

**Final Report**  
**Evaluation of 11 Years of Service Data**  
**From**



**April, 2007**

*Prepared by*



## **Executive Summary**

### ***Purpose of Evaluation***

The purpose of this evaluation was to develop a profile of Rapport's clients, determine the impact of the services provided, and (if possible) to link outcomes achieved to specific best practices. The project involved the extraction and analysis of service data from Rapport's in-house client tracking systems. These data include information on client demographics, type and amount of service provided, client perceptions of treatment outcomes, and client satisfaction. The findings of this evaluation may provide clues for how best to provide community-based mental health services to youth and families.

### ***Description of Program***

Rapport Youth & Family Services is a not-for-profit charitable organization serving youth in the Region of Peel, Ontario, Canada. The organization's mandate is to strengthen the social and emotional well-being of youth and families through counselling and related support services. Rapport's target population is youth and families. The agency typically serves 1,500 - 2,000 youth each year. The agency's structure includes three main components, namely; Administration/Community Relations, Programming, and Program Supports (See program logic model; p. 5). The Administration and Community Relations component involves such general management and administrative tasks as; policy development, staff supervision, program development, and regulation of case flow as well as networking with other community organizations, and the marketing and promotion of Rapport's services. Programming has three major sub divisions. These are counselling therapy, group programs and ECLYPSE; multi-service youth drop-in program that was initiated by Rapport in 1999. Program Supports, the third component, involves intake assessment and referral services.

### ***Findings***

Rapport Youth & Family Services received over 7,000 new clients between April, 1995 and March, 2006. During this period, the majority of Rapport's new clients came from Brampton (53%) and Mississauga (41%). They were 54% female and 46% male. A majority (90%) of them were in secondary institutions. The average age of new clients was 16.5 years. The average age of new clients increased gradually from 15.9 years in 1995/1996 to a high of 18.6 years in 2003/2004 suggesting a change in Rapport's outreach focus and strategies.

About 15 percent of Rapport's clients sought services from Rapport on more than one occasion. Altogether, the total number of new cases during the 11-period under study was 8,714.<sup>1</sup> The total number of new cases per year showed much fluctuation during the period: the smallest number of new clients received in any one year period was 640 in 1999/2000 and the highest was 1,081 in 2002/2003.

The demographics of Rapport's clients showed great ethnic diversity. During the first 9 years of the period under study, Rapport served new clients from thirty-two different ethnic

---

<sup>1</sup> Clients who received service at Rapport for a period of time, and then had their case closed, sometimes returned at a later date for further treatment. Rapport's tracking systems treated these returning clients as new cases.

backgrounds including Asia, Africa, North America, South America, Eastern Europe, Western Europe and the Middle East. Overall, 25% of new clients were from ethnic minority groups, 45% described themselves as Canadian, and 23% were of European origin. A trend analysis of clients by ethnicity from April, 1995 to March, 2003<sup>2</sup> showed that the percentage of ethnic minority clients increased from 24% in 1995 to 40% in 2003.

Three main categories of issues emerged as the most common among individuals who used Rapport's services. These were conduct issues, family and peer relational issues, and anxieties, depression and emotional issues. About 41% of all cases presented were conduct issues, 26% were family, peer or relational issues and 16% were anxieties, depression or emotional issues. Male clients were more likely to present conduct issues compared to female clients while female clients were more likely than male clients to present family, peer and relational issues, and anxieties, depression and emotional issues. An analysis of presenting issues by geographical area revealed a similar pattern for Rapport's three main geographical areas.

Outcome evaluation by self-report inventories found that Rapport's services made significant positive changes in the lives of clients and their families. On the average, clients experience significant positive improvements in family dynamics, fighting in the home, and interactions at school. The analysis did not reveal any gender differences in the outcomes indicating that both male and female clients benefited from Rapport's services.

Client satisfaction was high among people who used Rapport's services: 99.5% of clients who completed the client satisfaction questionnaire said they were satisfied with Rapport's services, 93% said they received the services they needed, and 95% said the services they received helped them to better deal with their problems. Consistent with the high levels of satisfaction reported, 90% of clients rated Rapport's services as good or excellent, 93% of them indicated that they would return to Rapport if they needed help, and 95% said they would recommend Rapport if a friend needed help.

## ***Conclusion and Recommendations***

A majority of new clients (91%) who participated in Rapport's individual, family and group programs during the period under study said the services they received made positive changes in their lives. Most of them reported decreases in family problems and personal problems. In addition, most clients reported increases in such prosocial behaviours as families' abilities to solve problems and share their feelings and thoughts with each other.

The data analyses found no significant demographic differences in outcomes and client satisfaction. This was indicative that Rapport provides effective services for all clients regardless of the type of issues they present with, their ethnic backgrounds, or where they live. These findings suggested that Rapport's services are very effective and inclusive and are making a great difference in the lives of youth and their families in the Peel Region.

---

<sup>2</sup> Ethnicity was not tracked after the switch from CSMS database to the Athena database

The findings of this research further demonstrated that as a key counselling service in the Peel Region, Rapport commands a high level of confidence among its clients. Performance indicators suggested high levels of support for Rapport among its clients. Ninety-one percent of all clients who completed the client satisfaction questionnaire said Rapport's services made positive changes in their lives. According to these clients, Rapport provided them with the services they needed and that the services they received met their needs. A majority of them expressed high levels of satisfaction with Rapport's services and indicated that they were very likely to return to Rapport if they needed help in the future, and would readily recommend Rapport if their friends needed help.

In conclusion, Rapport offers very important services to youth and families in the Peel Region and beyond. Its clients are diverse in gender, ethnicity and types of presenting issues. Performance indicators suggest that Rapport's services are having very positive impacts on its clients and their families. A majority of clients indicated that they were satisfied with the services they received from this agency. It may be inferred from the ethnic and cultural diversity of service users and the high levels of satisfaction expressed by all groups that Rapport's services are inclusive.

### ***Recommendations***

Analyses suggest that the new tracking system is working well for Rapport. Although the new outcomes measurement tool is simpler, it appears to track Rapport's impact effectively. Both outcomes measurement tools suggested similar patterns of impact.

Findings presented here suggest that Rapport is reaching youth across Peel Region. It is especially interesting that Rapport appears to be effective with youth in a variety of different life situations. Positive impacts were detected for youth of all ages, who came through a variety of referral sources with a range of presenting issues. Further investigation of this impressive finding may yield useful insights about Rapport's approach that could be shared more broadly.

Given that Rapport often works with youth at risk, the proportion of clients who report that they are satisfied with the service is also encouraging.

Youth from Mississauga and Asian youth emerged from these analyses as populations that Rapport may be reaching less frequently.<sup>3</sup> It may be worthwhile to explore these differences more fully and develop outreach strategies where warranted. It may also be constructive to discuss whether Rapport is satisfied with the degree to which it is reaching clients who need support around separation or abuse.

The proportion of clients who completed the outcome surveys at all three stages in the CSMS database (1995-2003) was 20% while the proportion of clients who completed both stages of outcome surveys in the Athena database (2003-2006) was 27%. Moreover, a significantly higher proportion of male clients (30.8%) completed outcome surveys at both stages in the Athena database than female clients (23.6%) (see table 21 in appendix 1). Although the total

---

<sup>3</sup> Although Rapport serves many Asian students, they serve a relatively low proportion of the local Asian population.

numbers of male clients ( $n = 117$ ) and female clients ( $n = 105$ ) who were included in the analyses were comparable, we must be cautious in generalizing the findings to female clients because of the differences in completion rates.

Rapport should consider strategies to increase the proportion of clients that complete evaluation forms at posttest. In particular, Rapport should attempt to identify the reasons why girls are less likely to complete posttest evaluations.

## Acknowledgements

### *An Evaluation Conceived by Rapport Youth & Family Services and Funded by:*

The Grants and Awards Program of the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO  
401 Smyth Rd.  
Ottawa, ON  
K1H 8L1

### *Conducted by*

Centre for Research and Education in Human Services  
73 King St. W., Suite 300  
Kitchener, Ontario  
N2G 1A7  
[www.crehs.on.ca](http://www.crehs.on.ca)

### **Contact:**

For a hard copy or inquiries regarding this evaluation please contact:  
Paul Sherman, Executive Director  
Rapport Youth & Family Services  
155 Clark Blvd., Unit 11  
Brampton, ON,  
L6T 4G6  
Telephone: (905) 455-4100  
e-mail: [psherman@rapportyouth.com](mailto:psherman@rapportyouth.com)

## Table of Contents

<b>EXECUTIVE SUMMARY.....</b>	<b>I</b>
PURPOSE OF EVALUATION .....	I
DESCRIPTION OF PROGRAM.....	I
FINDINGS .....	I
CONCLUSION AND RECOMMENDATIONS .....	II
RECOMMENDATIONS.....	III
<b>ACKNOWLEDGEMENTS.....</b>	<b>V</b>
<b>TABLE OF CONTENTS.....</b>	<b>VI</b>
<b>INDEX OF TABLES AND FIGURES .....</b>	<b>VIII</b>
<b>INTRODUCTION.....</b>	<b>1</b>
PURPOSE OF THIS EVALUATION .....	1
DESCRIPTION OF PROGRAM.....	1
<i>Mandate</i> .....	1
<i>Structure</i> .....	2
<i>Target Population</i> .....	2
REVIEW OF LITERATURE AND RELATED RESEARCH.....	2
<i>Rapport’s Background</i> .....	2
<i>Goals</i> .....	4
<i>Programs</i> .....	4
<i>Stakeholders</i> .....	8
<i>The setting</i> .....	8
PROGRAM EVALUATION.....	8
<b>METHODOLOGY.....</b>	<b>10</b>
DESIGN OF EVALUATION.....	10
<i>Sample Size</i> .....	10
SOURCES OF INFORMATION .....	10
DATA COLLECTION METHODS .....	10
<i>Outcomes Measures</i> .....	10
<i>Client Satisfaction Survey</i> .....	11
<i>Data Analysis</i> .....	11
EVALUATION LIMITATIONS.....	11
<b>EVALUATION RESULTS .....</b>	<b>13</b>
CLIENT PROFILE.....	13
<i>The Main Message:</i> .....	13
<i>Total Number of Clients Served</i> .....	13
<i>Gender</i> .....	14
<i>Age</i> .....	15
<i>Education</i> .....	17
<i>Geographical Area</i> .....	18
<i>Client Diversity</i> .....	21
PROGRAM INFORMATION .....	23
<i>The Main Message</i> .....	23
<i>Programs and Activities</i> .....	23
<i>Referral Sources</i> .....	24
<i>Presenting Issues</i> .....	25

CLIENT OUTCOMES .....	31
<i>The Main Message:</i> .....	31
<i>Technical Information on Analyses of Outcome Measures: April 1995 to March 2003</i> .....	31
<i>How representative were the clients who completed all three outcomes surveys?</i> .....	31
<i>Did Rapport have an Impact?</i> .....	32
<i>Did Rapport help some groups of clients more than others?</i> .....	33
<i>Technical Information on Analyses of Outcome Measures: April 2003-March 2006</i> .....	35
<i>How representative were the clients who completed both outcomes surveys?</i> .....	35
<i>Did Rapport have an impact?</i> .....	35
<i>Did Rapport help some groups of clients more than others?</i> .....	40
CLIENT SATISFACTION .....	41
<i>The Main Message</i> .....	41
<i>Technical Information about Analyses of Client Satisfaction Data: April 2003 to March 2006</i> .....	41
CONCLUSION AND RECOMMENDATIONS .....	43
REFERENCES: .....	45
<b>APPENDIX 1</b> .....	<b>46</b>
<b>APPENDIX 2</b> .....	<b>50</b>



## Index of Tables and Figures

Table 1: Total Number of Clients between April 1, 1995 and March 31, 2006.....	13
Table 2: Distribution of Clients by Gender .....	14
Table 3: Age Distribution of Rapport’s Clients.....	15
Table 4: Rapport’s Clients by Age Group and Gender (N=6,747).....	16
Table 5: Current Educational Level of Clients .....	17
Table 6: The Distribution of Number of Cases by Geographical Area .....	19
Table 7: A Comparison between the Proportion of Total Population in Each City and Proportion of Rapport Clients.....	21
Table 8: Ethnic Diversity of New Clients 1995-2003 (N=3,615) .....	21
Table 9: Visible Minorities as a Proportion of the Total Population of Peel Region Compared to the Proportion of Total Cases .....	22
Table 10: Primary Presenting Issue as a Percentage of Total Number of Cases (N=6,037) .....	25
Table 11: Presenting Issues by Gender (N=7,285).....	27
Table 12: Mean Outcome Ratings at Intake, Mid-test and Posttest.....	33
Table 13: Gender Differences in Personal Problems in the posttest.....	34
Table 14: Differences between Clients with Previous Treatment and Clients without Previous Treatment.....	34
Table 15: Wilcoxon Signed Ranks Test Results.....	36
Table 16: How often does your family argue or fight? (N=222).....	36
Table 17: How often do you have problems at school? (N=221).....	37
Table 18: How often do you have problems with your peers? (N=220) .....	38
Table 19: How often do your personal problems cause problems for you? (N=223) .....	39
Table 20: Gender Distribution of New Clients by Year .....	46
Table 21: Survey Completion by Gender for Outcomes Measure 2003-2006 .....	46
Table 22: A comparison of the psychometric properties of the CSQ-8 and the normative sample .....	50
Table 23: Descriptive Statistics for Client Satisfaction.....	50
Figure 1: Total Number of New Cases by Year (N = 8,714) .....	14
Figure 2: A Longitudinal Trend in Gender as a Percentage of New Clients by Year (N=7,189).....	15
Figure 3: Client Distribution by Age and Gender (N=6,470) .....	16
Figure 4: A Longitudinal Trend of Mean Age of Clients (N=6,470).....	17
Figure 5: Changes in the Number of Clients by Educational Level as a Percentage of Number of Cases per Year (N=6,148).....	18
Figure 6: Changes in the Percentage of Clients by Geographical Area (N=6,369).....	20
Figure 7: Visible Minorities vs. Other Populations by Year (N=3,358) .....	22
Figure 8: Longitudinal Trends in Referrals (N=1957) .....	24
Figure 9: New Clients with Multiple Presenting Issues as a Percentage of All Cases (N=4,698) .....	26
Figure 10: Primary Presenting Issues vs. Secondary Issues.....	27
Figure 11: Presenting Issues as a Percentage of Total Number of Cases by Gender (N=7,285).....	28
Figure 12: Changes in the Three Most Common Primary Presenting Issues as a Percentage of Cases per Year (5,956) .....	29
Figure 13: Presenting Issues as a Percentage of Total Number of Cases by Geographical Area (N=5,956) .....	30
Figure 14: Clients’ Responses by Percentage - How often does your family argue or fight? (N=117) .....	37
Figure 15: Clients’ Responses by Percentage – How often do you have problems at school? .....	38
Figure 16: Clients’ Responses by Percentage - How often do you have problems with your peers? (N=117).....	39

Figure 17: Clients' Responses by Percentage - How often do your personal problems cause problems for you? (N=117) .....	40
Figure 18: Distribution of New Clients by Age (N=5,467).....	47
Figure 19: Distribution of New Clients by Geographical Area (% of new clients) (N = 6,369).....	48
Figure 20: Referral Source as a Percentage of Cases (N = 5,789) .....	49
Figure 21: Histogram showing the distribution of client satisfaction scores for all participants (N=365).....	51
Figure 22: Normal Probability Plot for Client Satisfaction.....	52

# Evaluation of 11 Years of Rapport's Service Data

## Introduction

Mental health service providers are increasingly interested in documenting the impact of their work. In part, this interest arises because of changes in funder requirements. However, it also reflects a growing acknowledgement within this sector that ongoing reflection on outcomes achieved is a useful way to ensure that services remain responsive to client needs and high in quality.

Rapport Youth & Family Services has utilized a comprehensive client services database since 1995. Like many such databases, Rapport's system collects a wealth of demographic and service provision information. However, Rapport's approach is unusual in that it has also tracked client outcomes on thousands of youth. While Rapport has conducted basic analyses of these data on an ongoing basis, much of the information remained buried in the database system due to lack of resources.

### ***Purpose of This Evaluation***

The purpose of this evaluation was to conduct a systematic and thorough analysis of this rich data, in order to develop a more complete profile of Rapport's clients and outcomes. It was also hoped that this process might help to identify best practices for youth who require counselling services. The project involved the extraction and analysis of service data including client demographic information, service records, client outcomes and client satisfaction survey data.

### ***Description of Program***

Rapport Youth & Family Services is a not-for-profit charitable organization serving youth in the Region of Peel, Ontario, Canada. The agency's main office is located in Brampton, Ontario.

### **Mandate**

Rapport's mandate, as reflected in its mission statement is, to strengthen the social and emotional well-being of youth and families through counselling and related support services. To meet this mandate Rapport addresses five objectives when implementing its services, or when developing new programs:

- To reflect the client diversity in Peel.
- To respond to the changing needs of youth and families.
- To promote the clients' well-being by providing strength-based services.
- To provide accessible services that is effective and accountable.
- To enhance client services through community partnerships.

## **Structure**

Rapport has three main components, namely; Administration/Community Relations, Programming, and Program Supports (See Rapport program logic model below). The Administration/Community Relations component involves such general management and administrative tasks as; policy development, staff supervision, program development, and regulation of case flow as well as networking with other community organizations, and the marketing and promotion of Rapport's services. Programming has three major sub divisions, namely; counselling therapy, group programs and ECLYPSE. ECLYPSE is a multi-service youth drop-in program that was initiated by Rapport in 1999. The third component, Program Supports, involves intake assessment and referral services.

## **Target Population**

Rapport's target population is youth and families. The agency typically serves 1,500 - 2,000 youth each year, depending on project funding received during any given year. For instance, in 2005/06 Rapport provided services to 1,977 clients of which the largest number (60%) received individual, family, or group counselling. Another 28% participated in the ECLYPSE drop-in program, while the remainder (12%) received some form of consultation or referral to another community agency. The analyses presented here focus on Rapport's individual, family and group counselling.

## ***Review of Literature and Related Research***

The literature review for this evaluation was done in two parts. Part one presents Rapport's background and evolution as a key youth and family counselling service in the Peel Region and part two presents a brief review of the literature on service evaluation.

## **Rapport's Background**

In October 1969, a small group of Sheridan College students responded to the drug culture by initiating *RAP*, a 24 hour crisis intervention service to young people suffering adverse effects from the non-medical use of drugs. Drug education and information programs were also offered.

In the summer of 1970 financial support was obtained from Town Council and *RAP* became *Rapport House*, offering crisis intervention and counselling to young people experiencing drug related problems. Services included parent/teen mediation, education for parents concerning drugs, regular visits to adolescents in the psychiatric ward at Peel Memorial Hospital, and acting as a resource to the community concerning adolescents and drug use.

In January 1971, *Rapport House* obtained official status as a non-profit charitable organization and funding support was obtained from The United Way of Peel and the County of Peel government.

During the 1970's, *Rapport House* began to see a shift in referrals from adolescents encountering drug related problems to adolescents experiencing a range of adjustment problems. As well, most of the presenting problems related to substance abuse were in fact symptoms of other more serious underlying problems related to personal functioning and family functioning. With this change and the increasing number of referrals, *Rapport House*

grew from two staff in 1970, to four full-time and two part-time staff in 1980. All direct service staff were required to have professional backgrounds in Social Work. By the late 1980's, *Rapport House* was ready to expand its programs to ensure professional and accessible service for youth into the next decade. In 1989/90 through continued funding from The United Way and the Region of Peel, and additional funding from the Ministry of Community and Social Services, *Rapport House* doubled its staffing resources. Addressing the increased need for services in a geographically diverse population, *Rapport House* moved its Head Office location to Brampton, while maintaining a satellite office in Mississauga. Additional staff were hired for the expansion of the Core Counselling Program and for the new collaborative programs with community agencies that responded to the needs of high risk, hard-to-engage families, and sexually abused adolescents.

