



# Mapping Study on the Capacity and Work Experience of Counselling Assistants Attached to the Ministry of Child Development and Women's Affairs



**The Good Practice Group**  
Strategic Action in Mental Health & Psychosocial Support





# **Mapping Study on the Capacity and Work Experience of Counselling Assistants Attached to the Ministry of Child Development and Women's Affairs**

*Compiled by*  
**The Good Practice Group**

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# Abbreviations

- ADS- Assistant Divisional/District Secretary
- CA- Counselling Assistants
- CRPO- Child Rights Promotion Officer
- DS- Divisional Secretary
- ECDO- Early Childhood Development Officer
- GBV- Gender Based Violence
- GM- Grama Niladhari
- GPG- The Good Practice Group
- MCDWA- Ministry of Child Development and Women's Affairs
- MOH- Medical Officer of Health
- MSS- Ministry of Social Services
- NISD- The National Institute of Social Development
- SDO- Social Development Officer
- SSA- Social Scientists' Association
- SSO- Social Service Officer
- The Foundation- The Asia Foundation
- TSC- Technical Support Committee
- WDO- Women's Development Officer
- PO- Probation Officer
- WIN- Women in Need



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- Ms. Roshan Dhammapala, Acting Director
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<sup>1</sup> Presently the Ministry of Women’s Affairs

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**Dinesha deSilva Wikramanayake**

Country Representative- The Asia Foundation

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# Key Messages

*(See Recommendations section for a more detailed accounts of these and other priority actions)*

- The Counselling Assistants (CAs) of the Ministry of Child Development and Women's Affairs (MCDWA), despite being recruited only recently, are increasingly acknowledged and utilized members of Divisional and District Secretariat level teams, to address key social problems facing vulnerable members of the community.
- The CAs are graduates in subjects broadly relevant to their area of work, but have uneven levels of training and educational preparation for their role as counsellors.
- The CAs are currently distributed unevenly across the country, and there is a need to review this (in the context of new recruitment or transfers in the future) to ensure equitable availability of services as well as adequate peer support at district level.
- With most of the CA's counselling knowledge having been obtained through courses followed under their own initiative or through self-study, there is a need to establish a foundational standard of knowledge and skills through formal and on-the-job training.
- There is a need to clarify the duties and roles of CAs in responding to psychosocial problems at a local level, especially in relation to specific issues and in relation to cooperation with other existing service providers - especially the CAs of the Ministry of Social Service (MSS).
- An effective and accessible system for regular technical supervision and support is needed to further develop skills of CAs, maintain quality of service, and support management of complex and challenging cases. A system for provision of ensuring adequate personal support to prevent burn-out and maintain wellbeing of CAs must also be implemented.
- Technical support and training to CAs in implementing evidence-supported interventions (including counselling but also going beyond this) for common psychosocial problems is also needed.
- There is an urgent need to address gaps in basic infrastructure (i.e. workplace facilities such as desks, chairs, mobile telephone connections, and also support for transport to the field) that currently constrain the work of CAs. Additional support in terms of access to internet and technical materials is also recommended.

- A clear career pathway for CAs should be established for retention and motivation of personnel.
- At District and Divisional levels there is a need for clear, complementary roles and effective coordinating mechanisms for the different parallel services related to counselling and psychosocial support.
- At a National and Provincial level, there is a need to develop a common framework for supporting coordination and cooperation between the different parallel services related to counselling and psychosocial support at the District and Divisional levels.
- There is a need to develop professional networks or bodies to support ongoing professional development and maintenance of standards in practice for CAs. Given the numerous categories of government personnel involved in counselling and psychosocial support within and across National Ministries and Provincial Departments, it is essential to ensure that any professional networks or bodies are constituted through a careful and inclusive process, to allow for broad legitimacy, to avoid fragmentation or professional divisions, and to allow for flexibility to accommodate potential future change within government institutional arrangements.

# Executive Summary

The objective of this study is to support the Ministry of Child Development and Women's Affairs (MCDWA) and the National Institute of Social Development (NISD), Ministry of Social Services to map the capacity, training needs and scope of work of the recently recruited 212 Counselling Assistants (CAs). The study is also to understand the infrastructure and support mechanisms currently in place to assist the work of the CAs. The findings of the study will be used to direct future capacity-building and service-strengthening measures by the MCDWA. The study will also inform the ongoing development by the NISD in collaboration with The Asia Foundation (the Foundation) of a curriculum for a Higher Diploma in counselling to further equip practitioners with skills to meet the current needs of clients across Sri Lanka.

This study was a collaborative effort of the MCDWA, NISD, the Foundation, The Good Practice Group (GPG) and The Social Scientists' Association (SSA). The study design and implementation was steered by a Technical Support Committee comprising experts and key stakeholders from each of the collaborating institutions. The study design is heavily indebted to a previous similar study collaboration to map the work of the CAs of the Ministry of Social Services (MSS) which was implemented by the Institute for Health Policy (IHP)<sup>2</sup>. Minor adjustments to the methodology were made, based on the experience of the prior study and the increased scope of the current study. Given the time-constraints on carrying out the study within a three-month window, minimal changes to the methodology were made in order to reduce the need for pilot testing of new instruments and obtaining fresh ethical clearance.

GPG/SSA followed a two-pronged methodology which collected both quantitative and qualitative data directly from CAs. The first component was a postal survey of all 212 CAs, using a slightly adapted version of the self-administered questionnaire that had been successfully utilized in the IHP-led study. The second component was a parallel series of in-depth interviews that were carried out with a purposive sample of 25 CAs (just over 10% of the total group). These were conducted with CAs spread across diverse settings (urban, rural, estate, post-war, low-income, etc.) in the Western, Southern, Northern, Eastern, Central and Sabaragamuwa Provinces. Three experienced mental health and psychosocial support (MHPSS) practitioners and trainers conducted the interviews, either in the work contexts of the CAs (n=10) or in Colombo (n=15). Informed consent was obtained from respondents and all responses to postal survey, interviews and focus group discussions were

2 Institute for Health Policy (2013) *Mapping Study on the Capacity and Work Experience of the Counseling Officers / Assistants Attached to the Ministries of Social Services and Child Development and Women's Affairs*, The Asia Foundation and Ministry of Social Services, Sri Lanka.

anonymized before reporting. The response rate for the self-administered postal survey was 71.7%.

Details of the demographic characteristics, educational qualifications and training background, supervisory structure, service environment, profile of the clients and their problems, and activities performed by CAs in the community are outlined in this report.

The CAs are predominantly women (over 85% of total population, and 87.5% of respondents to the survey), and are a relatively young cohort between 25 and 37 years old, with over 70% aged 30 or under. 92.7% (193/152) of respondents reported being graduates with degrees in the social sciences. 86 CAs had obtained training in counselling, psychology or social work independently through private institutions, having followed part-time diploma or certificate courses. They had not received training in counselling through the MCDWA at the time of the study, although a few indicated that they were following courses at the NISD.

Just over 80% of CAs self-reported that they were proficient in use of spoken Sinhala and only 17.1% that they were proficient in use of spoken Tamil. 81.3% of CAs are able to read English relatively well, 70.4% are confident in understanding English, but only 50% feel confident in speaking the language. This has implications for the CA's ability to serve populations who speak a language other than their own. The relatively high levels of English language proficiency may have implications for most CA's ability to access learning materials in that language, where they are unavailable in the vernacular languages.

The CA's request for continuing professional development focused largely on the development of counselling / clinical skills and knowledge (74.4%), with skills related to working with groups or others (10.6%) and management/organisational skills (6.8%) coming a distant second and third. In-depth interviews revealed that CAs often did not feel satisfied with their level of training, and were keen to obtain further skills and knowledge. Discussion of the most challenging cases that CAs encountered highlighted the gap between their varied training in individual counselling and the complexities of the problems that they were called upon to respond to.

In addition to ensuring that the CAs all share a strong foundation of counselling and other psychosocial skills, through formal and on-the-job training, there is a strongly felt need for ongoing technical support and supervision – organized both at the District and Provincial or National levels. At present, CA's only receive administrative supervision – in nearly 90% of cases from the Divisional Secretary or Additional Divisional Secretary – which they

experience as very supportive. There is no current framework for personal support, and in the context of a field where support work often risks serious personal stress and costs, this must be addressed.

Despite their relatively recent (most <12 months) deployment and limitations in their preparation for their role, CAs are now utilized by both the public and other services for support in relation to a wide range of psychosocial problems. In the two weeks prior to the study, the CAs undertook 93 counselling sessions, delivered 44 awareness raising sessions, were involved in 57 other psychosocial interventions and participated in 109 other events (mostly World Children's Day, Elders Day and International Day of the Girl Child celebrations).

Based on a sample of 428 problems dealt with by the CAs during the same two-week period, the most common problems were marital and family problems (21.1%), educational problems (21.1%), alcohol and substance abuse (13.7%), child behavioural problems (8.3%), mental disorders and psychological problems (9.3%) although there are also overlaps between these categories and others such as suicide (1.9%), child abuse and neglect (4.5%), non-marital romantic/sexual relationships (4.5%), and economic or job related problems (4.5%). The seriousness and complexities of some of these problems is illustrated through in-depth interviews (see chapter analyzing these and also annexes).

The diversity and complexity of problems dealt with by CAs is likely to often exceed the skills and training that they have received to date. The lack of ongoing formal systematic support for CAs is therefore a serious concern, though some of the risks to them and their clients may have been mitigated through ad hoc arrangements with MSS CAs who are reported to be very supportive and helpful in dealing with difficult cases, as well as through support from other informal networks of former-university batch mates and professional contacts.

The role that CAs have to play may have to go beyond provision of counselling alone – since they are called upon to deal with a range of psychosocial problems that may require broader responses. It is clear that their education and self-directed training to date will not formally equipped them for these roles, so it is incumbent upon the Ministry both to provide a strong foundation of training to cover the required knowledge and skills, and also to perhaps limit the roles of the CAs in line with their current skill levels, but expand this progressively as they develop professionally.

There is lack of a broad strategic vision for how CAs contributions to addressing psychosocial problems in the community can be maximized. As a relatively new cadre in the field, the role

of the CAs should be informed by gaps and strengths within the existing services. Clarity about how the CAs work is to relate to those of other officers at a District and Divisional level will greatly enhance their ability to impact on psychosocial problems.

CAs also expressed a need for a framework for advancement of their careers, within their current post/role and more broadly within the field of counselling and psychosocial work. The CAs also identified a need for greater recognition vis-a-vis other officers working at the DS level, and expressed a dissatisfaction with their 'assistant' title, suggesting that they might move on from this as they develop further capacity. It is also worth considering the need for options for lateral movement away from direct support work, where CAs are unable to continue effectively in this role if they suffer 'burn out' or 'compassion fatigue' - an inevitable risk in this line of work.

There are several practical challenges that most CAs experience in their daily work, most importantly lack of access to desks, chairs, and a private space for counselling sessions as well as limited transport facilities to enable them to access community-settings.

Overall, the study reveals the CAs are beginning to deal with many serious psychosocial problems at a community level and that they are motivated to pursue professional development and improve the services they provide. The issues identified by the study provides concrete opportunities to develop systems that would support them in doing so, and which would also enhance their contribution to improving the psychosocial wellbeing of individual and groups in Sri Lanka



# 1 The Background

The National Institute for Social Development (NISD) is Sri Lanka's premier institution in the field of social work and social development education that currently functions under the purview of the Ministry of Social Services. Established by an Act of Parliament in 1992, its mission is to "enhance human resources for social development through the preparation of competent manpower in social work at all levels, generate and disseminate new knowledge and technologies for social work practice, provide specialized services for social welfare and social development." In seeking to achieve this objective, the NISD currently conducts a two year Diploma programme in Social Work, a four year Bachelor's degree programme in Social Work and a two year Master of Social Work degree programme. In addition to this the NISD also offers Diplomas in Social Work, Child Protection and Counselling.

The Diploma in Counselling was introduced in 2001 by the Training Division of the NISD. It took the form of an 18 month training programme that was mainly conducted over the weekends. The Diploma programme consists of eight course units and one field practicum unit. During the first semester of the first year, the course modules General psychology, Development Psychology, Social Psychology and Psychology of Abnormal Behaviour are offered and during the second semester, Counselling Theories, Counselling Techniques, Counselling Treatment Planning, and Counselling Skills Development are offered. The field practicum is offered over a six month period in the second year. According to a 2012 review, the eight course units contained 288 hours of lectures (19 credits) and the field practicum contains 144 hours of field work (three credits) totalling 21 credits, which is less than the 30 credits required for a National Diploma according to the Sri Lanka Qualification Framework (SLQF) of the Ministry of Higher Education. As such the diploma currently meets the standard NVQL5 specified in the Sri Lanka Qualifications Framework. Recently, the NISD collaborated with The Asia Foundation to revise the Diploma in Counselling (DipC). In November 2013, the NISD launched a Higher Diploma in Counselling (HDipC) with a view to further equipping practitioners with the skills they require to meet the needs of their clients.

The CAs are officers based at the District level and carry out their duties at District Secretariats. There are currently approximately 212 CAs from the Ministry of Child Development and Women's Affairs and around 96 CAs from the Ministry of Social Services across the country.

The CAs and Counselling Officers (COs) are government officers who are tasked with the provision of counselling to both adults and children in need of psychosocial support. Due to the nature of their work, a further training and study in counselling would prove to be extremely vital and useful. As a result, this group has been identified as an important and appropriate target group who would significantly benefit from the introduction of an HDipC. However, prior to the establishment and implementation of this programme, it is important to identify the needs, requirements and expectations of the CAs who will be the direct beneficiaries of this curriculum. This report seeks to meet this need by mapping the capacities, nature of work and further skills requirements of these CAs.

## CHAPTER

# 2 Objective

The objective of the study is to support the Ministry of Child Development and Women's Affairs (MCDWA) and the National Institute of Social Development (NISD) to conduct a mapping exercise on the capacity, training needs and scope of work of the Counselling Assistants (CAs). The study also aims to understand the infrastructure and support mechanisms in place to assist the work of the CAs.



# 3 Methodology

The study was steered by a Technical Support Committee (TSC) consisting of:

- Director General, National Institute of Social Development
- Additional Secretaries, Ministries of Child Development and Women's Affairs and Social Services
- Academic Advisor, NISD
- Representatives of the Women's Bureau of Sri Lanka, NISD, GPG, SSA and the Foundation.

The overall sampling frame was 212 CAs of the Ministry of Child Development and Women's Affairs who are spread over all nine Provinces in the country. A two-step methodology was followed, which combined quantitative and qualitative aspects of the study:

**Step I.** Preliminary data collection was carried out using an advance pre tested, self-administered questionnaire in Sinhala and Tamil. The questionnaire which was developed by IHP for the first phase of this research was revised to reflect the new target group as well as to address areas that required more clarification during the previous study. The questionnaires were posted under registered cover (Annexure II) to all the CAs. In total the GPG team received 152 questionnaires from a possible total sample of 212. Among the reasons given by CAs who were unable to send in their questionnaires were: transfers to other ministries, career changes, not having reported to work as yet, and being on maternity leave. The responses of the 152 respondents who posted their questionnaires were studied for:

- Mapping out where they are based, their demographic characteristics
- Supervision structure, support mechanisms etc.
- Identifying the type of clients they see
- Identifying the common problems the majority of clients have
- Identifying additional skills necessary to perform their functions

This quantitative data-gathering tool was posted to CAs along with covering letters from the Secretary to the Ministry of Child Development and Women's Affairs stating that the tool is for a collaborative project and requesting the cooperation of the CAs'. Follow up was done by telephone by Nilanthi Gunawardana, the GPG Coordinator for the survey.

The subsequent steps constituted the qualitative component of the study.

**Step II.** In-depth site visits. Twenty five in-depth interviews were conducted with Counselling Assistants in their field locations (10) and also in Colombo (15). Whilst efforts were made to interview CAs from diverse settings, practical considerations around time and cost meant that the 25 interviews (with just over 10% of the CA population) were conducted with CAs spread across diverse settings (urban, rural, estate, post-war, low-income, etc.) only in the Western, Southern, Northern, Eastern, Central and Sabaragamuwa Provinces. The interviews were conducted by experienced mental health and psychosocial support (MHPSS) practitioners and trainers to maximize the insights into the work experiences of the CAs. They conducted guided interviews that examined CA's working arrangements, their supervisory and support structures, training and educational backgrounds, commonly encountered problems, most challenging problems, client demographics, and key insights into how to improve their services.

# Results of Self-Administered Questionnaire

The response rate for the self-administered postal survey was 71.6% (152 / 212), which is considered very good for a postal survey. The following tables, charts and graphs highlight the profile of CAs, their service environment, roles in the community, and their aspirations relating to continuing professional development.

## 4.1 CA's Profile

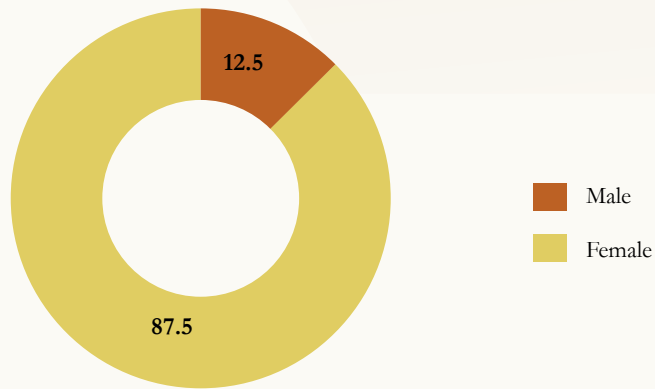


Figure 1: sex of CAs

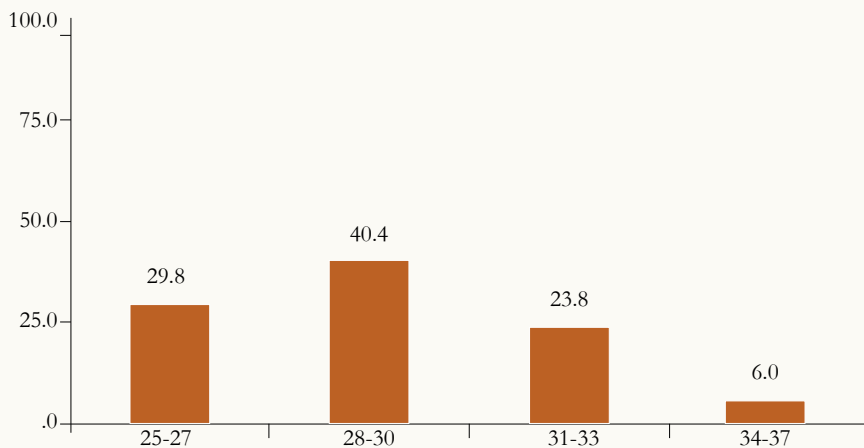
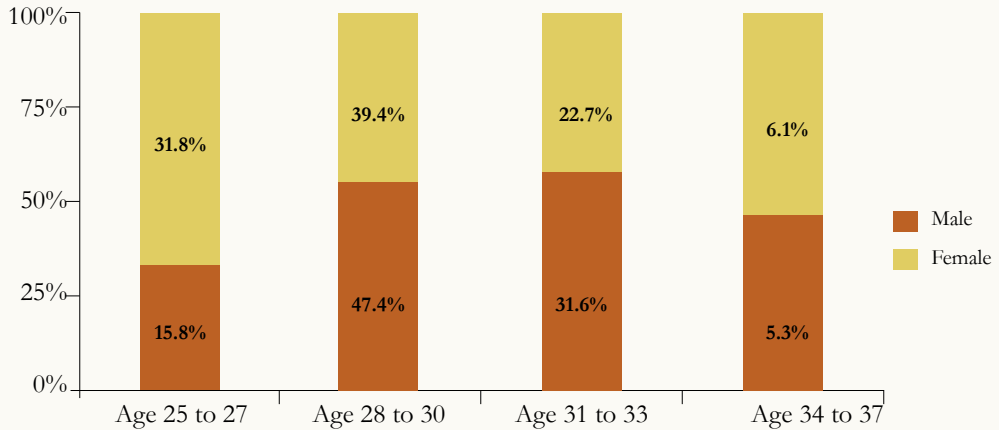


Figure 2: Age distribution of CAs



**Figure 3: Distribution of respondents by age group and sex**

Women comprised more than 85% of this sample while men comprised around 12% of the total sample. Therefore the majority of the responses received from the CAs were from women.

The age range of the respondents to the self-administered postal survey ranged from 25 years to 37 years. Nearly 32% of the female respondents were between the ages of 25 and 27 whereas most of the male CAs are between 28 and 33 years of age.

**Table 1: Location of CA's**

District	Percent	Count
Ampara	7.2%	11
Anuradhapura	4.6%	7
Badulla	1.3%	2
Batticaloa	6.6%	10
Chilaw	1.3%	2
Colombo	6.6%	10
Galle	4.6%	7
Gampaha	4.6%	7
Hambantota	3.9%	6
Jaffna	2.6%	4
Kalutara	4.6%	7



District	Percent	Count
Kandy	5.3%	8
Kegalle	3.9%	6
Kilinochchi	1.3%	2
Kurunegala	16.4%	25
Mannar	1.3%	2
Matale	0.7%	1
Matara	8.6%	13
Monaragala	3.9%	6
Puttalam	2.6%	4
Ratnapura	7.9%	12
Base	100.0%	152

The number of CAs assigned to different geographical locations seems to be somewhat variable, with Kurunegala district having 25 CAs (16% of the total) at one extreme and Mannar district having just 1 CA (0.7% of the total) at the other. This has implications for equitability of access to services across districts, as well as for the burden placed upon individual CAs in their work.

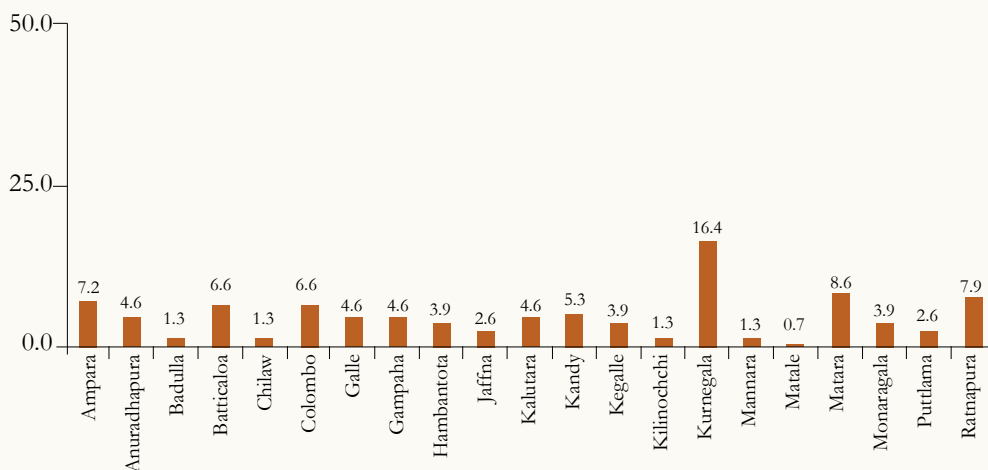
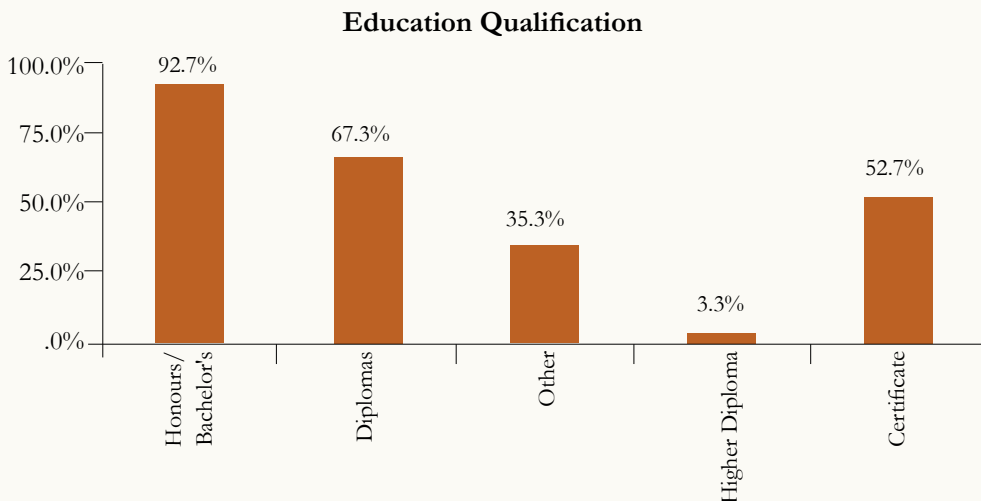


Figure 4: Location of CA's

## 4.2 Professional Qualifications

**Table 2: Professional qualifications**

	Percentages	Count
Honours/Bachelor’s Degree	92.7%	139
Diplomas	67.3%	101
Other	35.3%	53
Higher Diploma	3.3%	5
Certificate	52.7%	79



**Figure 5: Professional qualifications**

Degree holders comprise nearly 93% of the respondents and one of the reasons for this high rate of qualified CAs is the fact that these CAs were recruited through a graduate recruitment scheme. Of the rest, most have noted that they have either obtained a Diploma or followed a Certificate Course. Approximately 7% of the respondents noted that they had not obtained a degree. However, many of these respondents also hold multiple qualifications and have obtained Diplomas and Certificates. Out of 101 CAs who have stated that they have received a diploma, 86 of them have stated that the diplomas they have obtained are in the fields of psychology, counselling, social work while the rest of the CAs have said that they have obtained diplomas in English, Tamil and Computer skills. Most of the diploma

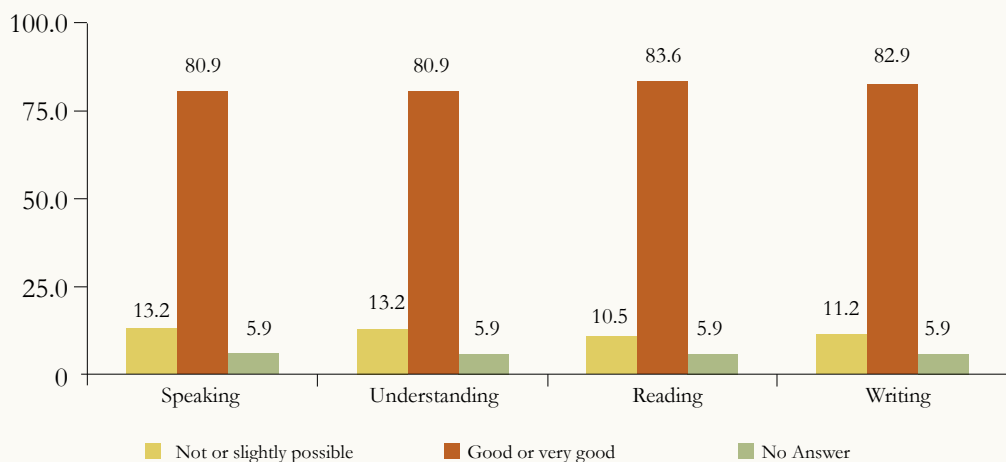
holders state that their qualifications have been obtained from local State Universities such as the University of Sri Jayawardenapura, Colombo, Kelaniya, Peradeniya and Jaffna. Significantly only 3.3% of the respondents, which is considered negligible given the size of the sample, had obtained a Higher Diploma.

### 4.3 Language Proficiency

The survey also attempted to identify the language capacities of the CAs.

**Table 3: Sinhala language skills of CAs**

	Speaking		Understanding		Reading		Writing	
	%	Count	%	Count	%	Count	%	Count
Not able	4.6	7	3.9	6	3.9	6	3.3	5
Slightly possible	8.6	13	9.2	14	6.6	10	7.9	12
Good	5.3	8	3.9	6	5.3	8	6.6	10
Very good	75.7	115	77.0	117	78.3	119	76.3	116
No answer	5.9	9	5.9	9	5.9	9	5.9	9
<b>Total</b>	<b>100</b>	<b>152</b>	<b>100</b>	<b>152</b>	<b>100</b>	<b>152</b>	<b>100</b>	<b>152</b>

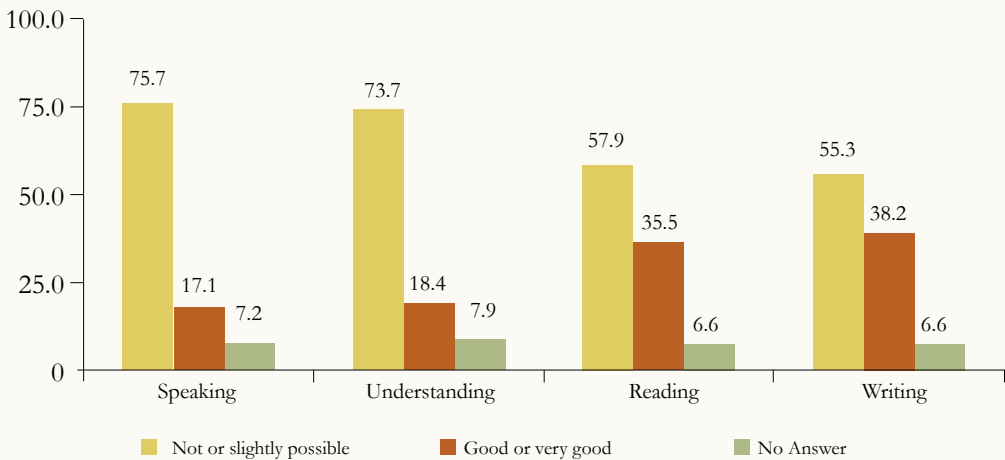


**Figure 6: Sinhala language skills of CAs**

Over 80 % are very proficient in spoken Sinhala, possibly reflecting the fact that most of the CAs are of Sinhala ethnicity.

