaluation of the Child Protection Line', the Child Protection Line (CPL) was launched in February 2007 as one of the last outputs of the three-year Child Protection reform programme with the main aim being "to provide a single point of contact for members of the public throughout Scotland who have a concern about a child or young person, to call".

Policy context

An audit and review of child protection services in Scotland in 2002 resulted in key child protection reforms to improve the structures and services in place to ensure the safety and wellbeing of children. The CPL was launched in February 2007 as one of the last outputs of the three-year Child Protection reform programme, following a pilot of the helpline in the North East of Scotland in 2005.

The CPL had a specific signposting remit with callers able to receive general information, be transferred to local Social Work or Police departments, or leave information to be passed onto appropriate agencies. It is funded by the Scottish government and operated by the Essentiagroup under a three-year contract. A working group including representatives from Child Protection Committees across Scotland, the Essentiagroup, NHS24 and Children 1st was set up to oversee the CPL.

The child protection policy team within the Scottish Government provide the overall strategic and operational management of the CPL. The Essentiagroup is a well-established consumer contact and communications company managing many high-profile Government funded Scottish and UK-based telephone lines. The skills and training of call advisors was a key feature of the operational model and an important feature of Essentiagroup's approach was to provide comprehensive support to call advisors.

Strengths of the CPL included:

- the effective operation and management by the Scottish Government working group and the Essentiagroup with robust and efficient operational processes and protocols implemented
- the powerful child protection message portrayed by the marketing, including on-street advertising in phone boxes (particularly effective), local radio and press events, and locally focused marketing;
- perceptions at a Child Protections Committee level that public awareness concerning child protection had increased as a result of the CPL.



Call demand for the CPL has been relatively low with 2,530 calls answered by the CPL between February 2007 and October 2008. There were a number of issues identified in the report including: difficulties in the ability of Essentia group advisors to immediately transfer live calls to local areas; considerable variation in referrals across local area; the majority of Child Protection Committees not valuing the current operational model of the CPL; the impacts achieved by the CPL were perceived as being minimal by practitioners and Child Protection Committee; and understanding of the impact of the CPL at a child and family level being significantly affected by the poor tracking and monitoring of referrals at a local level. The average cost per call to the CPL was £259.69 (including call handling and marketing costs). The operation of the CPL was not considered to be the most viable and cost-effective operation model. The perceived limited impact of the CPL on public awareness and at a child and family level also raised the issue about whether a national line was best placed to meet need.

Future developments offered by the authors were

- 1 Enhancement of the current operational model: further resource allocation to the marketing of the CPL, improved tracking and monitoring, referrals at a local level by Social Work departments, and a more consistent approach to engagement in the national marketing campaign.
- 2 Variation on the operational model: the two options being (a) a professional-led operational model with a more advice and guidance based function, and (b) continuation of a national child protection awareness campaign but signposting to a local area access number.