In 1990, the agency once again changed its name to *Rapport Youth and Family Counselling of Peel Inc.* to more accurately reflect its mandate and scope of services. The early 1990's was a period of stability for *Rapport*. The agency focused on internal development of its client services, staffing and evaluative components. In 1995, provincial government cutbacks to social service agencies saw *Rapport* lose roughly 25% of its ongoing funding, including a long-standing funding arrangement with the Region of Peel. *Rapport's* response to this temporary setback was to reorganize its services and staffing structure to make the most efficient use of its remaining resources.

*Rapport* has now experienced nearly four decades of helping troubled young people and their families. This experience, along with support from the community, has allowed the agency to adapt to the needs of adolescents and their families, and to the community at large. *Rapport's* commitment to responding to community needs allows the agency to plan its services in a dynamic and progressive manner.

Over the past decade some of the organizational changes that reflect this approach are: modifications to service delivery methodology, participation in collaborative ventures with other youth serving agencies, development of an electronic client database and evaluation system, strategic relocation of offices, development of an active volunteer component, and reallocation of resources to remain viable in an uncertain economic climate. Over the past few years, *Rapport* has been steadily developing new programs to support its core business—counselling services. This service direction was confirmed by the Board of Directors in *Rapport's* Strategic Plan for the five year period from 2002-07, and as a result a new legal name, *Rapport Youth & Family Services*, was adopted. While not a significant departure from its previous moniker, the new name does reflect *Rapport's* movement toward providing adjunctive services to support youth in Peel.

As of 2007, *Rapport's* key services are individual and family counselling, group counselling and support, and a drop-in program. Its staffing compliment includes professionally trained counsellors and youth workers, support staff, and administrative/management staff. A dedicated volunteer Board of Directors representing a broad cross-section of community interests oversees the progress of the agency and ensures accountability to the community and ultimately to the clients that *Rapport* serves.

## Goals

Rapport's motto is "Happier Youth, Healthier Communities". Youth (and their families) who approach Rapport for assistance all have some degree of unhappiness related to the challenges they are facing in life. Rapport believe that enabling young persons to overcome their difficulties produces a greater sense of happiness in the youth, and this in turn can have positive effects in their interactions with others and lead to a healthier community where the youths interact. Towards this end, some of the goals that the agency has in working with youth and their families are:

- Increased communication skills
- Increased healthy relations within families
- Increased anger management skills
- Increased stress reduction skills
- Increased use of healthy coping mechanisms
- Increased individual self-worth
- Increased social and emotional well-being
- Increased school success
- Decreased involvement with the child welfare and youth justice systems

## Programs

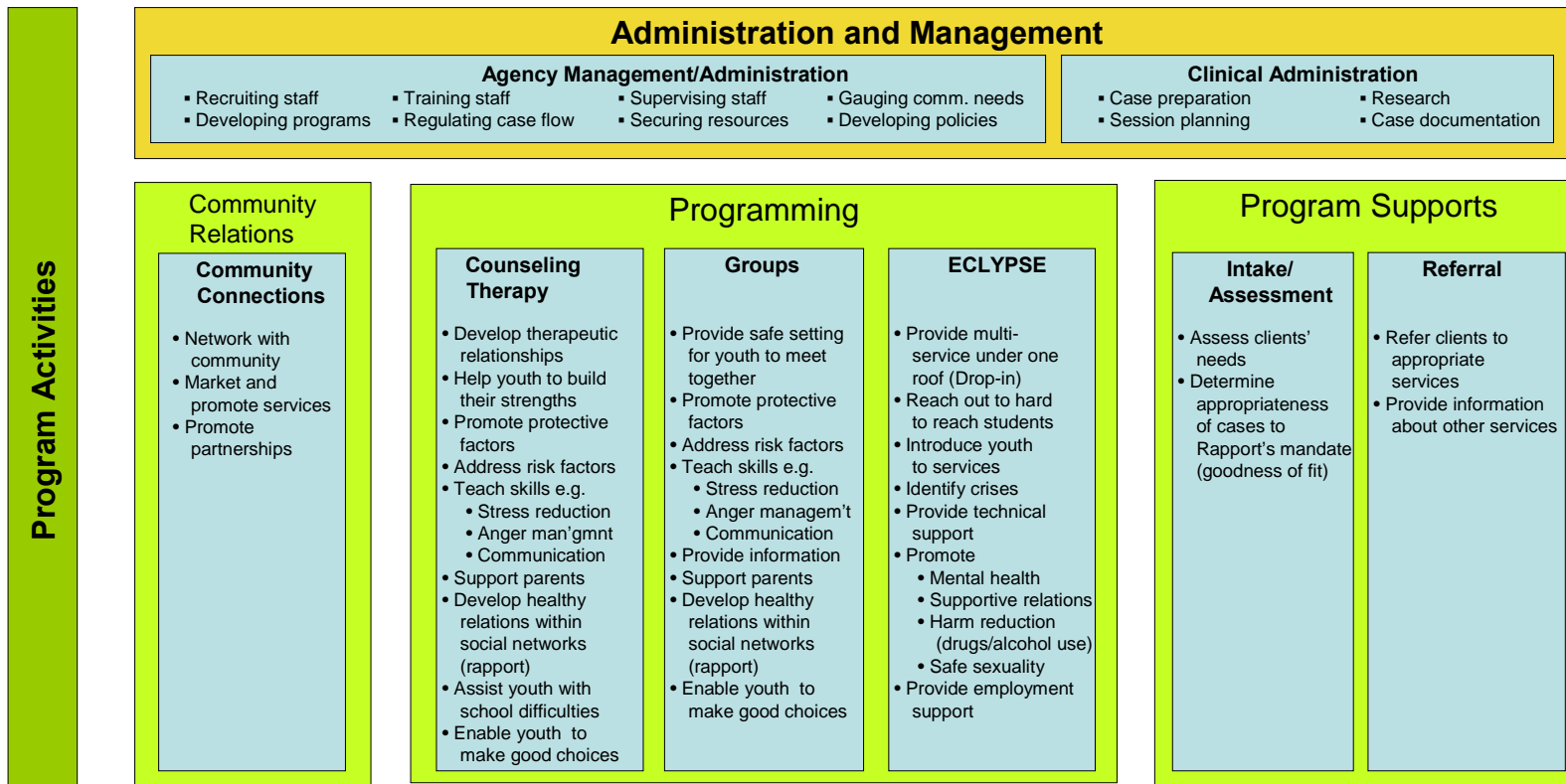
Rapport primarily provides individual, family, and group counselling services for adolescents and young adults experiencing personal, social, or familial discord. Clients seen at Rapport are between 12 and 20 years of age, and are either residing, attending school or working in Peel Region. Family members also participate in programs, but only when the "primary client" falls in this age range. All services at Rapport are provided on a voluntary and confidential basis, with clients being seen at one of Rapport's three office locations or in a variety of community settings.

Rapport offers two distinct counselling programs. Youth aged 12 to 15 years old who are facing imminent risk of leaving home, and who are also indicating reluctance to engage in counselling, may be eligible for the Counselling Program for Families at Risk. Young persons aged 12 to 20 years old requiring counselling assistance may be eligible for the more generic Youth Counselling Program. Rapport's extensive Groups program currently provides a variety of curriculum-based support groups in elementary and secondary school settings across Peel Region, as well as social skills groups at Rapport's main office.

Rapport is also involved in a number of collaborative service partnerships aimed at strengthening services for youth and families in Peel Region. Rapport operates ECLYPSE, a multi-service youth drop-in program initiated by Rapport in 1999 that provides a variety of services for youth under one roof through various service providers in Brampton. Rapport is also the operations lead for the Peel Mentoring Network, which aims at strengthening the capacity of Peel health and social service organizations to provide mentoring activities. Rapport strongly believes in the value and benefits associated with volunteerism and mentoring, and promotes these practices in various activities as opportunities arise.

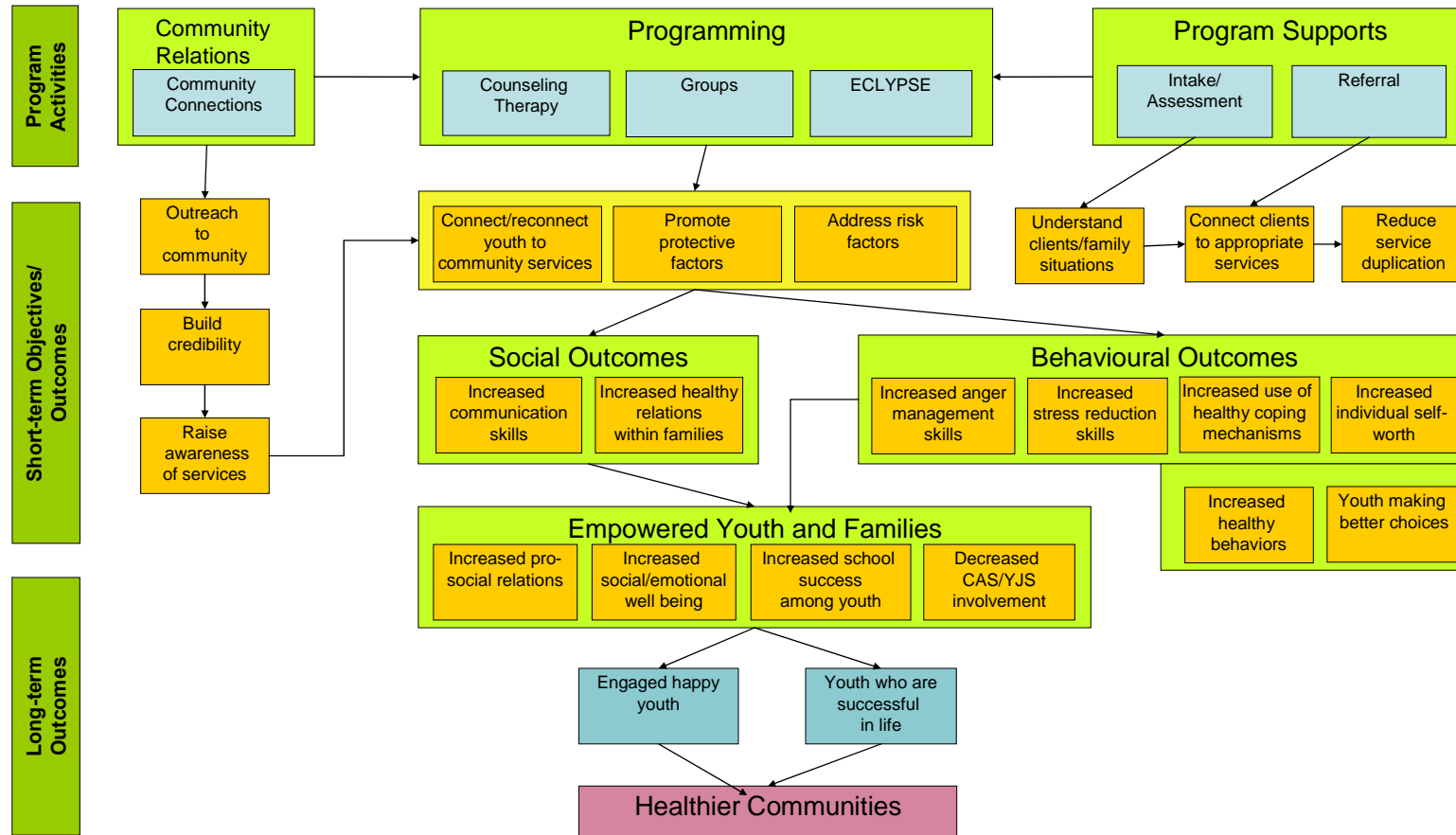
Figure 1, below, is a program logic model that summarizes the goals and programs that make up Rapport's counselling service.

# Rapport Youth & Family Services: Details of Program Activities





# Rapport Youth & Family Services: Linking Activities to Short-term and Long-term Objectives



## **Stakeholders**

The stakeholders with an interest in this evaluation are the youth and families that use Rapport's services and Rapport's staff and management and funders. It is important for all these stakeholder groups to gauge the effectiveness of Rapport's services and identify evidence of best practices that can inform future planning and programming.

## **The setting**

The Region encompasses three municipalities directly to the west of Toronto, and is comprised of the cities of Brampton and Mississauga, and the town of Caledon. Mississauga occupies the southernmost portion of the region, a city of 668,549 (the sixth largest in Canada) that reaches from Lake Ontario north to Highway 407. In the centre is Brampton, a smaller city of 433,806 (ranked 14th by population). The largest (in area) and the most sparsely populated part of the region is Caledon, which is home to 57,050 residents. The Region of Peel is the second-largest municipality in Ontario after Toronto. The regional seat is in Brampton. Owing to immigration and its transportation infrastructure (seven highways serve Peel and Toronto Pearson International Airport is mostly within its boundaries), the Region of Peel is a rapidly-growing area with a young population and an increasing profile. With a total population of 1,159,405 (2006 census data), Peel residents make up 9.5% of the Ontario population and 3.7% of the total Canadian population. It is the seventh fastest growing region in Canada, and the second fastest growing region in Ontario.

## ***Program Evaluation***

Over the past four to five decades, evaluation of services has gained prominence in health, mental health, and other social and human services (Alston & Bowles, 2003; Peeled & Spiro, 1998; Rush & Harris, 2000). Blalock (1999) attributed the increasing importance of service evaluation to a convergence between the performance management movement which emphasizes the economic rationality and quality assurance of services, and the evaluation research movement which stresses the importance of understanding the underlying processes of service planning and delivery.

Both policy makers and workers in the field recognize the importance of being accountable for services provided, the resources expended, and the outcomes intended in these sectors. Record increases in the use of mental health services and the rising cost of both general health care and mental health services have fuelled calls across sectors for performance monitoring through effective measurement of the outcomes, assessment of cost efficiency, and cost benefit analysis of programs (Brokowski, 1991; Zimet, 1989).

Program evaluation is a means for applying social research procedures towards increasing our understanding of the complex relationships embedded in the design social programs, understanding their implementation processes and measuring and monitoring their outcomes (Peeled & Spiro, 1998). Evaluation research therefore provides science-based evidence for linking programs to their outcomes. The further provide necessary and pertinent information for effective program planning and best practice in service delivery.

Over the years, several instruments with varying levels of complexity have been developed and utilized for outcome measurement. Two of the most commonly used among these instruments are the Client Satisfaction Questionnaire (CSQ-8; Nguyen, Attkisson, & Steigner, 1983) and the Service Satisfaction Scale (SSS-30; Greenfield & Attkisson, 1989a). The SSS-30, which is a multifactorial outcome measurement instrument, assesses various components of satisfaction including the manner and skill with which practitioners carry out their work, perceived outcomes of a program, office procedures and access to the program. The CSQ-8 on the other hand measures a unitary factor of satisfaction, however, its scores have been found to have high correlation with the full SSS-30 scale for which the CSQ-8 was a concurrent validation tool. The CSQ-8 is therefore a convenient tool for measuring client satisfaction as a unitary factor.

The current research project is a goal focused evaluation of counselling services provided by Rapport to youth in the Peel Region of Ontario. Its purpose was to develop a profile of Rapport's clients and measure service outcomes with the aim of providing evidence of best practice in counselling services for youth and families. For this purpose Rapport used two different outcomes measurement instruments and the CSQ-8 for measuring outcomes. The following section of this report describes the methodology used in the evaluation process and outlines the research findings.

## **Methodology**

Data for this evaluation was service data recorded by Rapport between April 1, 1995 and March 31, 2006. During this period, Rapport used two main databases for recording, namely, CSMS database and Athena Software's Penelope database. The CSMS database was used to record client demographic data, service data and client outcome evaluation data from 1993 to 2003. In 2003, Rapport switched from the CSMS system to the Athena database which also included client demographic data, service data, client outcome evaluation data and client satisfaction data. Data covering the period from April 1, 1995 to March 31, 2003 was therefore obtained from the CSMS database while data for the period from April 1, 2003 to March 31, 2006 was obtained from the Athena database.

### ***Design of Evaluation***

The design of this evaluation was the retrieval and analysis of archival data. The data retrieved included information recorded at the beginning, during and at the end of service to clients. It therefore included descriptive service data, data from a pretest and posttest outcome measure, and data from a client satisfaction questionnaire that was administered once at the end of counselling.

### **Sample Size**

The sample size for this evaluation is 7,279 individuals who sought core counselling services from Rapport Youth & Family Services between April 1, 1995 and March 31, 2006. New clients served by Rapport during this period were between ages 11 and 25 and were 53.8% female and 46.23% male.

### ***Sources of information***

The main sources of information for this evaluation were two databases used by Rapport during the period under study. The data retrieved from Rapport's data systems included service information recorded by Rapport staff and self-report inventories completed by Rapport's clients.

### ***Data Collection Methods***

Rapport keeps an up to date record on clients from the time they are referred to the agency to the end of counselling. In order to measure client outcomes, Rapport staff administered a pretest, mid-test and posttest questionnaire to clients. In addition, staff administered a client satisfaction questionnaire to clients at the end of programs to gauge clients' satisfaction with services.

### **Outcomes Measures**

Between April 1, 1995 and March 31, 2003, Rapport used a 10 point scale evaluation tool for measuring client outcomes before, during and after service. This outcome evaluation tool had four sections. Section A was made up of three self-report items that assessed family problems and families' ability to resolve them. Section B was made up of 12 self-report items that assessed the frequency of individual client problems at home, school, with the police, and with drugs and alcohol. Section C presented a client's average score on the items to which he/she

responded while section D was completed by counsellors at the beginning of a program to indicate changes that they hoped to see at the end of the program and again at the end of the program to indicate the degree to which they felt their goals had been accomplished.

The Athena database adopted in 2003 included a different, simplified set of outcome measurement questions. This tool had four main questions that assessed the frequency of family problems, school problems, and problems with peers on a 5-point scale. This questionnaire was also completed by the client before, during and after treatment.

### **Client Satisfaction Survey**

In addition to the outcome measure, Rapport administered a 9 –item client satisfaction survey as an after service feedback mechanism. This 9-item questionnaire has been in use since the Athena database system was adopted in 2003, and it includes the 8 items of the Client Satisfaction Questionnaire (CSQ-8). The CSQ-8 which was developed at the University of California, San Francisco by Larsen, D. L., Attkisson, C. C. Hargreaves, W. A., and Nguyen, T. D. (1983), is an 8-item self-report inventory that gauges the extent to which service users were satisfied or dissatisfied with the services they had received. It is very reliable (Alpha = .87) and suitable for measuring one general satisfaction factor for service users (Attkisson & Greenfield, 1994).

### **Data Analysis**

The data retrieved was set up as excel spreadsheets which were imported into SPSS for analysis. Extensive cleaning of the data was undertaken in order to:

- Select those fields that appeared in both the old and the new client tracking systems
- Reconcile different methods of coding key variables (e.g., geographic location of client) in the two systems
- Reconcile data from clients that sought services at Rapport on two or more distinct occasions.

The data analysis involved creating a demographic profile of Rapport's clients and service description during the period under study and a measure of the organization's impact. Friedman's test was performed on the pretest, mid-test and posttest measures for the outcome measure in the CSMS data to determine whether there were significant differences among clients' responses at the three stages. On the outcome measures in the Athena data, the Wilcoxon signed ranks test for paired samples was performed to determine whether there were differences between clients' scores at intake and at the end of counselling. Furthermore, the Mann-Whitney U test and the Kruskal-Wallis test for independent variables were performed to test for differences between groups on the outcome and client satisfaction scores.

### **Evaluation Limitations**

One major limitation of this evaluation was the percentage of clients who did not complete all evaluation forms. Between April, 1995 and March, 2003, only 20% of all clients who completed an outcome assessment questionnaire at intake and during counselling also completed one at the end of counselling. For the period spanning April, 2003 to March, 2006

about 27% of clients completed the outcome questionnaire at both intake and end of counselling.