**Table 4: Tamil language skills of CAs**

	Speaking		Understanding		Reading		Writing	
	%	Count	%	Count	%	Count	%	Count
Not able	36.8	56	31.6	48	17.8	27	16.4	25
Slightly possible	38.8	59	42.1	64	40.1	61	38.8	59
Good	2.0	3	3.3	5	17.1	26	17.8	27
Very good	15.1	23	15.1	23	18.4	28	20.4	31
No Answer	7.2	11	7.9	12	6.6	10	6.6	10
Total	100	152	100	152	100	152	100	152

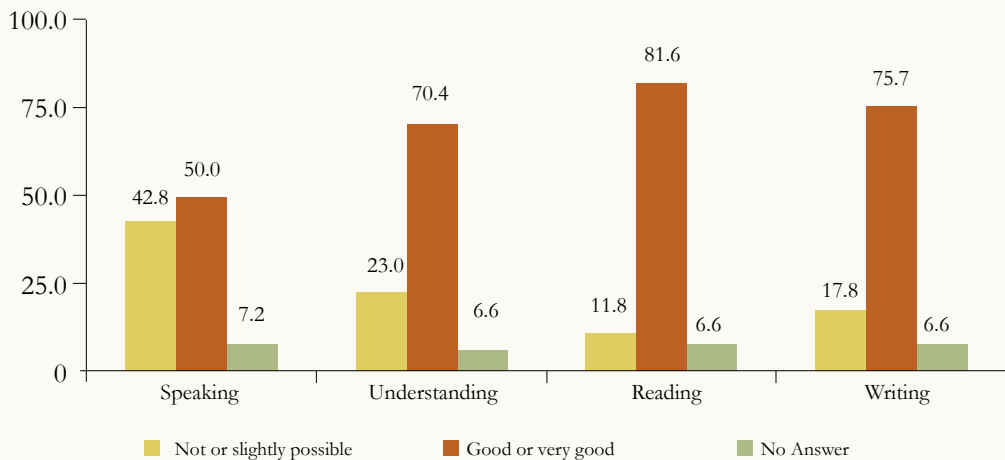


**Figure 7: Tamil language skills of CAs**

The Tamil language skills of the CAs are limited, with only 17% claiming to be proficient in spoken Tamil. This is also reflective of the fact that the majority of CAs are of Sinhala ethnicity. This could potentially create difficulties in dealing with the problems of Tamil speaking clients, in areas where there is no Tamil-speaking CA. It is also significant that while the respondents’ language skills in terms of speaking and understanding are limited, their capacity to read and write in Tamil appears to be quite high in comparison.

**Table 5: English language skills of CAs**

	Speaking		Understanding		Reading		Writing	
	%	Count	%	Count	%	Count	%	Count
Not able	3.9	6	.0	0	.0	0	.0	0
Slightly possible	38.8	59	23.0	35	11.8	18	17.8	27
Good	46.1	70	56.6	86	53.9	82	57.9	88
Very good	3.9	6	13.8	21	27.6	42	17.8	27
No Answer	7.2	11	6.6	10	6.6	10	6.6	10
Total	100	152	100	152	100	152	100	152



**Figure 8: English language skills of CAs**

The English language skills of the respondents are relatively good. However it should be noted that the English speaking skill of the respondents are at a comparatively lower level than their other English language skills. These levels of proficiency suggest that English can be used for continuing professional development and advancement for these CAs. There may also be value in upgrading the English language skills of the other CAs in order to enable them to access relevant learning content in the English medium.

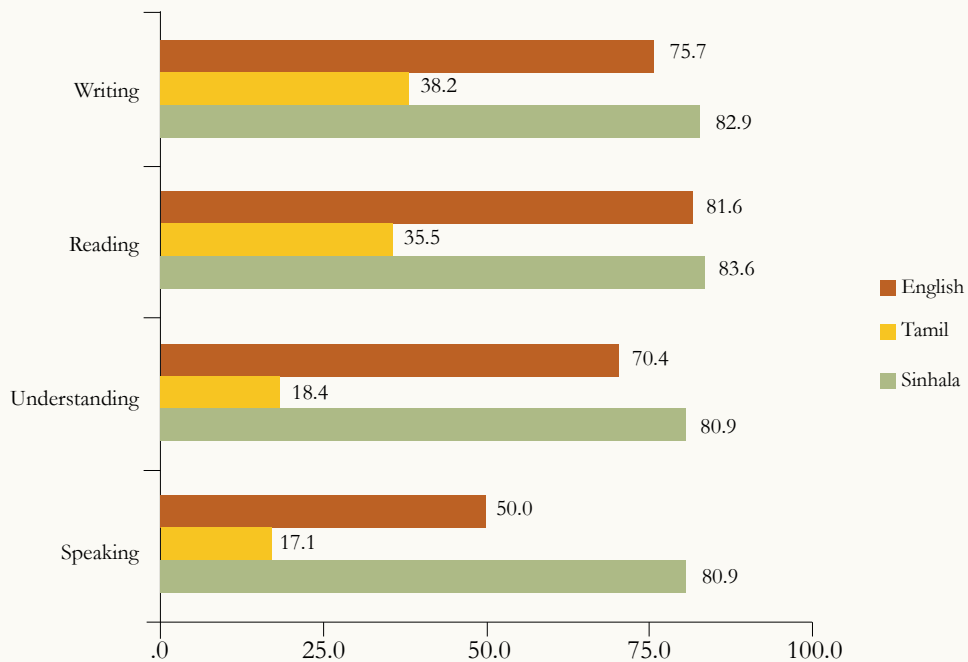
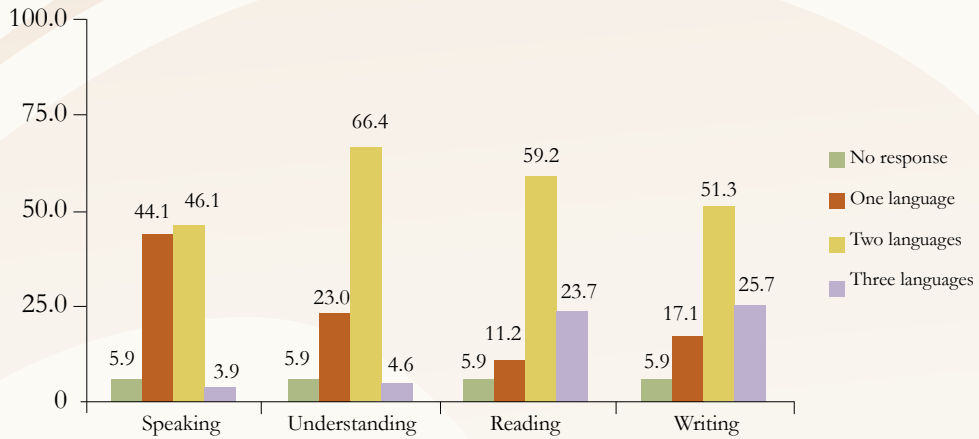


Figure 9: Comparison of language skills of CAs

Table 6: Composite picture of language proficiency

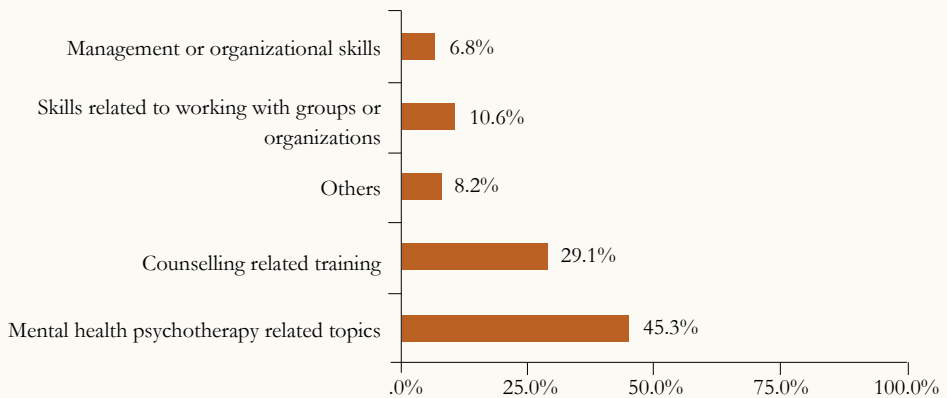
	Speaking		Understanding		Reading		Writing	
	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count
No response	5.9	9	5.9	9	5.9	9	5.9	9
One language	44.1	67	23.0	35	11.2	17	17.1	26
Two languages	46.1	70	66.4	101	59.2	90	51.3	78
Three languages	3.9	6	4.6	7	23.7	36	25.7	39
<b>Total</b>	<b>100.0</b>	<b>152</b>	<b>100.0</b>	<b>152</b>	<b>100.0</b>	<b>152</b>	<b>100.0</b>	<b>152</b>



**Figure 10: Composite picture of language proficiency**

It is noticeable that although the reading and writing skills of the CAs in all three languages is quite high, their ability to speak and understand all three languages is significantly low. The main reason for this variation is their proficiency in Tamil.

#### 4.4 Suggested Areas for Continuing Professional Development for Better Service Delivery



**Figure 11: Suggested areas for continuing professional development**

Out of the multiple training needs identified by the respondents, training in mental health and psychotherapy related topics emerged as the most important. At the same time, there was also a significant demand for counselling related training.

## 4.5 Work Experience

**Table 7: Work experience of CAs**

	Percentage	Count
1-5 Months	34.2	52
6-10 Months	53.9	82
11-15 Months	5.9	9
16-20 Months	4.6	7
No Response	1.3	2
<b>Total</b>	<b>100.0</b>	<b>152</b>

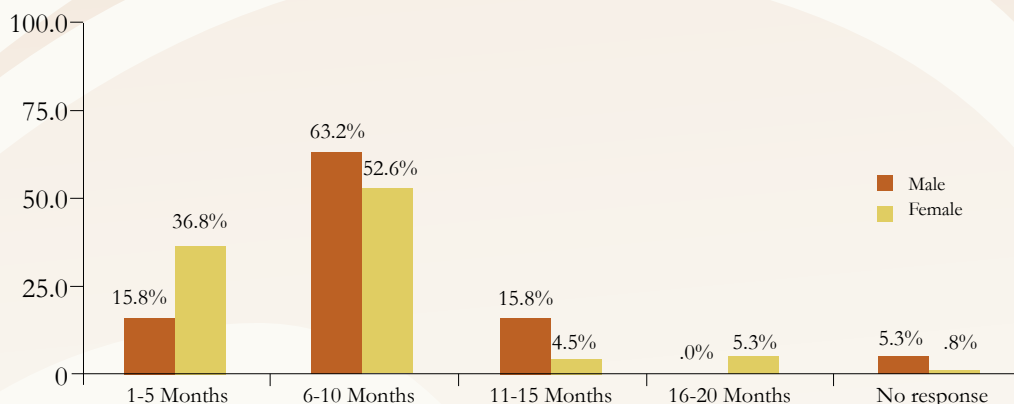
**Table 8: Work experience of CAs**

	Male		Female	
	Percentage	Count	Percentage	Count
1-5 Months	15.8%	3	36.8%	49
6-10 Months	63.2%	12	52.6%	70
11-15 Months	15.8%	3	4.5%	6
16-20 Months	.0%	0	5.3%	7
No Response	5.3%	1	.8%	1
<b>Total</b>	<b>100.0%</b>	<b>19</b>	<b>100.0%</b>	<b>133</b>

**Table 9: Average work experience (months) by sex**

	Mean	Minimum	Maximum
Overall	8.13	1	20
Male	12.5	1	15
Female	7.5	1	20





**Figure 12: Work experience by sex**

The data reflects the relatively recent recruitment of these CAs by the Ministry as most of the respondents have been employed in this position for 6-10 months. The work experience of the CAs ranges from one month to twenty months.

**Table 10: Date of appointment of CAs**

Month of appointment	Percentage	Count
Feb/2012	.7	1
Apr/2012	3.3	5
Jun/2012	.7	1
July/2012	2.0	3
Oct/2012	2.0	3
Nov/2012	2.0	3
Dec/2012	1.3	2
Jan/2013	3.9	6
Feb/2013	16.4	25
Mar/2013	17.8	27
Apr/2013	12.5	19
May/2013	13.8	21
Jun/2013	8.6	13
July/2013	5.3	8
Aug/2013	.7	1
Sep/2013	5.9	9
Oct/2013	2.0	3
No Response	1.3	2

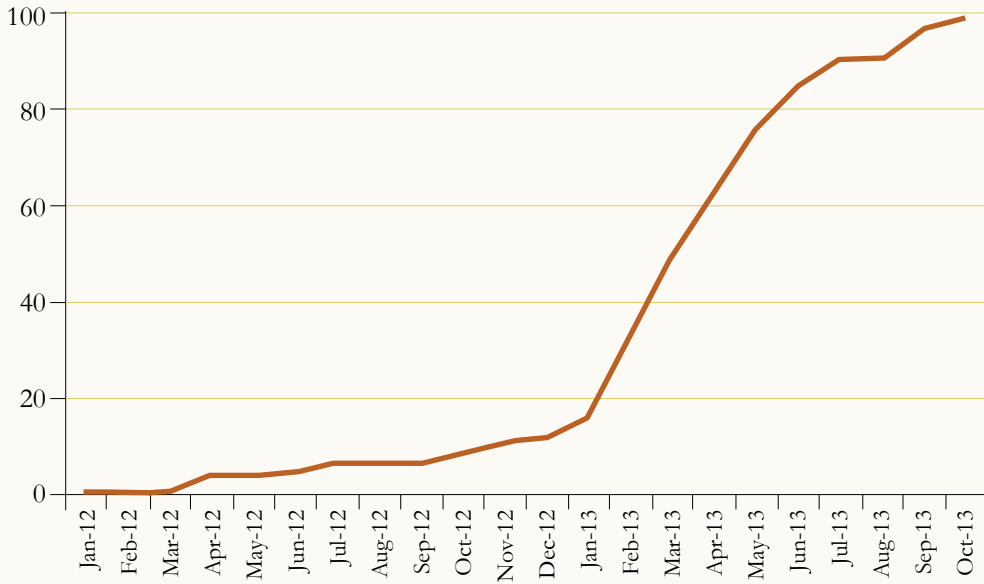


Figure 13: Cumulative number of currently working CAs

As this graph indicates, a significant recruitment drive for CAs appears to have taken place during 2013.

#### 4.6 Number of Work Places

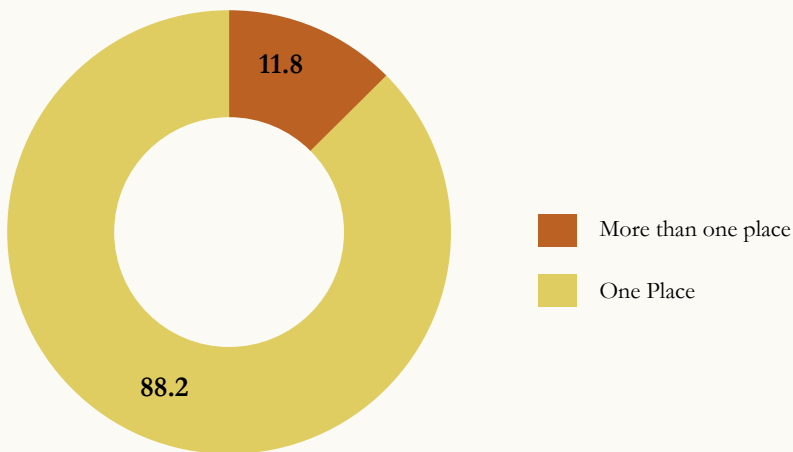
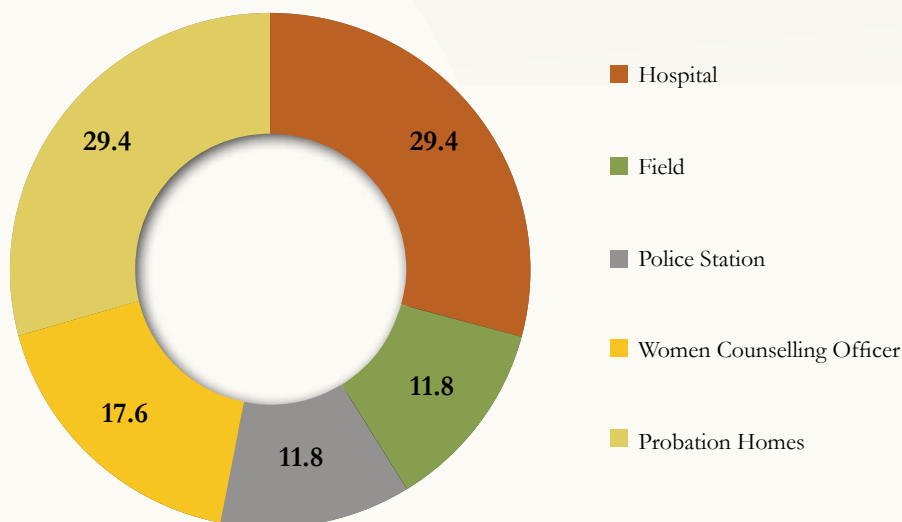


Figure 14: Number of work places for CAs

**Table 11: Number of work places for CAs by sex**

	Male		Female		Total	
	Percentage	Count	Percentage	Count	Percentage	Count
More than one place	5.3%	1	12.8%	17	11.8%	18
One Place	94.7%	18	87.2%	116	88.2%	134
Total	100.0%	19	100.0%	133	100.0%	152

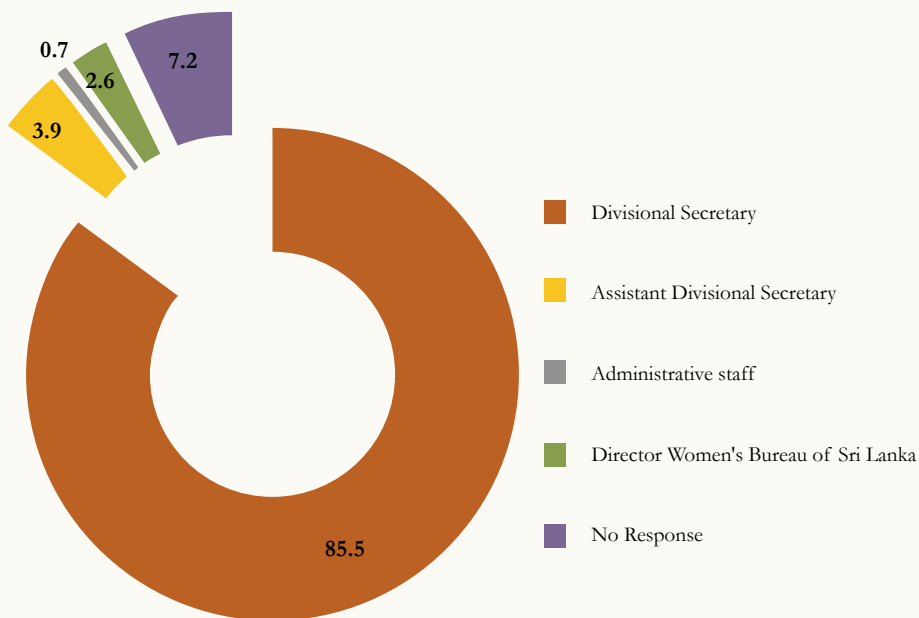


**Figure 15: Secondary work places for CAs**

Most of the CA respondents are working in one place, perhaps due to their recent recruitment. However a significant difference is noticeable between the number of men and women who are currently working in more than one place. A significant proportion of these secondary places of work appear to be hospitals and probation homes.

**Table 12: Managerial supervision**

	Count	Percentage
One managerial supervisors	108	71.1
Two managerial supervisors	27	17.8
Three managerial supervisors	6	3.9
No response	11	7.2
Total	152	100.0



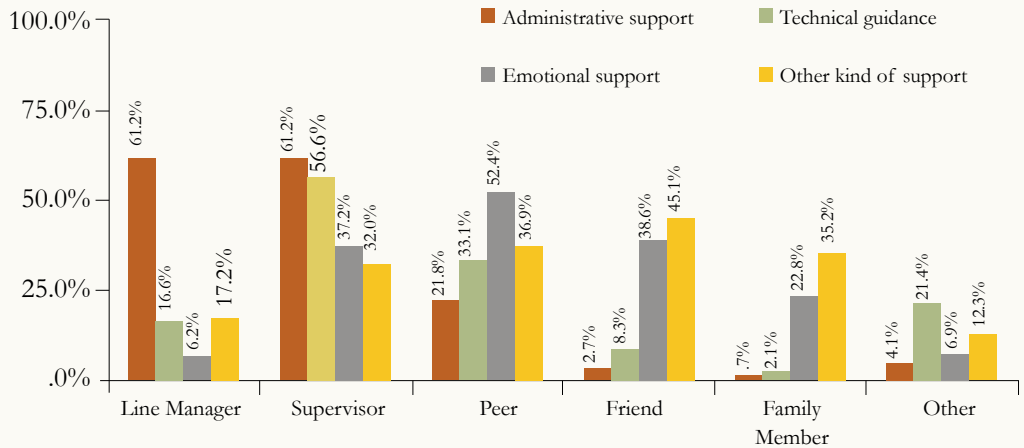
**Figure 16: Distribution of CAs by immediate supervisor of work**

Most of the CAs have one managerial supervisor, and in most instances this supervisor is the Divisional Secretary.

## 4.7 Support Structure

**Table 13: Classification of support received by CAs**

	Administrative support		Technical guidance		Emotional support		Other kind of support	
	%	Count	%	Count	%	Count	%	Count
Line manager	61.2%	90	16.6%	24	6.2%	9	17.2%	21
Supervisor	61.2%	90	56.6%	82	37.2%	54	32.0%	39
Peer	21.8%	32	33.1%	48	52.4%	76	36.9%	45
Friend	2.7%	4	8.3%	12	38.6%	56	45.1%	55
Family member	.7%	1	2.1%	3	22.8%	33	35.2%	43
Others	4.1%	6	21.4%	31	6.9%	10	12.3%	15



**Figure 17: Classification of support received by CAs**

When problems arise during the counselling of clients, most CAs tend to approach either their line manager or administrative supervisor for administrative support or technical guidance. However, it is significant that in spite of the sensitive nature of their work, CAs are more likely to turn to their peers, friends or family members when they are in need of emotional support.

## 4.8 Clients Counsellled in the Last Two Weeks (September 30 – October 12, 2013)

**Table 14: Average number of counselling in last two weeks by age and sex of clients (mean)**

Adult Male	Adult Female	Male Children	Female Children
2.8	5.3	2.5	2.7

**Table 15: Average number of counselling in last two weeks by age and sex of clients and CAs**

	Adult Male	Adult Female	Male Children	Female Children
Male CAs	3.3	3.0	2.6	2.0
Female CAs	2.8	5.7	2.4	2.8

**Table 16: Average clients per CAs in last two weeks by sex of the CAs**

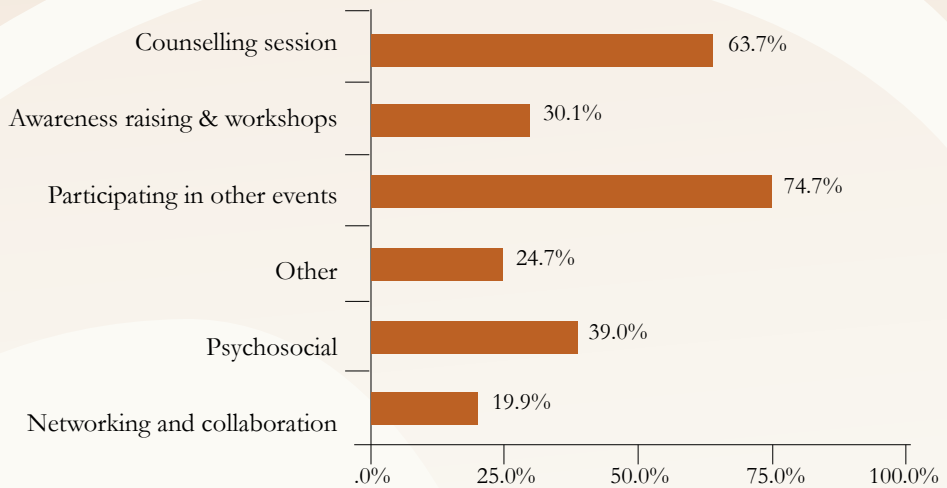
Male CAs	Female CAs	Overall
7.8	10.0	9.7

Most of the clients who come to meet the CAs are adult women. In general most CAs counsel about 10 clients within two weeks. Compared to male CAs, women CAs appear to meet with a slightly higher number of clients.

## 4.9 Number of Activities in the Last Two Weeks (September 30 –October 12, 2013)

**Table 17: Number of activities**

	Percentage	Count
Networking and collaboration	19.9%	29
Psychosocial	39.0%	57
Other	24.7%	36
Participating in other events	74.7%	109
Awareness raising & workshops	30.1%	44
Counselling sessions	63.7%	93



**Figure 18: Number of activities**

Over the past two weeks, most of the CAs have participated in counselling sessions (93 CAs) while a significant number have also been involved in other psychosocial activities (57 CAs) and awareness raising workshops (44 CAs). As the above graph shows, the CAs have also participated in a number of other events (109 CAs) during this period. This is due to the fact that CAs participated in the events organized to mark the World Children’s Day, International Day of the Girl Child and Elders’ Day - all of which fell during this period. These events may also have had an impact on the rather high number of awareness programmes that the CAs were reportedly involved in.

## 4.10 Psychosocial Issues of Clients over the Last Week (October 7- October 12, 2013)

**Table 18: Problem as presented by the client**

	Percentage	Count
Marital & family problems	21.1%	66
Education problems	21.1%	66
Other	8.3%	26
MH disorders & psychological problems	9.3%	29
Problems related to romantic/sexual relationships (non-marital)	4.5%	14
Economic /job-related problems	4.5%	14
Alcohol & substance abuse	13.7%	43
Domestic violence / GBV	2.9%	9
Child behavioural problems	8.0%	25
Suicidal behaviour	1.9%	6
Anger & violence management problems	0.3%	1
Child abuse & neglect	4.5%	14

The table above represents the most common issues that CAs have to deal with in the course of their work. The range of problems presented during counselling sessions over the period of a week were coded for analysis. The categories are not mutually exclusive, with some overlap between these (ie. marital and family problems and domestic violence, or educational problems and child behavioural issues, or mental disorders and psychological distress and suicidal ideation). In addition, differences in level of detail provided by the respondents in describing problems also limited the ability to differentiate problems further than the given categories. It is also worth noting that coding was done on the basis of problem identification by the client.

Marital and family problems were amongst the most common issues presented by clients during counselling sessions, and these included issues related to separation, conflict between spouses, parents, children and in-laws, extra-marital relationships, sexual problems, and experiences of marital neglect. Domestic violence in the context of marital relationships was classified separately along with other instances of violence against women such as rape or harassment. Problems in non-marital romantic or sexual relationships included the consequences of breakups and judgment of socially transgressive relationships.



Educational problems included non-attendance of school, challenges for caregivers to support education financially and otherwise, lack of educational support for children with disabilities, difficulties with learning and exam pressures, and anti-social activities within the school premises.

The category of child behavioural problems included instances of disruptive behavior (at home and in school), bed-wetting or urinating in class, conduct inconsistent with normative gender roles, and use of pornography and activity that is viewed as morally questionable.

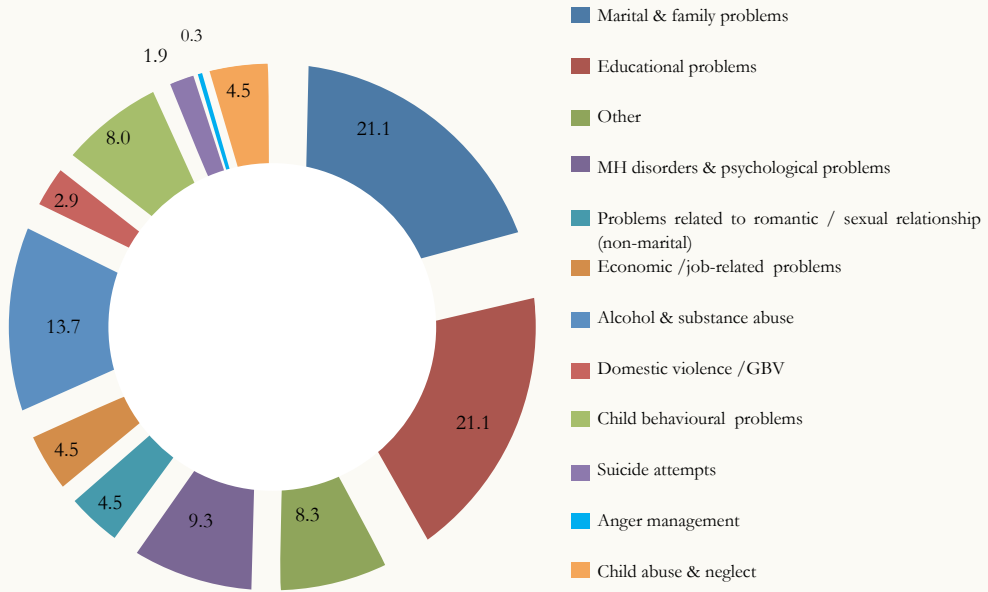
Mental disorders and other psychological problems were clustered together because of difficulty in distinguishing where reported problems might sit on a continuum of severity of presenting problems in the absence of definitive diagnoses and vague problem definitions. Often symptoms were described that were consistent with a disorder but also possibly indicative of psychological distress that did not meet clinical levels or diagnostic criteria. Under this category, there were reports of stress, phobias, depression, paraphilias, insomnia, obsessive compulsive behavior, mania, paranoid thoughts, and problems with the lack of care for mentally ill persons or challenges with reintegration after psychiatric treatment. Alcohol and substance abuse-related problems (involving alcohol and drug addiction) were classified separately – although they clearly overlap with the above category and also sometimes with the domestic violence category. Anger management and violence (perpetrator) issues were also categorized separately, though they too are likely to overlap with the above two categories. Attempted suicide and suicidal ideation was also listed separately from mental disorders and distress or other family or extra-marital relationship-related problems, despite likely linkages with these types of problems.