In order to strengthen the results of this evaluation in the face of this limitation, we made demographic comparisons between clients who completed the outcome questionnaire at all stages to clients who either dropped out or did not complete the questionnaire at all stages to determine if any differences existed between them. The comparisons revealed that significantly more male clients (30.8%) completed both stages of outcome surveys between April, 2003 and March, 2006 than female clients (23.6%). Although the absolute numbers of male clients ( $n = 117$ ) and female clients ( $n = 105$ ) who entered the analyses were comparable, we must be cautious in generalizing the findings to female clients because of the differences in completion rates.

Another limitation was the differences in program duration for clients. There was a low positive correlation between client satisfaction and program duration ( $r = .12$ ,  $p < .05$ ) indicating that clients who stayed longer in programs were slightly more likely to express satisfaction with Rapport's services compared to clients who were in shorter programs. The implications of this finding for client outcomes could, however, not be explored through the non-parametric methods used in this research.

## Evaluation Results

### Client Profile

#### The Main Message:

*Rapport has served a large number of youth and families (7,279 distinct clients) in the last 11 years. Overall, it appears that Rapport has served male and female youth of all ages, and has reached clients in all parts of Peel Region. The exact size and makeup of the client base has changed in some ways since 1995, but remains fairly consistent. A typical Rapport client is 15 to 19 years old and a high school student from Brampton or Mississauga. She is slightly more likely to be female than male. If she is a member of an ethno-cultural minority group, she is most likely to be of African, Caribbean, or Asian descent.*

*Comparisons with census data suggest that Rapport has reached a higher proportion of youth in need in Brampton than it has in Mississauga. Although Rapport is serving a more culturally diverse range of clients over time, tracking data also suggest that Rapport has reached some visible minority groups more frequently than others. The agency, for example, serves a proportionately larger percentage of the African/Caribbean population, and has not been as engaged with Asian youth.*

#### Total Number of Clients Served

From April 1, 1995 to March 31, 2006, the total number of new cases received by Rapport Youth and Family Services was about 8,714. This included a total of 7,279 distinct clients, 15% (1109) of whom sought services from Rapport on more than one occasion. Counting returning clients, Rapport serviced an average of about 800 new clients per year over the 11 year period. Table 1 shows the total number of clients and the numbers of clients who returned for more service or programming during the period under study.

**Table 1: Total Number of Clients between April 1, 1995 and March 31, 2006**

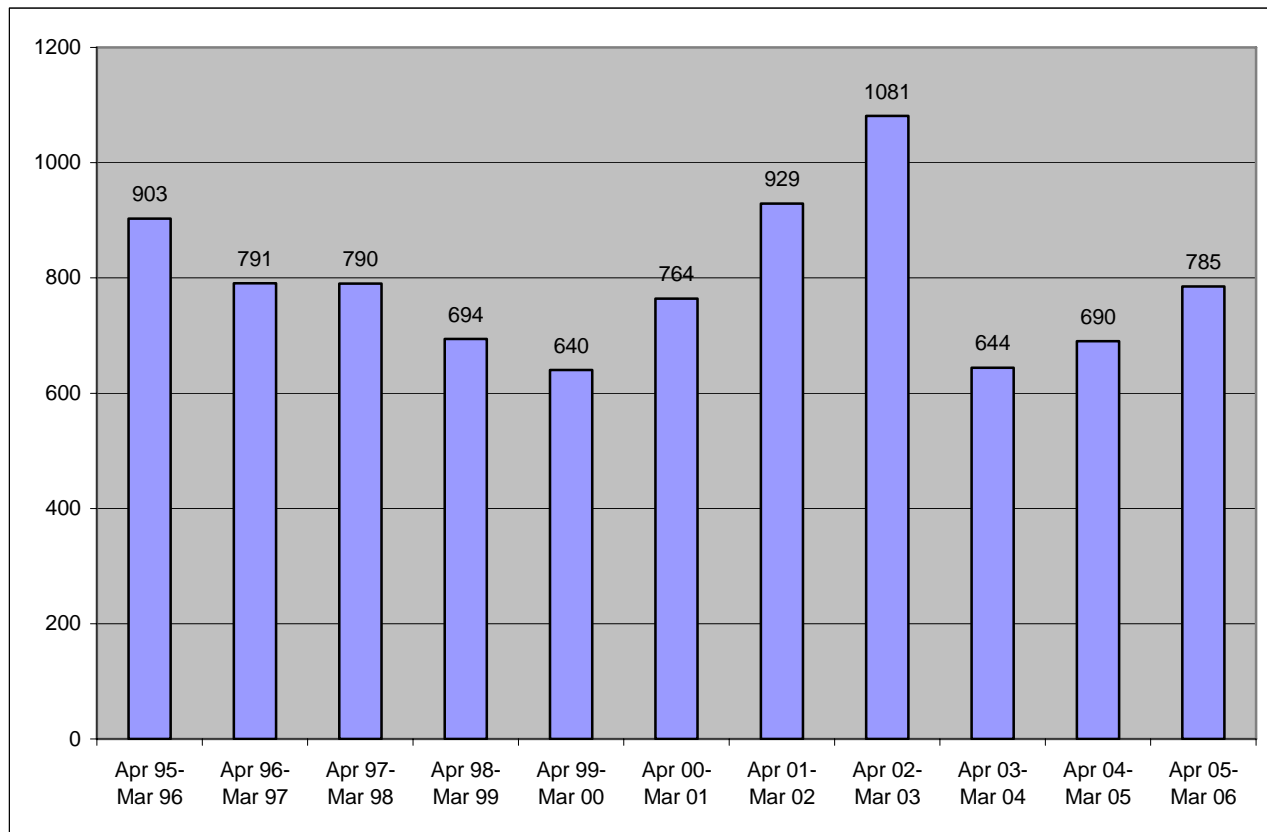
Item	Frequency	Percentage
Clients receiving services only once	6,170	84.8
Number of clients returning once for more service	871	12.0
Number of clients returning twice or more for service	238	3.2
<b>Total Number of clients</b>	<b>7,279</b>	<b>100</b>

The smallest number of new cases received by Rapport in any one year period between April, 1995 and March, 2006 was 640 cases in 2000/2001 and the largest was 1,081 cases in 2002/2003.

The total number of new core counselling cases opened by Rapport showed a decreasing trend between 1995/96 and 1999/2000 then began a gradual increase from 2000/2001 to a peak of over 1000 new cases in 2002/2003. This three-year period was a time when Rapport's ECLYPSE youth drop-in centre was very active. Although drop-in clients are not included in

this analysis, this spike in numbers for the counselling program may be related to crossover clients from ECLYPSE. The following year, the number of new cases dropped sharply from 1,081 to about 650 before rising again to almost 800 new cases in 2005/2006. Three most outstanding years in terms of the total number of new cases received were 903 in 1995/1996, 929 in 2001/2002, and 1,080 in 2002/2003. The total number of new cases received by Rapport during the 11-year period under study is presented in figure 1.

**Figure 1: Total Number of New Cases by Year (N = 8,714)**



## Gender

Rapport's new clients over the 11-period studied were significantly more likely to be female than male<sup>4</sup>. Of the 7,189 new clients whose gender were recorded, 3,871 (53.8%) were female and 3,318 (46.2%) were male. Table 2 shows client distribution by gender over the 11-year period under study.

**Table 2: Distribution of Clients by Gender**

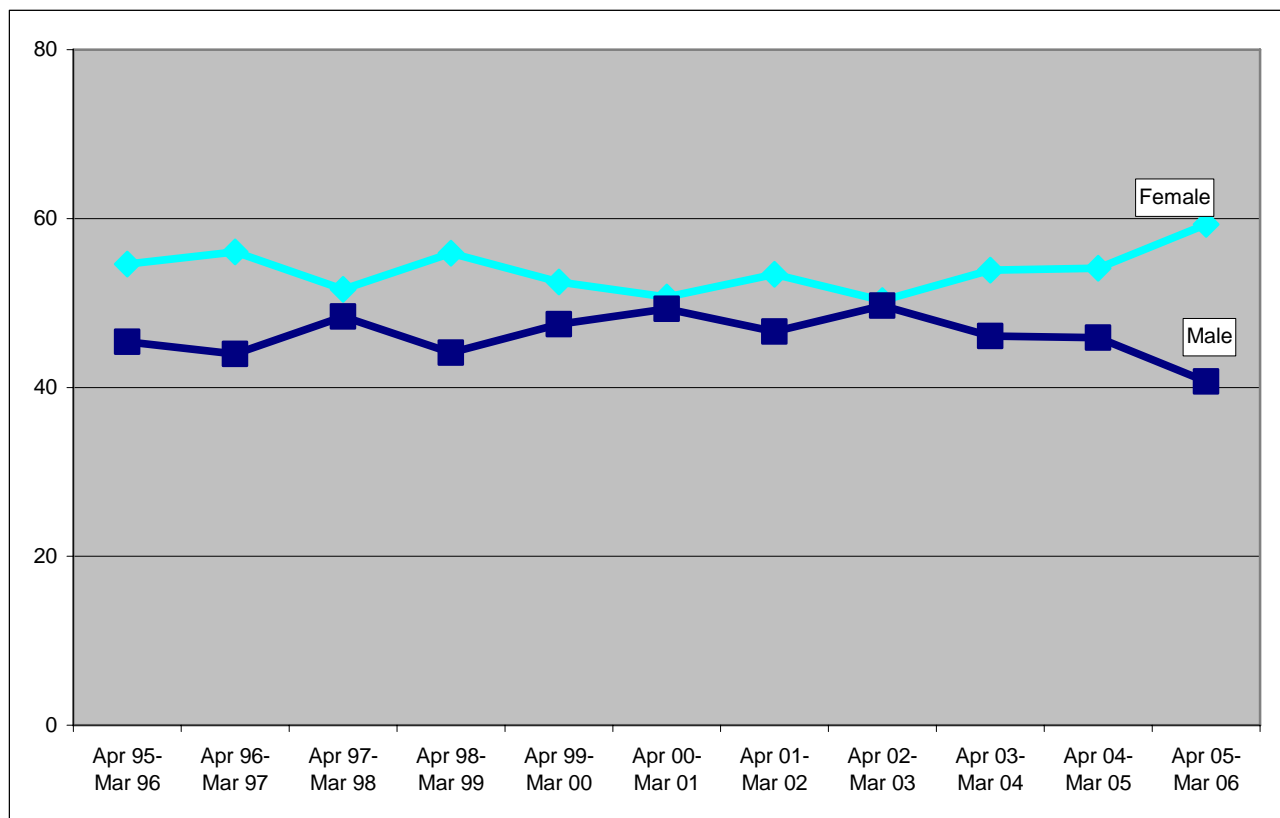
Gender	Frequency	Percentage
Female	3,871	53.8
Male	3,318	46.2
Total	7,189	100

<sup>4</sup>  $\chi^2_{(10)} = 19.4; p < 0.05$



A longitudinal trend in gender as a percentage of the total number of new clients per year is presented in figure 2. Figure 2 shows that the gender balance among Rapport’s new clients has slightly favoured females<sup>5</sup> over the years (see table 19 in Appendix 1). The percentage difference between the two sexes was widest in 2005/2006 when new clients were 59.3% female and 40.7% male. The percentages of new female clients and male clients were closest in 1997/1998 (51.6% to 48.4%), 2000/2001 (50.7% to 49.3%) and in 2002/2003 (50.3% to 49.7%).

**Figure 2: A Longitudinal Trend in Gender as a Percentage of New Clients by Year (N=7,189)**



### Age

The mean age of Rapport’s clients during the 11-year period under study was 16.5 years (std. = 2.11). The youngest client during this period was 11 years old and the oldest was 25 years old. Table 3 gives the descriptive statistics of Rapport’s clients by age for the 11-year period while table 4 shows the distribution of clients by age and gender.

**Table 3: Age Distribution of Rapport’s Clients**

Variable	N	Minimum	Maximum	Mean	Std. Dev.
Age	6,470	11	25	16.46	2.11

<sup>5</sup>  $\chi^2_{(10)}=19.42, p<0.05, \text{Cramer's } V = .052, p< 0.05$

**Figure 3: Client Distribution by Age and Gender (N=6,470)**

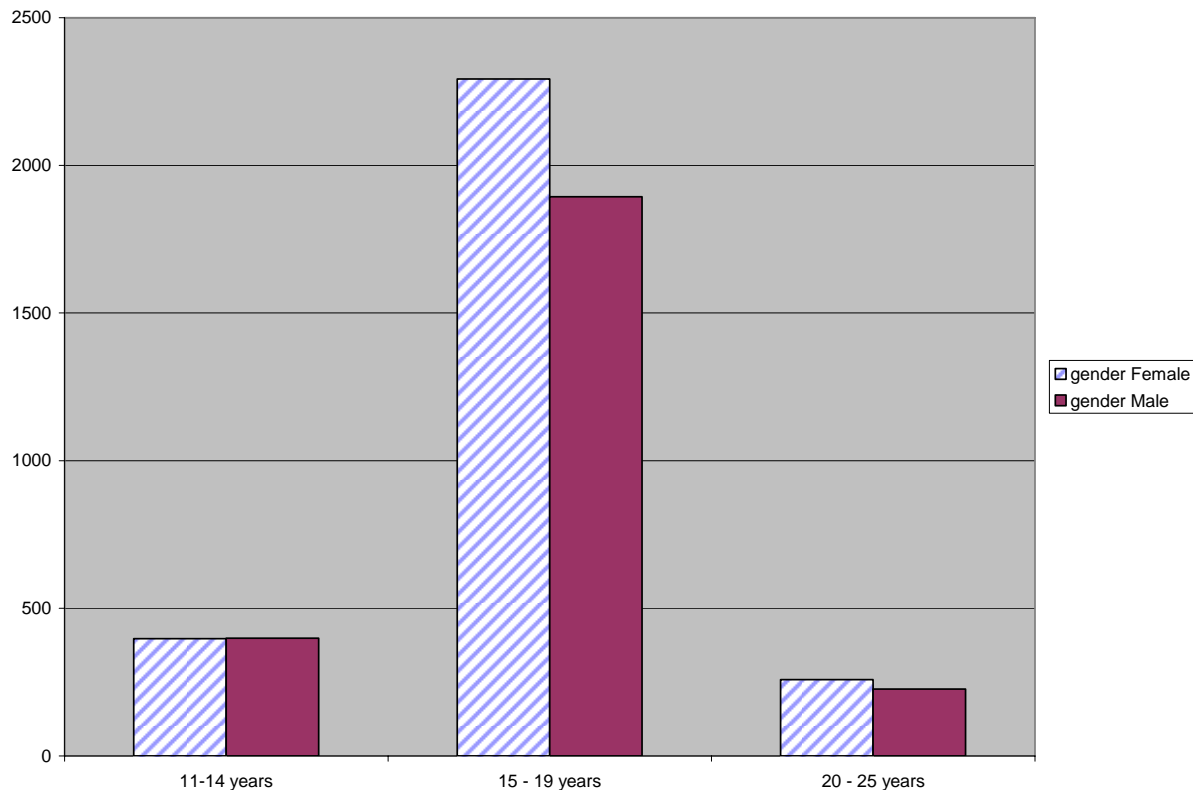


Figure 3 shows that the majority of new clients were between ages 15 and 19 years. Figure 3 also shows that clients within this age group had the largest gender differences among new clients (54.8% female to 45.2% male). Overall, however, the gender differences among age groups were not statistically significant<sup>6</sup>. The distribution of new clients by gender within age group is presented in table 4 (see also figure 18 in Appendix 1).

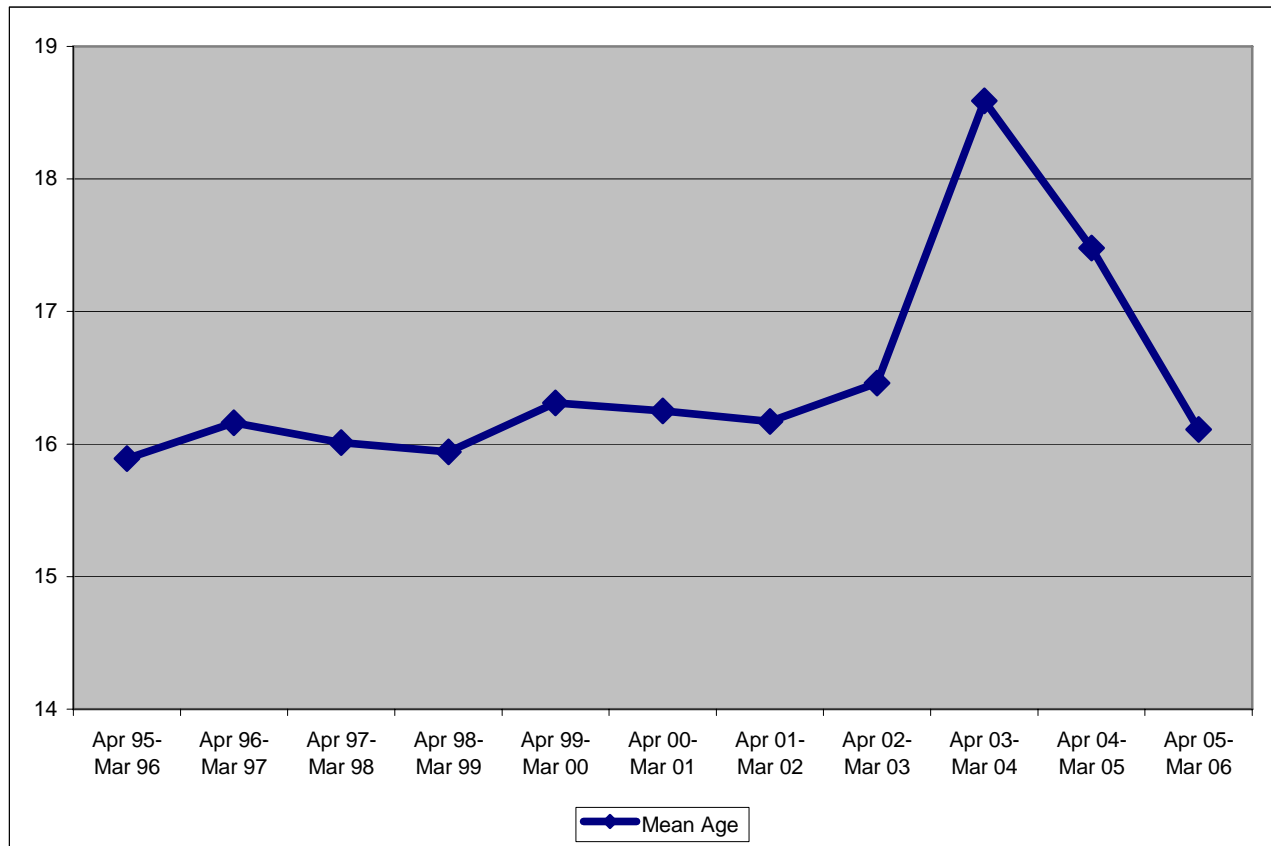
**Table 4: Rapport’s Clients by Age Group and Gender (N=6,747)**

Gender	11-14yrs		15-19yrs		20-25yrs		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Female	838	52.4	2,391	54.8	258	53.3	3,487	54.1
Male	760	47.6	1,974	45.2	226	46.7	2,960	45.9
Total	1598	100	4,365	100	484	100	6,747	100

A longitudinal trend analysis of the mean age of new clients from 1995/1996 to 2005/2006 showed a sharp increase in mean age in 2003/04. The highest average ages recorded were in 2003/2004 (mean =18.59, std. = 1.74) and 2004/2005 (mean = 17.48, std. = 1.87). The average ages for the rest of the period showed very minimal fluctuations between 15.89 years (std. = 2.09) in 1995/1996 and 16.46 years (std. = 2.07) in 2002/2003. Figure 4 illustrates the longitudinal trend in the average age of new clients over the 11-year period.

<sup>6</sup>  $\chi^2_{(2)} = 2.69$ , NS

**Figure 4: A Longitudinal Trend of Mean Age of Clients (N=6,470)**



## Education

Consistent with Rapport Youth and Family Services’ focus on youth, the majority of its new primary clients were in secondary school. Out of 5,163 new clients whose educational information were recorded, 4,663 (90.3%) were in secondary school at the time they last used Rapport’s core counselling services, 403 (8.4%) were in Grade 6-8, and 66 (1.3%) were in post secondary institutions. The distribution of Rapport’s new clients by current education level is presented in table 5.

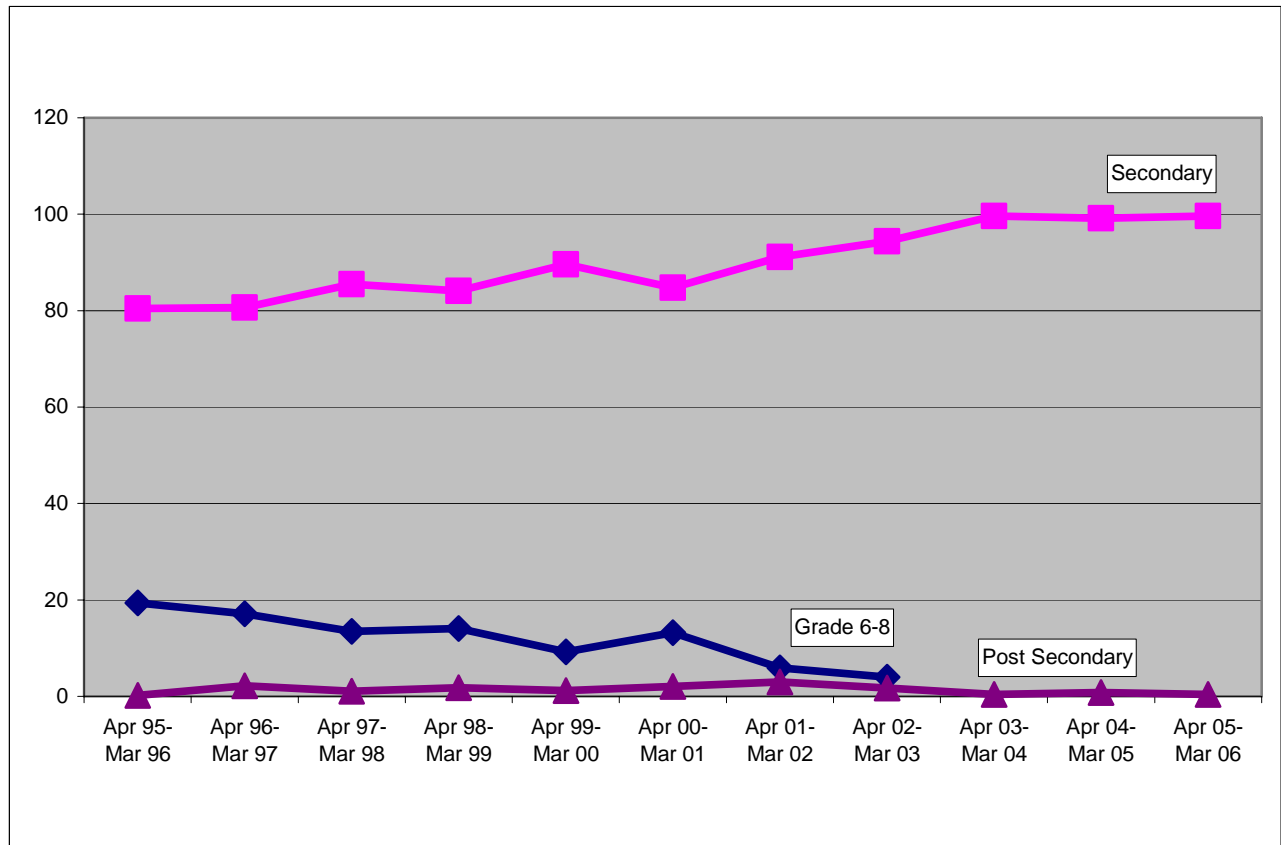
**Table 5: Current Educational Level of Clients**

Current Educational Level	Frequency	Percentage
Grade 6-8	434	8.4%
Secondary	4,663	90.3%
Post Secondary	66	1.3%
Total	4,663	100%

A trend analysis of changes in the proportion of new cases by educational level confirmed an increasing focus on youth in secondary institutions. Figure 5 showed an increasing trend in the

percentage of cases from secondary institutions against declining trends in the percentage of new clients from grade 6-8 and post secondary institutions over time.

**Figure 5: Changes in the Number of Clients by Educational Level as a Percentage of Number of Cases per Year (N=6,148)**



As illustrated in figure 5, the percentage of new cases from secondary schools displayed an increasing trend over the entire period of 11 years reaching almost 100% between 2002 and 2006. During the same period, the percentage of new cases from Grade 6-8 was on the decline. These trends make sense, given the corresponding increases in the mean age of new clients during that period.

### Geographical Area

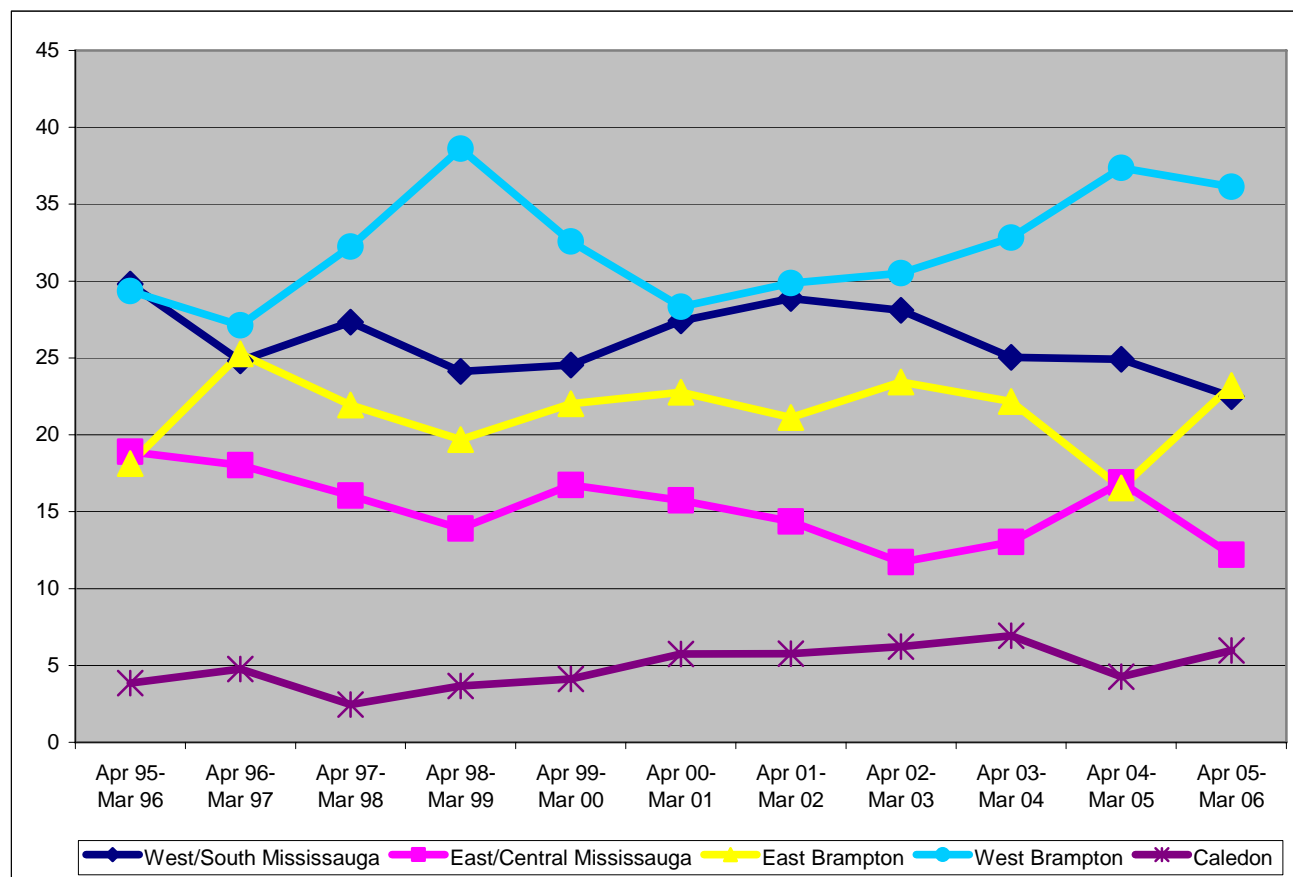
As expected, Rapport’s main catchment areas were Brampton (52.8%), Mississauga (41.2%) and Caledon and Neighbourhoods (4.8%). Besides these three main catchment areas, there were new clients from other cities both within and outside the Greater Toronto Area (1.2%) (see figure 19 in Appendix 1). For the purpose of analysis clients whose postal codes were recorded were clustered into 5 geographical areas as follows:

**Table 6: The Distribution of Number of Cases by Geographical Area**

<b>Geographical area</b>	<b>Cities &amp; Neighbourhoods</b>	<b>Total number of cases</b>	<b>Number of clients as a percentage of the total number of cases</b>
West/South Mississauga	Clarkson/Lorne Park, Port Credit/Lakeview, Erin Mills/Erindale, Credit view Meadowvale, Streetsville	1,659	26.1
East/Central Mississauga	Malton, Cooksville/Dixie, Hurontario	961	15.1
East Brampton	Bramalea, Gore	1,353	21.2
West Brampton	Heartlake, Central Brampton	2011	31.6
Caledon/Neighbourhoods	Caledon, Bolton	308	4.8
Other Cities	Including Etobicoke, Orangeville, Palgrave	77	1.2
<b>Total</b>		<b>6,369</b>	<b>100</b>

Out of the 8,714 new cases for the 11-year period, the postal codes of 6,369 were recorded. A longitudinal trend analysis of this data showed that the percentage of new cases from West Brampton remained consistently higher than other areas of the Peel Region throughout the 11-year period. A longitudinal trend of new cases by geographical area is presented in figure 6.

**Figure 6: Changes in the Percentage of Clients by Geographical Area (N=6,369)**



West Brampton showed peaks of 38.6% in 1998/1999 and 37.4% in 2004/2005. This was followed by West/South Mississauga which fluctuated between 29.8% in 1995/1996 and 22.5% in 2005/2006. East Brampton and East/Central Mississauga remained moderate with slight fluctuations over the period. Although Caledon and Neighbourhoods accounted for the fewest number of new cases over the period under study, the percentage of new cases from this area showed an increasing trend from 2.5% in 1997/1998 to 6.9% in 2003/2004.

Table 7 below compares the geographic breakdown of Rapport clients with the overall populations of the two major cities in the Region (based on census data reported in the population fact-sheets created by the Social Planning Council of Peel). These comparisons suggest that Rapport has consistently, over the last 11 years, reached a higher proportion of the Brampton population (where its main office is located) than it has the Mississauga population. This is true even though youth make up a similar proportion of the population in both cities. In 2001, 21.2 % of Mississauga residents were between the ages of 10 and 24. During the same year, 21.8% of Brampton’s residents fell into this age range.

**Table 7: A Comparison between the Proportion of Total Population in Each City and Proportion of Rapport Clients.**

		Proportion of total population living in city	Proportion of Rapport's clients from this city
1996	Brampton	31.5	52.4
	Mississauga	64.2	32.8
2001	Brampton	32.9	51.0
	Mississauga	62	43.3
2006	Brampton	37.5	59.3
	Mississauga	57.7	34.7

### Client Diversity

New clients served between 1995 and 2003 were from thirty-two different ethnic backgrounds including Asia, Africa, North America, South America, Eastern Europe, Western Europe and the Middle East. An analysis of new clients by ethnicity revealed that the majority of new service users between 1995 and 2003<sup>7</sup> described themselves as Canadians. Of the 3,645 clients whose ethnicity were recorded, 1,643 (45.4%) were Canadian (including 0.6% First Nations people). Western Europeans formed the next largest group of clients with 706 (18.3%). The most served visible minority group was Caribbean with 388 (10.7%) new clients. Table 8 shows the distribution of clients by ethnicity between 1995 and 2003.

**Table 8: Ethnic Diversity of New Clients 1995-2003 (N=3,615)**

Ethnic group	Frequency	Percent
African	130	3.7
Western European	706	19.5
Canadian (including First Nations .06%)	1,643	45.4
Caribbean	388	10.7
Asian	312	8.6
Eastern European	113	3.1
Other	188	5.2
Unknown	135	3.8
Total	3,615	100

Overall, visible minorities formed 25.4% of Rapport’s clients from 1995 to 2003. The percentage of visible minorities served by Rapport increased from 24.2% in 1995/1996 to 40% in 2003. Table 9 compares visible minority groups as a percentage of Rapport’s clients during the period under study with census figures. This table gives some general indication of how closely the cultural makeup of Rapport’s client base reflects the population of the region. However, this finding should be interpreted with caution since direct comparisons between the

<sup>7</sup> This variable was not included in data from 2003 to 2006

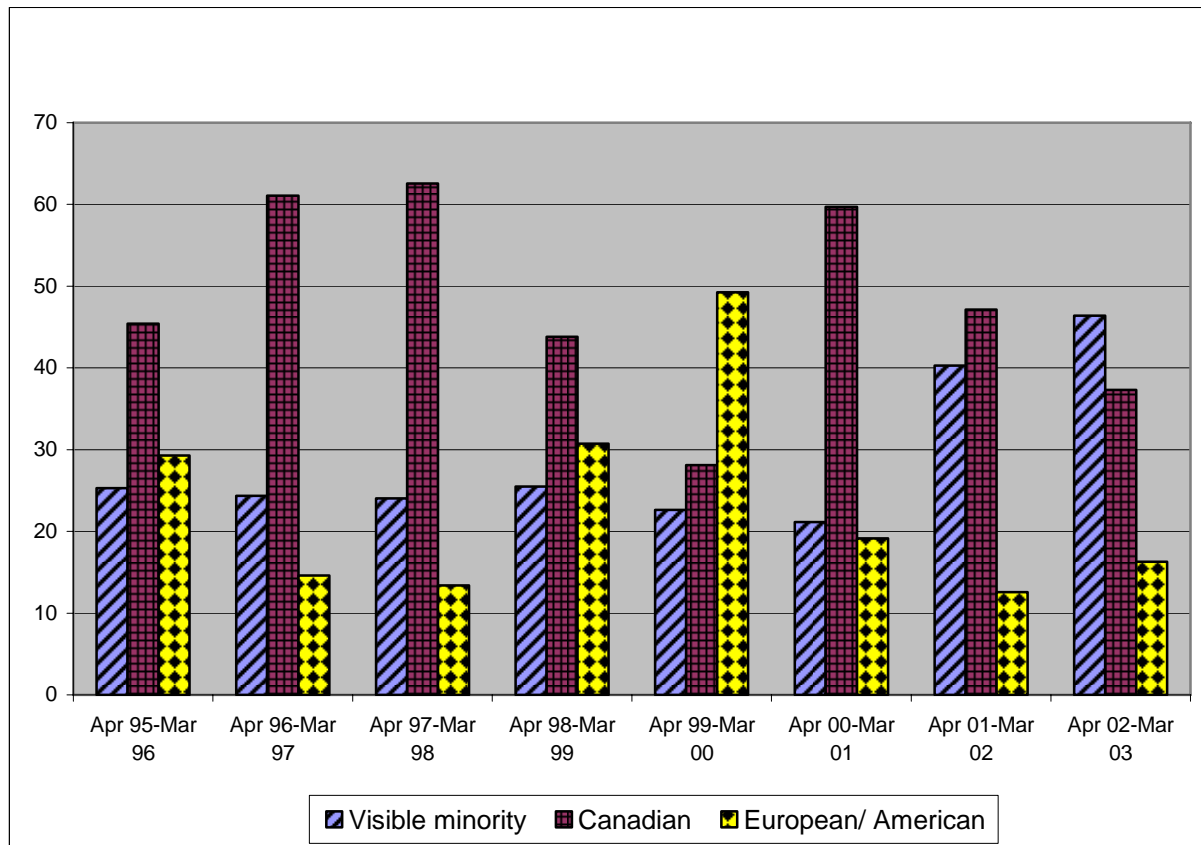
two datasets were only possible for a limited number of cultural groups: Rapport data was averaged over 8 years, while census data came exclusively from 2001. Peel Region was not as diverse in 1995 as it was in 2001.

**Table 9: Visible Minorities as a Proportion of the Total Population of Peel Region Compared to the Proportion of Total Cases**

Visible minority groups	Cases from visible minority groups (1995-2003)	Percentage of cases from visible minority groups (1995-2003)	Percentage of the population of the Region of Peel (2001 census)
African/Caribbean	72	19.3%	7.2%
Asian	59	15.9%	25.9%
Latin American	7	1.9%	1.5%
Middle Eastern	2	0.5%	1.4%

Figure 7 compares the percentage of new clients from visible minority groups to clients from other ethnic groups.

**Figure 7: Visible Minorities vs. Other Populations by Year 1995-2003 (N=3,358)**



New clients from visible minority groups showed the highest increase by percentage compared to other populations over the 11 year period (see table 20 in Appendix 1).



## **Program Information**

### **The Main Message**

*Rapport offers assistance to youth with a range of presenting issues. Over the years, conduct issues have been the primary presenting problem in more than 40% of cases. Family and peer relationship issues and anxiety, depression and emotional problems have also been very common. Youth dealing with learning disabilities, loss or separation, and abuse are also served at Rapport, but much less frequently. Over time, Rapport is seeing proportionately greater numbers of clients with multiple presenting issues. In particular, clients with more than one conduct related issue, or conduct issues in combination with depression, anxiety, or family relationship issues are becoming more common. In the last four years, there has been general decline in the proportion of cases with conduct issues (although this remains the most common presenting issue overall). There has also been a sharp increase in family, peer and relational issues.*

*Male clients were much more likely to present with conduct issues and learning disabilities. Female clients were more likely to present with family/peer/relational issues or anxieties/depression/emotional issues.*

### **Programs and Activities**

Rapport's core counselling services comprise two main types of programs, namely individual and group programs. Counting all new cases, 7,298 people (89%) participated in individual programs while 903 people (11%) participated in group programs between April, 1995 and March, 2006.

Rapport staff tracked the number of sessions held with clients as well as the number of service units (1 service unit=15 minutes) utilized. Tracking of time was carried out in two different ways in both the CSMS and Athena databases. In the CSMS data base, time spent on cases was tracked as "direct time" and "indirect time". In the Athena database, time spent directly with clients was recorded by type of session, namely individual, family, group, or telephone while time spent indirectly on each case was tracked under case consultation, case preparation, interagency contact, recording, telephone and travel.

The average number of direct counselling sessions per client over the period studied was 5.78 (std. = 5.36). The average amount of time spent directly with a client in individual, family, group or telephone counselling was 6.14 hours (std. = 5.77). The smallest amount of time that Rapport staff spent directly with a client was 15 minutes and the highest was 74.8 hours. The average time spent indirectly on cases (i.e. case consultations, case preparation, interagency contact, recording, telephone and travel) was 5.13 hours (std. = 5.12). The smallest amount of time spent indirectly on a case was 15 minutes and the highest was 54.1 hours. Correlations between the amount of time that Rapport staff spent with clients in various activities and client satisfaction scores are presented in the client satisfaction section (pp. 42) of this report.

## Referral Sources

Rapport staff tracked the sources of referral for new clients with both data tracking systems. The following analysis was based on the data gathered from both systems between April, 1995 and March, 2006.

During the period under study, Rapport served new clients from diverse sources both within and outside Peel Region. Rapport received the highest number of referrals from schools (34.3%), followed by referrals through self, family or friend (29.3%) and other agencies including Children’s Aid Services (CAS), probation services, and police (23.9%). Referrals from hospitals, family physicians and other professionals formed 8.6% of cases and the remaining 4.0% of cases were from other sources. Figure 8 shows the changes in referrals from sources other than self and family from April, 1995 to March, 2006 (see also figure 20 in Appendix 1).