Job-related and economic problems were listed together, and included issues such as unemployment, financial difficulties for the family, involvement in illegal work, inadequate material resources to meet shelter needs, and difficulties for women to find work after death of spouse.

The remaining category of ‘Other’ includes diverse issues such as difficulties in obtaining a birth certificate, social marginalization, bereavement, challenging spiritual experiences, land disputes, ill health, problems with bureaucracy, sex work, or unspecified suffering. There was insufficient supporting information in most cases to classify these under other problem categories (although they may well have been related to these).

The significance of marital, family and relationship problems (21.1%) in the CAs’ caseload suggest that a focus on supporting CAs in responding to these would be important. Similarly,

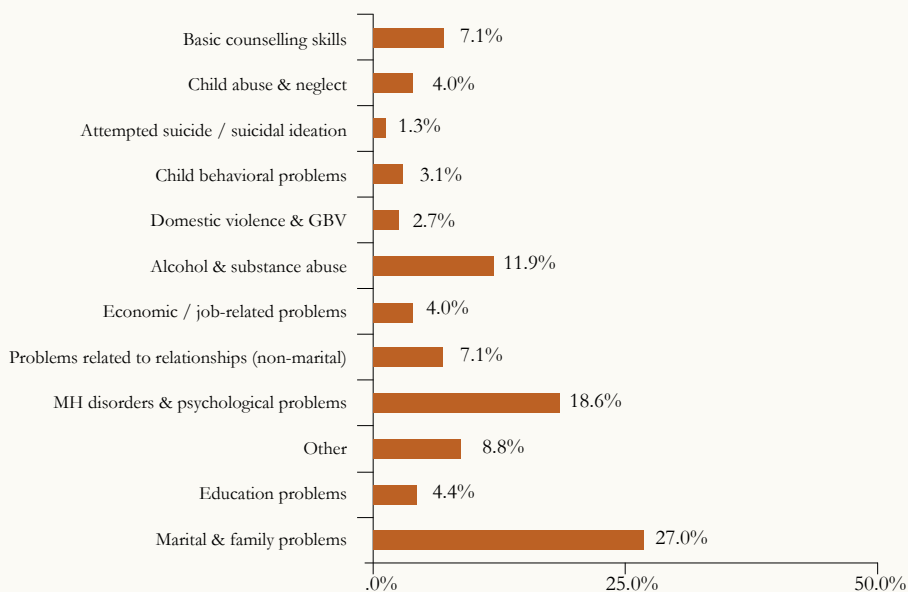
there is a need for engagement with educational (21.1%) and behavioural (8.0%) problems of children. With this, it is important to note that as with the other important areas such as mental disorders and serious psychological distress (9.3%), including suicidal behavior (9.3%) and substance abuse (13.7%), there would need to be clarity about how CAs work in conjunction with other appropriate professionals to support clients.



**Figure 19: Problems as presented by the client**

**Table 19: Most challenging issue for CAs to provide support to clients**

	Percentage	Count
Marital & family problems	27.0%	61
Education problems	4.4%	10
Other	8.8%	20
MH disorders & psychological problems	18.6%	42
Problems related to relationships (non-marital)	7.1%	16
Economic /job-related problems	4.0%	9
Alcohol & substance abuse	11.9%	27
Domestic violence & GBV	2.7%	6
Child behavioural problems	3.1%	7
Attempted suicide /suicidal ideation	1.3%	3
Child abuse & neglect	4.0%	9
Basic counselling skills	7.1%	16



**Figure 20: Most challenging problems for you out of the problems that clients had**

Marital and family problems (27%) are identified by CAs as the most difficult issue for them to provide support to their clients, with issues relating to mental disorders and psychological problems (18.6) and alcohol and substance abuse (11.9%) identified as the next most challenging areas.

However, it was apparent from a number of the challenges identified by CAs that some of their difficulties were related to basic skills and processes (7.1%) involved in counselling, rather than any specific topical or thematic problem area. Some of these were to do with establishing a working relationship with clients, managing role boundaries and expectations of clients (and themselves), understanding the role of a counsellor in relation to multi-dimensional problems, or working with child clients.

The category of other challenges (8.8%) also included challenges of working with problems of social or practical nature such as community conflict, and also included those that involved 'moral' judgments (i.e. sex work, promiscuity, etc.) by the CAs or other persons related to the client.

# 5 In-Depth Interviews

Twenty five in-depth interviews were conducted with Counselling Assistants in their field locations (10) and also in Colombo (15). The objective of these was to obtain additional perspectives on the work and circumstances of the CAs that could not be captured through a brief survey questionnaire. Whilst efforts were made to interview CAs from diverse settings, practical considerations around time and cost meant that the 25 interviews (with just over 10% of the CA population) were conducted with CAs spread across diverse settings (urban, rural, estate, post-war, low-income, etc.) only in the Western, Southern, Northern, Eastern, Central and Sabaragamuwa Provinces. The interviews were conducted by experienced mental health and psychosocial support (MHPSS) practitioners and trainers to maximize the insights into the work experiences of the CAs. Below is a brief analysis of the findings from the in-depth interviews. More detailed accounts of the individual interviews are included as annexes to this publication, and it is recommended that these are also read.

Most CAs interviewed had been involved in providing counselling services for less than one year, and most had officially been appointed within the 6 months prior to the interviews. The findings below should be read with an understanding that many of the systems for managing and organizing the work of the CAs are in a process of development. The insights from these interviews should help to strengthen this process.

## Organization of CAs Services

The CAs all reported being attached to Divisional Secretariat offices, and usually line-managed by the DS or ADS. A few of the CAs noted that initially there was some confusion about what to do with them and how to use them, as they were a new cadre with no clear duty list or role definition. This, coupled with the lack of available space and intake of many graduates at the same time, meant that one CA reported even being asked to come in only once a week or twice a week to sign. There had also been some resistance reported towards CAs potentially taking on 'topics' (like child abuse awareness) that might have been previously handled only by another government officer. There was also in one case, an apparent reluctance of other officers to refer clients to the CA – which was perhaps understandable given the limited training and experience of some of the CAs at the time of their first appointment.

However, with time, effort, and initiative from the CAs and also direction from their administrative supervisors, at the time of the interviews, most CAs were now actively employed in providing counselling, public awareness and other services. They were also quite well integrated with other categories of government officer working at DS level. There was still some variation about how they were linked to existing services or unit at a DS level. In some cases, CAs were included in locally constituted units like the ‘Women and Children’s Development Unit’ or ‘Divisional Child Protection Group’, and worked closely with other cadres (WDO, CRPO, PO, etc.) on shared activity plans. In some cases, they worked closely with the CA from the Ministry of Social Services under a ‘Social Services Unit’. In others, their roles were more loosely defined, with other officers referring clients to them or inviting them to participate in programmes for school children, elders or women that they would be arranging. Some CAs expressed confusion about what precise structure they belonged to at a DS level, because they often seemed to be working with or for more than one. This confusion may also be related to variation in structures between different DS levels, and differing degrees of formalization of these.

In most cases, the role of CAs seemed to be widely understood and supported as providing counselling services and conducting awareness programmes on psychosocial issues. However, in a few interviews, it also seemed that CAs were often involved in a number of other activities – supporting other officers in their programmes (more in an administrative and logistical role, than in a technical capacity). It is not clear whether this was a result of the many months that the CAs had spent (prior to appointment as CAs) in a general supportive role within the ‘graduate scheme’. Some CAs did mention the challenge of being taken seriously as a technical cadre after having come in through this scheme, but most said that they felt accepted now.

Like other officers, the CAs all reported spending Mondays and Wednesdays at the DS office. Most complained that this was not very productive, since they did not have space or facilities to conduct counselling – and that few clients came to meet them at the office. However, some others did say that they managed to meet clients on these days and at the office – or that they used the time to write reports, do self-study and assist colleagues (WDO, CRPO, PO, SDO, ECDO, etc.) with their programmes.

A couple of CAs reported coming into the office daily, with only occasional field visits with the CA from the Ministry of Social Services (MSS). Some said that it was easier to find space for counselling sessions at the office on days other than Monday and Wednesday. The majority, however, reported that on Tuesdays, Thursdays and Fridays they would often be out conducting awareness programmes or meeting with clients at other locations (schools, hospitals, prisons, etc.) or in community-settings.

The CAs linkages with other services or facilities seems to vary considerably amongst those interviewed, and may be influenced both by CA characteristics (i.e. if they have a particular interest or training relevant to the service) and openness of the service (and its gatekeepers) to having a CA work with them. In some instances, for example, a school principal may welcome a CA to visit regularly, since the school has identified that students are reluctant to talk with the school counselor who is also a teacher there. In other cases, CAs may be closely associated with a particular facility (i.e. a safe-house for survivors of domestic violence) that is present in their area – but not available in other areas. This means that the nature of work arrangements, and also the nature of counselling and psychosocial work of CAs varies from location to location.

In some locations, CAs seem to be extremely well linked to other services in the area – and work in a wide range of settings, providing both counselling, awareness/training activities and support to other initiatives (disaster management, rehabilitation, GBV, etc.). Given that many of these interviews came from Northern and Eastern provinces, this may reflect the general organization of services in these areas (given the history, experience and levels of networked activity over the past 10-15 years) rather than necessarily the characteristics of the individual CAs alone.

## Activities of CAs

The majority of CAs reported conducting 3-7 counselling sessions each week, and also conducting awareness programmes (frequency not indicated). It was suggested that the relatively low numbers were linked to a) relative unfamiliarity with new services, b) lack of facilities for counselling at DS office or an alternate space, and c) inability to travel to visit clients. Therefore many of the CAs conduct awareness programmes within existing programmes by officers linked to the DS office, or via independent lectures at schools or with other service providers, to increase awareness of their availability. Some CAs reported that their clients were able to access primarily because of these sessions, whilst others said that clients sought services on their own. The latter may be more true where there had been pre-existing service (provided by the MSS CA, WDO or other officers) or where the CA was working through a service or facility which was often accessed (i.e. most often the hospital, school, police, etc.).

Three CAs interviewed reported that they had not provided any counselling services yet and another reported only one client, as they had only recently been appointed or had not received any clients. They are currently conducting awareness programmes, and are planning to start counselling soon, or assist with other programmes and are meeting officials and

service providers in the area. A couple of CAs described their work as doing whatever they were asked to do by the DS. The CA who had only received one client to date said that in his previous job he had seen up to 25 clients a week.

In addition to raising awareness of their services, CAs also undertook programmes to address social issues or common psychosocial problems. These often seem to be determined by the interests/capacities of the CA, as well as requests from either fellow government officers or other service providers (i.e. school principals). Amongst content described was ‘what is counselling’, stress management, child abuse, domestic violence, life skills and adolescent sexuality, and management of exam pressures. One CA reported having conducted ‘around 100’ such mini sessions or lectures. The methodology used in the awareness programmes is not clear, and even content is likely to vary amongst CAs since it is not based on a shared set of materials or guidelines.

Apart from DS-office activities, CAs also regularly attend meetings and programmes organized by the District Secretariat, and also by the Ministry (MCDWA). This was described as being useful for learning about future plans and being able to get involved in them.

## **Counselling and Psychosocial Interventions**

All but a few CAs reported undertaking individual counselling. The demographic profile of clients reportedly seen by each CA also seemed to vary – perhaps due to the counselor’s own characteristics as well as those of the facility through which s/he is accessed. Several woman counselors indicated that they mostly received female clients, either schoolgirls or women under 45-50 years. Others received more specialized client groups – like migrant workers referred by the foreign employment promotion officer to one CA, or the domestic violence survivors who come to another. One CA received referrals from a nearby hospital related to women with difficult or unwanted pregnancies. The CAs also seemed to seek out client groups who were of interest to them – like one who was planning to visit the homes of persons with mental illness to provide services for them there. The CAs also described some of the hard-to-reach groups they worked with. For instance, in one poor urban setting, the CA reported that people living in a slum area were unwilling to come for counselling, except when ‘forced’ by the Grama Niladhari. In the estate sector, adults were often only available after four in the evening, and so it was difficult to provide services to them during the day. In other mixed settings, a CA from the majority community reported that minority community members in that area didn’t approach him/her for services.



The information above is not representative of all the interviewed CAs, and is provided to illustrate the possible variations in client demographics in each counsellor's caseload. Similarly, the description of presenting problems below is not a substitute for the systematic survey contained in the quantitative component of this study, but simply to provide more detail about the nature of these.

The CAs described a very wide range of problems presented by their clients:

One major area described was problems related to marital relationships – including extreme jealousy, extramarital relationships, violent or 'abnormal' sexual behavior, lack of sexual satisfaction, alcohol and substance abuse, habitual use of pornography, divorce and separation, interpersonal conflict and domestic abuse (and practical issues associated with safety from such violence).

Other family problems included financial crises, stigma for single mothers, social demands on family members, one parent being in prison, childlessness or lack of parenting skills.

Another area related to psychiatric or clinical disorders – such as schizophrenia, addictions, obsessive-compulsive disorder, phobias, and depression.

CAs also reported a number of problems presented by children – including difficulties with education (most common), love and sex-related problems, parental neglect or perceived lack of parental love, drug addiction. Children's problems are also identified by parents rather than children themselves, and these span a range (clearly across different age groups) from thumb-sucking, 'addiction to cartoons', and developmental challenges to depression, anger management problems, and use of drugs or pornography.

The CAs were also referred clients who had transgressed moral or disciplinary norms – for example school principals were also reported as referring children who had 'love affairs' to the CA. In another instance, a GN had referred a woman who was engaged in sex work to the CA.

In the course of the interviews, the CAs identified some complex or challenging cases that they are dealing with currently or faced recently. A few examples given below illustrate the seriousness of their cases and indicate some of the difficulties that CAs have in responding to them.

- (A) *Young girl of 19 was sent to the shelter after being abused by her husband. Her mother wanted to go overseas for work and was keen to marry her off. Her father also wanted to marry her off as he wanted to marry another woman, and so she was married off to an abusive man by her father. When she was brought to us, though we generally advocate to keep families together as far as possible so society does not disintegrate, in this case it was clear she needed to be out of this situation and at least complete her education. So together with the MSS Counselling Assistant we spoke to the father and also to her siblings and asked them to take her back and look after her. She is now back at home going for classes and hopes to sit for her Advanced Level Examination, we are trying to find her a job and she is being followed up by the DS office MSS counsellor.*
- (B) *A family of a mother, a father (who is a labourer in a tea estate) and their three developmentally disordered children- a daughter (aged 22) who is blind, dumb and bedridden, and two sons (aged 19 and 16) both of whom are with developmental disorder. The mother has been unable to look after all three on her own as her husband goes to the estate. She is reported to have gone one day in search of the younger boy who had walked in to town and when she found him and brought him back she found her daughter who was severely handicapped and in bed, bleeding profusely from the vaginal area with a wound believed to have been inflicted by a sharp instrument. The girl cannot speak or see and is now suspected to have been brutally raped. She has been treated for her injuries but no one can think of what else needs to be done and how to engage with a person in a state such as this. The safety and security issue has been raised and we have tried to have the children removed to homes. The parents reject this and insist that they cannot allow their children to be taken away. They instead request for carers to be given and for their home to be made officially in to a care home for special needs / disabled or handicapped children. No official at this point knows what to do or how to intervene now that the parents are refusing to comply. The current situation is that nothing has been done and the children are still at risk from someone out in the community who would have committed this horrendous crime and got away with it.*
- (C) *Boy of 15 refuses to go to school but goes out all day and flies kites. His father is away in the army and his mother is from Vavuniya. She is ostracized by the neighbors who say [that] she, “speaks Sinhala differently and must be Tamil”. Mother is cut off from her family, doesn’t have support in the village and is unable to function. She cannot get the boy to listen to her or do anything for him, and he too will just not go to school, as people say things about his mother being mad.*
- (D) *This is an example of a very complex case in which we are not yet able to figure how to proceed. It relates to a Sinhala Buddhist family of father, mother and [...] children in which the father has developed a paranoid suspicion that he and his family will be poisoned by others. He stopped his children from going to school as he believed the school was giving them poisoned food. The Grama Sevaka referred the case to us which was first alerted due to the school absences. Many officials from*

*the school and our office and the Grama Sevaka have gone to try and speak to them but they have become increasingly more and more defensive, dysfunctional and isolating themselves and barricading themselves within their property. They have closed up all the gaps in the gate, raised the walls, and do not allow any one in. Neighbours complain that there is a smell of dead animals coming from their garden which also has cows. The family have also cut themselves off from their own extended family. We had to get the police to go there, but they did not open even for the police. Nothing worked. We are still not able to intervene. No one knows what to do next.*

It is clear that cases like those above require interventions that go beyond individual counselling, and for which CAs (and their other colleagues) would require support to play their respective roles effectively.

Cases such as (A) above show also how CAs at times are challenged to weigh the interests of clients against what they perceive to be the interests of society. Negotiating the ethics of counselling practice in these cases may require both further training and ongoing supervision.

In examples not discussed above, there were also indications that some CAs due to lack of training or exposure to technical insights into social problems, may be using more ‘popular’ perspectives to explain or understand complex issues – for example leading to judgmental views of school drop-outs simply as ‘lazy’, or ‘not realizing the importance of education’ or being ‘distracted by technology’.

The interviews reveal that some locations have particular social problems that are related to the dynamics of the economy and community in those places. For example, in estate sector, issues of parental presence, poor support for education, underage marriage etc. are problems that have deep roots in the historical and current socio-economic circumstances of communities there. Similarly, in some coastal areas or poor urban settlements there are problems with drug and alcohol abuse, that are linked to structural problems of social marginalization and in the latter case proximity to organized crime. In one context, a CA explained that working with drug issues was difficult because of political involvement in the supply of drugs. S/he reported that the MSS CA have been threatened even when working with wives of addicts. There is a clear need for additional support to CAs when engaging with such contexts.

## **Referral /Teamwork**

Linkages between the CAs from MCDWA and the CAs from MSS were the most frequently reported referral relationships, with challenging cases being referred to the latter more experienced colleagues.

Some CAs also mentioned referring clients with mental disorders to the district psychiatrist or Mental Health Unit at a nearby hospital. Whilst these were felt to be effective, CAs did note that the lack of privacy at hospitals (especially in the clinic settings) meant that clients had little confidentiality.

Although it is not clear whether formal systems exist for multi-disciplinary case-management or teamwork, there appears to be quite a lot of collaboration and cross-referral amongst officers (i.e. WDOs) based at the DS office. The nature of this and effectiveness of this is hard to gauge, and may vary from location to location – especially since these are largely ad hoc informal arrangements. CAs note that much of the cooperation is based on personal relationships rather than on a formal understanding that this is a requirement of the officer's respective roles.

Many CAs take considerable effort to establish links (both to receive and make referrals) with facilities and service providers beyond the DS office – especially in the health, education, policing and social development sectors. However, they still report being unclear about what some other government bodies are doing in relation to psychosocial issues – which may reflect either poor coordination at local levels or possibly the relatively limited time the CAs have been active in the field.

## Education and Training

Just under half the CAs interviewed had a degree in psychology and the remainder had a degree in Sociology or another field in the social sciences. Again, roughly half the CAs interviewed had followed a (part-time) counselling course (described as a diploma) over the period of one year at a private training institute. A couple of CAs had followed or were currently following shorter counselling courses at the NISD, and one had followed a diploma in counselling from the South-Eastern University. Apart from this, they had attended ad hoc one-off training events held by government and non-government institutions. The CAs said that they had not received any training from the Ministry (MCDWA) at the time of interview. A couple of CAs reported having no formal counselling training at all.

Several CAs reported that their private counselling courses were very helpful, although there were some comments that there was inadequate practical training in some of the courses. One CA admitted that s/he, “didn’t remember much,” from the counselling diploma, but that some of the skills learned were still being used. One said that that a previous job in the field of counselling had helped them learn new skills (i.e. use of puppets and art-based methods or motivational approaches) that were useful in her work as a CA. Another CA

described being trained on the job by an experienced MSS CA, who had given the CA cases to handle and mentored him/her over more than a year. S/he said, “I learned everything from her, otherwise I wouldn’t have known what to do.” Other CAs with a counselling background said that their knowledge was ‘refreshed’ when working with the MSS CAs. Roughly a third of the CAs reported using self-study – via the internet or books – to advance their knowledge. Some also said that they enroll in training events whenever these are available.

CAs reported feeling able to deal with some problems (which these were varied across CAs), but said that they found it difficult to deal with others. Several said that they felt their knowledge and training was not satisfactory – considering the work that needed to be done. “My knowledge is limited. For example, I do not know how to help a person with drug abuse [problems]. Also do not know how to help in a case of a child abuse, sex-related matter, sex-related disorder or I even do not know to whom I could refer them,” shared one CA. Another admitted to feeling unconfident – “[I] don’t know what to say, what not to say”. One CA also said that she had limited ideas about how she could work with other departments and institutions beyond only increasing awareness of counselling services. These CAs acknowledgement of their need for further training is commendable, and should be heard as a call for help and support.

There is a strongly expressed need from all CAs for better access to training and knowledge (see section related to Key Gaps below).

## **Supervision and Support**

The DS or ADS played the role of line-manager and all interviewed CAs expressed satisfaction with the support they were getting from them in relation to administrative issues – even if the CAs were not satisfied with their working conditions (see section on facilities below). For work-place-related problems, they also sought and received advice and support from other government officers in the same office.

However, for technical support and supervision, there is no formal mechanism in place. The main informal source of technical support seemed to be the MSS CAs, who were described as being senior and experienced, and were reported to be very helpful with advice, referral and even on-the-job-training for the CAs. The quality of the relationship with the MSS CAs seemed to be a very important factor in determining how confident and supported the CAs from MCDWA felt in their role. However, this is an ad hoc arrangement, which one CA pointed out depends very much on the personal choice of the individual MSS CA.

In addition, a few CAs reported accessing technical support from university batch-mates who had done psychology and whom they felt were ‘trust-worthy’. A few following a course at NISD also contacted staff there for advice. It seemed that individual professional networks were the main source of access to technical support. CAs seemed also to be concerned about issues of confidentiality, and in a few cases felt conflicted about sharing details of – even when they were struggling with the cases. This may be a result of the lack of a formal, ‘authorized’ technical support arrangement with more experienced professionals or their peers, and may leave some CAs feeling overwhelmed by difficult cases (see examples in section on psychosocial interventions above below). A number of CAs also reported turning to the internet for guidance and to whatever books they could find for self-study. They also sought out further training (see section below on Education and Training).

For personal support, CAs reported a range of positive strategies – ranging from the common reliance on close family relations (mother, sister, brother) to more individual approaches like meditation, yoga, sports, gardening, keeping a pet, dance or even a ‘boxing pillow’ (for frustrations). The CAs responses suggest quite a strong sense of awareness about the need for self-care.

One CA reported being under stress due to her work-commute and long work-day making it difficult for her to spend any time with her child – who was now acting out. There did not appear to be support for personal issues that might impact on the functioning of CAs, apart from arrangements a CA might make for her/himself.

## **Work Satisfaction**

The main sources of frustration for CAs seemed to be systemic – to do with the lack of resources (lack of desk, chair, private counselling space etc.) or accessibility of clients (distance and cost inhibiting access to/for clients, poor transport options, lack of transport allowance, lack of official mobile, and safety issues in rural areas) rather than their roles per se.

Most CAs reported now enjoying a good relationship with other government officers, friendly and supportive office environments, considerable acceptance for their role, and positive feedback about their work from peers and supervisors.

Several CAs also reported being unhappy about their salary, lack of clear role and career pathway. With regards the lack of career advancement opportunities, one said that this was very demotivating and that s/he, “...will leave if I get a teaching appointment.” A couple

of interviewed CAs indicated that they had not particularly chosen this career, but that it was what was given to them.

However, the majority of CAs interviewed reported a high degree of satisfaction with their actual work. One said that s/he felt, “committed [to] work that I do, despite lack of facilities and less pay!” Another said, “Work is good and satisfying – but more of the limitations come from the environment and system in which I work.”

The CAs said that they felt happy about their successes, but also reported that sometimes felt stressed, sad, guilty and angry when they were unable to help with the problem that a client was experiencing. One said, “It’s a difficult job to see all the suffering and sometimes not be able to do much.” The frustrations were to do with the CAs inability to address problems due to lack of resources (transport, material assistance, etc.), skills (difficult or complex cases where they felt unable to help clients adequately) or structural problems (where they were unable to change policies or address problems that were beyond their case-management remit).

Doubt about the success of one’s interventions was also reported, and seemed to be linked to the lack of technical feedback or supervision about their management of cases.

## **Key Gaps and Suggestions for Improvement (Identified by CAs)**

### *Lack of basic infrastructure*

“There is only the human resource available”: most CAs interviewed complained that they had no chair or desk or private space for counselling within the DS office. This seems partly due to the over-crowding owing to the large graduate intake in which the CAs were included, but also to do with the general availability and layout of space within DS offices. Some CAs are looking to the Ministry to facilitate their access to appropriate working space, and are also trying to negotiate space themselves within their work locations.

The CAs highlighted the limited transport facilities that exist in many of their contexts, especially for reaching rural populations. They explained that at present they spend their personal money to travel to the field, unless they can get a lift with another officer. They felt that either a transport allowance or facility (like a motorbike) would enable them to deliver services away from the office and in communities. A few CAs working in remote areas also spoke about safety concerns when travelling alone, and suggested that measures like travelling in pairs be adopted to reduce risks. Some areas prone to flooding and landslides were also felt to be difficult to travel in, thereby hindering services.



Telephone contact with clients or other service providers (for referral) is also a challenge when using the limited number of shared phone-lines at the DS office, as this can cause significant delays. The CAs felt that access to an official mobile connection, like that enjoyed by the MSS CAs would improve their ability to communicate with both clients and colleagues.

One CA mentioned the lack of allocation for stationery as a constraint, pointing out that at present s/he uses office supplies shared by the MSS CA, but that this is entirely dependent on the goodwill of this colleague.

A few CAs mentioned access to internet, computers and audio-visual equipment as a need in terms of accessing knowledge and also preparing materials for public awareness campaigns. Aside from this, CAs also said that they were constrained in conducting independent awareness programmes or even meetings (outside of separate initiatives from other officers) since they did not even have money for refreshments if they called community leaders or others to a meeting at their own DS office.

### *Professional Duties and Skills Development*

Most CAs reported that they had not yet received their duty list at the time of interview. Some others had received it recently, although in one case the duty list was in Sinhala which the CA could not understand. The lack of a duty list was felt to limit the CAs in terms their own knowledge of their role, and also in enabling others (supervisors and other officers) to know how to utilize and engage their services.

The CAs also felt that a clearer definition of their roles in relation to other Ministries, Departments and colleagues would be helpful for them. Some mentioned that formal directives to other colleagues on how to cooperate or work with CAs would improve collaboration – which at present depended too much on the quality of interpersonal relationships and goodwill between officers.

Associated with this was also a request for some standard operating procedures for keeping records, making reports, and managing case. Some CAs felt that this would help them be more systematic in their work.

The CAs also identified the lack of regular or systematic interaction with each other (even at district level) and others in the same field locally, as an important gap. They suggested that improved networking could be supported through regular regional review meetings.



The CAs also suggested the compilation of a Directory of Services (possibly at the district level) to facilitate referrals.

They also requested printed materials on different psychosocial problems – both for themselves and also to share with their clients.

A major gap identified (also see section on Education and Training above) by CAs was that they were missing a common basic foundational training related to counselling, as well as a framework for continuing education. CAs identified that they required training on counselling for the range of life-problems (see section on Counselling and Psychosocial Interventions above) that their clients presented, and underscored the need for supervised practical training. In addition to assessment and therapeutic skills, CAs also identified ethics and legal issues related to the problems they deal with as important areas to be covered in training. In addition, individual CAs identified the following areas where they would like skills development: working with pregnant women, early childhood problems, family problems, personality development and training skills, Networking skills, mental illness, skills in working with families, substance abuse and dealing with offenders, GBV, child sexual abuse (better interviewing skills), and dealing with suicide.

The CAs identified that both on-the-job and formal training at a district and national levels would be helpful, and suggested that they might benefit from joining the quarterly training offered to the MSS CAs.

Two CA also mentioned that they would benefit from Tamil language skills, as would others who work in mixed-language areas.

At a broader level, a few CAs indicated that it would be helpful to have either network of counselors or a professional body to help maintain standards and support counselors in their practice.

### *Administrative Issues*

Several CAs highlighted the need for a better salary and a clear pathway for career advancement if they are to continue their service. The lack of a career ladder is a major issue of concern.

The CAs also indicated that they felt their designation as Counselling ‘Assistants’ undermined their work and ability to work as equals with others who are designated as ‘Officers’. There was a suggestion that a pathway from ‘Assistant’ to ‘Officer’ status might be established.

Some CAs said that they have to go into office daily and sign on before going to field, which cost both time and money. They suggested that if the Ministry could issue authorization (like that issued to the Foreign Employment Bureau staff) indicating CAs do not need to sign on field days, it would improve efficiency.

This study has illuminated a number of important dimensions of the capacities, work and challenges facing the relatively recently recruited CAs of the MCDWA. Based on these, the following recommendations are offered as priority areas to be addressed in strengthening the services offered by the CAs to support vulnerable members of communities across Sri Lanka. Where appropriate, brief suggestions have been included about the potential process by which each recommendation might be put into action.