**Figure 8: Longitudinal Trends in Referrals (N=1,957)**

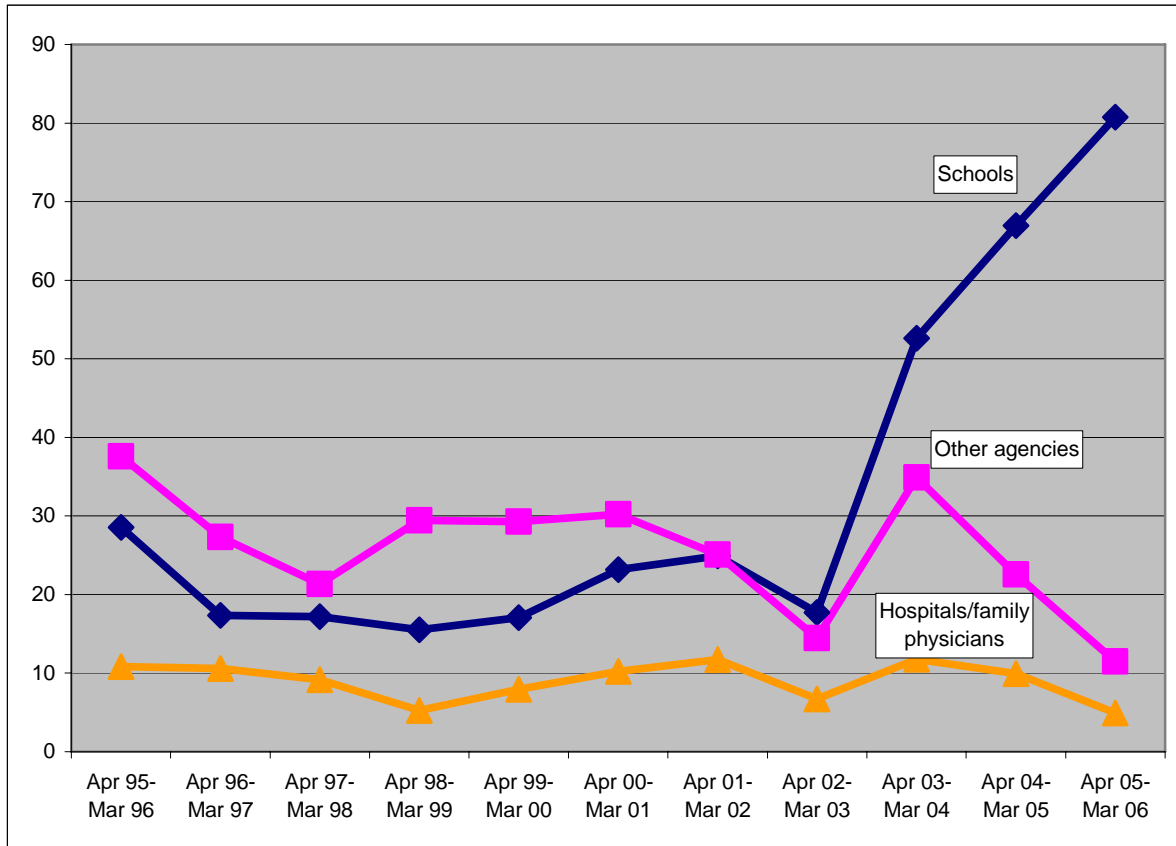


Figure 8 revealed a sharp increase in referrals from schools between 2003 and 2006. The increase in referrals from schools may be attributed to Rapport’s strong outreach to schools during this period. Referrals from other agencies remained moderately high throughout the

period while showing some fluctuation between a high of 37.6% in 1995/1996 and a low of 11.5% in 2005/2006.<sup>8</sup>

## Presenting Issues

Issues presented by Rapports' clients included conduct issues, learning difficulties, loss/separation, family/peer/relational issues, anxiety/depression/emotional issues, and abuse. The most frequently presented primary issues were conduct issues (44.1% of the total number of all cases), followed by family/peer/relational issues (26.2% of cases). The third most common primary presenting issues were anxieties/depression/emotional problems (15.8% of cases). Table 10 shows the distribution of clients by primary presenting issues.

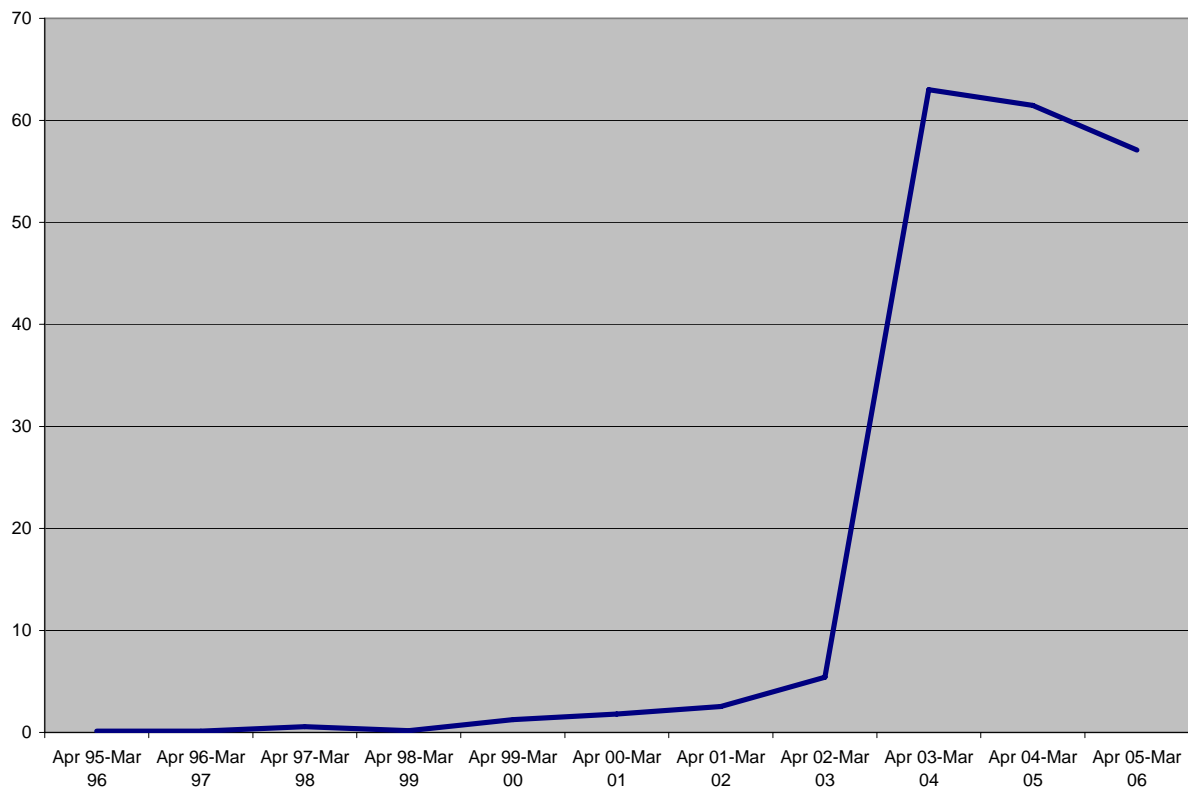
**Table 10: Primary Presenting Issue as a Percentage of Total Number of Cases (N=6,037)**

Presenting issue	Classification	Number of primary presenting issues	Percentage of total number of cases
Aggression, anger, runaway behaviour, non-compliance, stealing, substance/alcohol abuse	Conduct issues	2,662	44.1
Truancy, school difficulties, ADHD	Learning difficulties	274	4.5
Bereavement, separation/divorce	Loss/separation issues	246	4.1
Sibling conflict, parental/marital conflict, child-parent conflict, financial problems, history of family problems, peer relational/social skills, relationship difficulties	Family/peer/relational issues	1,579	26.2
Depression, low self esteem, self abuse, apathy/withdrawal, anxiety/fears	Anxieties/depression/emotional	952	15.8
Physical abuse, sexual abuse	Abuse issues	324	5.4

About 27.3% of all new clients presented multiple issues over the 11-year period. The percentage of new clients presenting with multiple issues increased steeply from less than 10% in 2002/2003 to over 60% in 2003/2004 followed by a gradual decline to about 57% in 2005/2006. This trend may indicate an increase in multiple diagnoses among new clients in recent years. The trend in the percentage of new clients presenting with multiple issues is illustrated in figure 9.

<sup>8</sup> Self referrals, referrals from families and friends are also very common at Rapport. However, the switch from the old tracking system to the new brought with it a change in the way Rapport staff coded self-referrals. This difference made it difficult to plot trends in referrals from more informal sources. Clients coded by staff as self-referrals dropped sharply after 2003, and the sharp rise in referrals coded as coming through schools may be reflective of this procedural change.

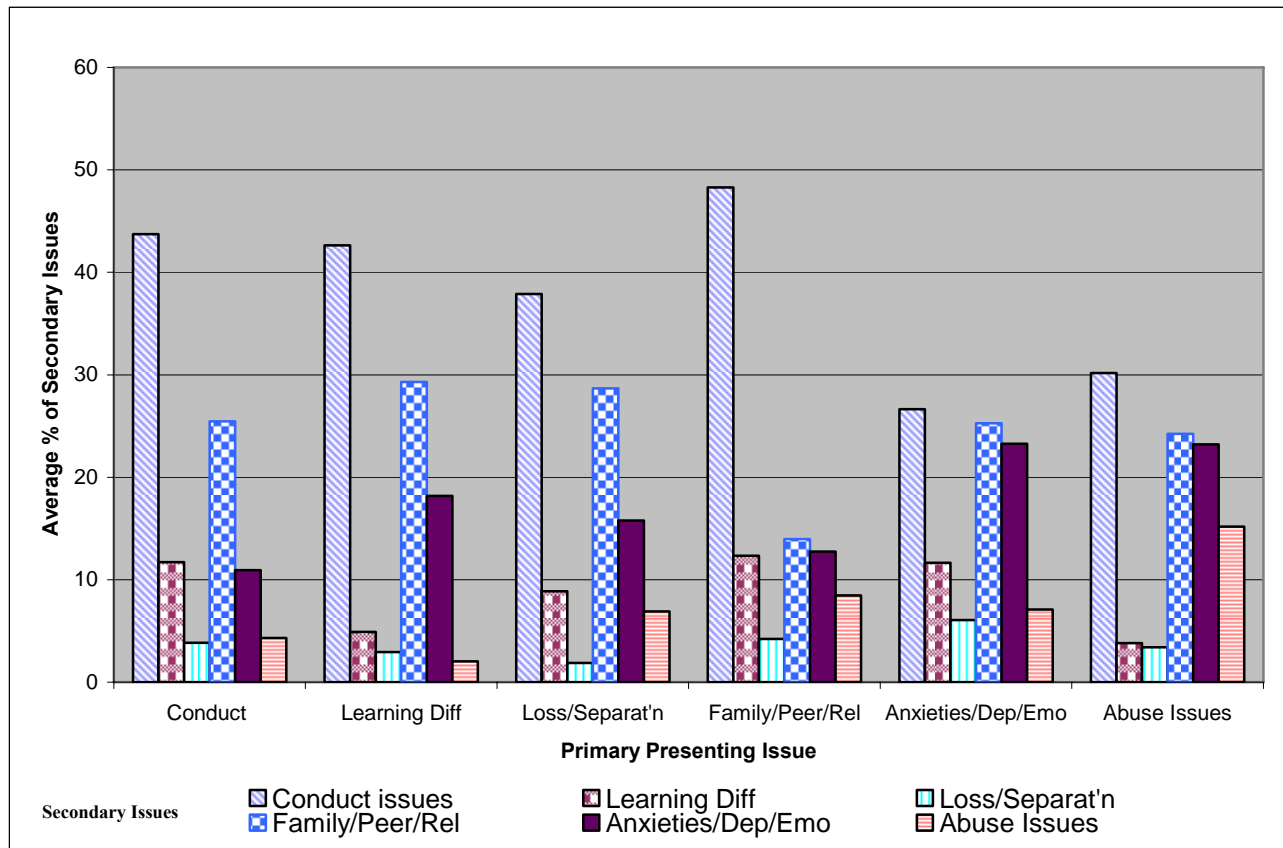
**Figure 9: New Clients with Multiple Presenting Issues as a Percentage of All Cases (N=4,698)**



Further analysis indicated that a new client presenting with any of the five types of issues (including a conduct issue) as a primary issue was very likely to present with another conduct disorder or a family/peer/relational issue as a secondary problem. Individuals presenting with anxiety/depression/emotional or abuse issues as primary issues were equally likely to present with family/peer/relational issues or anxiety/depression/emotional issues as secondary problems. It was also evident from the data that new clients presenting with abuse issues were the most likely to present with another abuse issue as a secondary issue. An illustration of the relationships among primary presenting issues and secondary issues is presented in figure 10.<sup>9</sup>

<sup>9</sup> Figure 10 may be confusing to some readers. Each cluster of bars represents a sub group of clients with a particular primary presenting issue. This issue is identified at the bottom of the cluster. Each bar within the cluster represents the proportion of that sub-group of clients who *also* presented with a particular type of secondary issue. The colour/pattern code for secondary issues is included along the bottom of the chart.

**Figure 10: Primary Presenting Issues vs. Secondary Issues (N = 4,698)**



A significantly<sup>10</sup> higher proportion of male clients presented with conduct issues (63.5%) and learning difficulties (62.7%) than female clients (36.5% and 37.3% respectively). New female clients on the other hand, were more likely to present with family/peer/relational issues (66.4%) than males (33.6%). Females were also more likely to present with anxieties/depression/emotional issues (72.1%) than males (27.9%). Table 11 shows the distribution of primary presenting issues as a percentage of the total number of issues by gender.

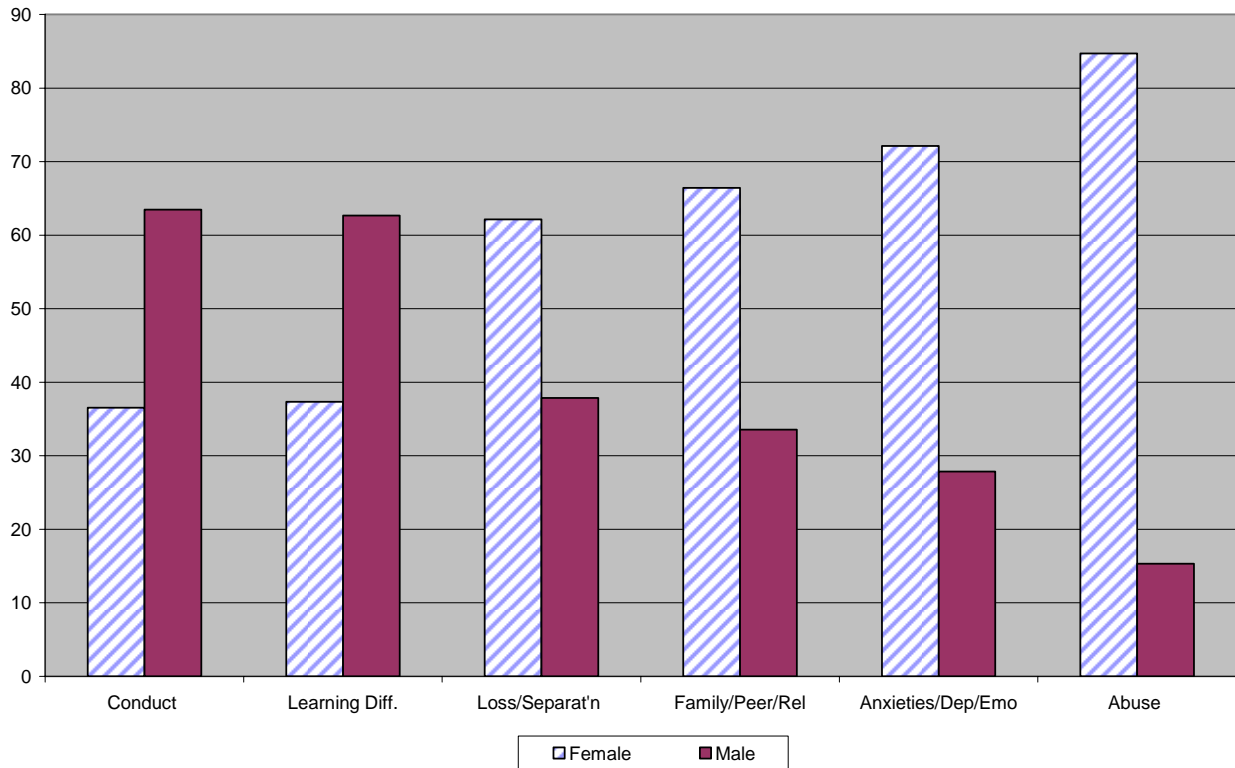
**Table 11: Presenting Issues by Gender (N=7,285)**

Gender	Female		Male	
	Frequency	Percentage	Frequency	Percentage
Conduct	1,206	36.5%	2,095	63.5%
Learning diff.	118	37.3	198	62.7%
Loss/separation	174	62.1	106	37.9%
Family/peer/reln.	1,255	66.4%	634	33.6%
Anx/dep/emotn.	808	72.1%	312	27.9%
Abuse	321	84.7%	58	15.3%

<sup>10</sup>  $\chi^2_{(5)} = 854.7, p < .001$ ; Cramer's  $V = .34, p < .001$

Figure 11 provides a graphical illustration of the distribution of presenting issues as a percentage of the total number of cases by gender.

**Figure 11: Presenting Issues as a Percentage of Total Number of Cases by Gender (N=7,285)**



An analysis of the distribution of changes in presenting issues as a percentage of total cases overtime revealed a general decline in conduct issues and sharp increase in family/peer/relational issues in recent years. Changes in the proportions of the three most common presenting issues over time are illustrated in figure 12.

**Figure 12: Changes in the Three Most Common Primary Presenting Issues as a Percentage of Cases per Year (5,956)**

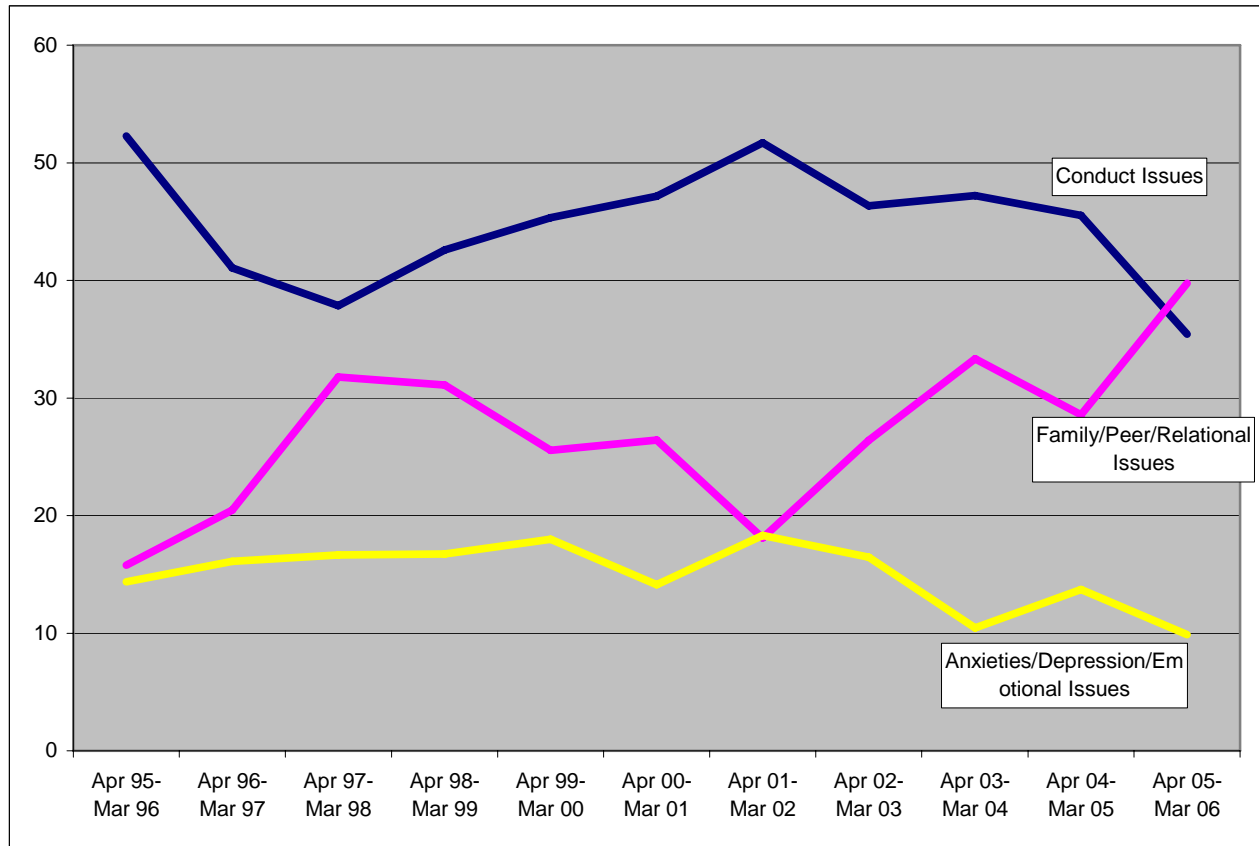
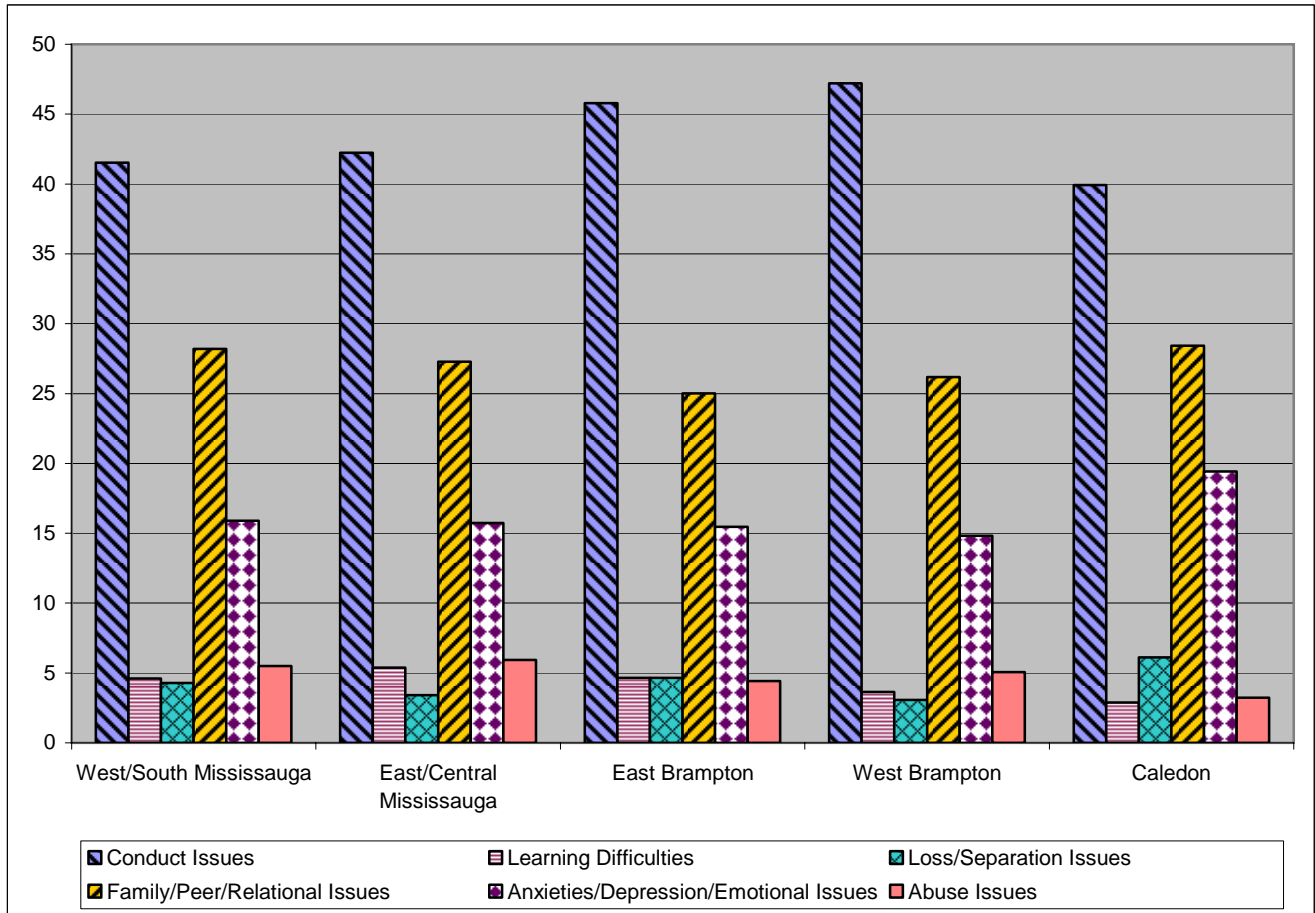


Figure 12 shows an increase in new cases of conduct issues between 1997 and 2001 followed by a gradual decline over the next five years. During the same periods, family/peer/relational issues showed a gradual decline as a percentage of new cases and followed by a sharp increase over a period of four years to a high of 40%. Changes in anxieties, depression and emotional issues over time were less dramatic.

The proportions of presenting issues as a percentage of total number of cases from the 5 main geographical areas were quite similar. The distribution of presenting issues by geographical area is presented in figure 13.

**Figure 13: Presenting Issues as a Percentage of Total Number of Cases by Geographical Area (N=5,956)**



In all 5 geographical areas, conduct issues were the most common presenting issues followed by family/peer/relational issues and anxieties/depression/ emotional disorders in that order. Problems with abuse formed about 5% of all cases for all areas except Caledon where abuse issues were relatively lower. Caledon had a relatively higher proportion of anxieties, depression and emotional disorders.



## **Client Outcomes**

Rapport staff used two different outcome measurement tools to measure client outcomes during the 11-year period under study. The first tool, a 10-point scale with 15 items was used from April, 1995 to March, 2003. For the period between April, 2003 and March, 2006, a simplified tool with 4 items on a 5-point scale was used to measure client outcomes. Data from the two systems were analyzed separately. The results are presented in the following two sections.

### **The Main Message:**

*The results strongly suggest that treatment at Rapport makes a positive difference in the lives of clients and their families in a variety of areas. On average, the sample of Rapport clients that completed the outcome evaluation surveys experienced significant improvements in family dynamics, fighting in the home, school performance and peer interactions. This has been consistently true throughout the 11 year data collection period. It is true for both male and female clients, and for both first time and returning clients. These positive changes were detected using both the old and new (shorter and simpler) outcomes measurement tools.*

*These findings should be interpreted with caution because the total number of clients who completed all three components of the outcome measurement survey was relatively small. Demographic comparisons suggest that this sample was reasonably representative of Rapport's entire client base in most respects. However, boys were more likely than girls to complete the post-test. Consequently, the findings presented in this section may not generalize to all Rapport clients.*

### **Technical Information on Analyses of Outcome Measures: April 1995 to March 2003**

The data gathered through the 10-point outcome measurement scale was compiled and analyzed<sup>11</sup> to determine if there were significant differences among clients' responses at the three different stages. Analyses were also conducted to determine<sup>12</sup> if there were differences between various identifiable sub-groups. The analysis was based on 115 clients who had pretest, mid-test and posttest scores. Clients without mid-test and/or posttest scores were excluded from the analysis.<sup>13</sup> In cases where clients had used Rapport's services on more than one occasion, only the most recent outcomes data were included in the analysis.

#### **How representative were the clients who completed all three outcomes surveys?**

Before analyzing the results a Chi-square test was used to compare clients who completed all three stages of the self-report and clients who did not. Comparisons based on gender, primary

---

<sup>11</sup> using Friedman's test for related samples

<sup>12</sup> a Mann-Whitney U Test for independent samples and Kruskal Wallis test for independent samples

<sup>13</sup> Analyses were conducted on clients who completed the pre- and mid-term evaluations but not the post-test. Although the sample was slightly larger, the overall trends were very similar to those presented here for pre-test to mid-test changes.

presenting issues, age, previous or current treatment status, probation, and current educational level found no significant differences between the two groups on any of these variables. Although the outcomes sample was small, this finding increased our confidence in the data presented below.

**Did Rapport have an impact?**

The Friedman’s test results strongly suggest that treatment at Rapport makes a positive difference in the lives of clients and their families. In particular, analyses indicated significant increases in two outcome areas. These were clients’ families’ abilities at 1) solving problems and 2) sharing feelings and thoughts with one another. There were also significant decreases in fighting and arguing in clients’ families. In addition, the analysis found significant decreases in the occurrence of personal problems like “arguing with parents”, “problems in school”, “anger problems”, “physical or sexual abuse”, “feeling sad”, “hurting others or damaging property”, “trouble with the police”, “running away from home”, “feeling useless or no-good”, “wanting to hurt one’s self”, “parents arguing or fighting”, and “problems with drugs or alcohol”. The results of the Friedman’s test are summarized in table 12.

**Table 12: Mean Outcome Ratings at Intake, Mid-test and Posttest**

Item (N)	Stage	N	Mean Score (Std.)			Chi-Sq ( $\chi^2_{(2)}$ )
			Intake	During treatment	Post treatment	
How good is your family at solving problems?		115	5.40 (2.20)	5.95 (2.0)	6.70 (1.40)	21.4***
How often do family members share their thoughts and feelings with one another?		114	5.09 (2.46)	5.52 (2.24)	6.06 (1.98)	24.3***
How much fighting and arguing is there generally in your family?		113	6.41 (2.04)	5.42 (2.12)	4.99 (1.96)	29.4***
Arguing with parents		64	7.55 (1.52)	5.78 (1.96)	4.59 (2.29)	63.7***
Problems in school		63	6.94 (2.15)	4.79 (2.33)	3.35 (2.35)	58.1***
Anger problems		101	7.05 (1.96)	5.14 (1.96)	4.71 (2.35)	58.3***
Physical or sexual abuse		11	5.64 (2.06)	3.91 (2.47)	1.36 (0.51)	15.3***
Feeling sad or alone		57	7.32 (2.01)	5.07 (2.29)	3.70 (2.24)	45.7***
Hurting others or damaging property		21	6.86 (1.74)	4.00 (1.48)	2.14 (1.82)	31.7***
Trouble with the police		11	4.55 (1.70)	2.18 (1.17)	1.18 (0.41)	15.4***
Running away		9	5.44 (2.29)	2.78 (2.11)	2.56 (2.07)	8.9**
Feeling useless or no good		43	7.14 (1.78)	4.56 (2.48)	3.63 (2.07)	42.1***
Wanting to hurt self		11	7.27 (1.79)	3.09 (1.81)	1.73 (1.49)	18.5***
Parents fighting		22	7.36 (1.76)	5.55 (2.60)	3.77 (2.25)	17.3***
Problems with drugs or alcohol		18	6.89 (2.37)	4.89 (3.12)	3.44 (2.57)	18.1***

\* p<.05, \*\* p<.01, \*\*\* p<.001

### Did Rapport help some groups of clients more than others?

Further analysis suggested that male clients experienced a greater reduction in “arguing with parents or teacher” than did female clients (although both sexes saw improvements on this

measure). Although male and female clients were equally likely to report reduced likelihood of “running away from home”, these improvements seemed to manifest earlier in female clients than in male clients.

Using Mann-Whitney U test, we found no significant differences between male clients and female clients on “family problem solving”, and “sharing of feelings and thoughts”. There were also no significant differences between the sexes on all personal problem items except on “how often parents fight” in the posttest. Male clients reported significantly less fighting between their parents in the posttest than female clients. Although both male and female clients showed positive trends on this measure (see Friedman’s test results), the changes in male clients’ families were more pronounced than among female clients’ families. The results of the Mann-Whitney U test are summarized in table 13.

**Table 13: Gender Differences in Personal Problems in the posttest**

Stage	Item	Group	N	Mean Rank	z-statistic
Posttest	Arguing with parents or teacher	Female	11	14.2	-1.97*
		Male	11	8.8	

\* p<.05

The findings suggested that treatment at Rapport made a positive difference regardless of presenting issue, referral source, whether a client was simultaneously seeking treatment elsewhere, or whether he/she had previously utilized services at Rapport.

Some Rapport clients used services from more than one organization at the same time. Using the Mann-Whitney U test, a comparison was made between clients who were using treatment elsewhere and clients who were using treatment only at Rapport. The test did not find any significant differences between the two groups at any stage of testing. This finding implied that both groups experienced similar trends in positive outcomes from the pretest to the posttest.

A comparison between clients who had been treated previously (at Rapport or elsewhere) and those who were seeking treatment for the first time revealed no significant differences between the two groups on all items except one; “feeling sad and alone”. Clients with previous treatment reported experiencing sadness and loneliness significantly less frequently than clients without previous treatment in the posttest. The result of this test is summarized in table 14.

**Table 14: Differences between Clients with Previous Treatment and Clients without Previous Treatment**

Stage	Item	Groups	N	Mean Rank	z-statistic
Posttest	Feeling sad and alone	without	34	32.1	-2.09*
		with	22	22.9	

\*p<.05

Furthermore, the Kruskal Wallis test for independent samples found no significant differences among new clients on primary presenting issues on any of the 15 measures. There were also no significant differences based on referral sources except at the mid-test when self, family or friend referred clients reported significantly less frequent problems with drugs or alcohol

compared to clients referred from other sources<sup>14</sup>. The differences found here, however, evened out at the end of programming.

There were significant differences among different age groups on “how much fighting was going on among their parents” at the mid-test. Younger clients (ages 11-14 years) reported significantly more fighting among their parents at the mid-test than older clients (ages 15-19 years and 20-25 years). Again the differences observed among these groups disappeared at the end of programming.

### **Technical Information on Analyses of Outcome Measures: April 2003-March 2006**

The 5-point outcome measure used for the period beginning April 1, 2003 and ending March 31, 2006 contained 4 main items that measured the frequency of “fighting within clients’ families”, “problems at school”, “problems with peers”, and “how often clients’ personal problems cause problems for them”. The five choices for respondents were “always”, “almost always”, “sometimes”, “rarely” and “never”. The most negative response (always) was coded 1 and the most positive (never) was coded 5 for each item.

Initially, this measure was administered to clients at intake, during treatment, and at the end of treatment, however, the mid-test was discontinued part way through this three-years period. Mid-test scores were therefore excluded from the analyses. Eight-hundred and twenty-six clients completed the questionnaire at intake. Out of this number, 223 (27%) completed the questionnaire at the end of counselling. The results presented in this section were based on the 223 clients who completed the questionnaire at intake and again at the end of programming. Clients who did not have posttest scores were excluded from the analyses. Also, only the most recent data for clients who used Rapport’s services more than once during the period were included in the analyses.

#### **How representative were the clients who completed both outcomes surveys?**

Clients who completed the questionnaire at both stages were compared with clients who dropped out or did not complete the questionnaire in the posttest on gender, age, geographical area, and primary presenting issue to determine if the two groups were different from each other demographically. The results showed that the groups were not significantly different from each other on all the variables except gender<sup>15</sup>. A significantly higher proportion of male clients completed the questionnaire at both stages than female clients. Specifically, 117 male clients (30.8% of male clients who completed the pretest) went on to complete the posttest. For female clients, 105 individuals (23.6% of female clients who completed the pretest) completed the posttest<sup>16</sup> (see table 21 in appendix 1).

#### **Did Rapport have an impact?**

The Wilcoxon signed ranks test for paired samples was conducted to assess if there were differences between clients’ outcome scores in the pretest and the posttests. The test revealed

---

<sup>14</sup>  $\chi^2_{(3)} = 11.4, p < 0.01$

<sup>15</sup> Gender:  $\chi^2_{(1)} = 5.39, p < 0.05$ ; Cramer’s V = .081,  $p < .05$

<sup>16</sup> Gender for 1 case was missing

significant differences between clients’ pretest scores and posttest scores on all four items. The Wilcoxon test results are summarized in table 15.

**Table 15: Wilcoxon Signed Ranks Test Results**

Item	N	Ranks			z
		Negative	Positive	Ties	
How often does your family argue or fight?	222	35	86	101	-4.53***
How often do you have problems at school?	221	34	96	91	-4.80***
How often do you have problems with your peers?	220	46	77	97	-3.11**
How often do your personal problems cause problems for you?	223	42	125	56	-6.44***

\*\* p<.01; \*\*\* p< .001

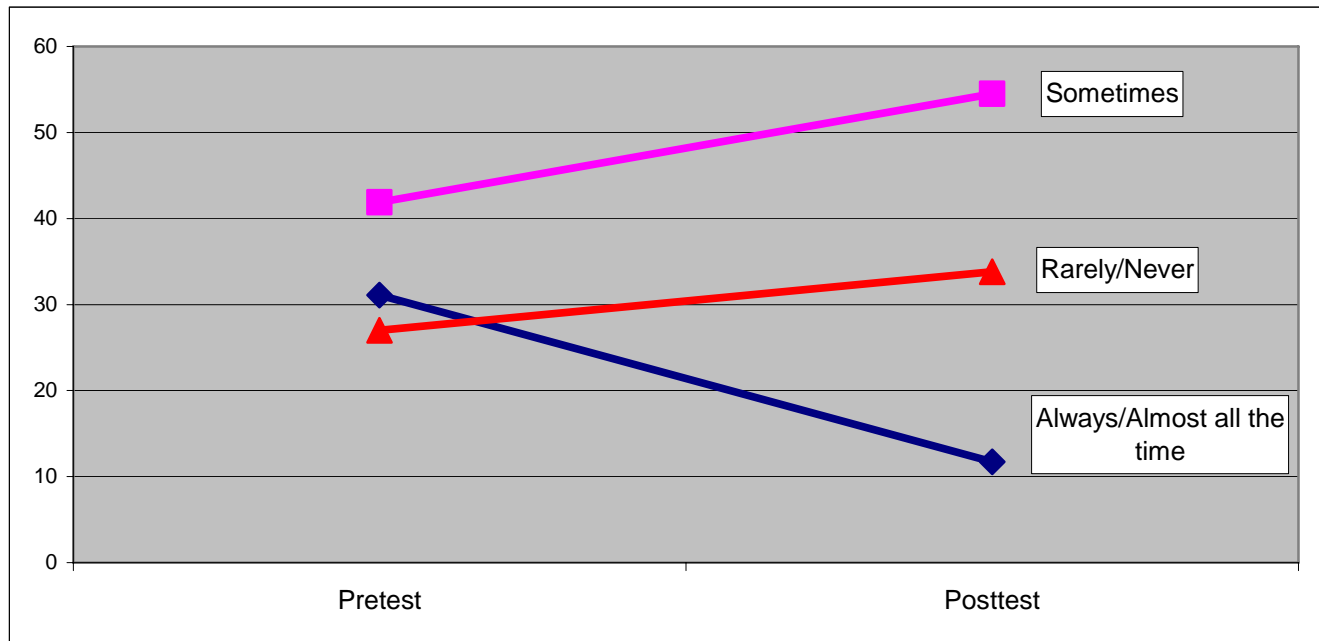
The results showed significant decrease in fighting in clients families’ from the pretest to the posttest. Table 16 shows the distribution of clients’ responses on this item by frequency and percentage.