1. Formulate and implement a strategy to establish a foundational standard of knowledge and skills for all CAs through formal and/or on-the-job training. *This may involve use of existing courses (e.g. NISD Diploma) as well as short courses tailored to the skill needs of CAs – in line with a key set of competencies that might be identified for CAs. The training may have to go beyond counselling skills per se, since many of the cases facing CAs may benefit from more social and structural level interventions.*
2. Clarify duties and roles of CAs in responding to psychosocial problems, especially in relation to specific types of problems and also in relation to cooperation with other existing service providers (especially the CAs of MSS). *Review existing duty list in predefined period (6-12 months) of experience in use. Clarification of duties and roles will also involve some consultation and discussion with other Ministries and Departments – perhaps beginning with MSS, but then expanding to Education and Health sectors. Conceptualization of the role of the CAs should take into account their skills and developmental trajectory – so that their role may develop as they do. In addition, there must be a clear vision of their roles and division of labour with regards to prevention/promotion work vs. more supportive and therapeutic work for common psychosocial problems.*
3. Establish an effective and accessible system for regular technical supervision and support to further develop skills of CAs, maintain quality of service, and support management of complex and challenging cases. *It is probably most pragmatic to establish a district-level system – since this is likely to be most sustainable and accessible – with occasional inputs and oversight from regional or national technical resources.*
4. Establish guidelines, templates, and systems for record keeping, intervention planning, reporting and other forms of documentation. *The different elements of a documentation*

*system should be designed to minimize difficulty for the intended users (i.e. the CA, their administrative supervisors, their technical supervisors, and policy-makers), and should also protect the privacy of clients and prevent misuse of data. It may be possible to build on systems developed for the Education sector in Sri Lanka.*

5. Establish a system for provision of ensuring adequate personal support to prevent burn-out and maintain wellbeing of CAs. *Personal support will often be best provided by close family, friends and other associates of the CAs, but there should be provision for regular check-ins and professional support for CAs from outside of their peer and supervisory structure if they require/want this.*
6. Provide technical support and training to CAs in implementing evidence-supported and best-practice interventions (including counselling but also going beyond this) for common psychosocial problems (see recommendation 2 above). *This is best undertaken on a rolling-basis, with different common problems (i.e. alcohol harm reduction, domestic violence prevention, etc.) being addressed in a series of capacity-building initiatives. These processes may also benefit from being a part of wider engagement with other service providers and stakeholders who may be required to undertake activities in order for these interventions to be successful. Associated with this may be the development, adaptation or dissemination of guidelines and resource materials related to addressing common problems or working with particular vulnerable or challenging groups.*
7. Provide CAs with the means to access knowledge and learning independently via provision of access to internet, publications and training opportunities. *Low cost computers, tablets or cheap smart phones may provide a means for CAs to access resources online. Facilitating group subscriptions to online journals or posting of scans of print journals may be another means by which CAs access to thinking and practice in the field could be enhanced. Offering annual leave for CAs to undertake independent study may also be another low-cost means of enabling CAs to develop professional skills without having to finance this directly.*
8. Facilitate or provide CAs with basic infrastructure to carry out their work: desks, chairs, official mobile telephone connections, and transport support. *Solutions for the problems of work space will have to be solved in collaboration with the DS or other relevant administrator of the facility in which the CA is to work.*
9. Produce District-level Directories of Services to support referral. *The production of the directory can be led by CAs, and could be combined with District and Divisional-level networking activities. Apart from supporting referrals, this could support the clarification of roles and coordination mechanisms between services/service providers.*

10. At District and Divisional levels there is a need for clear, complementary roles and effective coordinating mechanisms for the different parallel services related to counselling and psychosocial support. *This can be configured at a local level depending on available resources and local structures, but the overall ethos and the broad outline of the roles of different personnel should be guided by a national framework or set of guidelines.*
11. Ensure systematic distribution of CA cadres across the country, to maximise equity of access to services for the population and adequate peer support for CAs. *This could be addressed during future recruitment or transfers of CAs, and should involve a review of current deployment, population density, level of needs, and availability of other complementary services responding to same population and needs (i.e. MSS CAs, mental health services, etc.).*
12. At a National and Provincial level, there is a need to develop a common framework for supporting coordination and cooperation between the different parallel services related to counselling and psychosocial support at the District and Divisional levels. *This sort of framework would aim to empower and encourage service providers at the local levels to work more closely and systematically together. While it would be wise to avoid prescribing what local level coordination and cooperation should look like (since structures and dynamics are likely to vary), the framework should set out general principles and guidelines for use.*
13. A clear career pathway for CAs should be established for retention and motivation of personnel. *These career pathways should be developed in consultation with Ministries with similar personnel (i.e. MSS) to ensure that similar standards and processes are established.*
14. There is a need to develop professional networks or bodies to support ongoing professional development and maintenance of standards in practice for CAs. *Given the numerous categories of government personnel involved in counselling and psychosocial support within and across National Ministries and Provincial Departments, it is essential to ensure that any professional networks or bodies are constituted through a careful and inclusive process, to allow for broad legitimacy, to avoid fragmentation or professional divisions, and to allow for flexibility to accommodate potential future change within government institutional arrangements.*



10.1 English Questionnaire

Consent			
Name.....			
I, do hereby state that I am willing to participate/not participate for this survey.			
Signature..... Date .....			
A. Basic information of the Respondent			
1	Age	Years .....	
2	Gender	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
3	Date of appointment as Counselling Assistant/Counselling Officer	Year	Month      Date
		<input type="text"/>	<input type="text"/>
4	Current Designation	1. Counselling Assistant <input type="checkbox"/> 2. Counselling Officer <input type="checkbox"/> 3. Other <input type="checkbox"/> (if Other please specify) ..... .....	
6	Do you have any other duty stations that you report to?	1 Yes <input type="checkbox"/> 2. No <input type="checkbox"/> (if 'No', Please go to question 8)	
7	If 'Yes', please provide name of the office/duty station.	..... ..... .....	
	Information about your duty reporting and area of work A. Title of the person(s) to whom you report duties (line manager)	i. Officer ..... ii. Officer 2. (If applicable only) ..... iii. Officer 3. (If applicable only) .....	





11	Please fill in the following table. It aims to gather specific details on the counselling or psychosocial support services you provided during the period 7th to 12th of October. Please fill in the data briefly.					
	Date	Client's Age	Problem (as presented by the client)	Problem (in your understanding)	Which session/ meeting number is it with this client?	What was the main activity during this session /meeting?
12	Please list down 3 most challenging problems for you to handle as a counsellor presented by your clients in the course of your work?					
	1. ....					
	2. ....					
	3. ....					
13	To whom do you turn for support when you need support (mention person's designation and his/her relationship to you: e.g. supervisor, peer, friend, family member)?					
	Incident	1. Line manager 2. Supervisor 3. Peer 4. Friend 5. Family member 6. Others (Indicate all that apply)			If 'Others', please specify.	

	A. For practical administrative support related to clients or activities	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....
	B. For technical 'counselling' guidance or supervision	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....
	C. For personal emotional support (for you) related to your work	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....
	D. Any other kind of support (If 'Yes', please give examples)	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....

**C. Training and Qualifications**

**14** What trainings/qualifications have you gained including your first degree? Include also short-term training relevant to your current area of work.

Name of the course	Name of the institution that provided the certificate / training	Qualification / certification received (degree, diploma, etc...)	Duration (in months)	Total hours of in-class training / teaching	Practical hours	Please rate usefulness of the course for your current work. 1 Not useful at all 2 Somewhat useful 3 Useful 4 Very useful 5 Necessary

**15** Please make a self-assessment on your language proficiency (1 = Not able, 2 = Slightly possible, 3 = Good, 4 = Very good)

Language	Speaking	Understanding (Spoken)	Reading	Writing
i. Sinhala				
ii. Tamil				
iii. English				

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Please indicate what additional skills or knowledge would be useful for you to gain in order to fulfill your duties better?

- i. ....
- ii. ....
- iii. ....
- iv. ....
- v. ....

**Thank you.**

## 10.2 Sinhala Questionnaire

සමීක්ෂණයට කැමැත්ත / අකැමැත්ත ප්‍රකාශ කිරීම			
<p>නම.....</p> <p>වන මම මෙම සමීක්ෂණය සඳහා සහභාගී වන බව / නොවන බව මෙයින් ප්‍රකාශ කරමි.</p> <p>අත්සන ..... දිනය .....</p>			
A. Basic information of the Respondent			
1	වයස	අවුරුදු .....	
2	ස්ත්‍රී / පුරුෂ භාවය	1. පුරුෂ <input type="checkbox"/> 2. ස්ත්‍රී <input type="checkbox"/>	
3	උපදේශන සහකාර / නිලධාරී පත්වීම් ලත් දිනය	වර්ෂය	මාසය
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4	ඔබගේ වත්මන් තනතුර	1. උපදේශන සහකාර <input type="checkbox"/> 2. උපදේශන නිලධාරී <input type="checkbox"/> 3. වෙනත් <input type="checkbox"/> (වෙනත් නම් කරුණාකර සඳහන් කරන්න) .....	
5	ඔබ සේවයට වාර්තා කරන කාර්යාලයේ නම සහ ලිපිනය	..... ..... .....	
6	ඔබ රාජකාරී කටයුතු කරන වෙනත් කාර්යාලය හෝ ස්ථානය	1. ඔව් 2. නැත (නැත නම් ප්‍රශ්න අංක 8 යන්න)	
7	ඔව් නම් ඒ ස්ථාන නම් කරන්න	..... ..... .....	
	රාජකාරී පිළිබඳ තොරතුරු A. ඔබ රාජකාරී කටයුතු වාර්තා කරන අධීක්ෂණ නිලධාරියාගේ තනතුර	i. නිලධාරී 1 ..... ii. නිලධාරී 2. (අදාළ නම් පමණක්) ..... iii. නිලධාරී 3. (අදාළ නම් පමණක්) .....	





<p>A. සේවලාභීන් සම්බන්ධ කාර්යයන් පිළිබඳ පරිපාලනමය ගැටළුවකදී සහය ලබා ගැනීමට</p>	<p>1 2 3 4 5 6</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....	
<p>B. මනෝ උපදේශනයට අදාළ නිපුණතා සම්බන්ධ ගැටළු සඳහා සහය ලබා ගැනීමට</p>	<p>1 2 3 4 5 6</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....	
<p>C. ඔබේ රාජකාරි කටයුතු හා බැඳුණු විත්ති වේගාත්මක ගැටළු සඳහා සහය ලබා ගැනීමට</p>	<p>1 2 3 4 5 6</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....	
<p>D. වෙනත් කිසියම් ගැටළුවක් සඳහා සහය ලබා ගැනීමට (හැකි නම් උදාහරණ දෙන්න</p>	<p>1 2 3 4 5 6</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....	

**ඇ. සුදුසුකම් හා පුහුණු වීම්**

**14** ඔබගේ ප්‍රථම උපාධිය ද ඇතුළුව, ඉන් අනතුරුව ඔබ විසින් සහභාගී වී ඇති පුහුණුවීම් හා ලබා ඇති අධ්‍යාපනික හා වෘත්තීය සුදුසුකම් මොනවාද? ඔබගේ වර්තමාන රැකියාවට අදාළ කෙටි කාලීන පාඨමාලා ද සඳහන් කරන්න

පාඨමාලාවේ නම	සහතිකය පිරිනමන ආයතනය	පිරිනැමුණු සහතිකය, ඩිප්ලෝමාව හෝ උපාධියේ නම	කාලසීමාව (මාස)	පන්තිය තුළ ඉගැන්වීම් හා දේශන පැය ගණන	ප්‍රායෝගික පුහුණුවීම් පැය ගණන	ඔබගේ වත්මන් රාජකාරීන් ඉටු කිරීමට මෙම පුහුණුව / පාඨමාලාව මගින් ලද දැනුම හා හැකියාවන් කොතරම් ප්‍රයෝජනවත් දැයි දක්වන්න 1. ප්‍රයෝජනවත් නැත. 2. සුළු වශයෙන් ප්‍රයෝජනවත් 3. සාමාන්‍යයෙන් ප්‍රයෝජනවත් 4. බොහෝ සෙයින් ප්‍රයෝජනවත් 5. අතහැරගැනිය

15	ඔබගේ භාෂා සාක්ෂරතාවය පිළිබඳ ස්වයං ඇගයීමක් කරන්න (1 නොහැකි) (2 සුළු වශයෙන් හැකියි) (3 හොඳයි) (4 ඉතා හොඳයි)				
	භාෂාව	කථනය	වචනා ගැනීම (කියන දෙය තේරුම් ගැනීම)	කියවීම	ලිවීම
	i. සිංහල				
	ii. දෙමළ				
iii. ඉංග්‍රීසි					
16	ඔබගේ රාජකාරි කටයුතු වඩාත් හොඳින් කරන්නට ඔබට ප්‍රයෝජනවත් වේ යැයි ඔබට සිතෙන පුහුණුවීම් / පාඨමාලා සඳහන් කරන්න				
	i.	.....			
	ii.	.....			
	iii.	.....			
	iv.	.....			
	v.	.....			
ස්තූතියි					



## 10.3 Tamil Questionnaire

இந்த ஆய்வுக்கு விருப்பம்/விருப்பமின்மையைத் தெரிவித்தல்			
பெயர்.....			
ஆகிய நான் இந்த ஆய்வுக்கு விருப்பம்/விருப்பமின்மையைத் தெரிவிக்கிறேன்.			
கையொப்பம்..... திகதி .....			
அ. பங்குபற்றினரின் அடிப்படைத் தகவல்கள்			
1	வயது	வருடங்கள் .....	
2	பால்நிலை	1. ஆண் <input type="checkbox"/> 2. பெண் <input type="checkbox"/>	
3	உதவி ஆற்றுப்படுத்துனர்;(Counselling Assistant)/ ஆற்றுப்படுத்தும் அலுவலராக (Counselling Officer) கடமையாற்ற நியமனம் கிடைத்த திகதி	வருடம்	மாதம் திகதி
		<input type="text"/>	<input type="text"/>
4	உங்களது தற்போதைய பதவி	1 உதவி ஆற்றுப்படுத்துனர் <input type="checkbox"/> 2 ஆற்றுப்படுத்தும் அலுவலர் <input type="checkbox"/> 3 வேறு <input type="checkbox"/> (வேறு எனில் தயவுசெய்து குறிப்பிடவும்) .....	
5	நீங்கள் கடமையாற்றும் நிலையத்தின் பெயரும் விலாசமும்	..... ..... .....	
6	நீங்கள் அறிக்கை சமர்ப்பிக்க வேண்டிய வேறு ஏதாவது கடமையாற்றும் நிலையங்கள் உள்ளனவா?	1 ஆம் <input type="checkbox"/> 2 இல்லை <input type="checkbox"/> (இல்லை எனில் இ வினா 8 இற்குச் செல்லவும் )	
7	ஆம் எனில் இ தயவுசெய்து அலுவலகம் / கடமையாற்றும் நிலையத்தின் பெயரைக் குறிப்பிடவும்.	..... ..... .....	
	நீங்கள் கடமையாற்றும் பிரதேசம் மற்றும் பணி தொடர்பான அறிக்கைகள் சமர்ப்பிக்கும் விபரங்கள் A உங்கள் பணிகளை அறிக்கை செய்யும் நபர்(கள்) இன் பதவி (நேரடி) முகாமையாளர்	i. எ.கை. அலுவலர் ..... ii. எ.கை.அலுவலர் 2. (இருந்தால் மட்டும்) ..... iii. எ.கை. அலுவலர் 3. (இருந்தால் மட்டும்) .....	



10	கடந்த இரண்டு வாரங்களுக்குள் ஆற்றுப்படுத்தலுக்கு (Counselling) நீங்கள் எத்தனை துணை நாடி வரும் நபர்களைச் (Clients) சந்தித்தீர்கள்?	i. 18 அல்லது 18 வயதுக்குக் மேற்பட்ட ஆண்கள் ..... ii. 18 அல்லது 18 வயதுக்குக் மேற்பட்ட பெண்கள் ..... iii. 18 வயதுக்குக் கீழ்ப்பட்ட ஆண்கள் ..... iv. 18 வயதுக்குக் கீழ்ப்பட்ட பெண்கள் .....					
11	தயவுசெய்து கீழே தரப்பட்ட அட்டவணையைப் பூர்த்தி செய்யவும். 2013ஆம் ஆண்டு ஒக்டோபர் 7ஆம் திகதி தொடக்கம் ஒக்டோபர் 12ஆம் திகதி வரை ஆற்றுப்படுத்தல் சேவை அல்லது உளவியல் ஆலோசனைகள் வழங்கப்பட்ட நபர்களின் குறிப்பிட்ட விபரங்களைச் சேகரிப்பதே இதன் நோக்கமாகும். தரவுகளைச் சுருக்கமாக நிரப்பவும்.						
	திகதி	துணை நாடி வந்த நபரின் வயது	துணை நாடி வந்த நபரின் பால் நிலை	துணை நாடி வந்த நபரின் பிரச்சினை	பிரச்சினை (உங்களுக்கு விளங்கிய வகையில்)	துணை நாடி வந்த நபருடன் இது எத்தனையாவது ஆற்றுப்படுத்தல் முறை (session) / சந்திப்பு (visit)?	இந்த சந்திப்பின் போது நிகழ்ந்த முக்கிய நடவடிக்கை எது?
12	உங்களுடைய துணை நாடி வரும் நபர்கள் முன்வைத்த பிரச்சினைகள் ஃ விடயங்களில் நீங்கள் ஓர் ஆற்றுப்படுத்துனர் என்ற வகையில் உங்களுக்கு மிகவும் சவாலாக அமைந்த 3 பிரச்சினைகளைக் குறிப்பிடவும். 1. .... 2. .... 3. ....						

13	<p>உங்களுக்கு உதவி தேவைப்படும் சந்தர்ப்பத்தில் உதவி நாடி யாரிடம் செல்வீர்கள்? (அந்நபரின்) பதவி மற்றும் உங்களுடனான அவரின் / அவளின் உறவுமுறையைக் குறிப்பிடவும். உ+ம் : மேற்பார்வையாளர், சகபாடி, நண்பர், குடும்ப அங்கத்தவர்)</p>	
	<p>சந்தர்ப்பம்</p>	<p>1. நேரடி முகாமையாளர் 2. மேற்பார்வையாளர் 3. சகபாடி 4. நண்பர் 5. குடும்ப அங்கத்தவர் 6. வேறு சிலர் (நீங்கள் செல்லக்கூடிய நபர்கள் எல்லோரையும் தெரிக)</p> <p>வேறு சிலர் இருப்பின் தயவுசெய்து குறிப்பிடவும்</p>
	<p>A. நபர்களின் பிரச்சினைகளுக்கு நிர்வாக உதவி புரிந்தவர்</p>	<p>1 2 3 4 5 6  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....</p>
	<p>B. ஆற்றுப்படுத்தல் ஆலோசனை மற்றும் மேற்பார்வைக்கு உதவியவர்</p>	<p>1 2 3 4 5 6  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....</p>
	<p>C. வேலைப் பளுவினால் ஏற்பட்ட மனவுளைச்சலுக்கு உதவியவர்</p>	<p>1 2 3 4 5 6  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....</p>
	<p>D. வேறு ஏதாவது பிரச்சினைகள் ஆம் எனில் உதாரணத்தைக் குறிப்பிடவும்</p>	<p>1 2 3 4 5 6  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → .....</p>

இ. தகைமைகளும் செயலம்வுகளும்

14	<p>உங்களது பட்டப்படிப்பு (first degree) அடங்கலாகஇ நீங்கள் பெற்றுக்கொண்டுள்ள கல்வித்தகைமைகளும் கலந்துகொண்ட செயலம்வுகளும் எவை? உங்களது தற்போதைய பணிக்குப் பொருத்தமான குறுங்காலக் கற்கைநெறிகளையும் குறிப்பிடவும்.</p>						
	செயலம்வின் பெயர்	சான்றிதழ் அளித்த நிறுவனத்தின் பெயர்	சான்றிதழ் பயிற்சி/ டிப்ளோமா/ பட்டப்படிப்பு	காலம் (மாதங்களில்)	விரிவுரை அளிக்கப்பட்ட மணித்தியாலங்கள்	செயற் பாட்டு நெறிக்கான மணித்தியாலங்கள்	உங்களது கடமைகளை நிறைவேற்ற இந்த செயலம்வுகள் எவ்வளவு பயனளிக்கின்றது? 1 பயனளிக்கவில்லை 2 சிறிதளவு பயனளிக்கின்றது 3 பயனளிக்கின்றது 4 மிகவும் பயனளிக்கின்றது 5 ஒவசியமாயுள்ளது
15	<p>உங்களது மொழித்திறன் : (1- இல்லை, 2- குறைந்தளவு, 3- நன்று, 4- மிகவும் நன்று)</p>						
	மொழி	பேச்சு	விளங்கிக் கொள்ளல்	வாசித்தல்	எழுதுதல்		
	i. சிங்களம்						
	ii. தமிழ்						
	iii. ஆங்கிலம்						
16	<p>உங்களது கடமைகளை மிகவும் நன்றாக நிறைவேற்ற உங்களுக்கு உதவியாக இருக்கும் என நீங்கள் கருதும் செயலம்வுகளைக் கற்கைநெறிகளைக் குறிப்பிடவும்.</p>						
	i.	.....					
	ii.	.....					
	iii.	.....					
	iv.	.....					
	v.	.....					
	நன்றி.						

## 10.3 Anonymised Interview Reports

### IN-DEPTH INTERVIEW - 01

#### PERSONAL DATA:

29 year old female. Lives with family travels a 3 km distance to office. Also travels to the Ministry run safe house centre 1.5 hours away from the office in an undisclosed location. Is provided with transport to go there and back.

#### SERVICE:

##### What sort of work do you do?

Been in service for seven months now, since March 2013.

**Office days:** Two days a week in the DS office. Meeting clients (women) who get referred or clients who come looking for us because they know there is such a service for victims of domestic violence; try to help them by looking for accommodation, housing, jobs; try to sort out schools for their children when they have to relocate due to domestic violence; doing referrals to other professionals like medical and legal; offering them counselling support.

**Field days:** Two days a week I work in the state run safe home for women in vulnerable circumstances who are mostly victims of violence, engaging the women who are living their temporarily trying to keep them gainfully occupied and also engaging their children. This is my primary responsibility.

##### Who do you work with? Individuals, Ministries, Departments, Units and the working relationships with them

###### Officers from different Ministries

- Counsellor appointed by the Ministry of Social Services (MSS). We work together and she is supportive and also sends referrals of women in distress.
- Women's Development Officer, Early Childhood Development Officer (MCDWA)
- Social Development Officer (MSS)

Other officials I work with:

- **Police:** Children and Women's Bureau Desk: We work supportively and they make referrals when cases and entries are made. They accept my status as a counsellor. We see a need to make them aware of certain laws related to domestic violence.

- **Probation Office:** Women clients we see sometimes have children with them, but we are by policy unable to keep children in the safe house for longer than 3 months. So optional housing for children is discussed with the probation officer. This is also true when women are living in abusive situations and cannot care for their children who are also at risk.
- **Hospitals:** We often have to accompany women to the hospital due to their injuries and we deal with the “*mano suma piyasa*” the mental health unit of the Kalubowila hospital. As they also provide support to our clients. However there is little space there and no confidentiality at all. Everyone has to sit at the same table in different corners and discuss their issue in front of everyone. However they do provide support.
- **NGO's:** We consult and work with NGOs to find accommodation for children and opportunities for the women which the Ministry is unable to do. In my seven months of work I have come across Community Concern in Dehiwala. We also know of Women in Need (WIN) but don't work with them as such.

### **What sort of clients do you get to meet in your work and what sort of problems?**

My work is specifically to do with supporting women victims of domestic violence so the majority of clients I get if not all are women—who are in vulnerable situations because of abusive relationships, who are helpless and harassed or beaten, who have no financial independence and often have children who they can barely care for and who are also in vulnerable situations in a dysfunctional home.

### **How do you deal with such clients/cases? Have you got the capacity to support them?**

#### **Case study 1**

*Recently I had to find a home for a child aged seven of a dysfunctional family. His father was a vegetable seller who also sold drugs, and he used to assault his wife regularly. She had been advised to leave him but she always came back and the whole cycle started again. The father refused counselling. He would earlier come in search of the wife and child, but now he has stopped. The child was first sent temporarily to a relative's home but then we found a home through the probation office. We now have reports that he is abusive to other children and has ADHD symptoms.*

#### **Case study 2**

*A female client we helped some time ago was a migrant worker. She had some experiences of sexual abuse while she was away. She had developed OCD, fainting spells and was clinically depressed. When she was sent back and referred to us on her arrival we tried our best to engage the family and speak to them about*

*taking responsibility for her, but no one wanted her. We had to send her to the Angoda NIMH Hospital to stay because there was nowhere else to keep her. She is being followed up by the National Mental Health Foundation (Jathika Manasika Soukya Padanama)*

### **Case study 3**

*Young girl of 19 was sent to the shelter after being abused by her husband. Her mother wanted to go overseas for work and was keen to marry her off. Her father also wanted to marry her off as he wanted to marry another woman, and so she was married off to an abusive man by her father. When she was brought to us, though we generally advocate to keep families together as far as possible so society does not disintegrate, in this case it was clear she needed to be out of this situation and at least complete her education. So together with the MSS Counselling Assistant we spoke to the father and also to her siblings and asked them to take her back and look after her. She is now back at home going for classes and hopes to sit for her Advanced Level Examination/LS, we are trying to find her a job and she is being followed up by the DS office MSS counsellor.*

### **How we handled cases and level of satisfaction:**

- Satisfied because I can strengthen women who have suffered and help to reestablish them
- We are not satisfied with the many things we can't do anything about, like having to separate children from their mothers because of policy, or finding accommodation and engaging families of such women. Our clients are often those that others reject. Often there is little we can do about them.
- At this point we don't have too many options to engage clients, or keep them interested while they are with us in the shelter- be they women or children. They are bored and have nothing to do. We only have some embroidery and board games, we also grow vegetables and flowers in the garden but nothing else. They constantly want to go out or do something which we are unable to provide for due to budgetary constraints.
- We have many clients who are rejected by their homes and have nowhere to go and no one to take responsibility for them. We try to engage the families but we are unable to help them much because most often the families don't want them. There is little we can do.
- There is another issue about the children who come with their mothers to the safe house for a while. We can't send them to school. That's the policy so far. If they go to school their location will be revealed and then their mothers' and their own safety may be compromised. So the child ends up missing school and is also bored in the shelter as we don't let them go anywhere for security reasons.



- Can be a lot more satisfied if we had a strong professional network we could get support, advice and professional inputs from.
- I am satisfied with the counselling I give individual clients. I would rate myself at 70%, but we are lacking in many things. We can be more effective if we had more training related to the cases we handle and also if we had materials and better ways to reach the people.

**Supervision: Who is your line manager? How often do you get to meet him/her?**

I meet with the Assistant Executive Director of the centre for administrative supervision. We discuss cases and procedures and progress and feedback. Every time I go to the centre each week I give feedback to my supervisor but we cannot discuss theoretical issues of the case as supervisor is not from this professional field. There is no official supervision system but I approach the MSS counsellor, who is more senior, on my own, and I speak with her and she supports me. Though I don't think it is right for me to discuss cases with the MSS counsellor because this would be breaching confidentiality. I don't want to do this. It is very hard to find professionals we can speak to and get advice from.

**TRAINING AND SKILLS RECEIVED UP TO NOW**

- BA(Hons) Philosophy with Psychology, University of Kelaniya
- Dip. in Counselling, Mental Health Foundation Kelaniya
- Regular Ministry training programmes
- One day course by the MoH, MSS
- Met with WIN to exchange ideas
- Short course on drug abuse under the Dangerous Drugs Board

**How do you keep up to date with subject knowledge and keep your knowledge fresh?**

Reading books on psychology. I attend whatever training events I can. I use the internet to study about art therapy and now I use it with the children. I registered for a course with the Dangerous Drugs Board on my own and studied about drug abuse.

**Gaps in training - areas for further training**

- Knowledge of clinical issues and therapeutic interventions
- Skills in working with families
- Training to be able to identify mental illness

- Substance abuse and dealing with offenders
- Issues that are connected to gender based violence

## RESOURCES:

### **What resources and support do you have right now, What will help you to be more effective?**

We have the centre and private transport to the centre in the department's own three-wheeler and driver. We have a hotline 11938 though it's not activated yet, it will be soon.

- The office in the Ministry needs a partitioned room where we can speak in confidence. Just now I use a spare room
- Clients need a way to contact us other than the landline which is often busy. They often call on my mobile but we don't have an official package.
- The centre needs materials and resources to be able to engage clients.
- We need provision for more activities for clients, especially for children.
- We as staff need more access to professionals who can guide and advise especially on the medical and psychological needs.
- The clients are very much in need of therapy and if we had our own professionals to go to or who would visit, then the service would be very much more effective. We can't get professionals because we can't pay for them.

### **How do you manage your wellbeing and stress? Who supports you?**

It's a difficult job to see all the suffering and sometimes not be able to do much. I enjoy going on trips and watching Hindi movies. I meet my batch mates sometimes who studied with me and they are all in the field so we talk. Sometimes I even call them and we speak, making referrals to each other and getting support from the more senior counsellors.

## GAPS AND RECOMMENDATIONS

### **In your opinion, what is it that will make your job more satisfying/ What will make you feel more 'able' to fulfil your duties?**

- Regular discussions (supervision) with medical and mental health professionals on addressing and providing therapeutic interventions when needed.
- The ability and freedom to do some awareness programmes as well alongside the administering of the shelter. I like to do training and awareness and there's a need for us to create awareness among the public regarding violence in the home. I wish

I had the opportunity to do this. A budget allocation for materials and activities for residents of the shelter.

- More training on specific relevant issues.
- Stronger network of professionals who can also support us to find employment options for women who need them.
- Revisiting the policies related to children of women who come to the shelter.