**Table 16: How often does your family argue or fight? (N=222)**

Clients’ Response	Pretest		Posttest	
	Frequency	Percent	Frequency	Percent
Always/Almost all the time	69	31.1%	26	11.7%
Sometimes	93	41.9%	121	54.5%
Rarely/Never	60	27.0%	75	33.8%

As evident from table 16, fewer clients said their families “always” or “almost always” argued or fought in the posttest (11.7%) than in the pretest (31.1%). Also, more clients said their families “never” or “rarely” argued or fought in the posttest (33.3%) than in the pretest (27.0%). A graphical illustration of the changes in clients’ scores on this item from the pretest to the posttest is presented in figure 14.

**Figure 14: Clients’ Responses by Percentage - How often does your family argue or fight? (N=222)**



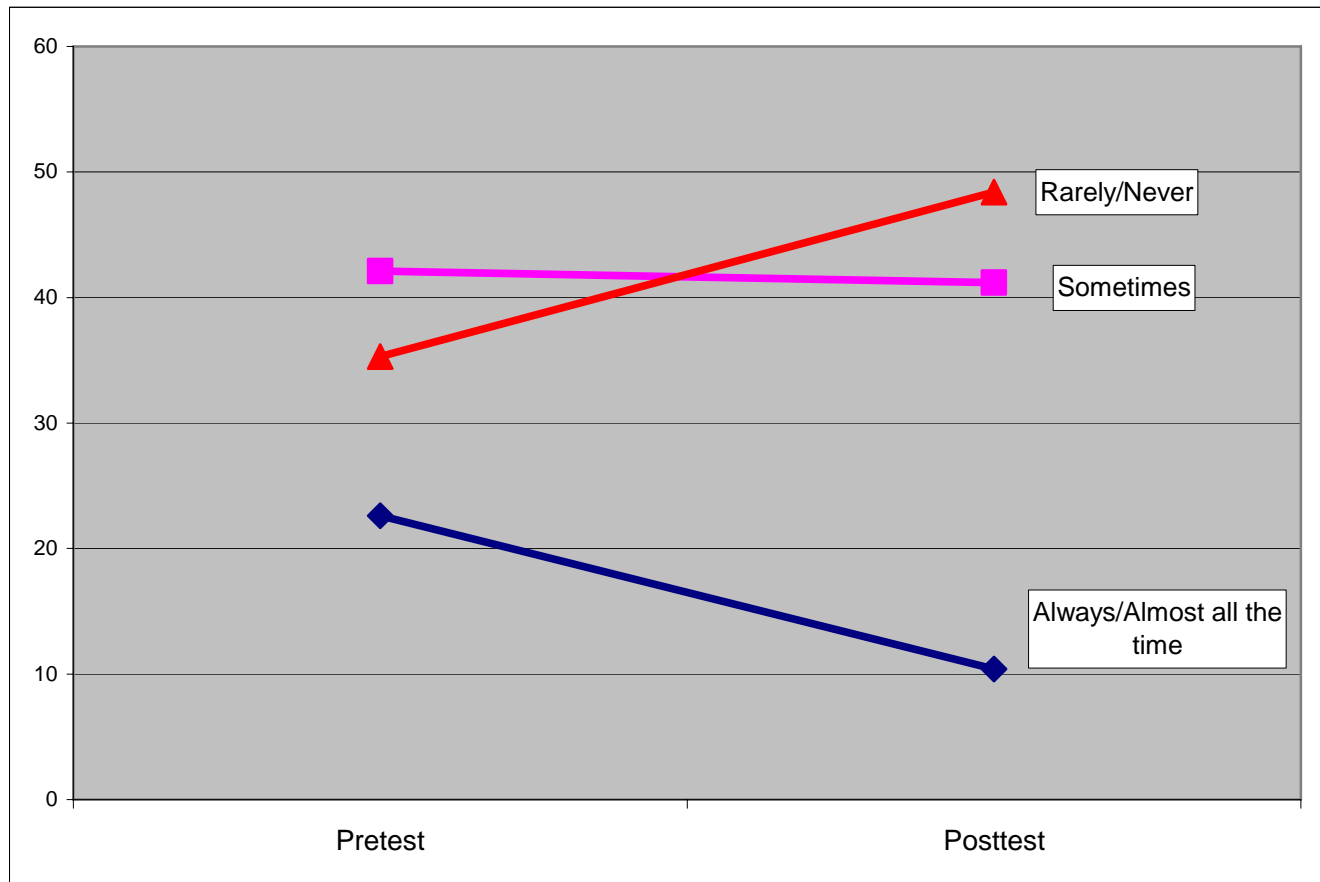
The Wilcoxon test showed significant differences between clients’ pretest and posttest scores on “how often they had problems at school”. Clients reported significant decreases in problems at school from the pretest to the posttest. The distribution of clients’ responses by frequency and percentage is presented on table 17.

**Table 17: How often do you have problems at school? (N=221)**

Clients’ Response	Pretest		Posttest	
	Frequency	Percent	Frequency	Percent
Always/Almost all the time	50	22.6%	23	10.4%
Sometimes	93	42.1%	91	41.2%
Rarely/Never	78	35.3%	107	48.4%

As illustrated by table 17, fewer clients said they “always” or “almost always” had problems at school in the posttest (10.4%) than in the pretest (22.6%). Also, more clients said they “rarely” or “never” had problems at school in the posttest (48.4%) than in the pretest (35.3%). A graphical illustration of changes in clients’ scores on this item from the pretest to the posttest is presented in figure 15.

**Figure 15: Clients’ Responses by Percentage – How often do you have problems at school? (N= 221)**



Rapport clients reported decreases in “problems with peers”. The Wilcoxon signed ranks test found significant differences between clients’ scores on “how often they had problems with their peers” from the pretest to the posttest. The distribution of clients’ scores by frequency and percentage is presented in table 18.

**Table 18: How often do you have problems with your peers? (N=220)**

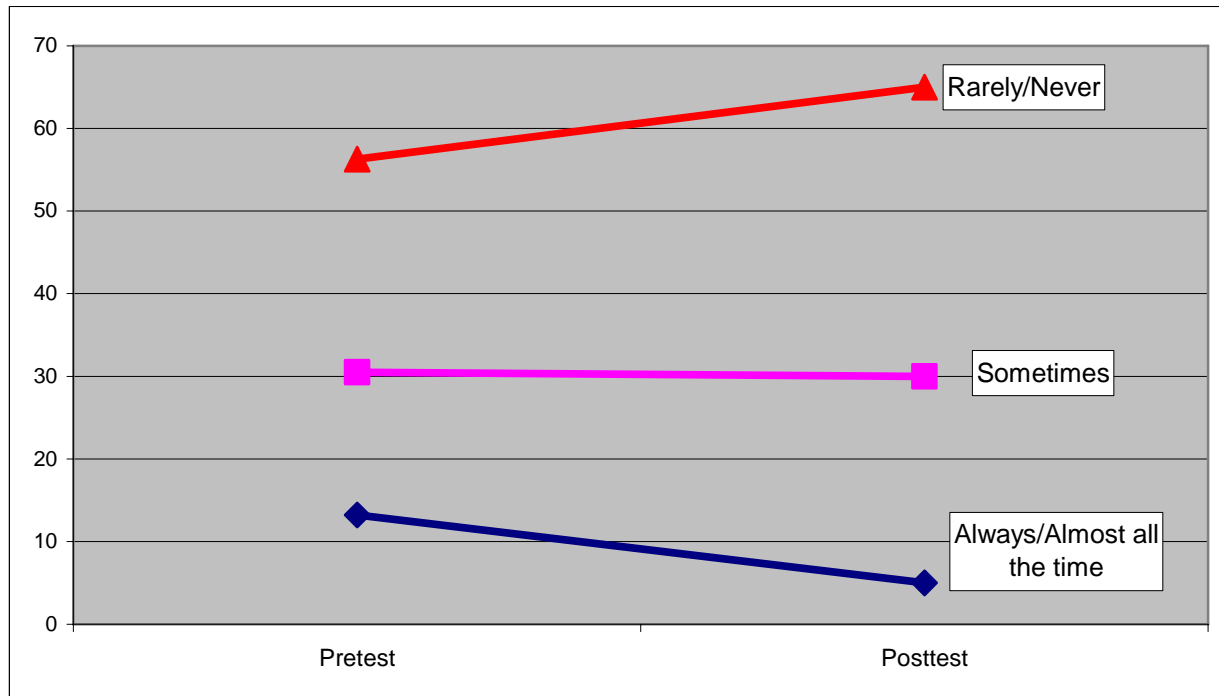
Clients’ Response	Pretest		Posttest	
	Frequency	Percent	Frequency	Percent
Always/Almost all the time	29	13.2%	11	5.0%
Sometimes	67	30.5%	66	30.0%
Rarely/Never	124	56.3%	143	65.0%

Table 18 shows that fewer clients said they “always” or “almost always” had problems with their peers in the posttest (5.0%) than in the pretest (13.2%). Also, more clients said they “rarely” or “never” had problems with their peers in the posttest (65.0%) than in the pretest



(56.3%). A graphical illustration of the changes in clients’ scores from the pretest to the posttest is presented in figure 16.

**Figure 16: Clients’ Responses by Percentage - How often do you have problems with your peers? (N=220)**



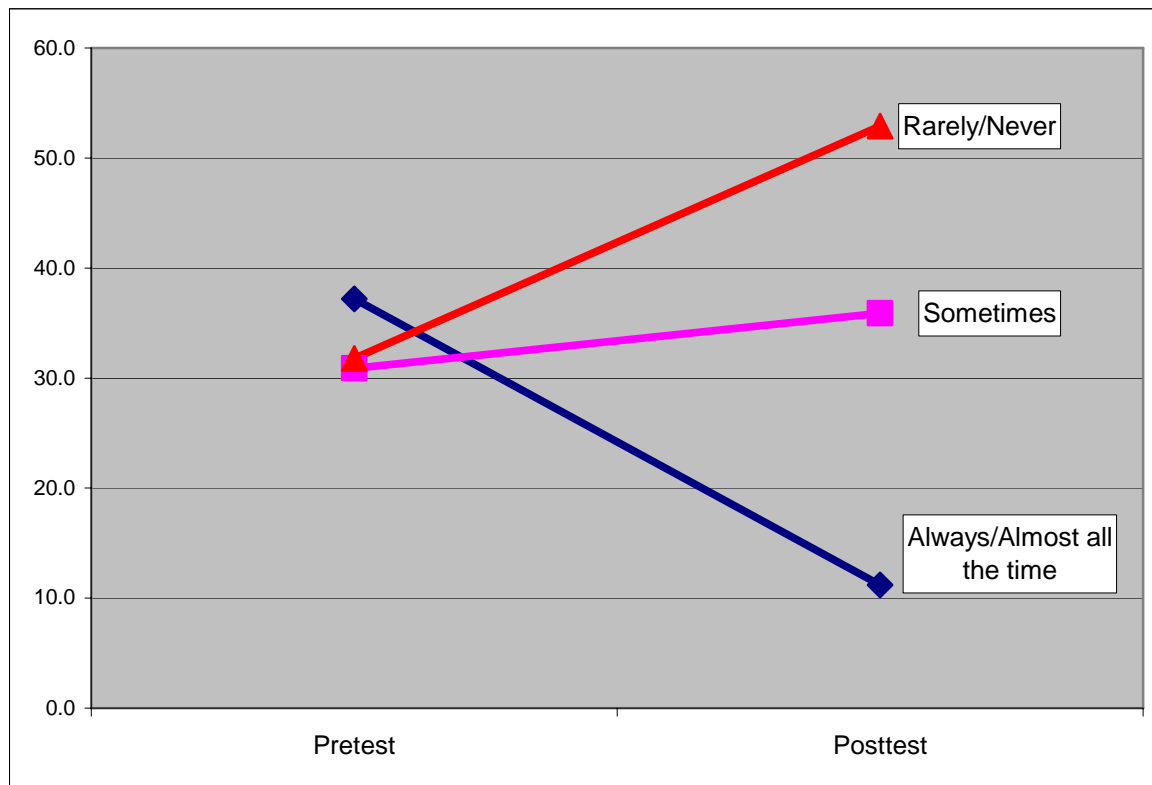
Rapport clients also reported decreases in “how often their personal problems caused problems for them”. The Wilcoxon signed ranks test found significant differences between clients’ scores in the pretest and posttest on this measure. A summary of clients’ responses by frequency and percentage is presented on table 19.

**Table 19: How often do your personal problems cause problems for you? (N=223)**

Clients’ Response	Pretest		Posttest	
	Frequency	Percent	Frequency	Percent
Always/Almost all the time	83	37.2%	25	11.2%
Sometimes	69	30.9%	80	35.9%
Rarely/Never	71	31.8%	118	52.9%

The results on table 19 show that fewer clients said their personal problems “always” or “almost always” caused problems for them in the posttest (11.2%) than in the pretest (37.2%). Also, more clients said their personal problems “rarely” or “never” caused problems for them in the posttest (52.9%) than in the pretest (31.8%). A graphical illustration of the changes in clients’ scores on this item from the pretest to the posttest is presented in figure 17.

**Figure 17: Clients' Responses by Percentage - How often do your personal problems cause problems for you? (N=223)**



### **Did Rapport help some groups of clients more than others?**

The Mann-Whitney U test and Kruskal-Wallis test for independent samples were performed on clients' scores on all 4 outcome measures to determine whether there were differences based on gender, geographical area, age-group or primary presenting issues.

Using the Mann-Whitney U test, we found that although male clients reported significantly more arguing and fighting in their families than female clients at intake<sup>17</sup>, there were no differences between the two sexes at the end of programming. The differences observed at intake disappeared by the end of programming. There were no significant gender differences on the other three items at both stages.

The Kruskal-Wallis test for independent samples also found no significant differences among clients from different geographical areas, clients of different age-groups, or clients presenting with different issues. These findings confirmed that all types of clients benefited well from Rapport's counselling services.

<sup>17</sup>  $z = -2.11, p < .05$

## **Client Satisfaction**

### **The Main Message**

*Overall, Rapport clients reported a high level of satisfaction. Ninety-three percent of all clients who completed the client satisfaction questionnaire said they received the services they needed, and 95% of them said the services they received helped them to better deal with their problems while 76% of the clients said most or almost all their needs were met by Rapport.*

### **Technical Information about Analyses of Client Satisfaction Data: April 2003 to March 2006**

A 9-item client satisfaction questionnaire including the 8 items of the Client Satisfaction Questionnaire (CSQ-8) was administered to clients at the end of counselling. Responses to the 8 items from the CSQ-8 were compiled separately from the 9<sup>th</sup> item during analyses to allow comparison with the normative sample for the instrument. During analyses, clients with more than two missing items on the measure were excluded.

The number of clients who had complete responses on the Client Satisfaction Questionnaire was 365. The scale had high reliability ( $\alpha=.87$ ) and showed similar psychometric properties as the normative sample (see Appendix 2). Although the CSQ-8 scale is known for producing non-normal distributions<sup>18</sup>, Rapport's data yielded a close to normal distribution (skewness =  $-.366$ ) which was comparable to the norm for the SSS-30 (skewness =  $-.30$ ), an instrument that usually produces more normally distributed data. Furthermore, an assessment of the normality of the data using a histogram and normal probability plot showed that the data was close enough to a normal distribution to allow univariate comparisons among groups.

The mean score on the scale for all clients was 26. The minimum score was 15 and the maximum was 32. Univariate analysis was conducted to assess whether there were gender and age group differences in participant satisfaction. The comparisons, however, found no significant differences between male clients (mean = 25.8, std. = 3.4) and female clients (mean = 26.2, std. = 3.9) or among 11-14 years olds (mean = 26.6, std. = 4.6), 15-19 year olds (mean = 26.1, std. = 3.5) and 20-25 year olds (mean = 25.8, std. = 4.1)<sup>19</sup>. The satisfaction scores were further divided into three sets for "most satisfied", "somehow satisfied" and "least satisfied" and comparisons made to determine whether these clients differed from each other demographically. The results revealed no demographic differences among the three groups.

There were, however, significant positive correlations between client satisfaction scores and time spent on individual sessions ( $r=.22$ ,  $p<.001$ ) and with total direct time spent with clients ( $r=.149$ ,  $p<.01$ ). Consistent with these findings, program duration had a low positive correlation ( $r=.12$ ,  $p<.05$ ) with client satisfaction indicating that clients who stayed longer in programs were slightly more likely to express satisfaction with Rapport's services than clients

---

<sup>18</sup> Skewness for normative sample =  $-1.03$

<sup>19</sup> Gender:  $F(1) = 2.81$ , NS; Age group  $F(2) = .24$ , NS

in shorter programs. There were no correlations between time spent on family sessions, group sessions, and telephone session or with total indirect time spent on cases.

Although total direct time and time spent on individual sessions separately predicted client satisfaction in regression analyses the results were discarded because either variable explained a very low percentage of the variance in client satisfaction scores (2.2% for total direct time and 4.8% for time spent on individual sessions). Consequently, these data do not support the conclusion that individual sessions are more beneficial to clients than family, group or telephone sessions. While it is important to note that the time spent on individual sessions is a very likely predictor of client satisfaction, it will require further investigation to determine what other factors may combine with it to explain the variances in client satisfaction scores.

Clients' responses to individual items on the client satisfaction questionnaire yielded interesting results. Ninety-one percent of all clients who completed the client satisfaction questionnaire said Rapport's services made positive changes in their lives; 93% said they received the services they needed; 95% said the services they received helped them to better deal with their problems; and 75% said most or almost all their needs were met by Rapport. Accordingly, 90% of the clients rated Rapport's services as good or excellent, and 94.5% said they were satisfied with Rapport's services.

Consistent with the high levels of satisfaction reported by clients, 93% of them indicated that they would return to Rapport if they needed help, and 95% said they would recommend Rapport if a friend needed help.

## ***Conclusion and Recommendations***

Between April, 1995 and March, 2006, Rapport served over 7,000 new clients. A majority of these new clients were youth from Brampton, Mississauga, and Caledon. The average age of new clients was 16.5 years. A majority of new clients (65%) were between ages 15 and 19 years. Most were students in secondary schools (90%). They most frequently presented with conduct issues (41%), family/peer/relational issues (26%) and anxiety/depression/emotional problems (16%).

Rapport's new clients over the 11-year period were 54% female and 46% male. They came from diverse ethnic groups. Overall, visible minority clients formed about 25% of clients during the entire period. The visible minority percentage increased from a minimum of 24% in 1995 to 40% in 2003. Rapport is reaching a relatively high percentage of the African or Caribbean population in Peel Region, but a much lower proportion of the Region's Asian youth.

A majority of new clients (91%) who participated in Rapport's individual, family and group programs during the period under study said the services they received led to positive changes in their lives. Most of them reported decreases in family problems and personal problems. Furthermore, most clients reported increases in such prosocial behaviours as families' abilities to solve problems and share their feelings and thoughts with each other.

The data analyses found no significant demographic differences in outcomes and client satisfaction. This was indicative that Rapport provides effective services for all clients regardless of their ethnic backgrounds, where they live, or the type of issues. These findings suggested that Rapport's services are very effective and inclusive and are making a difference in the lives of youth and their families in the Peel Region.

The findings of this research process also demonstrated that Rapport commands a high level of confidence among its clients. Ninety-one percent of all clients who completed the client satisfaction questionnaire said Rapport's services made positive changes in their lives. According to these clients, Rapport provided them with the services they needed. A majority of them expressed high levels of satisfaction with Rapport's services and indicated that they were very likely to return to Rapport if they needed help in the future. Most also said they would readily recommend Rapport if their friends needed help.

### **Recommendations:**

Analyses suggest that the new tracking system is working well for Rapport. Although the new outcomes measurement tool is simpler, it appears to track Rapport's impact effectively. Both outcomes measurement tools suggested similar patterns of impact.

Findings presented here suggest that Rapport is reaching youth across Peel Region. It is especially interesting that Rapport appears to be effective with youth in a variety of different

life situations. Positive impacts were detected for youth of all ages, who came through a variety of referral sources with a range of presenting issues. Further investigation of this impressive finding may yield useful insights about Rapport's approach that could be shared more broadly. Given that Rapport often works with youth at risk, the proportion of clients who report that they are satisfied with the service is also encouraging.

The increased proportions of youth who are presenting with specific types of complex needs represent an important emerging challenge for Rapport. This report offers some specifics about the nature of these complex cases that may be useful in ongoing efforts to plan an appropriate clinical response.

Youth from Mississauga and Asian youth emerged from these analyses as populations that Rapport may be reaching less frequently.<sup>20</sup> It may be worthwhile to explore these differences more fully and develop outreach strategies where warranted. It may also be constructive to discuss whether Rapport is satisfied with the degree to which it is reaching clients who need support around separation or abuse.

The proportion of clients who completed the outcome surveys at all three stages in the CSMS database (1995-2003) was 20% while the proportion of clients who completed both stages of outcome surveys in the Athena database (2003-2006) was 27%. Moreover, a significantly higher proportion of male clients (30.8%) completed outcome surveys at both stages in the Athena database than female clients (23.6%) (see table 21 in appendix 1). Although the total numbers of male clients (n = 117) and female clients (n = 105) who were included in the analyses were comparable, we must be cautious in generalizing the findings to female clients because of the differences in completion rates.

Rapport should consider strategies to increase the proportion of clients that complete evaluation forms at posttest. In particular, Rapport should attempt to identify the reasons why girls are less likely to complete posttest evaluations.

---

<sup>20</sup> Although Rapport serves many Asian students, they serve a relatively low proportion of the local Asian population.

**References:**

- Alston, M. & Bowles, W. (2003). *Research for Social Workers*. New York: Routledge.
- Blalock, A. B. (1999). *Evaluation research and the performance management movement*. Evaluation. <http://evi.sagepub.com>.
- Brokowski, A. (1991). *Current mental health care environments: Why managed care is necessary*. *Professional Psychology: Research and Practice*, 22, 6-14.
- Greenfield, T. K. & Attkisson, C. C. (1989a). *Progress toward a multifactorial service satisfaction scale for evaluating primary care and mental health services*. *Evaluation and Program Planning*, 12, 271-278.
- Nguyen, T. D. Attkisson, C. C., & Steigner, B. L. (1983). *Assessment of patient satisfaction: Development and refinement of a service evaluation questionnaire*. *Evaluation and Program Planning*, 6, 299-313.
- Peeled, E. & Spiro, S. E. (1998). *Goal focused evaluation: Lessons of a shelter for homeless youth*. Evaluation, <http://evi.sagepub.com>.
- Rapport Youth & Family Services. <http://www.rapportyouth.com>
- Rush, B. & Harris, J. A. (2000). *Client satisfaction and outcomes within Ontario's withdrawal management centres: Results of a provincial pilot study*. *Centre for Addiction and Mental Health*.
- Zimet, C. N. (1989). *The mental health care revolution: Will psychology survive?* *American Psychologist*, 44, 703-708.

## Appendix 1

**Table 20: Gender Distribution of New Clients by Year**

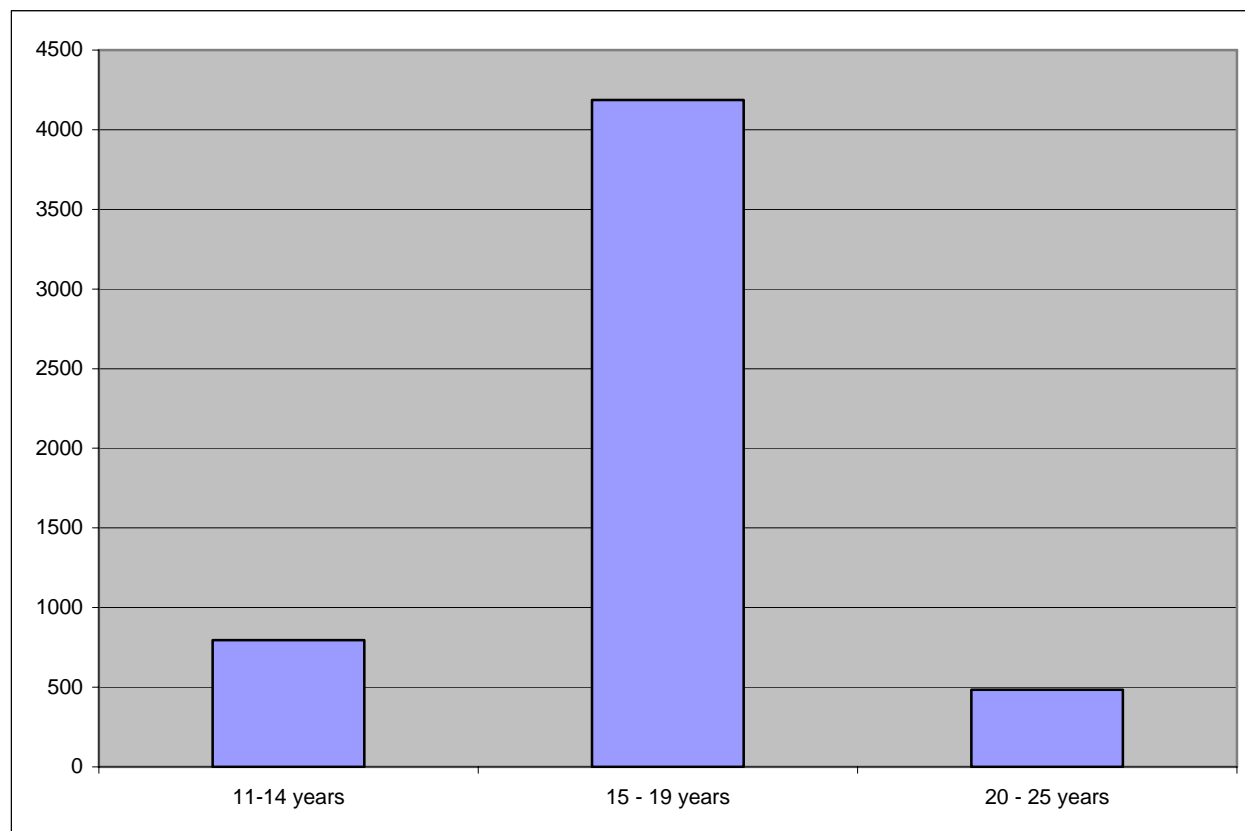
	Female		Male		Total	
	Count	% within year	Count	% within year	Count	% within year
Apr 95-Mar 96	434	54.6	361	45.4	795	100
Apr 96-Mar 97	348	56.0	273	44.0	621	100
Apr 97-Mar 98	310	51.6	291	48.4	601	100
Apr 98-Mar 99	292	55.9	230	44.1	522	100
Apr 99-Mar 00	267	52.5	242	47.5	509	100
Apr 00-Mar 01	309	50.7	300	49.3	609	100
Apr 01-Mar 02	411	53.4	358	46.6	769	100
Apr 02-Mar 03	434	50.3	428	49.7	862	100
Apr 03-Mar 04	294	53.9	251	46.1	545	100
Apr 04-Mar 05	331	54.1	281	45.9	612	100
Apr 05-Mar 06	441	59.3	303	40.7	744	100
Total	3,871	53.8	3,318	46.2	7,189	100

**Table 21: Survey Completion by Gender for Outcomes Measure 2003-2006**

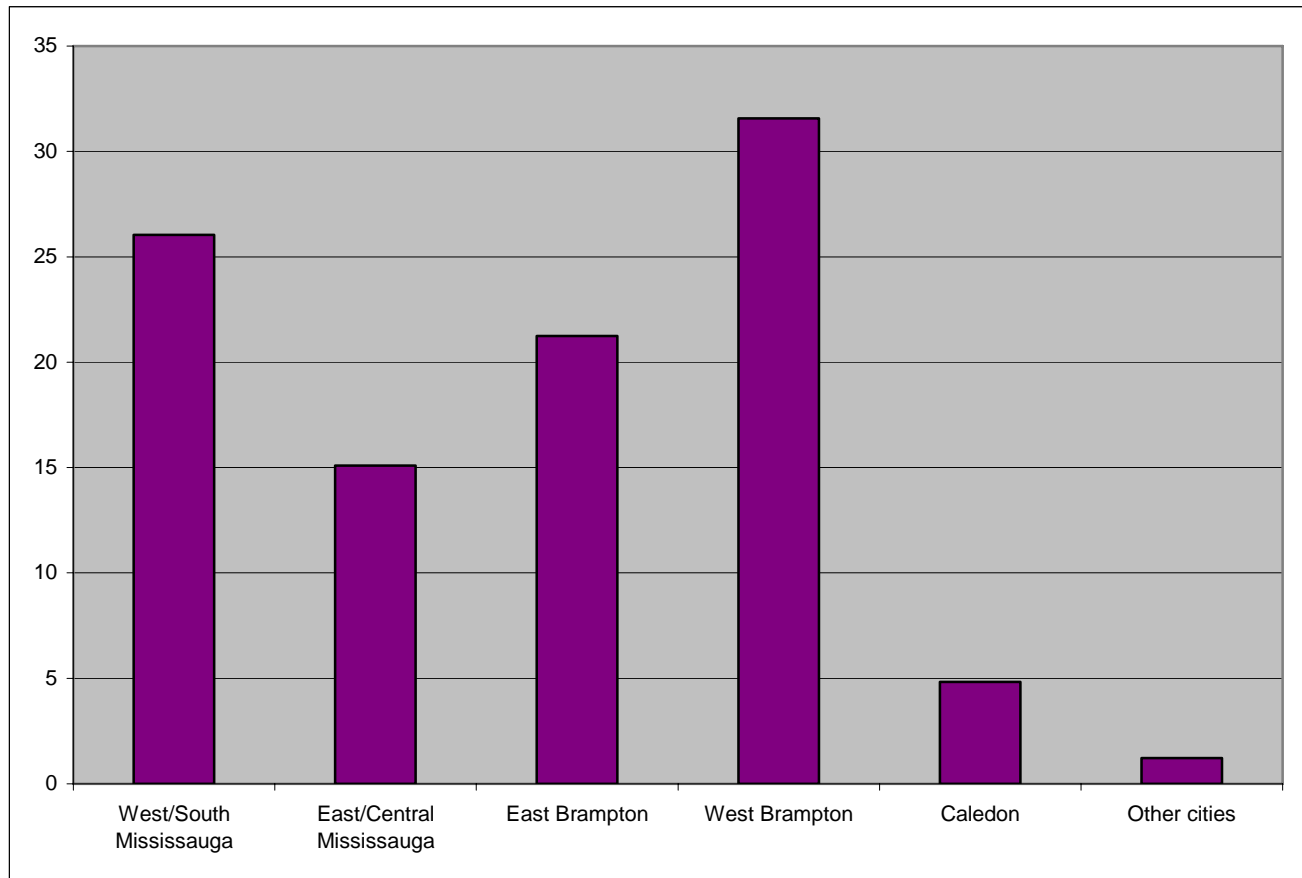
Item	Statistic	gender		Total
		F	M	
Pretest only	Count	340	263	603
	% within gender	76.4%	69.2%	73.1%
Pretest and posttest	Count	105	117	222
	% within gender	23.6%	30.8%	26.9%
Total	Count	445	380	825
	% within gender	100.0%	100.0%	100.0%



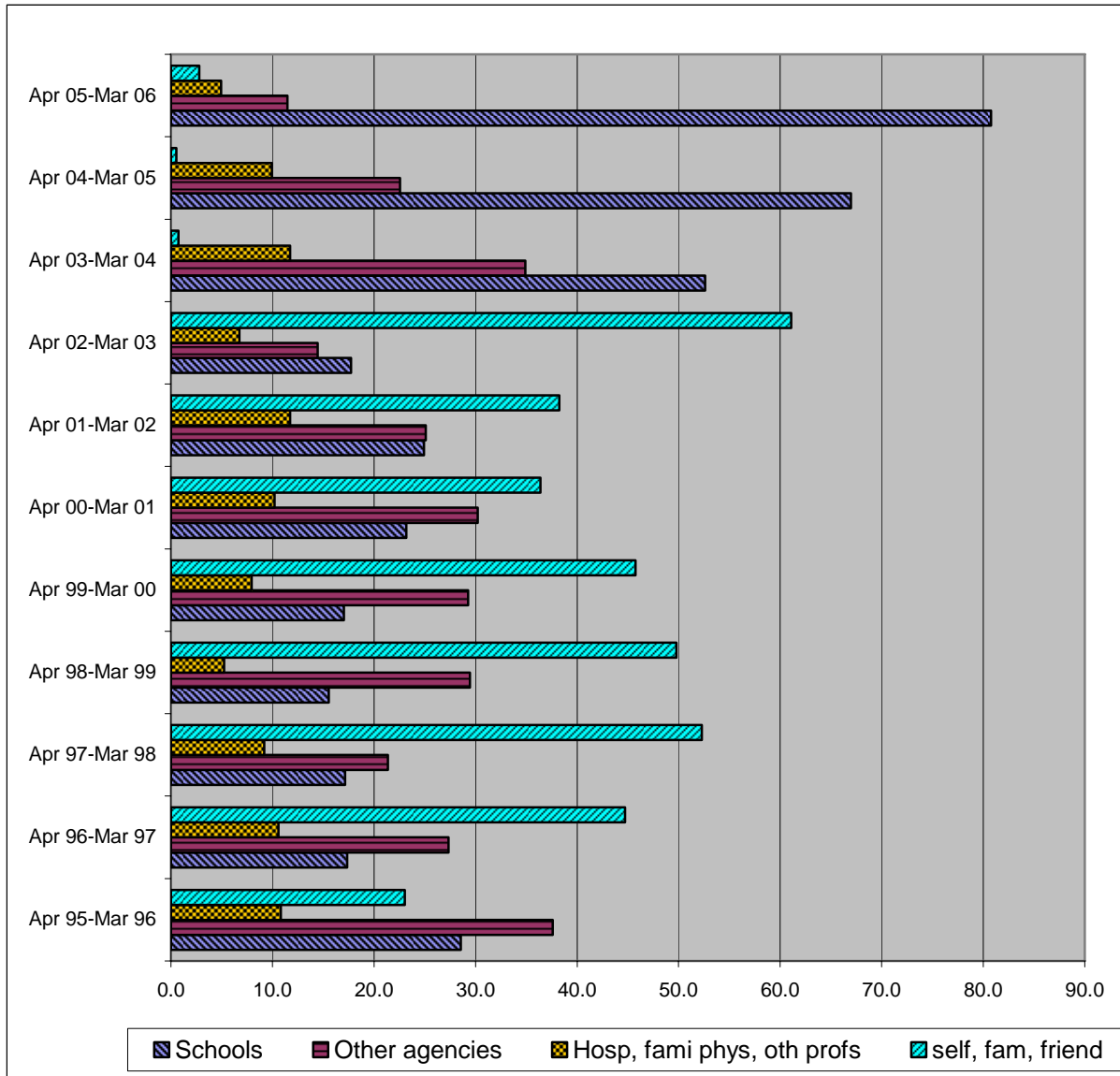
**Figure 18: Distribution of New Clients by Age (N=5,467)**



**Figure 19: Distribution of New Clients by Geographical Area (% of new clients) (N = 6,369)**



**Figure 20: Referral Source as a Percentage of Cases (N = 5,789)**



## Appendix 2

**Table 22: A comparison of the psychometric properties of the CSQ-8 and the normative sample**

Item	Rapport	Normative sample <sup>21</sup>	
Number of items	8	8	
N	365	3120	
Scale mean	25.9	27.09	
Scale std dev	3.65	4.01	
Mean of item means	3.24	3.39	
Mean of item variances	.392	.48	
Cronbach's Alpha	.87	.87	
Mean inter-item correlation	.468	.47	
Minimum inter-item correlation	.335	.35	
Maximum inter-item correlation	.584	.65	
Skewness	-.36	-.103 <sup>22</sup>	
Minimum score	15		
Maximum score	32		

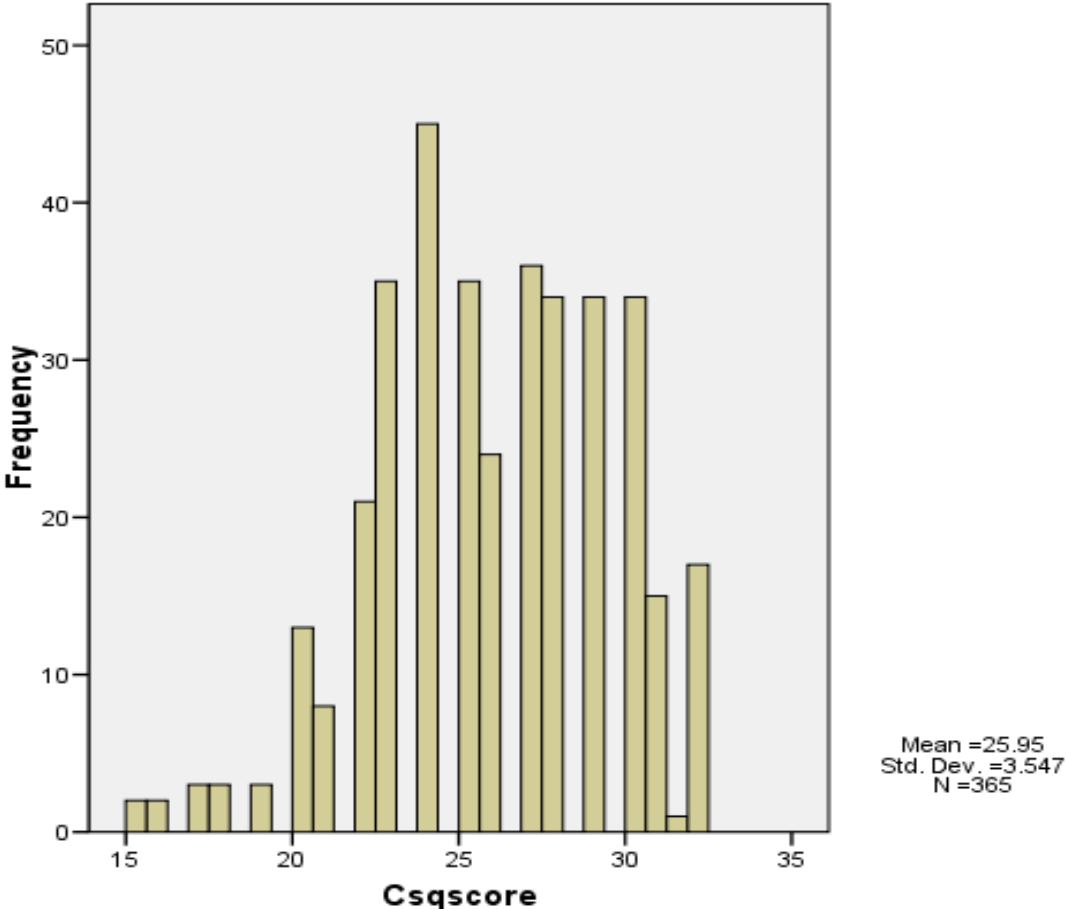
**Table 23: Descriptive Statistics for Client Satisfaction**

Item	N	Minimum	Maximum	Mean	Std. Dev	Skewness
Rapport	365	15	32	25.96	3.47	-.34

<sup>21</sup> Attkisson, C. C. & Greenfield, T. K. (1995), Client Satisfaction Questionnaire, in Maruish, M. E. (ed) The use of psychological testing for treatment planning and outcome assessment, New Jersey: Lawrence Erlbaum Associates, pp 407

<sup>22</sup> Greenfield (1989). Report: Consumer Satisfaction with the Delaware Drinking Driver Program 1987-1988.

Figure 21: Histogram showing the distribution of client satisfaction scores for all participants (N=365)



**Figure 22: Normal Probability Plot for Client Satisfaction**

**Normal P-P Plot of Regression Standardized Residual**