## IN-DEPTH INTERVIEW - 02

### PERSONAL DATA:

27 year old female. Single. Travels half an hour to office.

### SERVICE:

#### What sort of work do you do?

Been in service for three months now. Was in training for a year before that, having got appointment letter in March 2012.

#### The training period

We were taken in under the graduate scheme and that whole year from March 2012 to March 2013 we were deployed for programmes such as “divi neguma” “Gama neguma” and “Maga neguma” in which we were government officers visiting homes on behalf of the Ministry and doing needs assessments, data collection, house to house dengue inspection, etc. Through this kind of community work and contact we learned much about the service we provide and the needs of people, which was a good preparation for our job as Counselling Assistants. It was a good chance to move around and speak with people—to get to know their problems and consider the different types of options, how to plan interventions, having understood the people. This was the relevance of that year’s training for the work I now do as a counsellor. We also had a series of different types of short trainings to prepare us for this work, all of which have been useful for our role as counsellors.

- Of the one year we had three months of training in aspects such as, the roles and functions of a government officer, job descriptions, standing orders,
- Personality development
- Networking and introductions to all other departments and officers

- Training in prevention of dengue
- Training as a Samurdhi bank officer: banking procedures, ledger balancing

### **Working with the team and relationships**

Now after the duty list has arrived and we have started our actual work as Counselling Assistants, I work with the team here. ECD, WDO, CRO, SSD, and help them with their programmes. Initially the team did not acknowledge me and I felt some amount of rejection. They would sometimes not refer cases to me, ignore me at programmes, omit my name from lists of participants even when I had attended, etc. I think the reason for this is because they think that a new comer should be kept under them and not allowed to become too independent or important. They also may be insecure that new people will take their place. It may also be that they feel we are not experienced enough. I decided to just make up my mind and continue to work. There were also others who supported, advised and encouraged me. I realise it's the women in the team who generally oppose me and the males tend to be more supportive. Now things are much better and I have managed to go through that and not be affected by the rejection.

### **Example of difficult relationships within the team and how it was managed**

Since I go to schools I once got an invitation to come and do a lecture on child abuse and drug and alcohol abuse. I started to prepare this and to download material for my lecture. I was then accosted by one of the team members who told to me that this topic was one of her topics and asked me why I was taking it on. I explained to her that the school had invited me and I continued to do it. I speak to such people in a positive way and show them how important they are and I give them credit for various things so they won't feel threatened. I also focus on building relationships with newcomers so they don't have to go through what I went through.

**Office days:** Two days a week in the DS office (Monday and Wednesday). Meeting and counselling clients many of them are migrant workers who get referred by the foreign employment promotion officer.

### **Field days:**

I work with the hospital, schools and police, visiting and doing awareness programmes and also seeing clients and working alongside the authorities in these places. I do such programmes for the youth clubs (*yowun senanka*), elders clubs, children's clubs and women's associations.

## **Who do you work with? Individuals, Ministries, Departments, Units and the working relationships with them**

Other officials I work with:

- **Police:** Children and Women's Bureau Desk: The lady officer there makes referrals when cases and entries are made. She also comes for my sessions when invited and I go to her programmes also when she has programmes for Grama Niladharis and Grama sevakas.
- **Hospitals:** We have a very good rapport with the staff and they are open to us. They don't have time to spend with clients to speak with them or take much notice of their needs, so they welcome us to do this and we are also happy to be able to do this.
- **Schools:** I often go and introduce myself and our service to the school principle. She/he would normally introduce us to the school counsellor. Then the counsellor would invite me to do programmes for them.
- **The MoH** was only appointed recently after I got my duty list so I haven't yet been able to make contact but I hope to.

## **What sort of clients do you get to meet in your work and what sort of problems?**

I work with many women who come with their family problems, and some who are migrant workers.

## **How do you deal with such clients/cases? Have you got the capacity to support them?**

### **Case study 1**

*A woman of 23 came to us recently, saying her husband was forcing her to apply for foreign employment as people who apply to go and get selected get Rs. 100,000.00 down payment for expenses. She says he wanted this money. She was unwilling to go because she had a small child of 5 yrs. It is illegal for her to go anyway. She had hidden this fact and applied anyway and gone before this to collect money for their house but wasn't able to still build the house. This time she was trying to go mostly because he was harassing her to do so. She had also come to meet me to try and get the documentation required, mostly because she wanted to get out of being harassed. She was afraid to go home that day without the documents signed*

### **How we handled cases and level of satisfaction**

- We advised her on how she could speak to her husband about not going and what she could say to him.
- We also requested the husband to come so we could explain things to him but he never came.

- I have wanted to go and visit but I am unable to go alone to that place and don't have anyone to go with for follow up.
- Since she was also presenting poorly dirty and untidy we asked her to try and improve her health and hygiene both for her sake and for her marriage.

**Note:**

- Counsellor was able to give the client a sense of support and to help her know how she could speak for herself.
- Counsellor was not able to gain the support of colleagues to go do follow up visit
- She also did not note the possibility of domestic violence and the need to take measures to address that and protect the woman concerned.
- The legal implications of abandoning her child to go overseas could have been addressed to provide away out for this woman but were not adequately addressed.

**Supervision: Who is your line manager? How often do you get to meet him/her?**

I meet with “madam” our District Secretary, but only for administrative supervision and this is not regular. I speak mostly with the MSS Counsellor who has a psychology degree and we discuss cases. I am also in touch with campus friends who did the degree with me and are trustworthy. I also talk to them and get their opinion on some issues. I am very close to my mother, I go home and talk with her and share with my sister as well.

**TRAINING AND SKILLS RECEIVED UP TO NOW:**

- BA General Degree (3 yrs.) Psychology, Sociology, and Sinhala
- Dip. in Counselling, Mental Health Foundation Kelaniya- 1 yrs. Prof. Gnanadasa Perera
- Psychotherapy higher diploma (2yrs) Mental health Foundation

**How do you keep up to date with subject knowledge and keep your knowledge fresh?**

I buy a lot of books on psychology. I sometimes spend the larger portion of my salary on books! I realize I lack practical knowledge. So I went to a psychiatrist who practices in the hospital and I asked if I could be given some supervised work under her. She gave me supervised voluntary work to do with mental health clients for 4 months. I had to speak to those who had been patients and were going home and also after they went home. I also observed alcohol group therapy sessions run in the hospital. This kind of hands on practice was really very useful for me.

## **Gaps in training - areas for further training**

- Knowledge of clinical issues and therapeutic interventions
- Skills in working with families
- Training to be able to identify mental illness
- Substance abuse and dealing with offenders
- Issues that are connected to gender based violence

## **RESOURCES:**

What resources and support do you have right now, what will help you to be more effective?

- We don't have a place yet to bring clients to. It was hard to get even this space for counselling, but now they want it for storing some things. We are told that we will get a place but there's nothing written down.
- We don't have resources to do programmes. I could do a lot of awareness for community leaders and others to be able to understand and prevent problems in society but we can't invite them here for programmes without having money to even run a programme.

## **How do you manage your wellbeing and stress? Who supports you?**

Speaking to colleagues and family. MSS counsellor: we discuss and go to the field together this is very helpful. The SSO also is very supportive. I also practice Buddhism daily meditation, and speak with my mother and sister.

## **GAPS AND RECOMMENDATIONS**

### **In your opinion, what is it that will make your job more satisfying/ What will make you feel more 'able' to fulfil your duties?**

It would help if we had a clearly laid out plan as to how to handle clients with different problems and what angles to look at and understand the issues. Now we have to depend on our colleagues for advice. We don't have an official guideline

- It would be good to have printed material on the different problems we face with clients so we can share information with them but also we can know for ourselves the issues themselves
- It would help if we had formal introductions to other staff both of our own office and also of the other ministries. Now it depends on our own efforts to introduce ourselves and to win their support. But this also depends on people's likes and dislikes. If

someone, likes you they will support you, if they don't they won't. If it was officially done they would have to support you anyway.

## IN-DEPTH INTERVIEW - 03

### PERSONAL DATA:

30 year old female. Is married with one child. Travels 1.5 hours each way to DS office. Has to get up at 3.30 a.m. cook and leave to catch the bus. Returns home only around 7 p.m. and has no time with her child who is now reacting to her absence by being stubborn, reactive, and rejecting grandmother.

### SERVICE:

Selected in 2012 and spent 1.4 yrs. in training before receiving a duty list just last week.

#### **The training period:**

Was useful only because the MSS counsellor at the time who had five years of experience trained me and used to give me cases to handle. Then she retired. I learned everything from her. If not for her I wouldn't have known what to do. The district secretary at the time was also very supportive and she got us to work and gave us introductions. She spoke about me and this service at the "*kottasha Raesveema*" - the meetings which everyone attends from the whole area.

#### **What sort of work do you do?**

Wednesday and Monday we work in the office doing reports, helping other team members with their programmes, and I also do my own study and reading. On the field days we work on doing awareness programmes together with the team as well as working with the police women and children's desk, work with hospitals schools and preschools.

#### **Working with the team and relationships**

I also work with the team here. ECD, WDO, CRO, SSD, and the MSS CA, and help them with their programmes. Initially there was some rejection but I took the initiative to speak with them and interact and now it's ok. The new DS is also very keen and good. She speaks about our service and promotes it with other officers in the DS office.



## **Who do you work with? Individuals, Ministries, Departments, Units and the working relationships with them**

Other officials I work with:

- **Police:** Children and Women's Bureau Desk : supportive and amicable. We visit and she visits as well.
- **Hospitals:** we take clients there and also speak with officials there.
- **Schools:** we speak to the school principle and organize counselling clinics and awareness programmes.
- **Preschools:** awareness programmes for parents and teachers.

## **What sort of clients do you get to meet in your work and what sort of problems?**

My work station is a small rural village about 1.5 hours into the hills. It is surrounded by tea and rubber plantations. The majority of villages and clients work as labourers plucking tea or tapping rubber for a daily wage . They are only free after 4 p.m. as they cannot give up a day's work to come and see us. If we plan programmes for them too they are unable to attend unless we hold them after 4 p.m., which then makes it difficult for us to get back to our homes as there is very poor transport in these hilly areas.

The majority of the cases are, family issues classically presenting with abusive drunken husbands, abused wives, migrant worker wives, neglected/abandoned children, grandparents who are unable to cope with looking after children. It is common place and almost accepted that wives would get beaten up. Most women will bare up saying it is for the children and when she reaches a certain point, she would hit back at her husband or try to leave and go abroad for work, or leave the marriage and settle down with someone else. The children caught in between suffer the instability of their homes and parents' marriages.

## **How do you deal with such clients/cases? Have you got the capacity to support them?**

### **Case study 1**

*18 yr. old girl was very distressed and unhappy due to her mother's affair and her father's suicide. Her mother's lover used to come home so she went to stay at her aunt's place but her aunt was very strict with her and repressive. She became hopeless, and was even sent to the school counsellor who was a Buddhist nun but she was unable to help her. Finally she sat her A/LS and soon after this she was unable to cope with life anymore and she committed suicide.*

## **How were you able to help and your level of satisfaction?**

*This is a case that shows that we as a system have been unable to help this child and save her life. I was told about this child and I wanted to intervene but I was also told that the school counsellor was handling this,*

*so I backed off. Now I am feeling so very regretful. I should have at least spoken to the child and tried to understand her. This young girl has died in vain with the feeling that no one could help or understand her.*

## **Case study 2**

*Two months ago an elderly mother and her daughter came to office with a baby in her arms. The daughter's husband had had a fall from a tree and was paralyzed neck down and bed ridden. The daughter had had an affair with a shop keeper and the child was a result. The shop keeper was denying that this was his child.*

### **How were you able to help and your level of satisfaction?**

*We realized that the woman needed financial support first. She was also continuing to look after her bedridden husband as he was virtually a vegetable, in spite of the affair and the child. So I got some advice from the assistant district secretary and called up free legal aid at the legal aid commission and sent her to them. We did what was possible.*

## **Case study 3:**

*A family of a mother, a father (who is a labourer in a tea estate) and their three developmentally disordered children- a daughter (aged 22) who is blind, dumb and bedridden, and two sons (aged 19 and 16) both of whom are with developmental disorder. The mother has been unable to look after all three on her own as her husband goes to the estate. She is reported to have gone one day in search of the younger boy who had walked in to town and when she found him and brought him back she found her daughter who was severely handicapped and in bed, bleeding profusely from the vaginal area with a wound believed to have been inflicted by a sharp instrument. The girl cannot speak or see and is now suspected to have been brutally raped. She has been treated for her injuries but no one can think of what else needs to be done and how to engage with a person in a state such as this. The safety and security issue has been raised and we have tried to have the children removed to homes. The parents reject this and insist that they cannot allow their children to be taken away. They instead request for carers to be given and for their home to be made officially in to a care home for special needs / disabled or handicapped children. No official at this point knows what to do or how to intervene now that the parents are refusing to comply. The current situation is that nothing has been done and the children are still at risk from someone out in the community who would have committed this horrendous crime and got away with it.*

### **Supervision: Who is your line manager? How often do you get to meet him/her?**

Administrative supervision is done by the ADS, we can access her when we need. There is no regular meeting

### **Training and skills received up to now**

- BA Degree (4 yrs.), Psychology
- Dip. in counselling (1 yr.), Institute of Psychology ( Prof. Ranawake)

- 6 months MOH internship, Menikhinna
- One year (internship) at department of research (research methods and data collection)
- Dip. in Human Resource Management (HRM), Kurunegala
- Computer studies, NAITA

**How do you keep up to date with subject knowledge and keep your knowledge fresh?**

- Ask places if I can intern and learn from them
- Register and follow courses which I am interested in
- Read regularly and study subjects that I think I may need for work

**Gaps in training** - areas for further training

- We need proper training on how to understand many of these cases and what options are available.
- We need a course on how to manage our own stress and distress, how to protect ourselves, may be on yoga and meditation and Buddhist Psychology
- We need to learn Tamil as we have clients from both language groups
- An understanding of the legal aspects of many of the psychosocial problems we encounter, how to respond to court orders professionally and safely, etc.

**RESOURCES:**

**What resources and support do you have right now, what will help you to be more effective?**

- We don't have access to proper transport. Given the locality in the hills, a rural village, it's very difficult to travel to the field and get back. There are often only one or two busses, and they also get cancelled sometimes when it rains heavily.
- As mentioned, the clients are often labourers who can only attend programmes after four which makes it difficult for us to attend and also get buses home
- When there are floods or heavy rain and roads go under, we cannot access our client when they need us the most
- In our training period and even after, some of the cases which really call for a home visit we are unable to do alone due to risks and dangers. We often go with some other

member of the team but there are those instances when we cannot go with the team, or times when waiting for someone in the team to be free really take away the best time to intervene.

- We would really benefit from a directory of services which we could use for very effective and relevant referrals.

### **How do you manage your wellbeing and stress? Who supports you?**

I enjoy songs and drama, I also enjoy some quiet time every day by myself. I also speak to colleagues and family, practice Yoga and speak with my mother and sister.

### **GAPS AND RECOMMENDATION**

#### **In your opinion, what is it that will make your job more satisfying/ What will make you feel more 'able' to fulfil your duties?**

- Need a place for counselling – at the moment we have to use the garden or the auditorium when its free.
- No tables and chairs
- Some money has, we believe, been allocated for a counselling space, but the WDO who is in charge of administering this money has been sick and absent for a long while. The current space is occupied by the registrar so he also has to be relocated if we are to get this space. Don't know how long this will take.
- We need regular supervision and progress evaluation, and a chance to speak about the cases we handle with some one more experienced and qualified just like the WDOs have a separate meeting to discuss their cases. This same meeting could accommodate us as well if we can't be give a separate time to gain from supervision.
- Urgently need some form of transport.

### **WHAT WILL HELP YOU FUNCTION BETTER**

I cannot continue to travel 1.5 hours a day each way and also allow my child to be affected as she is getting now. I need a transfer to Ratnapura town where I can go to work from home in less than ½ an hour. This way I will have more time to give to my child as well as to my work.

## IN-DEPTH INTERVIEW - 04

### PERSONAL DATA:

30 year old female. Lives with family, travels 1 km distance. Also travels to the community service centre 4 km away from the office.

### SERVICE:

Was selected last year on trainee status for a year, and got appointment letter in April this year – has been in service for six months. The year of training was spent working for the “Divineguma” programme helping to distribute plants to households and monitor their progress in home gardening, and support the dengue prevention programmes in the community. We were required to be in office only on Wednesday and to sign in. During this year we also went to the field but not as Counselling Assistants. The last six months have been mainly used to get to know the field and people I work with and gain some understanding of the role.

### What sort of work do you do?

**Office days:** Two days a week in the DS office- writing reports, attending meetings, (like the divisional meeting day “*kotthasha dinaya*”) at which all officers of the district come together and we get a chance to meet and sometimes talk about our work and make referrals to each other. Meeting anyone who comes and trying to help them by doing referrals and sometimes talking to them.

**Field days:** we go as a team to support the work of each officer on the team and to help conduct awareness among women’s clubs, elders clubs, pre-schools, and disabled people in the community.

### Who do you work with? Individuals, Ministries, Departments, Units and the working relationships with them

#### Officers from different Ministries

- Counsellor appointed by the Ministry of Social Services (MSS)
- Child Rights Officer (probation office)
- Women’s Development Officer, Early Childhood Development Officer (MCDWA)
- Social Development Officer (MSS)

*“I have a good relationship with the MSS counsellor who is also a school friend. We share the room when we have to speak with a client. We also plan our field work together and do school programmes together. The*

*other team members are also supportive and we have a strong connection with each other's work. We all help in each other's programmes. We talk about cases we find in the field and accompany each other to the field, but in some of my cases I cannot take any one with me due to the nature of the case and confidentiality"*

Other officials I work with:

- **Foreign Employment Promotion Office (MoFE)** *"The Foreign employment development officer is supported by Helvetas and they do training for these officers on "something like clinical psychology" we also get invited to these trainings and we also have been invited to contribute. They visit homes of those who want to go abroad. It's not very clear what this officer does"*
- **"Samatha Niladhari"** Mediation officer (a voluntary position linked to the courts and trained by the Ministry of Justice) we have no direct working link but we are aware of their role and have seen them working.
- **Police:** Children and Women's Bureau Desk – *"I meet the officer and we take referrals from her cases from Ambalangoda and Metiyagoda. They only refer when it is a difficult case. They have a good knowledge of the law but not so much of the social issues. They have asked to be invited to our programmes.*
- **Probation Office**
- **Prisons** (Prison Rehab. Ministry) *we have been asked to work with the prison officer on the follow up of prisoners who are going to be released and also after they are released. The prison officer was appointed 2 months ago so hasn't yet started work, but we will be working together more in the future.*
- **MoH and Hospitals:** working with them hasn't yet started. In the future hoping to establish links with the MoH and hospital
- **NGOs:** *"Friends" dealing with children's needs, "Helvetas" working with migrant workers. We know there are many more but I haven't met them. I only know these two. I would like to know how to link up with others. Especially those dealing with drug and alcohol issues"*

### **What sort of clients do you get to meet in your work and what sort of problems?**

We see the impact of the cinnamon plantation in this area on families. Children of parents who cultivate cinnamon are left alone at home, parental education levels and ability to care for children is low. The impact of the life style along the sea coast with drug and alcohol abuse is also significant

- Family problems: related to marriage, childlessness, extra-marital affairs, families of prisoners who are separated due to one being in prison
- Children's issues: being abandoned by parents, not wanting to go to school, young

under age marriages (especially in the cinnamon plantation areas)

- Older grandparents: problems looking after children whose parents have left
- Parenting problems: aren't able to or don't know how to care for their children
- Medical and psychological problems
- Drug and alcohol abuse
- Not many minority community members come for counselling

### **How often are cases presented?**

We may get about 1-3 cases a week which come to the office sometimes but it depends. We get more cases when we go on the field and see them ourselves. Fewer cases come to the office

### **How do you deal with such clients/cases? Have you got the capacity to support them?**

#### **Case study 1**

*Boy of 15 yrs. refuses to go to school but goes out all day and flies kites. His father is away in the army and his mother is from Vavuniya. She is ostracized by the neighbors who say she "speaks Sinhala differently and must be Tamil". Mother is cut off from her family doesn't have support in the village and is unable to function. She cannot get the boy to listen to her or do anything for him, and he also just will not go to school, as people say things about his mother being mad. He is a very smart boy, keeps his desk at home very neatly and has a dream of becoming a mechanic.*

#### **How we handled it:**

- The case came to us through the Principle who reported it to the Grama Niladhari who told the CRO.
- Went together and visited the child and mother twice.
- Spoke to the child, encouraged him saying that nothing was wrong with his mother and that he should think of his career and not what people said about his mother.
- We told him we would try and get him a place in the technical college if he could get through his Ordinary Level Examinations (O/Ls).
- Spoke to the father. We thought he had other affairs and wasn't coming home.
- Told the principle and Grama Niladhari to let us know improvements on attendance.

**Observation:** The CA and her team were successful in increasing the school attendance of the boy to some extent and to give him a goal and a hope. They were not able to recognize

the psychosocial issues of the mother and her urgent need for support without which any intervention for the child would be short lived.

## Case 2

*This is a case where we were not able to intervene effectively. It's another child of 14 years whose mother is a migrant worker and whose father is on the tea plantations and who was absconding school. When we visited, the child ran away to the forest. The grandmother who was the main caregiver said that is what the child does if any official comes to the house. He runs to the forest. This is because someone had told him that if he didn't go to school he would be handed over to the probation officer to be put in a home. We did not meet the child but what the child has said about not going to school is that on the first day when he went to school the principal had hit him, so he stopped going. This family has no financial difficulties as the mother sends money and the grandmother also goes to work, but the child does not have any one to really nurture him. We were not able to meet and speak with the child. We asked the grandmother to bring the child to the centre, but that has not happened. The next step will be to attempt again to meet the child and chat*

### **What is the self-evaluation you have about the work and how satisfied are you?**

We can be more effective if we had more training related to the cases we handle and also if we had materials and better ways to reach the people.

### **Supervision: Who is your line manager? How often do you get to meet him/her?**

Supervisor is the Assistant District Secretary. It's more administrative and financial. We speak when there is a need. We do not discuss cases with anyone officially but we talk unofficially to each other in the team and to other colleagues who have been their longer and we find out how to do things and discuss our challenges.

### **When you need support, how available is it?**

I haven't worked that long so haven't felt too pressurized so far. When something comes up we speak about it in the team.

## **TRAINING AND SKILLS RECEIVED UP TO NOW**

- BA (Hons) Philosophy with Psychology, University of Kelaniya
- MA (Social Sciences), University of Kelaniya ( Psychology was one subject)
- Higher National Dip. in English, SIAT
- Certificate in Human Rights ( three months), Peradeniya External
- Two month internship with the Human Rights Commission
- One year teaching experience ( Buddhist Ladies College)



## **Observation:**

This CA has not received any formal training in counselling nor has she any prior experience in counselling not even a diploma. Her qualifications in philosophy and one year of MA studies in sociology have been grossly inadequate though she is an intelligent and thoughtful person. What she has learned is from other senior counsellors on the field and from reading.

## **How do you keep up to date with subject knowledge and keep your knowledge fresh?**

Speaking to other colleagues and reading. We attend whatever training events organized by others so we can also learn.

## **Gaps in training - areas for further training**

- Alcohol and drug abuse
- Working with families
- Training to be able to identify problems
- Health and reproductive health
- We need opportunities to meet and learn from other CAs and those who have been there before. A regular time to meet and share cases and learn from field realities of each one

## **RESOURCES:**

What resources and support do you have right now, what will help you to be more effective?

- There is no space or specific place for us as yet. So there is no privacy to talk to clients. No table or chair. We share with other officers and wait for someone who is absent to take their seat. The centre which is meant for us is 4 km away. But some clients come to this office for other things as well and then they want to meet, but we don't have a proper place to talk to them.
- There is also no transport available to go to the field. This makes it very difficult to do our job. We have to wait for buses to some areas and especially in some rural areas there are only two buses for the day. So if we take one bus in we can't be sure we can get out again by bus before its dark so we don't end up going. We pay our own way right now as there is no travel allotment at present but we have been told to collect our bills and that we will be settled later with back payments. I think we will be getting a travel allocation of Rs. 2000.00 a month but am not sure. Even to the centre we have to travel by bus as it is 4 km away.

- There is no budget for our programmes, so doing awareness programmes or anything at all even on the field is very difficult as we cannot get people to come walking to meet us and spend some hours with us without being able to give them even a cup of tea.
- We have no stationery allocation (paper or pens for them to write, no materials to use for training programmes, or to work with children), no laptops or projectors which would have really helped us do good programmes
- We have a landline and personal mobiles, however when a client needs to contact us they have to use our private landlines.

### **How do you manage your wellbeing and stress? Who supports you?**

I really don't have that much stress, however,

- My mother is very close to me and we discuss just about everything. I share with her and also with friends. When I speak to them I don't reveal the identities of clients.
- I gain a lot of strength from practicing Buddhism

### **GAPS AND RECOMMENDATION:**

#### **What are the hindrances that you face in your current role?**

- No standard practices which can be followed by all and which are laid down clearly on how to record cases, making reports, approaching cases, management of cases. If it's standardized everyone will know how to do it and will do the same thing and there won't be confusion. That will help us get a clear idea of what has to be done and how to do it. Now we have to ask different people from different departments and units and each one does it differently.
- Regular training at least once in 6 months to upgrade our knowledge and skill to be able to handle the cases that come up.
- I need to go beyond this post and go further. I don't see a way to do that just now. Can't see how one can go beyond this post.(No career development in view)
- Helpful to have a list of other NGO's that work in the different areas and subjects so we can connect with them
- Need to have an official network of government officials and other professionals in the field who are linked up and who know how to relate and refer to the others instead of having to depend on personal relationships when and where they exist.

**In your opinion, what is it that will make your job more satisfying/What will make you feel more 'able' to fulfil your duties?**

Same as above.

## IN-DEPTH INTERVIEW - 05

### PERSONAL DATA:

26 year old female. Single and lives with her family. Travels half an hour to office in the District Secretariat.

### SERVICE:

#### **What sort of work do you do?**

**In office:** Two days spent in the office doing administrative work, preparation for programmes and assisting others while now I get between 1-5 clients to speak to per week on office days. We also have done programmes for the staff in the DS office itself on the invitation of the DS.

**On the field** (Internship): One day a week we have been asked by the DS to go and intern at the Nagoda Institute of School Health (NISH) where there is a team of medical professionals and we work alongside them and this has been the biggest and best training opportunity for me. There I watch and work with the medical staff who explain cases and discuss them with me so I learn how to understand and plan management.

I also work with my other team mates on awareness raising for parents in preschools, with the MSS counsellor on various cases that we share, with the youth services council, we support the WDO to speak with women's groups, and support the mediation officer of the courts.

Our team covers 87 divisions.

#### **Who do you work with? Individuals, Ministries, Departments, Units and the working relationships with them**

##### **Officers from different Ministries**

- Counsellor appointed by the Ministry of Social Services (MSS)
- Child Rights Officer (probation office)
- Women's Development Officer, Early Childhood Development Officer (MCDWA)
- Social Development Officer (MSS)

*Together with this team I also engage in awareness for women's clubs, elders clubs, preschool parents, and other community programmes. I am very fortunate to have such a supportive team and a DS who is always looking for our betterment and is always encouraging us. When I first got the appointment and came I wasn't even able to speak at a meeting or even speak to a client, but they were all so supportive and got me to very slowly attempt it. They took me with them on the field and showed me how things are done. Now I feel confident. Earlier I didn't even want to do counselling because I didn't know what to do and was very cautious. Now I am totally able to and meet up to five clients a week sometimes.*

### **Other Departments and Organizations we will explore connections with**

- **“Samatha Niladhari”** Mediation officer, has invited us to support them. We haven't yet explored this but will in the future.
- **Prisons** (Prison Rehab. Ministry): has also requested our assistance. Not connected yet but we will be working together more in the future. I am wondering what to do about the different problems in the prisons especially among prison women, about same sex relationships in the prison, etc. as we haven't got that kind of training so I am wondering what to do.
- **MoH and Hospitals:** Also invited, and there is a psychiatry ward in which we can work alongside the doctors and support the work while we also learn, this will also be done soon, at the moment they have called for our qualifications to see if we can intern with them.
- **Youth Services Council:** we have a good connection and they come when we invite them to.
- **NGOs:** “ Friends” dealing with children's needs, “Helvetas” working on Migrant workers. We know there are many more but I haven't met them. I only know these two. I would like to know how to link up with others. Especially those dealing with drug and alcohol issues”
- **Work with schools:** Joint programmes with the CRO and the MSS counsellor addressing student issues, study techniques goal setting and achievement and other helpful activities.

### **What sort of clients do you get to meet in your work and what sort of problems?**

Children's problems: How to study, problems children face at home, neglectful or abusive parents, the CRO is great- she identifies the problems and then we discuss them.

Problems in the community: Mental Illness and the impact on families

## **How often are cases presented?**

Sometimes I speak to about five individual people per week including those who return, to the office.

## **How do you deal with such clients/cases? Have you got the capacity to support them?**

### **Case study 1**

*This is an example of a very complex case in which we were not yet able to know how to proceed. It relates to a Sinhala Buddhist family of a father, mother and ....children in which the father has developed a pervasive paranoid suspicion that he and his family will be poisoned by others. He stopped his children from going to school as he believed the school was giving them poisoned food. The Grama Sevaka referred the case to us which was first alerted due to the school absences. Many officials from the school and our office and the Grama Sevaka have gone to try and speak to them but they have become increasingly more and more defensive dysfunctional and isolating themselves and barricading themselves within their property. They have closed up all the gaps in the gate, raised the walls, and do not allow any one in. Neighbors complain that there is a smell of dead animals coming from their garden which also has cows. The family have also cut themselves off from their own extended family. We had to get the police to go there, but they did not open even for the police. Nothing worked. We are still not able to intervene. No one knows what to do next.*

### **Case 2**

*Eight year old child referred for behaviour disorder (being violent and aggressive especially to his mother). The child is demanding and has been given everything he wants by his father who constantly supplies him with an overload of toys (we saw about 50 teddy bears) in the house. The Child does not even let the mother speak to a professional and even the doctor in Lady Ridgeway wasn't able to speak to the mother as the child was interrupting and hitting the mother. When we visited we had to take the mother secretly to the kitchen to speak to her while one of us engaged the child, who resorted to manipulation tactics vomiting and fainting to get the mother to him. The father is believed to also be very abusive towards the mother, using bad language which the child has also picked up. The child had also been warded at the Peradeniya hospital which had given the parents a letter explaining how to manage the child but the father had only got even more permissive with the child after hospitalization. Once again though the case was referred to us we were not able to make any definite intervention.*

## **What is the self-evaluation you have about the work and how satisfied are you?**

We haven't been able to do much in complex cases like this. I am very satisfied with the awareness programmes we do.

## **Supervision: Who is your line manager? How often do you get to meet him/her?**

We are regularly supervised by both the District Secretary and the ADS. This is administrative

supervision which covers what we do and when, but they are extremely supportive and encouraging always thinking of how we can learn. It was he who sent us to work with the NISH and that's been one of the biggest learning opportunities for me.

### **When you need support, how available is it?**

I am very lucky to have a team that is so supportive of me and of each other. I also get subject related supervision from the doctors in the NISH and also from the doctor in the hospital and the MSS senior counsellor, and I really value these inputs. It's after speaking with them that I understand the value of subject related supervision what it really is and why we need it. I have asked them to give me opportunities to shadow them for learning.

### **TRAINING AND SKILLS RECEIVED UP TO NOW**

- BA (Hons) Psychology, University of Peradeniya
- Dip. in counselling 2008
- Masters in Human Resources Management ( 2 yrs. part time) including work place counselling

### **How do you keep up to date with subject knowledge and keep your knowledge fresh?**

#### **Gaps in training - areas for further training**

We had only three days of training for this posting. It was mostly theory. What we need is

- Practical knowledge and skills training on an ongoing basis
- Issues such as identifying problems of different sorts planning and intervening
- We need new knowledge such as Identifying MI and newer treatment modalities for MI and other issues, and new psychosocial interventions.
- We need opportunities to work alongside professionals and learn by watching and being supervised

### **RESOURCES:**

#### **What resources and support do you have right now, what will help you to be more effective?**

- There is no space or specific place for us as yet. So there is no privacy to talk to clients. No table or chair. We share with other officers and wait for someone who is absent to take their seat. There is no stationery for us- we share what the MSS has given their counsellor, she shares with us. But what if she was the sort who didn't share?

- There is also no transport available to go to the field. We go by bus. We were told that there is a travel allotment of Rs. 2000.00 per month which we still don't get, though it's been 1.5 years since we started. When we go to do awareness programmes we have nothing with us as we can't even carry white boards and things in the bus. We also don't have training materials since there is no budget allotment, so our programmes are of poor quality as we don't have any materials to support the trainings.

### **How do you manage your wellbeing and stress? Who supports you?**

I speak with my closest friend and other good friends. I have a very good relationship with my mother and tell her everything. Sometimes when handling all these issues I think it's enough, then I go and do some sport like netball or I do dance exercises and listen to music. I also speak with colleagues about work related problems

### **GAPS AND RECOMMENDATION**

Some of us would really benefit from professional training in counselling, such as a Post Graduate Diploma course in counselling. At the moment the biggest obstacle is the lack of funds and a proper training.

### **In your opinion, what is it that will make your job more satisfying/What will make you feel more 'able' to fulfil your duties?**

Why are we still "assistants"? Why can't we be development officers like the others? This will give us a much better status and respect among our colleagues and also from the public. It will help us to do our work feeling more able and satisfied if our title was changed from "assistant" to "officer".

There must be a process or procedure for professional development otherwise all of us will get fed-up. Even the best ones will lose interest if there is no pathway to develop ourselves and no goal to aim at.

It will be hugely motivating if we were given organized opportunities to meet and interact with other counsellors in our own Ministry and may be other Ministries as well so we can learn from each other's real life experiences.

## IN-DEPTH INTERVIEW - 06

### PERSONAL DATA:

30 year old female, Married (Pregnant). Lives with family and travels for half an hour to work.

### SERVICE:

Was selected last year and was on trainee status for a year. Got appointment letter in March this year so have been in service for six months. The year of training was spent getting to know the field by joining the other team on their field visits, helping them plan and conduct special events such as elders day, cultural shows, etc., doing parent's programmes for pre-schools- such as teaching them child development, and visiting elders homes and children's homes. We had only three days of training during that initial training year.

### What sort of work do you do currently?

**Office days:** Two days a week in the DS office (Monday and Wednesday); Report writing, attending meetings, doing my own reading on subjects, administrative functions and helping the other team members with their programmes.

**Field days:** We go as a team to schools, children's homes, elders homes, work on referrals made by MoH, support the work of each officer on the team, and help conduct awareness programmes. We do not see individual clients yet.

### Who do you work with? Individuals, Ministries, Departments, Units and the working relationships with them

We do not work with other Ministries, Departments or Units as yet except the MoH, but we have intentions of initiating work with them soon

### Officers from different ministries

- Counsellor appointed by the Ministry of Social Services (MSS)
- Child Rights Officer (probation office)
- Women's Development Officer, Early Childhood Development Officer (MCDWA)
- Social Development Officer (MSS)

*"I have a good relationship with them all and they support me and join me in my work in the field, but I have seen other CAs here have problems with these team members. There is an idea that the CA isn't experienced or qualified and therefore she doesn't get the respect and regard due to her from even the team. They feel we are not trained properly and even ask sometimes where we received our training. We have to say*



*we got only three days training, and we feel very bad about this. If we were given a proper training including an ongoing training and appropriate qualifications, then they also would be much more confident in us and respect and work together with us much better.*

*The reason that I have good relationships and they support me is because they know I have a year's training as a therapy officer at the autism centre in Maharagama and I am able to work with authority and have experience of working with children who have learning difficulties. Therefore they respect me. This year was a very special one for me and I learned a lot. It's with that knowledge and confidence that I now operate but I realize this is also inadequate as there are so many more issues we have to learn about and tackle.*

### **What sort of clients do you get to meet in your work and what sort of problems?**

*We don't see many clients as yet because we just got our duty lists and we were not expected to see clients before we got the lists. It's only now that we are beginning to work with people and that too at, this stage, is only awareness raising. We have not begun to see individual clients.*

*We often go to children's homes and work with the children there and also with schools helping to identify children with problems like learning disability and autistic spectrum issues. I would not have been able to do even this if it wasn't for the one year of training I had in autism with a doctor of the Autism Centre in Pamunuwa, Maharagama.*

*Parents also need a lot of help in raising their children and understanding their children. I see a lot of parents suffering with their children because they don't know what to do or even what the problem is.*

### **How often are cases presented?**

*I do not see clients individually yet, and no one has come to the office yet to speak to us individually, but we concentrate on awareness programmes. One particular referral that was made is recorded:*

#### **Case study 1**

*The case is of a 14 yr. old boy who was reported by the principal to the probation officer for being uncontrollable, destructive, and aggressive in school. The principal had threatened to sack the child from school if he didn't shape up. The principal clarified that this was only told to scare him that they were not really going to sack him! The probation officer referred him to the CRO and myself. We visited the boy.*

*He is the adopted son of a mother who later had her own child as well. The mother says she makes absolutely no difference between the two children but the adopted son has been rejecting her, being disobedient to her and going off with his friends. I think he has got bad genes. He may have inherited some of this. We need to tell him and help him establish his value and worth ("Eyage watinaa kama") I feel if we talk to him we can help him realize he is important and doesn't need to be like this. We asked his mother to come to the office to chat and she came yesterday. There is no change in the boy's behaviour and we will continue to speak with them.*

**Observation:** The CA and her team were called in on the case which may indicate there is some respect and regard for the position of the CA. There is a need for training that can equip CAs to be able to identify all of the possible needs of the child, to be able to make an intervention plan drawing in other family and the school, to be able to support and empower the mother and engage the child strongly to develop his ability to manage his own emotions and to help him work out some of his internal turmoil which will also help him review his style of relating and behaving.

**What is the self-evaluation you have about the work and how satisfied are you?**

*I think at the moment I am only about 40% satisfied with the way we are able to handle and manage awareness raising. We don't do cases yet to comment on this. This is again because we lack training.*

**Supervision: Who is your line manager? How often do you get to meet him/her?**

Supervisor is the Assistant District Secretary. She speaks to me about the cases but I don't tell her about the identity of the person. I just discuss the problems and what has to be done. I think I am fortunate to have her as a supervisor but some others don't have a good supervisor.

## **TRAINING AND SKILLS RECEIVED UP TO NOW**

- BA (Hons) Sociology (4 yrs.), Jayawardenapura ( with Criminology)
- Diploma in counselling (1 year)- Prof.Gnanadasa Perera, Kelaniya Institute of Psychology.
- One year supervised work and experience and training in working with Autism spectrum and ADHD children, including a training on identifying problems, planning interventions, and skills in working with children with learning disabilities.

**Observation:**

CA has very clear training and skills in the area of special needs and learning difficulties that can be enhanced as she is clearly interested and skilled in this area. She has a clear understanding of issue and necessary sensitivities that make her a potentially a very skilled counsellor if she can be given the overall training and undergirding of a professional counsellor. She would be a great resource to the system.

**How do you keep up to date with subject knowledge and keep your knowledge fresh?**

*I read a lot and try to learn on my own and study what professionals have said whenever possible.*

## **Gaps in training - areas for further training**

- We need an overview from the beginning on what counselling is and how we can plan and conduct counselling. This should have a strong emphasis on the practical aspects on how to actually do counselling and not just for us to learn about it.
- Ideally it would be good to have the opportunity to learn by working under an experienced counsellor or psychologist so we can watch how things are done and learn practically (Internship).
- Counselling for children and the skills and methods needed for this specific type of counselling and intervention. This should include identifying problems in children and how to intervene in educational problems and school problems.
- A specific training on counselling for elderly people including identifying their problems and working with families of the elderly.
- The many different types of family problems and how to manage it in practical ways.
- Women's issue: childlessness and how this affects her, problems of marriage and living together.
- Youth problems: the common behaviour problems and how to handle them, how to relate to and engage with young people. Learning disabilities.

*All training must be hands on and practical, based on real life situations we face and how to actually bring about change and solutions—not just the theoretical understanding but the practical aspect.*

## **RESOURCES:**

**What resources and support do you have right now, what will help you to be more effective?**

*We don't have any funding right now and no tables or chairs or anything, but we have been promised that these will be provided.*

*We need a lot more knowledge and books and a connection to internet to upgrade our knowledge.*

*We need skills and practical exposure and experience of specific problems and groups of people.*

**How do you manage your wellbeing and stress? Who supports you?**

I generally talk to my husband and discuss everything with him. He is a graphics designer. I also go to the temple regularly and get a lot of relief from religious work.

## GAPS AND RECOMMENDATION

- *Regular ongoing training and updating of knowledge*
- *The opportunity to exchange ideas and experiences with other CAs and professionals who are in the same or similar fields. This should be part of our regular training because we can learn practical things by this kind of exchange and not unhelpful theory. They should provide us the opportunity for such meetings and exchange*
- *We need a resource of activities, a list, or a book on things that we can do with and for the different groups we work with like children, pregnant mothers, youth, elderly, etc. including activities such as group work, practical exercises, interesting stories, sayings, thought provoking things that we can use to teach, support and create awareness among them on issues they can or do face.*

**In your opinion, what is it that will make your job more satisfying/ What will make you feel more ‘able’ to fulfil your duties?**

Same as above.

## IN-DEPTH INTERVIEW - 07

### PERSONAL DATA:

30 year old registered to be married next week. Currently lives near office in a boarding house, but is to be transferred soon to another district.

### SERVICE:

Has always wanted to do this kind of work (helping people with their problems), as she has been inspired by her father a school principal. She got several other opportunities to work in the Foreign Employment and Welfare Ministry, the administrative service, etc. but preferred this work.

Was selected last year on trainee status for a year and received letter of appointment in March this year. Been in service for six months. During the training year I came to work to get to know the field but not as Counselling Assistants.

### What sort of work do you do?

**Office days:** Two days a week in the DS office. Writing reports, attending meetings at which all officers in the district come together, and we get a chance to meet and sometimes talk about our work and make referrals to each other.

**Field days:** We work as a team to support the work of each officer on the team. The last six months I have been trying to establish our service here and set up a place for us to work, in both in the DS office and also the Women’s Counselling Centre in town (Kantha

Upadeshana Madhyasthanaya). This is a room which was originally used as a counselling centre in town but was closed down and is now in disuse. In the past six months we managed to get some funds to repair, paint, clean it up and furnish the place. We did this ourselves with our helpful colleagues and friends, so we saved money on the labour costs. With this money I bought some stationery to use in training and awareness programmes. This centre is in town. We have also been allocated a space in the DS office which we have to set up as a counselling room.

## **Who do you work with? Individuals, Ministries, Departments, Units and working relationships with them**

### **Officers from different Ministries**

- Counsellor appointed by the Ministry of Social Services (MSS)
- Child Rights Officer ( probation office)
- Women’s Development Officer, (MCDWA)
- “Support sister” (*sabana soboyuriya*) this is a voluntary position appointed more than eight years ago officially by my Ministry, MCDWA to assist women in distress. It has been a onetime appointment they may have done as a trial. She is an external degree holder, holds a government post and has the same duties as the WDO and works to identify those with issues and tries to get them to see someone who can help them. The “support sister” we have now works in the centre we have reestablished in town. She has been doing this for 9 years.

I have a good relationship with the whole team but work mostly with the MSS counsellor and the WDO who is helping me with the counselling room and the centre in town. The MSS senior counsellor has five years’ experience and is very helpful and supportive. We share a space and I also discuss cases with her.

### **Other officials I work with:**

- **Police:** Children and Women’s Bureau Desk – we get referrals from them.
- **Hospitals:** I refer clients to the MoH and the counsellor in the hospital.
- **Lawyers and Legal Aid:** The court sometimes refers clients to us and we also contact free legal aid for many of the issues.
- **Schools:** There’s a big demand for work in the schools but I just haven’t had the time as we are trying to get all these places up and running.
- **Grama Niladharis:** I also did an awareness for all the GNs and GSs, so they will know the issues and what we do. We now get referrals from them

## **What sort of clients do you get to meet in your work and what are the problems?**

In the past six months of my work, there have been so far mostly family and relationship problems.

- Problems in the marital relationship
- Childlessness
- Sexual problems
- Gender and sexual preference issues
- Stress and work related issues

## **How often are cases presented?**

About 1-3 cases a week come to the office; sometimes these are repeat clients. We don't have space right now, so we can't even invite people to come and speak to us until we have a proper place here. We get more cases when we go on the field and see them ourselves. Fewer cases come to the DS office. Now that the centre in town is open we hope to get more cases there, as well as when we have the room here in the DS office which we are told will happen in January 2014.

## **How do you deal with such clients/cases? Have you got the capacity to support them?**

### **Case study 1**

*21 yr. old woman came to me for counselling saying she has been married for eight months but her husband avoids all intimacy with her and her marriage is not consummated. She lost her mother when she was young and this man was a close friend and said he would look after her as his sister. Later he proposed to her and she married him but he has made excuses from the wedding night to avoid being intimate with her. She is distressed and confused. We referred her to the hospital's counsellor who is a male as we felt he may be freer to speak to her, but he didn't show up and the male counsellor said he may be having same sex tendencies. We invited him to speak and he did come and talk and sounded as if he wanted to make this work and that it was she who didn't want intimacy. But she says he now not only rejects her physically but is also asking her to go back to her own home and is not even providing for her needs.*

- We are trying to help her speak with him and come to some solution.
- We are also trying to help her to think of options for employment and training so she can develop the rest of her life
- We want to advise her about the health risks and safe sex practices in case she does get together with him and he has been with other men.
- We don't know how to advise him and what to say except don't abandon this girl

## Case 2

*The cultural officer referred this grade five female student to me who seemed to be in a situation where although a girl, her family, who earned a living doing stunts and circus acts, encouraged her to be like a boy. They dressed her in male clothing, and she sleeps with her father who got her to perform stunts and somersaults. She is happy doing all this and her family is very proud of her and speaks proudly about her. She doesn't however go to "Dhampaasale"(Sundayschool) because she would have to wear a children's sari for this and she doesn't want to. It was the cultural officer who referred this child but the child and her parents do not see any issue.*

- We spoke to them about the risks of her acting like a boy and being treated like a boy when she is a girl
- We asked them to slowly get her used to female things

**Observations:** the counsellor has some idea of issues related to gender and sexual preferences but needs the undergirding of academically sound training which can help form professional approaches to psychosocial issues related to gender and sexual preference and options of what issues to discuss with clients and how to approach such topics, how to recognize the different aspects of the issues, differentiating the cultural from psychosocial, and also safety and rights issues inherent in such cases.

### **What is the self-evaluation you have about the work and how satisfied are you?**

There are some cases we have been able to effectively intervene with. With these two we are not really sure what to do and whether we are doing the right thing. If we had proper training from the beginning then we would be sure of what to do. These topics were not covered even in our university degrees. We need a whole training including these types of issues as well.

### **Supervision: Who is your line manager? How often do you get to meet him/her?**

Supervisor is the Assistant District Secretary. It's more administrative and financial supervision.

I link up with my colleagues and we speak when there is a need. I feel a lot more confident now. We do not discuss cases with anyone officially but we talk unofficially to each other in the team and to other colleagues who have been their longer and we find out how to do things and discuss our challenges. I speak a lot with the MSS counsellor. She has five years' experience and I have gained a lot working with her.

### **When you need support, how available is it?**

I speak with colleagues whenever I want. This is unofficial but it's available.

## TRAINING AND SKILLS RECEIVED UP TO NOW

- BA(Hons) Sociology (Colombo University)
- Dip. In Human Resource Management (Colombo campus)
- Dip. In counselling, Prof. Ranawaka
- English course, Aquinas College, Colombo
- Dip. In Computer studies
- Three day department training

### **How do you keep up to date with subject knowledge and keep your knowledge fresh?**

Speaking to other colleagues and reading. We attend whatever training events organized by others so we can also learn.

### **Gaps in training - areas for further training**

The training we got was very general and broad. We didn't get any specifics on how to understand the kind of problems we will face and how to handle them. We need everything from the beginning, but not in a theoretical way but in a practical approach on managing these cases.

- Identifying MI and how to intervene at our level.
- Gender and same sex issue and how to respond.
- Children's problems, behaviour issues and ADHD, learning difficulties.
- We need opportunities to meet and learn from other CAs and those who have been there before. A regular time to meet and share cases and learn from field realities of each other.

## RESOURCES:

### **What resources and support do you have right now, what will help you to be more effective?**

Meeting anyone who comes and trying to help them by doing referrals and sometimes talking to them. However we don't have the space right now. When someone comes I have to take them to the tea room or some free space. There is a room with a big board saying "counselling room" which has been occupied by a senior translator and no one is willing to ask him to leave this room, so the DS has allocated another space for us and we are waiting till that is cleared and partitioned and furnished. It is near the road and easier for people to access.

- We have the centre in town, and a space which will be given to us next year



- We have been promised all this will be given but at the moment there's no space, table, chair, or room. we don't have a proper place to talk to clients.
- There is also no transport available to go on the field. This makes it very difficult to do our job.
- Would be good to have access to internet and also a computer we can easily access so we can prepare material for programmes.
- I bought stationery from money we saved up from renovations. We have no stationery allocation
- We have a landline and personal mobile phones, but when a client needs to contact us they have to use our private landlines.

### **How do you manage your wellbeing and stress? Who supports you?**

I worship the Buddha and gain a lot through meditation and the "Thunsoothraya". I meditate 20 minutes a day. I also listen to music and have friends with whom I speak to, but time has been limited and it's difficult to find the time to speak.

## **GAPS AND RECOMMENDATIONS**

### **What are the hindrances that you face in your current role?**

Need to have material on women's issues so we are familiar with the problems even before we encounter them on the field. This should be part of our training so we are prepared before.

- Violence against women
- Addictions and how they affect women
- Child related issues that concern women
- Economic problems

We don't have a clear idea of what we should do in many of the problems we face. If we could have a guideline written common for all, which provides different topics and issues that we need to cover and the angles to look at certain problems.

We also need something to give us better acceptance like an official identification card or a letter of introduction so that we will be accepted when we go to certain places and people won't be wondering who we are. This will give us more confidence and authority

### **In your opinion, what is it that will make your job more satisfying/What will make you feel more 'able' to fulfil your duties?**

Same as above.

## IN-DEPTH INTERVIEW - 08

### PERSONAL DATA:

33 year old female, unmarried. Travels 1.5 hours each way in three buses to the DS office. Spends three hours travelling a day.

### SERVICE:

When did you start work: Got appointment one year ago, but got the duty list only three weeks ago.

The past year has been spent getting to know the field and the different people.

### What sort of work do you do?

**In office:** *Two days are spent in the office learning about the job, doing administrative work. I don't get clients yet, as I am still getting to know my work. We don't have a place or a room for counselling yet, so no one can come as there is no suitably private space for people to speak.*

**On the field:** *Since I have just started and only have three weeks in service I have only been able to do four awareness programmes together with the rest of the team. These awareness programmes have been for women's associations, elders clubs and preschools.*

Our team covers 66 divisions.

### Who do you work with? Individuals, Ministries, Departments, Units and working relationships with them

#### Officers I work with from different Ministries in the same team

- Counsellor appointed by the Ministry of Social Services (MSS)
- Child Rights Officer (probation office)
- Women's Development Officer, Early Childhood Development Officer (MCDWA)
- Social Development Officer (MSS)

*We have a good relationship with each one mostly. The MSS counsellor is very supportive. We have the same duty list so we work together and even go to the field together, though there are also places we can't go together. We have no problems working in this team.*

### Other Departments and Organisations we hope to explore connections with the following:

- **Hospital and the Mental health ward**
- **Police:** Children and Women's Bureau Desk

- NGO's: "Praja shakthi" a community development organisation, WIN "Kaantha pibita"(Women in Need)
- **Work with schools:** want to visit and do school programmes also in the future
- **Getting to know the Grama Niladharis** of the divisions so that referrals can be smooth

*We may also try to explore using the mass media to get our awareness messages out, but at present there is no budget even for our basic needs.*

**What sort of clients do you get to meet in your work and what sort of problems?**

*We do not get any clients at present as I started only three weeks ago but based on what I can see and have learned, the common issues are:*

*Children's problems: "School drop outs or kids who don't want to go to school due to "laziness" or because they don't realize the importance of education, teenage romantic relationships, children being distracted by technology"*

*Family problems: extra marital affairs, inability to manage children, relationship problems*

*Mental illness and its impact on the family*

**How do you deal with such clients/cases? Have you got the capacity to support them?**

*Since we have only just started I intend gathering up data on the numbers of patients with mental illness which is available with other Ministries and we plan to visit these people in their homes and find out how we can support them using a questionnaire.*

**What is the self-evaluation you have about the work and how satisfied are you?**

*I am satisfied with the awareness programmes we do and feel we do our best with the limitations. The individual counselling has yet to start off.*

**Supervision: Who is your line manager? How often do you get to meet him/her?**

*Administrative support is given whenever required by the DS and assistant DS. We have to find a time when he is free and speak when there is a need. No special time set apart for regular supervision. No one to support officially but the MSS counsellor is the biggest support. These counsellors also get good reports from all the other team member. We are conscious of the importance of these relationships.*

**When you need support, how available is it?**

*I am supported mostly by the MSS counsellor and team members.*

## TRAINING AND SKILLS RECEIVED UP TO NOW

- BA(Hons) Sociology, University of J'pura (4 yrs.)
- Dip. in counselling, Prof.Gnanadasa Perera, Kelaniya
- Three day Ministry training

### How do you keep up to date with subject knowledge and keep your knowledge fresh?

*When I can get access to the one computer, I browse the internet and try to find new things to read. I also read books and recently I read a book about child abuse which was very educative.*

### Gaps in training - areas for further training

- *Children's issues and how to counsel children*
- *Understanding substance abuse and working on rehabilitation*
- *Working with families and providing counselling*
- *Different stress relieving mechanisms including yoga*

## RESOURCES:

### What resources and support do you have right now, what will help you to be more effective?

- *There is no space or specific place for us as yet. So there is no privacy to talk to clients. We have been told that a place is going to be located and built for us, that a room for counselling will be made. We await this resource eagerly so we can start to see clients.*
- *No table or chair. We share with other officers and wait for someone who is absent to take their seat. We also don't have stationery. We also need good quality resource people and this may cost money, so we need a budget for our programmes*

### How do you manage your wellbeing and stress? Who supports you?

*Buddhist meditation. I have a brother who is a monk. He speaks with me regularly on the phone about all the issues I have to deal with and guides me. I also have a strongly united family and they help me and so do my colleagues.*

## GAPS AND RECOMMENDATION

### What are the hindrances that you face in your current role?

- The lack of understanding of our role among other Ministries, Departments and other colleagues

- The lack of practical hands on experience in managing cases
- There is a lot we can gain if all 16 of the district officers met up regularly and exchanged views and experiences in a form of training. This will also be a good forum to form strong linkages
- Real need for upgrading of knowledge and for ongoing training. Can we not at least join the regular quarterly training given to the MSS officers?

**In your opinion, what is it that will make your job more satisfying/What will make you feel more ‘able’ to fulfil your duties?**

Same as above

## IN-DEPTH INTERVIEW - 09

### PERSONAL DATA:

30 – 40 year female Counselling Assistant. Travels to work from home, about a 5.5 km distance.

### SERVICE:

Referring to the service provided by her, she mentioned that making people aware of counselling has been one of her main duties. This takes place in schools and also when she joins the outreach mobile service teams. Another function that takes her time has been attending various meetings and programme organised by the district administration and the programmes/meetings organized by the Ministry. She indicated that they were useful in terms of getting involved in the planning and also for being aware of the plans ahead. The team that she works with currently consists of a Child Rights Promoting Officer, a Pre-Childhood Development Officer and a Women’s Affairs Development Officer. She claimed that she still has not had the opportunity to work with other teams. However, she also mentioned that she works with the counselling officer, who is in the District Secretary’s office.

She also gets involved in one on one counselling. According to her, the clients that come to her are mainly the result of the awareness raising done by her. However, as she does not have a workstation (a chair and a table at least), she sometimes does it anywhere in the office where she could find two chairs. However, if possible, and if determined as the client needs more privacy she will try to speak to the counselling officer in the District Secretary’s office and use the counselling room there. This office is located about 500 meters away from the DS office.

The clients who had come to her are mainly females. They consist of female children between the age of 13 to 16 years and mainly single mothers between 20 to 45 years of age. The mostly presented problems by her clients have been as follows;

- Phobias: e.g. Fish, Flees, leaches, centipedes, sounds
- Problems with studies
- Lack of self confidence
- Anxiety and stress related (due to social demands, stigma among single mothers, financial issues, security related issues, family problems)
- Depression

She has seen 15 clients during the month of October and two of the clients have visited her more than three times. She makes home visits for one client.

She is confident about her capacity to deal with the clients whom she has met up to now.

Speaking about the level of satisfaction with the work she does, she stated that she is satisfied with what she is doing. But she also added that she is not happy about not being able to get the results of her efforts due to the lack of resources and the circumstances she is in. These include the lack of a counselling space.

She gets the administrative support and the approval for her work from the Divisional Secretary. She would normally meet her at least twice a week. It was not possible to meet the DS as she was out of office during the visit.

## **EDUCATION AND PROFESSIONAL TRAININGS**

The Counselling Assistant has a general degree (Bachelor of Arts) and she is currently reading for her Masters in Sociology. She has not studied psychology or counselling as part of her degree modules.

She has completed a one year counselling course under Prof. Gnanadasa Perera and she claims the knowledge gained through this course was useful. She further added that the practical training received during this course was the most useful one.

She wants to follow a higher diploma in counselling.

### **Gaps in training:**

- Lack of knowledge on basic therapy for life problems
- Different therapeutic approaches (e.g. music therapy)
- Supervised practical training

## Gaps in relation to service provision

- No duty list
- No counselling room or at least a table and a chair
- It would be good to be able to meet the district coordinator on a regular basis and also have supervision
- No training at Ministry level and it will be very useful to have such a thing as it will address our training needs and also enable us to network as counsellors
- Where there is any problem I am faced with, I seeks family support.

Apart from the above listed points, the participant wanted to highlight the need for networking among the Counselling Assistants attached to the Ministry as well as networking with other counsellors within the district and the province.

The researcher observed that she did not have much insight regarding how she could work with other departments and institutions within the district in her role beyond her contribution towards increasing awareness at this level. It would be useful to add this as part of the counsellors' continuous training.

She seems to have a good rapport with her colleagues within the DS office, but it will be very important for her to have strong relationships with relevant officials and departments outside of the office too.

## IN-DEPTH INTERVIEW - 10

### PERSONAL DATA:

31 year old female. Travels to work from home, about 8 km.

### SERVICE

She got her appointment in May 2013 and started work 5 months ago. During this period, she was mainly involved in raising awareness among women, teachers, and school students on several subjects that included 'counselling', 'child abuse', and 'capacitating women'. This was done as part of the *Dayata Kirula* programme.

Apart from this, she conducts about six counselling sessions per week.

The type of clients that she meets are mainly from broken families and low income groups. The clients are mainly women who are between the age group of 25 to 50 years, and school children.

During the last two weeks she had met 11 clients. Five of them were children—of which two had wanted help to get rid of a thumb sucking habit, one came for depression and the other for anger management. The other one was brought by the parents as they suspected their daughter to be addicted to cartoons. All five child clients have been female.

Apart from that, she had met clients with schizophrenia, morbid jealousy, addictions, family problems and low mood. She has also had a 25 year male client who was suffering with obsessive compulsive disorder.

The counsellor explained a case where one of her clients was a 64 year old woman who had a daughter suffering with epilepsy. The mother was badly in need of financial support but as she had a small pension, it was not possible to get this help for her from any of the Ministries. This was highly stressful for the counsellor because her analysis of the situation was that the mother could not be helped without proper financial and social support. She added that she was highly stressed out with this situation, but she did not have anyone to talk to.

Whenever she is approached by a client with a mental disorder, she refers the client to the district psychiatrist or sometimes to the counsellor attached to the Ministry of Social Services.

She added that she is 75% satisfied with the work that she is doing. Some key things contributing to it are as follows.

- Closer to home and I can be available for my child
- Having a good relationship with all district government officers (e.g. Police Dept., schools, other Ministries, etc.)
- Friendly office environment
- People trust me. I have a say in relation to the subject matters
- I receive positive feedback about my work

When asked why she is 25% unhappy, she mentioned the following;

- Low salary
- The label that I am from the graduate scheme. I feel inferior because of this.
- Lack of basic resources (i.e. not having a chair, table, or counselling room)

## **EDUCATION AND PROFESSIONAL TRAININGS**

- First degree in Sociology (1<sup>st</sup> class) from the University of Peradeniya



- Reading for the M.Phil in sociology at the University of Peradeniya
- Followed the counselling diploma course under Prof. Ranawaka in 2004
- Learned different therapies while in her previous job as a counsellor in a garment factory. The interventions included music therapy, art therapy, and puppet therapy

She has also taken part in confidence building programmes which eventually were very helpful

### **Gaps in relation to service provision**

We even don't have the basic facilities like a table and a chair. Probably this is the place to start and it will be useful to have the counselling room in order to provide a good service. We do not have resources to update ourselves and also we do not have the resources to document our practice and work. We also lack training and on the job skill development which is another important aspect. This could happen at the regional (district) level as well as national level. Both will not only improve our knowledge and skills, but it will also facilitate networking with our colleagues. In addition to this, having a better salary and a clear career path with promotions are really important for the continuation of the service.

## **IN-DEPTH INTERVIEW - 11**

### **PERSONAL DATA:**

32 year old female.

Work station is about 40 km away from home. She is boarded in a place about 15 km away from the workplace. It takes about two hours for her to travel to work.

### **SERVICE**

She spends Mondays and Wednesdays in the DS office. No special duties have been allocated to her. She would normally take part in any programme that is on. As there is no chair or table for her, she doesn't have any other work on those days.

She would normally travel with the Women's Development Officer. She has also visited the police station (Women and Children's unit). She has met up with some Grama Niladhari officers. She is yet to visit the schools in the area for awareness raising.

She has visited the district hospital. It does not have a medical officer of mental health. However she has spoken to the Medical Officer and introduced herself.

As she is not from the area that she is working and because it is a very remote area, she is not comfortable with travelling alone to the field. Therefore, her visits are largely depending on other people's schedules.

She is planning to conduct some awareness raising programmes for other staff members in the DS office and also for the Grama Niladhari officers, teachers, and the police officers.

She has not yet met any clients for counselling!

The researcher asked how she felt about the job, and her answer was as follows...

“I like this field. But I am not very happy with the distance I have to travel from home. The lack of even basic facilities is frustrating”

She continued... “however, my line manager is ok and supportive. The table and chair should come from the Ministry. Also, I must add that there is no space for a counselling room in this DS office even if there is funding. I have explored the possibility of having counselling rooms in other places like the police station, hospital, etc. the police are positive about it.

## **EDUCATION AND PROFESSIONAL TRAINING**

She has a first degree in Sociology and she is currently reading for her MA in Sociology.

She is currently following the counselling course under Prof. Ranawaka.

She claims the knowledge she gained in her sociology courses are useful in terms of communication skills, understanding people and also working with people in general. However, the knowledge and training she receives in the counselling course is the most relevant in terms of doing her job successfully. Her knowledge is mainly on the symptoms and identifying the disorders at the moment and she stated that she does not have much practical experience.

### **Gaps in relation to service provision**

Looking at the current situation, there is nothing in terms of resources to facilitate the delivery of my services. The people in this office are supportive. For example, field officers take me when they get to know of people with mental health problems, though I still have not got the chance to meet one.

- i. I also talk to my colleagues when I am in stress. I don't receive any counselling supervision.
- ii. To make it possible for me to work effectively, it will be useful if officers from other Ministries/Departments are made aware of our presence and what I am supposed to do.
- iii. In general, I think the following will be beneficial for the development of this role.
- iv. Continuing professional development trainings for us at central level.

- v. Regional review meetings (e.g. at district or provincial level). This will facilitate networking among counsellors too. I know four or five people in the same post in nearby areas because I have been to two programmes in the area.
- vi. Tamil language training too will be important.
- vii. A transport allowance will be very useful as we have to travel in the areas to provide a meaningful service.
- viii. A career ladder is something that is essential to keep the trained people within the sector.
- ix. Above all, I think most of us need basic training in counselling skill and knowledge before we could get started.

## IN-DEPTH INTERVIEW - 12

### PERSONAL DATA

30 year old male. Work station is about 17 km away from home. He travels to office on a daily basis.

He was selected as a Counselling Assistant in January 2013, but he only received his appointment letter (specifying duties) two months ago

### SERVICE

I started working in this office from June 2012. After being appointed, we were only asked to come to office on Wednesday and sign. At one point I was given the option of coming to work every fortnight, because there was no space to give me, and the office was not clear as to how I could support the work.

However, after talking to the DS and other officers in the office, I started conducting workshops to raise awareness on wellbeing, counselling service, etc. I conduct around 5 – 10 workshops a month. These are incorporated to other programmes such as elders' programmes, women's programmes, and children's programmes.

I have conducted many awareness raising programmes for school children. These include topics like exam stress, attraction, love and sexuality.

I also conducted an awareness raising workshop for the DS office staff. This was well received and it covered questions like what is counselling, whom is it for? and also a bit on Neuro-Linguistic Programming (NLP).

So far I have only counselled one person in this role. This was a person with family problems and I linked the person to the social support officer.

## EDUCATION AND PROFESSIONAL TRAININGS

- Psychology, 1<sup>st</sup> class (Hons).
- Two year counselling course under Prof. Ranawaka. I did this while I was in the second year of my degree.

I have not received any training from the Ministry yet.

Looking at what I should know to fulfill my duties, I am not satisfied with my current knowledge and training.

I need training in clinical skills and assessment. Also, the trainings should focus on our attitudes and skill development and counselling in the Sri Lankan context.

Earlier on, before joining this job, I used to see around 25 clients a week and they were between 15 – 20 year old students. The main problems that these students had were Parents not seeming to understand them, sex related problems, financial problems, alcohol and drugs related issues, and pornography addiction related worries.

### **Gaps in relation to service provision**

The main gap in relation to service provision is the lack of clinical psychological training. Also these should include basic skills and attitudes, life ethics, how to provide service in the Sri Lankan context.

Apart from that, it is important to increase job satisfaction. These include several steps.

- Increasing salaries,
- Providing a counselling room for counsellors to practice. However, this is not urgent at least in my case.
- Supervision for all Counselling Officers and Counselling Assistants
- Travel allowance for field visits as is provided by the Ministry of Social Services and a mobile phone connection for Counselling Assistants
- Developing a career ladder
- Having a network of counsellors and a professional body for counselling practice: This should ideally include all the practicing counsellors in the country
  - This will enable us to maintain professional standards
  - Have an identity card as a counsellor
- Appointment of counselling officers should be done according to a selection criteria.
- Counselling officers should be given continuous training on skills as well as orientations on 'Life-Ethics' (standards for living as a counsellor)

## IN-DEPTH INTERVIEW - 13

### PERSONAL DATA:

31 year old female. Work station is about 5 km away from home. She travels to office on a daily basis.

She started work in the current office / current role as a Counselling Assistant, at the end of May 2013

### SERVICE

I spend Mondays and Wednesdays in the office. But no work is done on these two days because there is no space.

I sometimes join the Foreign Employment Bureau officer voluntarily and offer counselling services when possible. This is mainly done during the other three days when there is more space in the office.

I also go to MOH meetings. I have got a list of school clinic days from the MOH and I am planning to go on those days.

I am still not able to leave the office premises on field days because I do not have a specific duty list. I work with the Early Childhood Development Officer as I am trained in working with nursery children.

I have worked with one child who was asked not to come to a certain montessori in the area and now she is attending a new one. I was able to help the parents to find it because of the connections I had.

I also visit schools for awareness raising about counselling. So far I have visited one school. After the presentation, only the children in grades six and seven came up with their problems. They were mainly about studies and inability to concentrate. The principal of the school invited me to visit on a monthly basis. This school has a counsellor, but the students were not feeling comfortable talking to her about their problems because she was also a teacher in the same school.

I also visited a hospital in the area. Recently they called me and wanted me to talk to a client. She was a pregnant woman who wanted an abortion. Her first child was only one and half years old and she did not want another child as she was stressed and tired with the first one. I managed to help this couple solve their problem and I believe I was successful.

The second client who was referred to me by the hospital was a three month pregnant mother who was stressed because she had a natural abortion previously. I'm currently

working with her. I had the first meeting with her, her mother and the husband for about 3 hours and gave her the contact details of a hospital that is known for helping mothers with difficult pregnancies.

I have also seen a couple of other clients. One very recent one was a mother with two children who were in their A/L and O/L classes, who came in distress because her husband was having a homosexual relationship and alcohol abuse. (The CA mentioned that she did not have the knowledge to help this lady properly. The client had not come to her after that.)

Speaking about the satisfaction, she said that she feels good about the successes, but sometimes gets stressed out that she is not in a position to help everyone who seeks her support. Also, she stated that not having a travel allowance to do her field visits is sometimes stressful.

## **EDUCATION AND PROFESSIONAL TRAINING**

- The first degree is from J'pura University (Psychology special)
- Diploma in psychology with Prof. Gnanadasa Perera
- AMI Diploma (Montessori)

I also received some training from the MSS on counselling.

I do not remember much of my counselling diploma. But the skills I learnt are important. I learnt self-relaxation and self-care.

Now I try to read my notes and self-study.

It will be very useful to have a training to enhance knowledge and brush up basic knowledge and skills. This could include subjects like;

- Working with pregnant women
- Early childhood problems
- Family problems
- Personality development and training skills
- Networking with other Departments and Ministries

## **Gaps in relation to service provision**

- Not having a workstation (counselling room) is a huge hindrance in terms of service provision
- At least a travel allowance would be very useful to do our duties

- We have to always travel to office, sign in and go for field visits. This is expensive and time consuming. If the Ministry can issue a letter like the Foreign Employment Bureau stating that we do not have to sign on field days, it will enable us to do a lot.
- Providing us with training opportunities on counselling and personal development.

## IN-DEPTH INTERVIEW - 14

### PERSONAL DATA:

29 year old female. Work station is about 4 km away from home. She travels to office on a daily basis (Workstation closer to Colombo).

This is her first appointment after she left University in 2010. Appointment on 20<sup>th</sup> May 2012 as a CA. Her initial appointment to the graduate scheme was in March 2012.

### SERVICE

Mostly works with the Women's Development Officer and the Early Childhood Officer. This work mainly includes educating on what is abuse and what is counselling.

I am supposed to come to office all five days of the week. I sometimes go for awareness raising programmes with the Counselling Assistant attached to the Ministry of Social Services. She has a counselling room too.

I have met one client very briefly, but did not do any counselling. Therefore, I have not done any counselling work.

As a part of my duties in the office, I go for different programmes that are organized by different officers. Other than that I help with typing documents, posting letters and all sort of work. There are 32 new officers in this office and all of us share one room, which used to be a lunch room because there is no space for us.

Talking of the office environment, this is a very friendly office. There is no stress in my work. I do whatever I am given to do, and it is nothing much. I did not ask for this job. This is what was given to me.

Whenever there is a client who needs counselling, the DS and everyone would refer them to the Ministry of Social Services (MSS) counsellor, who is more senior.

I find it very difficult to work with people who are from the slum areas. They are not willing to come for counselling and only come when they are forced by the Grama Niladhari (GN) officers. I have worked with the Police, GNs, and MOH officers for other programmes, but not counselling. I got my duty list in October this year. I need to start working soon as a counsellor.

The most frequent problems in the area are as follows.

- Family problems
  - Alcohol abuse
  - Other drug addictions
  - Domestic abuse
  - Sexual problems:
    - Mostly presented by women complaining about abnormal sexual desires in men.
    - School children seek help with sex related problems
- School love affairs among children
- Developmental issues
  - Stammering

## EDUCATION AND PROFESSIONAL TRAINING

- First degree in Psychology (special) at J'pura university.
- Partly completed the counselling course with Prof. Gnanadasa Perera.

I remember some things that I learnt for my degree and in the counselling course. It gets refreshed when I am working with the MSS counsellor. I am planning to work with her more from next month.

### **Gaps in relation to service provision**

Political influence is a huge challenge in terms of providing services in this area. Especially in relation to drugs, it is a problem. The MSS counsellor sometimes even gets threatened when she is working with wives.

Not having a career ladder in this role is another demotivation. I will leave this post if I get a teaching appointment.

### **To provide a better service:**

In order to provide a better service, we need further training, so that we will be more confident.

This should ideally include an initial training of about 1000 hours and then continuing professional training.



These could include;

- Different types of therapies such as Music Therapy, Art Therapy, relaxation, and different tools that could be used to assess and help clients.

In addition, facilities such as

- Telephone connection and allowance;
- Travel allowance;
- A laptop and internet connection, will be very useful.

## IN-DEPTH INTERVIEW - 15

### PERSONAL DATA:

Female Counselling Assistant. Work station is about 1 ½ km away from home. She travels to office on a daily basis.

She started work in Feb 2013, but got her appointment as a CA in July 2013.

### SERVICE

Before July 2013 I went to office every day, and did all sort of duties there. (Now she is in the social services branch.)

I am the only counsellor in the office since the MSS counsellor had left. I use her counselling room because she is not there. However, because it is a bit further away from the town area, I do not go there alone. I mainly go there on Tuesdays, Thursdays and Fridays.

I stay in office on Mondays and Wednesdays, though there is no space.

I conduct trainings for other programmes. These include;

- Stress management for graduate scheme staff members
- Organized a programme for the Elders' day
- Preschools: I have visited about 50 out of the 60 preschools in the area.
- I have conducted around 100 small lectures since February 2013 on what I am doing and what is counselling.

The main problems that are presented by clients are as follows;

- Family problems (mainly by wives)
  - Drunken husbands

- Extramarital affairs
- Pornography addictions and use by children
- Dugs related problems
- Small children's habits (e.g. thumb sucking, nose picking, stammering, etc.)
- School children

#### Boys between age 12 – 18

- Love affairs and studies (many cases)
- Parents not caring (drunken parents, they don't love me, poverty and stress)
- Pornography addictions (2 clients)
- Life style and culture due to the influence of tourist industry
- Drug addictions

#### Girls age 12 – 16

- Sex related problems
- Studies
- Parent not being loving and caring

Talking about the work she does and competency, she stated that she doesn't feel as if she has got enough knowledge to help some clients as she is not trained in different therapies and techniques. She also stated that she is not 100% satisfied with her job. She feels unsuccessful when clients do not continue. She further stressed "sometimes, I am in doubt whether I am successful".

### **EDUCATION AND PROFESSIONAL TRAINING**

- 1<sup>st</sup> degree: Psychology special from university of J'pura.
- One year diploma in counselling (Prof. Gnanadasa Perera)

I find the knowledge I gained to be very useful when helping my clients.

I am planning to do a higher diploma in therapy. I also use the internet to expand my knowledge.

#### **Gaps in relation to service provision and resources**

I don't feel I have any resources for my role. Not even a table and chair.

I don't get any referrals and I do not have a network to refer to anyone.

### **To provide a better service:**

To provide a better service, it will be beneficial to have

- A counselling room with a table and chair
- A reporting system
- Media equipment for awareness raising and communication including a camera, laptop and phone
- Travel claims
- Training in counselling

When I have problems, I talk to the MSS counsellor who was here before. This makes me feel better. When I have personal problems, of course, I talk to my mother.

Apart from the above, it will be useful to have some security system in place when we make field visits, such as to travel in pairs.

Also, having a specified job role is important. At the moment we are expected to do everything and it has a negative impact on our dignity.

Having a referral system and also introducing us to other Ministries is useful. This includes hospitals, schools and the police being informed about our presence and our duties. Also, having a filing system, a monitoring system and also supervision by senior counsellors or a psychologist will be very beneficial.

## **IN-DEPTH INTERVIEW - 16**

### **PERSONAL DATA:**

Female Counselling Assistant. Work station is about one hour away from home (by bus). She travels to office on a daily basis.

Appointment as CA in July 2013.

### **SERVICE**

I do not have a duty list. On Mondays I stay in the Social Services unit, which is a bit further away from the main office. There is one more counsellor in the office and she is from the Ministry of Social Services.

On Wednesdays I stay in the main DS office building, though I do not have a place to sit. In the rare occasion a person comes to meet me, I have to find a place.

On other days I visit places for awareness raising on counselling and my role.

I have met the OIC of Police, and also met the principals of two schools. I have met some clients in my visits to the villages. In the meantime I make presentations for women's societies to raise awareness about counselling and my role in the area.

I have not yet had the chance to address the GNs and I am planning to make a presentation for them. I am also planning to meet the district medical officer at the MOH office.

Most of the people who seek counselling services from me are women between the age of 30 – 45. They are mainly regarding the following type of issues.

- Family problems:
  - Separation or divorce related
  - Alcoholism and drug addiction (husband's)
  - Problems related to children

I feel my interventions are successful and I am happy.

When I need any administrative support I normally talk to the Assistant DS and solve it.

When there is a counselling related issue and if I need help, I ask the NISD staff as I am following a counselling diploma there. I also have some counselling experience prior to this job as I worked as a counsellor at an SOS village.

## **EDUCATION AND PROFESSIONAL TRAINING**

- First degree is a Sociology special and I studied counselling as a subject.
- I received training in counselling as I worked as a counsellor for 3 years at SOS
- Currently I am following a course in counselling at NISD (Diploma in Counselling)

The knowledge I gained at NISD is very useful. In addition I also read books on counselling and enhance by knowledge.

It will be useful if I receive training on mental illnesses, how to identify mental illness, and how to improve our personality.

## **Gaps in relation to service provision and resources**

There is no connection or way of connecting with other Counselling Assistants.

My knowledge is limited. For example, I do not know how to help a person with drug abuse. Also, do not know how to help in a case of child abuse, sex related matters, sex related disorders. I also do not know to whom I could refer them to.

### **To provide a better service:**

- It will be useful to have a referral system to hospital mental health clinics
- It will be useful to have guidelines on what reports should be maintained, whom to talk to in case I need help, how supervision is done, etc.
- Getting a travel allowance to do my field duties and a telephone allowance.
- Career ladder for Counselling Assistants.

## **IN-DEPTH INTERVIEW - 17**

### **PERSONAL DATA:**

My home is located about 1 km away from my office. I go by motor bike and it takes less than 10 minutes.

### **SERVICE**

I work within the Child and Women Development Unit at the DS office. I get cases referred by WDOs (through WRDS), Child Protection and Psychosocial Officer (appointed under the MCDWA), ECDA (under the same Ministry – running preschools), Relief Sisters and also the Police. There is no CA under the MSS available at my office. On Mondays and Wednesdays I meet clients at the office; most of them adults (with family conflicts and violence at home, and divorce cases – most often female clients come to the office with these problems). I visit villages and schools, meet children (along with Child Protection and PS officer and ECDA) and students (Principals and children's homes too sometimes request to visit them). I have no space to meet with clients in private. I meet them inside the auditorium. There is no privacy. I spend around half-an-hour with a client. During home visits to meet children and parents it takes around 2 to 3 hours. Sometimes I meet the parents and then meet the child alone. I would say that I spend around 2 to 3 hours for counselling work per day. I do also conduct awareness raising activities at schools (about learning) for parents (on relationships with the children and discipline), teachers (how to interact), in villages for women societies (for divorcees and elderly on how to live and interact with the community) and for the young (how to accommodate and support elders). I also assist the DS in reporting (data collection). It is included in our appointment letter that we need to do what the DS/manager assigns (I have received the appointment letter and it's confirmed). Through, work under the DS, I closely work with social service, disaster management, prison (rehabilitation) and with hospital staff. My working relationship with all these staff members are on the instruction of the DS and according to the work in the team. My relationship with hospital and police (in the duty list have been asked to

coordinate) is also the same. I am expected to coordinate and work with other staff at the DS office.

I meet mostly women since WRDS make a lot of referrals, and I also meet students. They complain about problems such as family/domestic violence, alcohol addiction, dropping out from school, suicide (attempted), divorce, etc. The clients are not regular; I have to find them. However, I am able to meet children and students at homes (through parents and at schools, through principals). I go to the field and meet with clients regularly (once in two weeks). I currently, meet only two individuals (once a week – one student of 10 years – who attempted suicide; and another student of eight years who is not regular to school and has problems with other students).

It is much easier to work with children and students. When it comes to family and violence there are a lot of people to be managed, so it's difficult. I have worked at the MHU with 2 or 3 cases related to suicide attempts so it's easier to work. I meet with a student of eight years at the school. I mediate with the parents and the teachers about his problem. If I find it difficult to work, I refer them to my other counselling colleagues or to the MHU (mostly make referrals to them as they have better link and resources). I have no proper and appropriate space and environment to work. There is interference when I am meeting with a client and I feel that I am unable to function. I am quite satisfied with the changes that are made among the clients but the negative factors are more from the environment and the system in which I work. The ADS is my line manager and I can meet at any times. We have common meetings for all the staff on Wednesdays at the office. The ADS is available and I can approach whenever I need support. I have low satisfaction about my work. Though the appointment had been confirmed, the salary needs to be increased. A lot of work to be done, but the space and facilities are less or the same. Work load is more! We should find transport arrangement even when we have to take the clients to the hospital or the courts.

## **TRAINING AND SKILLS**

I hold BA and specialized in Sociology. I have also followed the Professional Diploma course in Counselling for 1 ½ year. I have also done a one year Diploma course in Human Resource Management. I have not received any training so far through the Ministry. I learned theories in the courses and am able to understand the problems of the clients, and it also helps to understand the history. I am able to learn from experience and apply the skills. I have experience of working at the MHU during the course and I have benefited a lot from the MHU link and work. In order to update my knowledge I read books, watch TV programmes, read paper articles, and talk to psychiatrists and colleagues. I could say that there were gaps in the courses/training that I followed, in relation to deep knowledge on mental illness and family counselling (since there were options for working in schools,

hospitals, etc. I chose to work with hospitals and now I feel that I am unable to work in other situations). I would like to be trained on family counselling and learn to deal with sexual abuse cases.

## **RESOURCES**

I have been given an appointment and it's useful, but I am not very clear to which Department or Ministry we are aligned to and it looks like our position is combined with two departments. It will make me more effective if there is clarity over my designation, role and if we have necessary facilities for the work. I manage my own stress by talking to colleagues, spending time with family, pets, gardening, sports, etc.

## **GAPS AND RECOMMENDATIONS**

The space and facility are the major hindrance to my work. Also the duty list is not clear. For instance, when the WDO is absent we need to do her work also (since we are under the Women's Bureau). And we have also been asked to perform the duties of other staff when they are absent. I will be very much satisfied about my work, if our section is separated as a unit under the DS. I will feel more "able" if I continue to have the link with the MHU as it would offer the space for continued practice and other relevant facilities (will have the opportunity get technical support from the psychiatrist). It would also be useful to have a proper system within our Ministry to enable us to have peer case discussions among the CAs at the district level.

## **IN-DEPTH INTERVIEW - 18**

### **PERSONAL DATA:**

My home town is around 35-40 km distance from the place I work. I travel every day by bus and it takes one hour to come to the office.

### **SERVICE**

On Mondays and Wednesdays I am based at the office and meet clients (around 3 to 5 persons come and I provide counselling support). I spend one hour with a client. People come with family problems like fights between husband and wife, those under 18 years who have been isolated from families and women who are aspiring to go for migrant employment and sometimes their husbands. I work with and support the CRPO, WDO, ECDO and assist the Foreign Ministry staff (Foreign Employment staff). We work as a team and we share our common responsibilities in assisting each other in each one's programmes. I also work in the field (3 days a week). The GS identifies and refers cases and I make home visits.

I meet clients at their home and spend around two hours with each case. In most cases the houses of the clients are located far away and it takes 30 minutes to even an hour to reach their homes. I get referrals of clients with mental health problems—e.g. persons with sleeplessness, who do not eat, fight with family members, those who isolate themselves, are always worried, not active, not engaging in livelihood activities, those who fall ill often etc. (so far I have three women having these problems). I also get referrals about children/students under the age of 16 who have dropped out of schools. I meet with them, give awareness about education and get a confirmation letter that they will be going to school). I talk to their parents as well. I also meet families who are having family problems (early marriage – husband and wife problems; domestic violence cases). I have also got a referral about a suicide case through different organizations. Once there was a case of a woman who was engaging in sex work that was referred by the GS. Children/students with love affairs or talking over the phone often are referred by the principals and GS. We make village visits on Tuesdays with the team (CRPO, WDO, ECDO, FDO, CA, GS, field office for planning, Samurdhi and police sometimes). Also, we visit the children’s homes in the areas. In each month we set apart 12 days for field visits and four days to work with the team. There is a lot of school going boys around the age of 16 who often cut school and go out to learn “charming”! I meet them in the school and motivate them towards education. I also received a referral about a 16 year old boy who is a differently-abled person and the mother is very much worried, and I meet them. There is no CA from the MSS so I got to meet with all the clients whom the staff members identify for counselling purposes. Clients do not come regularly. They sometimes come back even after a month. However, I visit the clients in the field once or twice a month depending on the needs. I have no duty list so far and work according to the instruction of the DS. I work under the DS directly and I have been instructed by the DS to work with the team.

I feel that I am able to deal with suicidal cases, family problems (husband and wife having conflicts and violence), and persons with livelihood problems. I have difficulties to deal with the problem of school drop outs – I find it difficult to motivate the children/student and also get the cooperation of the parents. I also find it difficult to work with those with hearing problems or speech difficulties. I find it easier to work with those who are isolating themselves from others and also those students go to learn “charming”! Whenever, I find it difficult to work with certain cases, I do get the support of the other staff in the team. I inform the GS and he links them up with other services. I find some cases are challenging (unable to meet the client’s distance, lack of cooperation, etc.) and others, able to handle. I have been able to resolve some of the problems (family disputes, some students have rejoined the school). My line manager is the DS and I am able to meet her at any time and can call her at any time. She is very supportive.



I am very satisfied about my work because I am able to work with people who are going through many problems. Even though I do not have a separate room, I can find a private space to meet with clients. We do not have computers to do documentation. I do not have a cupboard but I keep the documents safely at home. I do write case reports and submit to the DS. The DS gives feedback and outlines follow up work plan.

## **TRAINING AND SKILLS**

I have no training in counselling so far. I hold a BA degree with a specialization in Sociology. I intend to follow a counselling course at the university. Though, I never had training in counselling, I have experience in social work. I am able to talk to people and help them. I learnt about suicidal cases in sociology. In order to update my knowledge, I read counselling related books (currently reading Fr. Stalin's book). I do discuss with the barefoot counsellors attached to an organization who are helpful. I want to learn counselling. I would like to learn about persons with mental health problems, those who isolate themselves and more about suicide cases. I would like to learn more about how to work with students, their problems and how to support them (how to work with schools).

## **RESOURCES**

The DS and my colleagues at the office are my immediate resources (the office seems to be friendly and supportive) as well as the barefoot counsellors of the organization. It will be very helpful for me and I could work very effectively if I have a separate space to meet with the clients and transport facilities to make field visits. I travel by bus during field visits and it's extremely difficult to reach the interior places. However, the DS has asked us to go to field together, at least in twos. Whenever, I feel worried or exhausted about the work I talk to my family members (husband, amma and brother). I also discuss with my office staff. I do meditation at home.

## **GAPS AND RECOMMENDATIONS**

The field distance and travel difficulties are the major hindrance to my work. I do not have a technical support person or supervisor when handling cases; this also causes difficulty to deal with cases. I will be much satisfied, if I get more training and if there is a possibility to meet with other CAs who are working like me (team support among ourselves will be very much helpful). I will feel much "able" if I receive further training and support during the work.

## IN-DEPTH INTERVIEW - 19

### PERSONAL DATA

Every day, I travel by motor bike and it takes around 15 minutes from my home to the office (5 to 6 km).

### SERVICE

I have not received the list of duties so far. I have also not been provided with any training related to the work that I am supposed to do. However, I have been asked by the DS to look in to the clients and families referred by the WDO, CRPO and SSO. Most if not all cases are to be visited in the field at homes, schools or institutions. I get referrals from the WDO, CRPO, SSO and GS. So far I have met around two or three children individually. I have also met with wives, around eight so far, related to their husbands' addiction to alcohol. I spend around 5 - 8 hours per week in meeting clients (it has taken so far two hours with one particular client during a field visit) and since I have to meet the client in the villages, I have to spend time for travelling as well. I have to attend case conference regularly (once a month). I work in a team with the CRPO and support Child Rights related work (particularly around child abuse issues). Recently, I visited a few net cafés in the town to monitor whether they are following the GA's instructions on how to allow students and children using these facilities. I work with the Divisional Child Protection Group (DS, SSO, CRPO, CA, WDO and the relevant GSs). I work within this team and do work around awareness raising and visit villages. I support other staff among the DS office staff also, when doing similar activities. I work with the Probation Assistant and talk to the children and family members and also attend the monthly meetings. I also meet with clients who have mental or psychological difficulties. I have to report to the DS but my work is mostly with CRPO and WDO. The DS has asked me to work with children, women and men in the villages and those who come to the office.

The DS is my direct supervisor. I am attached to Women's Bureau and the related person is the WDO. The probation functions under the Probation Department. I am not clear about my technical or programme connections. However, the administrative supervisor is the DS and the activities are created or designed by the Child Protection Group – the team that I am working with. When there are divorce cases referred by WDO, I meet with the woman and man. The court refers cases to the WDO and I do meet with them. When the WDO visits families, later she asks me to follow up with them. In short, I am not given a clear list of duties. I do whatever the DS asks me to do!

The clients come with problems like divorce cases, school drop outs, children or adults with abnormal behaviour and children who have experienced sexual abuse. They do not come on

a regular basis. I do not have a separate space to meet with the clients also. I do visit them at their homes. I meet with them once a week or once in two weeks. I do make field visit on Tuesdays, Thursdays and Fridays. I have not received any training but have been working with the clients. Initially, I struggle to talk to the client when presented with a problem (I introduce myself saying that “I come from the DS office. I come to talk to you about your protection. You do not worry and you could talk to me openly”). Then, later I am able to continue the conversation with the client. So far, I have met with children between the ages of 10 to 16. When I have difficulties I discuss with him whenever possible. I also get referrals from the psychiatrist and I have the opportunities to talk to him as well.

I feel about my work, that I am working with the society/community. I am able to meet with all types of people (children, adults and people of different age groups and status). I feel my work is helpful for them. I am satisfied about the work but I have no support system (no separate space, not enough training and guidance, I am paid Rs. 10,000.00 as allowance but not given any expenses for travel and I have to pocket out my own money for travel, etc.) we do not have phone access (I use my personal phone for work as well) and there is no internet access too. All these things we have to find on our own. There are only four landlines at the DS – one for the DS, the others are for the accountant, ADS and AO. We have an intercom and the calls are transferred but we cannot make calls directly. If in need we have to make requests to make the call, and it takes a lot of time to access these limited facilities. I also do not have a table but I am using another staff’s. There is no way to meet with anyone if they comes to see me at the office. My line manager is the DS and I can meet him at any time.

## **TRAINING AND SKILLS**

I have done a BA degree with specialization in Sociology. I have also followed a Diploma course (one year from a private institute in my home town). Recently, I applied to IPS Sri Lanka to do a two year counselling Diploma. I was asked by the Ministry to join this programme (the Ministry is to pay the course fee). I have been able to do my work, only with knowledge and skills that I have gained and developed from the trainings that I have followed on my own accord. Basically, the trainings have given the idea on how to start a conversation with the client, and talk about the problem; also to work with the client, with addiction to alcohol (raise awareness and help them to reach the decision to quit alcohol); to help them change their attitudes, share knowledge (raise awareness); and to establish good and trustful relationship. In order to keep myself updated, I read books, newspaper articles, browse the web (he has personal notes gathered from various sources – about stress, child abuse), I talk to my lecturers and I meet with a friend at a rehabilitation centre for alcohol addicts. I have contact with Fr. Vincent Patrick who is running a centre for

alcohol addicts. The gaps I see in the courses and trainings I followed could be that there was no individual focused counselling training and practice. There was also no field practice and no coaching also. The course was mainly about psychosocial support. I consider my knowledge on counselling to be 25% and I feel that I should know more. On how to help with a child who is abused (how to communicate better – how to talk about the problem (feel shame or reluctant!)) I would like to know the structure of our intervention (the other Ministry staff members have been given a structure or system to follow). I would also like to learn how to work with someone who has suicidal thoughts and change their attitudes. I feel that I need more counselling training! I also want to know how to identify the psychological problems. Further, how to make referrals and link particularly the women who are in need of livelihood assistance.

## RESOURCES

About the existing resource, I have a title but nothing much 😊 The appointment as Counselling Assistant provides safe identity and space for practice. There is also status among other staff (on his name board on the table it was written as “Counselling Officer” – he said it was made by the office). We do not have a common meeting or system to coordinate among the CAs (14 in the Batticaloa district) we have no way of getting to know the work or share experience among ourselves. If this could be systematically arranged within our work, it will be very helpful and our work will be more effective. I need counselling related trainings, travel and communication facilities, coordination and support among our 14 CAs, which would give me adequate resources to do my work better. (There is no recording system for counselling sessions but he keeps his personal notes – there are no stationery available too, according to him). I feel stressed sometimes but I take this up as a challenge! I relax myself. I do schedule meetings with clients (do not take more cases on the same day). I do talk to my colleagues in the office. I drink juice and water often; go to the gym (once in two days) and play cricket regularly. I go to the kovil and follow meditation (it is organized by a religious group). I feel committed to the work that I do, despite the lack of facilities and less pay!

## GAPS AND RECOMMENDATION

I have no guidance for both counselling work as well as in general in terms of my job. Travel difficulties and communication facilities are poor. I feel that I am not within a regularized system and there is a lack of awareness about my services. It would give me satisfaction if my job confirmation (salary and duty) is done. I will feel more “able” if I get further training and facilities to function.

## IN-DEPTH INTERVIEW - 20

### PERSONAL DATA:

I travel by bus to office and it takes around 1 ½ hours to come to the office. I live with my parents and I travel every day to office.

### SERVICE

All 5 days of the week, I am at the office and meet clients (around 10 clients during a week). I take around an hour for the first session and for family counselling it goes up to 1 ½ hours. Generally, I take around 30 minutes to one hour for counselling sessions. I use the counselling room which is occupied by the CA of the MSS. I also visit clients at homes if necessary on Tuesdays or Thursdays. I am able to visit only one client/family per visit because of the distance. I am able to visit when NGOs provide transport facility. I am based within the Field Staff unit (a separate unit consisting of Sports Officer/coordinator/coaches, Cultural officer, WDO, Samurddhi Development Officer, CA of the MSS, CRPA and a few other staff). I also assist the WDO whenever she visits the hospital – I meet the patients when the MHU doctor asks us to help – often we get referrals about domestic violence. I also accompany the GBV coordinator of the UNHCR based within the unit and also I work with the NCPA coordinators related to cases of school drop outs; I talk to the students and parents! I don't have a duty list. I work under the AGA who is in-charge of this field unit. I meet clients with sexual disorders (complaint made by the wife that they are violent in their sexual behaviour) and addiction to alcohol/drugs among men, and clients with a lack of sexual satisfaction and desire for extra marital relationships among women.

I am able to deal with the cases based on the knowledge that I gained from university. I also read and get the support of the CA of the Ministry of Social Services. Whenever, I find it difficult to deal with cases, I get the support of the CA of the MSS. I refer the male clients to him. I feel that I have learned a lot after coming into this field; a wider exposure and engagement with people, and I have gained knowledge. I understand that I have a lot to learn and I am interested in learning. I also learn a lot for my life – how to deal with my problems. I feel that I am respected because of my work. The AGA is my line manager and I meet mostly for administrative matters. She is accessible and I can phone her when necessary. I feel that I could do much better still! Would like to do follow up with families and sometimes unable to meet with the relevant persons and the places are very much distant – this makes me feel “guilty”!

### TRAINING AND SKILLS

I hold a BA with specialization in Sociology. I have also followed the NISD's 4 month

counselling and psychosocial intervention course. I followed the anger management course during my studies at university. The courses have been helpful for me to apply to my work. I am able to update my knowledge from the capacity development trainings offered by the Ministry – how to engage with beneficiaries, how to do networking! However, we didn't have any training on counselling. These programmes are done along with other staff. I prefer to have specific training around the work we do – counselling! In my degree programme, as well as in other courses, how to do counselling with a client was not included. I still find that there is no supervision support (by a senior counsellor) available for us. I would like to be trained on how to deal with cases related to child sexual abuse, sexual behaviour of adults, violent behaviour, and persons with anxiety, anger, frustration, etc. I would also like to learn therapies for children – art and play therapy. The trainings and workshop would be much beneficial and relevant if done only for the counselling staff (special focus on developing the counselling skills on related topics).

## RESOURCES

I don't even have a table ☺ there is one temporarily given, which is not good too! Another person had to lose a table since I got it!! I don't have access to a computer (I do maintain the details of the client in my personal note book). There is a phone facility but there is no privacy (everybody can listen if I happen to talk to a client)! There is no transportation facility too.

My work will be more effective if I will be able to have some facilities like a computer for data entry and management and to write letters, transport facilities, and a desk. Further, training on the above mentioned areas and also supervision support will be very much helpful.

I often think to myself that I should not take it into my head all that I hear from the clients. I leave the work outside me! The unit is more flexible and friendly!

## GAPS AND RECOMMENDATION

Often the trainings are conducted along with other staff of the units. Hence, we are unable to discuss problems and find support related to how to deal with problems pertaining to counselling intervention. I will feel more able if I get more training and become resourceful! Maybe if I do the second degree in psychology, I will feel more satisfied!

## IN-DEPTH INTERVIEW - 21

### PERSONAL DATA:

My home town is about a 31 km distance from my office. It takes around one hour to come by bus. I am married and live with my family and have a child. I travel every day from home.

### SERVICE

I am at the office on Wednesdays and meet clients. Mostly, I do administrative work like arranging meetings, meeting with other staff, planning, etc. I get referrals from the WDO, CA of the MSS, CRPA, PO, ADS and other staff. We have case conference on Thursdays and all staff members within Social Care participate. I work under the ADS for Social Care and she is my direct contact. I have been asked by the ADS to work within this team. I have not received any duty list so far. I come across clients (children and students) with Child related problems like dropping out from school, consuming drugs, family problems (father and/or mother having extra marital affairs), punishment at schools, sexual abuse and etc. I also meet adults with family problems like the husband being addicted to alcohol, domestic violence, poverty at home, unregistered marriage and etc. I spend around 45 minutes to one hour with a client/s for counselling sessions. I also meet them on other days in the field (except Wednesdays and Thursdays); I roughly meet around two cases at their homes. I also help other staff when organizing awareness raising activities in the field. I do assist the CA of the MSS when visiting schools and do programmes with the students. The clients come to meet me at office once a week (currently four clients) and I meet the others in the field (once in two or three weeks I meet them in the field, at home or in schools). I don't feel that I have full capacity. I am able to deal with issues of children but not much with divorce cases; and the problems that lead to divorce. Whenever I find it difficult to deal with cases, I do refer to CA of MSS. For MH related problems I refer such cases to the MHU (Ward 33); for instance there was a case where the mother was beating the child with hate and I recognized that the mother was having problems and she was referred to the MHU.

I am able to handle those cases that the I am able to handle, but there are also cases that I find it difficult to handle and I get advice from others e.g. ADS (she is able to give advice), Protection and Psychosocial Officer (she has counselling background and I briefly had a chat with her too) and the CA of the MSS.

I work under the ADS and I am able to contact her when necessary (even over the phone).

I have not received the appointment letter and also the duty list. I feel satisfied that I was able to help children who were dropped out of school for more than 2 years, go back to school. I have been able to refer people for various other services offered by NGOs



(livelihood assistance, school support, etc.) and I feel satisfied about doing this. I have enough team support.

## TRAINING AND SKILLS

I hold a BA degree with specialization in Sociology. The degree programme had a component on psychology for 6 months during the second year (Fr. Rajanayagam) and it had section on family counselling, social psychology, etc.; these are very helpful now during the work. Personally, I have experienced family counselling for two full days at a local centre and this has also been helpful to support the families who are coming with family problems.

I read books (written by Fr. Rajanayagam). I also watch some reality show but I feel those are not appropriate and relevant ways to deal with problems.

The gaps I feel could be that we didn't have practical counselling training in the course.

I like to know and be trained on personality development, how to understand the problems and feelings of the clients and practical training on how to do counselling.

## RESOURCES

There is a space to work (but I do not have a table of my own ☹) However, it's possible to find a private space to talk to the client (I bring the client to the place that the CA of MSS uses, and then there is a little space to talk in private). There is one computer for us to use in the section where I am based at and it is difficult to access as many people are using it. We do not have transport facilities to visit the field.

I feel that I need some more training and facilities as mentioned above in order to make my work much more effective.

## GAPS AND RECOMMENDATION

I find it difficult to work without a duty list and my work is not yet confirmed, which leads to uncertainty. Having inadequate space to function with relevant facilities hinders my work and due to lack of transport facilities the work gets delayed in the field and I reach home very late. I will be very much satisfied if I get my appointment confirmed. I will feel more able to do my work when I have more experience and exposure!

## IN-DEPTH INTERVIEW - 22

### PERSONAL DATA:

I travel by bus and it takes around 1 ½ hours to come to office. I live with my parents and I travel every day.



## SERVICE

I am at office on Mondays, Wednesdays and Fridays to meet clients. I get referrals from the GS, SDO (Samurdhi), WRDS, RDS, WDO, SSO, etc. I spend around 40 minutes with a client and I have to find a separate space to meet clients (the meeting space is within the WDO's office room and she is also present). I meet the clients who have family problems (mostly women clients – there are only one or two men among my clients). My clients come with problems related to domestic violence, husband using alcohol and drugs, suspicious husband, separations in family (men also come in search of their wives, as they often leave home after fights, thinking that our unit would have assisted to find a home for the women for safety). Most women talk about husbands consuming alcohol, husbands abandoning them, “serial” marriage, etc. The women are between 22 to 45 years of age. They talk about sexual problems too; it is possible to talk to them. There are normally around 12 cases I handle during a week. I also get cases from mothers who say that their children have love affairs and even stay with their boyfriends. There was a case that the father had sexually abused the daughter (17 years) too. I support the CRPA's cases (for educational support, children with disability). I also refer cases to the SSO, CRPA (of those children from women headed household). If I happen to meet person with an MH related problems, I refer them to the MHU. I help the WDO's awareness related programmes (for youth and families on domestic violence, on maintenance). Since I do not have a duty list and I do not get any financial allocation for activities to be conducted in the villages. I have not been doing anything on my own but I help the WDO when she conducts activities in the field. Currently, we are planning to form children's clubs in the villages. We work as a team. I also work with the CA of the MSS. Particularly, cases related to women, children and families are referred to me and our unit. Cases related to livelihood are referred to the CA of the MSS. The receptionist and even other staff also make referrals on the same basis (women and child related cases are referred to the CA of MCDWA and livelihood related cases are referred to the CA of the MSS). I am based within the Children and Women Development Unit (this is how it is named on the door). I work under the DS and he is my line manager. I ask the clients to come once a month; I also visit the clients and families once a month. I am able to provide support related to husbands and wives having arguments and conflict. I talk to them about it – I do not have any training background but I am able to deal with them. I do talk about the alcohol related health effects; but they still continue to drink. During the home visits they are able to talk too but about other problems. Whenever, I have difficulties in handling cases, I refer to the CA of the MSS at the Kachcheri. I refer MH related cases to the MHU.

I am satisfied that I am able to support those who come to seek support. But I feel that I should learn more therapies (that I am talking but not doing much for the client).

My line manager is the DS and I can meet and get support from him. He is a very flexible person. I am not very satisfied that I need more skills. However, I get a lot of cooperation from the office.

## **TRAINING AND SKILLS**

I hold BA (consisted of Sociology and Psychology). I had a brief training in counselling for six months organized by GIZ at the district office. I have participated in many workshops but not many related to counselling and the practical work that I am doing. I find it difficult to connect the subjects and the problems that the people are coming up with. We didn't study about any treatment or therapies; there was very little practical component on how to talk to a client (two classes only during the counselling training organized by the Kachcheri). I read books (currently reading Fr. Stalin's book) and newspapers. I want to be trained on how to support persons addicted to alcohol, having family and sexual problems and also on how to work (provide counselling) to teenagers on sexual problems.

## **RESOURCES**

We have a separate unit to work, there is a clear referral system and the title "Counselling Assistant" (but not being termed as "Assistant") are useful. I am able to travel with CRPA and WDO since they have motorbikes! We need resource like computers (to draft letters, maintain data – currently not maintaining any written records!) No telephone facility too. I have many friends and I talk to them; I discuss about clients and problems with some of my colleagues; I also talk to the CAs of the MSS! I watch movies and listen to music – these are some of the ways, I take care of myself.

## **GAPS AND RECOMMENDATION**

The most difficult thing in my work is that the geographical location covers a big distanced – there are almost 42 GN divisions! It takes a lot of time to travel. I feel that my clients or those who come for help should receive livelihood support and I feel that we should provide support – most of them are women who are heading their houses! I will be satisfied if they have enough support to deal with their problems. I will feel more "able" when my skills are further developed, designation is appropriately given and when I get my duty list clearly.

## **IN-DEPTH INTERVIEW - 23**

### **PERSONAL DATA:**

The distance from the place where I reside to the office is around 65 km and by bus it takes 3 ½ hours to reach (I have to take two buses). I come home every Friday evenings and leave

on Monday mornings for work. I stay during the week with my other colleagues (we have rented a house there) in the work location.

## **SERVICE**

I am at office on Wednesdays and I do administrative work from the office (I follow up with the administrative requirements like contacting other services, writing letters to them and etc.) On other days, I do field visits and in most cases I go alone so that I can do the counselling work without any disturbances (if other staff come with me then I do not have private space to talk to people). We are requested to go in teams and work; and I do also work with my team (CRPA, WDO, ECDA, SSO, PO and the respective GS) to do awareness raising and follow up activities. During the field visit days, I do go to one village per day and am able to meet a minimum of three clients or families. I spend around 20 to 40 minutes with a client and it takes around one hour if I have to meet with families. In total 7 ½ hours of counselling work per week is done. On Thursdays we conduct awareness raising activities in the villages and we do these activities with the team and in collaboration with other NGOs, schools and other relevant government departments. Earlier I used to attend the MHU clinics in Mallavi but later when they appointed counsellors I stopped going there, but now make referrals if there are person with MH difficulties. The DS has given a duty list and I also have the flexibility to plan and do the work. The relationships with other staff are on the instruction and arrangements made by the DS.

I find that people have a lot of problems in relation to poverty. Parents find it difficult to send their children to school due to poverty at home. Parents are unable to provide transport facility for the children to go to school as the schools are located far away. Single parents (often mothers) have a lot of difficulty in taking care of many children at home and supporting them for education. Widows and women living alone (husband disappeared or abandoned) say that they are unable to talk to men in public and interact with them, and if so the community sees them as women of bad behaviour. Among other major problems that people experiences are domestic violence, children being sexually abused, children and students dropping out from school, persons with depression and disability, etc. Depending on the cases I spend my time—for instance in the cases of children who needs to be put in homes, I visit them once and later refer them to the PO; in cases of school drop outs I visit them very often, for instance I have to visit even three times a week; in relation to domestic violence I visit two times a week and later the WDO also makes regular visits; and in relation to MH problems I refer them to the MHU. I work with the team and make referrals and I also meet them on a regular basis. I listen to them when they come with problems, motivate them and refer them for other services. I was able to encourage the parents to send the children to school. Children around 12 – 15 or 16 years of age are vulnerable to sexual

abuse (during the past year I found 4 cases). I do refer them to other relevant officers/staff like the WDO, CRPA, MHU, etc. There are also CSOs working in the area. The counselling teachers are also supportive.

I feel my work is a service rather than a job. I feel for these people who are experiencing such problems like my own family members. I am satisfied when I am able to find some solutions for them.

My line manager is the DS and I am able to meet him at any time and he is supportive.

I am satisfied that I am able to help these people who are living in extreme and difficult conditions; helping them gives me satisfaction.

## **TRAINING AND SKILLS**

I hold BA in Philosophy. I have also done a Dip. in Psychology (correspondence course for 6 months from an Indian Institute). Also, I have done NISD's six month course on Counselling and Psychosocial work. Further, the Ministry organized a seven day workshop on how to work with women and children. Similarly, UNICEF, Save the Children and UNHCR (mostly the UNHCR) offered trainings which have been very useful. Fatima the GBV coordinator had also organized workshops.

The courses and training were very useful; increased my confidence to work and equipped me on how to relate and work with people; particularly I was able to develop my communication skills, etc.

In order to update my knowledge I read books (NISD's). I discuss with other friends and colleagues who are working in the counselling field.

I see that gaps exist in my training- like we didn't have the opportunity of learning the skills on how to do counselling or talk to people systematically.

I feel that I need to know more and be trained related to child rights and women's rights; laws related to domestic violence (to give them legal advice). Also, I like to be trained on how to support people with depression.

## **RESOURCES**

I could say that there is only human resource available. We do not have any other basic facilities . I go to the field by bus or push bicycle. It will be very helpful if we can have adequate office space and a good private space for counselling meetings at the office. Transport facilities are very important and will be very helpful for us to be more effective if available. We need phone and communication facilities too.

I listen to music, talk to friends, sleep and take rest, exercise, I do have a boxing pillow and I use it 😊 (for whenever I feel angry – I was really angry when I found out that a father was sexually abusing his daughter and he was threatening the child with a locally made gun); play cricket with the youth and I also coach them– these are the way in which I take care of myself! I used to participate in running (100 meters). I also dance (I learnt break dance sometimes ago with my friends 😊! Some of the friends from the same university and the same village are staying together in Manthai East; in the evening we sing, play and enjoy our time. We cook for ourselves too!

## **GAPS AND RECOMMENDATION**

I find it difficult to work much due to the geographical distances and even the road access is extremely difficult (during rainy seasons it gets flooded). The absence of basic work facilities (office and equipments) also hinders and delays our work.

If we are able to mobilize other service support (funding and material support) so that we will be able to provide to the people (counselling alone would not help as they have a lot of practical difficulties and needs) and this will make me feel satisfied.

I feel that I can do the works that I am doing – I am getting support through the workshops and trainings available in the area for the moment!

## **IN-DEPTH INTERVIEW - 24**

### **PERSONAL DATA:**

My office is located around 23 km from where I am working and it takes around one hour by bus (I have to take two buses). I live with my parents and I travel every day.

### **SERVICE**

I am based at the office on all days of the week. I get referrals from WDO, GS, Police (women's desk), CRPA, SSO and other staff. Children and their parents are often referred to me. They come with problems like school drop outs (children drop out themselves and in some other circumstances the parents stop them from school due to livelihood difficulties) and also children who do not have parents. Women have family problems leading towards divorce (husband beating, drinking alcohol, husband having extra marital affairs). I spend around 45 minutes with clients (children or individuals) and with parents/families it takes around one hour. There is no physical space available for me to meet with the clients in private. Often, I have to take them outside or even under the trees. I have some clients come to meet me once a week and a few others come to see me whenever they want or when possible for them to travel. Most clients are living under economic difficulties and they

are unable to pay for their transport to come to the office and I do not have the facility to visit them too. There are no regular buses to these areas too. Our section/unit (women and children) will be made as a separate unit (a small section to be allocated within the office) in future (Child and Women Development Unit like in other DS offices). I work under the DS and I have just received the duty list (when I visited the Ministry in Colombo I asked for the duty list and it was given in Sinhala, which I do not understand). I work with my team and I work mostly with the WDO. I go to the village along with other team members and also with the CA of the MSS when they conduct awareness raising activities. I am able to deal with cases related to children and dropping out from school but I find it difficult to deal with cases related to family problems and particularly divorce. Whenever, I find it difficult I refer them to the WDO, CRPO, the CA of MSS and the GS too.

I am not certain about what I should do in terms of my work or task (now I have a duty list but should get it translated and discuss with the DS). I am held up in the office (I do not have any arrangement and support to follow up with the clients and people in the village who are unable to come to the office) and I am unable to work according to the needs of the clients and communities. I was not very worried earlier but now feel very down even after I have received the confirmation for permanent appointment (I am still not clear of what to do); since I am formally taken in like other staff (WDO, CRPA, etc.) but I do not have a systematic role to play. I am satisfied that I have received the permanent appointment and it has been confirmed (just a week ago). My line manager is the DS and I am able to contact him whenever necessary and he is supportive.

## TRAINING AND SKILLS

I hold a BA and specialized in Sociology. The degree programme had a module on counselling and it was for six months. Later, I followed the Diploma in Counselling for a year at a local centre. Particularly, the course been very useful since it had a practical component (during the course I had to meet with clients and write reports). I also had the opportunity do a study about the psychological impacts after the grade five scholarship examination results (2011). There was training on how to talk to the clients too (coaching). I am able to understand the context and work now, as I had the opportunity to learn about society and had a lot of field work. For my degree, I did my thesis on how local institutions have been supportive to overcome addiction to alcohol. Recently, I followed the NISD's certificate course on Counselling and Psychosocial intervention for 6 months. I have also been following various workshops offered by NGOs like Save the Children, UNHCR, UNICEF and etc. Further, some other workshops are organized through the probation department with funding from NGOs. There are also case conferences at office once or twice a month. I read books (Fr. Stalin's, Fr. Vincent Partick's and etc.) to update my knowledge. I also

regularly read journals (Naan, Anjali, Manudam, etc.). If I have had more practical hours and coaching on counselling work, it would have been very useful for my work now. There was no follow up after the courses in general; there was no continued discussion or practice related support. In short, the courses were not much oriented to prepare us for the work that I am doing now. Maybe the NISD's course was somehow relevant as it was offered after we were appointed as CAs and it was organized by the Ministry. I would like to be trained further on how to deal with clients and their issues. I would prefer trainings to be conducted separately for counsellors and specifically around issues that we are working on and about what outcomes are expected from us. I do not know what I should do in my work or how I should work around the problems that people come with (what are the cases that I am expected to handle; for instance, when persons mention about intending to commit suicide I am scared!) So, it will be good to provide training on those areas which we are supposed to work and then how we could refer clients to other services too.

## RESOURCES

Maybe I would say, that I have been appointed now; it is very useful for me to have a base. Other than this there is no guidance, space and facilities to do my work. If these are available my work will become more effective. Whenever, I have problems or difficulties I talk about my problems with my colleagues (WDO, CRPA and the CA of MSS), I pray, I play netball on Saturdays and Sundays and I am involved in the Youth Club at my place of worship which have very useful for me.

## GAPS AND RECOMMENDATION

No transport facility and lack of and difficulty in accessing geographical locations which are isolated (I feel insecure when travelling), uncertainty about my job, etc. hinders my work. I will feel satisfied if I get more training and technical support while we do the work; I would consider this an important thing to find satisfaction. In the beginning of my appointment, I felt I was wasting my time a bit – I was not given any task, but after the appointment has been confirmed these concerns will be taken into considerations.

## IN-DEPTH INTERVIEW - 25

### PERSONAL DATA:

My home is 1 ½ km distance from my office. I travel by motor bike and it takes around five minutes. I am not married and live with parents.

### SERVICE

I work within the Child and Women Development Unit at the DS office (this unit is newly



opened and is located in a separate small building). This section is occupied by the PO (who is attached to the courts and comes and works), WDO, CRPA, ECDA, Child Protection and Psychosocial Officer. My direct supervisor is the ADS who is in-charge of the field staff. I also closely work with other units such as Social Care, Foreign Employment Ministry, Rural Development Officer and etc. who are at the DS office. The relationship with them is based on administrative arrangements according to the DS. I do not have a list of duty, since I am working and attached to the child development unit I get referrals related to children (between 5 to 18 years). I come across children with PTSD, emotional shock, depression, dropping out from school and etc. On all days of the week I am based at the office. I do not have designated field work days but I do go to the field whenever it's necessary to follow up and I if get referrals or complaints. I do assist other staff on conducting awareness activities related to child rights, protection and child abuse. These activities are conducted in the villages and the schools as well. I also attend to child abuse cases for instance I accompany the PO and later when the children are referred to the MHU. The children (clients) come to meet me once a week (around two or three clients are on a regular basis at the moment) and there are also a few (around three) who come to see me once in a month. I also visit some clients in the field- depending on the case I meet them regularly (once a week). Sometimes, I find it difficult to deal with some cases, e.g. students or children who do not talk (they don't open up); I refer them to the MHU or I discuss with the PO and bring those cases to the case conferences (if I have not been able to take any action).

I find that in my work I'm in a position to provide some support for those who are coming in search of assistance. The ADS is my line manager and I am able to contact her whenever necessary. I meet her during the office hour and she is accessible when necessary. I am satisfied that I am able to support those in need and find assistance through other colleagues.

## **TRAINING AND SKILLS**

I hold a BA in psychology. I have also done a PGDip. in Library and Information Science. Further, I followed the Diploma in Community Psychosocial Work offered by a local organization. The courses were useful in that I am able to handle cases now with some confidence but not much specificity (I need to learn how to deal with some specific problems). In order to update my knowledge for my work I read books written by Fr. Stalin, Dr. Sivayokan and some others. I read leaflets published by various NGOs. The degree was mostly theoretical but the Diploma course had a practical component, though issues were not specifically looked into. I feel that the notes given at the university is almost the same as the same notes are repeatedly given and it has not been updated. In those courses there was no adequate practical training on how to do counselling and handle cases. I would like to receive training on Mental Health and Psychosocial work, case management, counselling



skills, laws related to children and women, and language skills – English and Sinhala, and communication skills too!

## **RESOURCES**

The resources are NGOs’ support for livelihood assistances and educational assistances (for children and families); I have a table and office space; I also have access to a computer; and I can use the office phone to call (its placed inside the main office). I feel that if I have further training (counselling), technical support and support for case management, and can gain knowledge on women and children related issues, my work will be much more effective. I have a good team and they are very supportive; we are able to share and discuss about our work and related feelings and these are the ways I manage my work stress.

## **GAPS AND RECOMMENDATION**

Some villages are distant; we do not have transport facilities; availability of other support services. I will be satisfied if I develop and receive support to develop my skills. I am not sure how to say what will make me feel “able”, sometimes I do not know much to say since I do not know what to say! I have only very recently started working and practicing counselling.

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