Professional counseling is the service offered to an individual undergoing a problem and requiring professional help to overcome it. It involves two individuals, one seeking help and the other a professionally-trained person who tries to help solve the problem by orienting and directing the individual towards their desired goal.

Counseling has evolved since the 20th century. We live in a complex, busy and changing world in which there are many different types of experiences that are difficult for people to cope with. Often, when people are troubled by an event or a situation that they do not, at that moment, have the resources to sort out, they turn to family, friends, neighbours, priests or the family doctor. Occasionally, the advice thus received may not be sufficient, or the individual may be too embarrassed or ashamed to tell anyone what is bothering them in the first place, or they may not have an appropriate person to turn to. Counseling is a good option in such situations. In most places, counseling is available fairly quickly, and costs little or nothing. The counselor is obligated, by professional ethics, to not diagnose or label a client. They do their best to listen to and work with the client to find the best ways to resolve their problem.

As an occupation, discipline or profession, counseling is of relatively recent origin. There are many people active in voluntary organizations who provide non-professional counseling and the majority of people now working in the “human services” professions, including nursing, teaching, the clergy, the police and many others, consider counseling to be part of their work role. Counseling has been a relatively recent addition to among the human services, and its meaning and place within contemporary culture are still evolving.

The definitions of ‘counseling’ formulated by some professional bodies and leading figures in the field are:

“The term ‘counseling’ includes work with individuals and with relationships which may be developmental, crisis support, psychotherapeutic, guiding or problem solving. The task of counseling is to give the ‘client’ an opportunity to explore, discover and clarify ways of living more satisfyingly and resourcefully” (BACP, 1984).
“Counseling denotes a professional relationship between a trained counselor and a client. This relationship is usually person-to-person, although it may sometimes involve more than two people. It is designed to help clients to understand and clarify their views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution of problems of an emotional or interpersonal nature” (Burks and Stefflre, 1979).

Counseling is “a principled relationship characterized by the application of one or more psychological theories and a recognized set of communication skills, modified by experience, intuition and other interpersonal factors, to clients’ intimate concerns, problems or aspirations. Its predominant ethos is one of facilitation rather than of advice-giving or coercion. It may be of very brief or long duration, take place in an organizational or private practice setting and may or may not overlap with practical, medical and other matters of personal welfare. It is both a distinctive activity undertaken by people agreeing to occupy the roles of counselor and client and an emerging profession. It is a service sought by people in distress or in some degree of confusion who wish to discuss and resolve these in a relationship which is more disciplined and confidential than friendship, and perhaps less stigmatizing than helping relationships offered in traditional medical or psychiatric settings (Dryden and Feltham, 1993).

Counseling is provided under a variety of different names. There are a range of competing approaches that offer more or less the same service. One example is ‘psychotherapy,’ which is provided by highly-trained specialist professionals, often with a background in medicine. Psychotherapy can be a lengthy process. The most expensive and exclusive version of psychotherapy remains classical Freudian psychoanalysis.

There has been considerable debate over the difference between counseling and psychotherapy. Some would claim that a clear distinction can be made between the two, with psychotherapy representing a deeper, more fundamental or involved process of change with more disturbed clients. Others maintain that counselors and psychotherapists are basically doing the same kind of work, using identical approaches and techniques, but are required to use different titles in response to the demands of the agencies that employ them. For example, traditionally, psychotherapy
has been the term used in medical settings such as psychiatric units, and counseling
the designation for people working in educational settings such as student counseling
centres. One significant difference between counseling and psychotherapy is that
much counseling is conducted by non-professional volunteer workers, whereas
psychotherapy is an exclusively professional occupation. However, both counseling
and psychotherapy can be viewed as activities distinct from advice-giving, caring and
teaching.

A number of counseling agencies have evolved to meet the needs of people
who experience traumatic or sudden interruptions to their life development and social
roles. Prominent among these are agencies and organizations offering counseling in
such areas as marital breakdown, rape and bereavement. The work of the counselor in
these agencies can be very clearly seen as arising from social problems. The changing
social perceptions of marriage, redefinitions of male and female roles, new patterns of
marriage and family life, and legislation making divorce more easily accessible
represent major social and cultural changes of the past century. Counseling provides a
way of helping individuals to negotiate this changing social landscape. A further field
of counseling activity lies in the area of addictions to help people with problems
related to drug and alcohol abuse, food addiction and smoking cessation.

Family counseling is a type of psychotherapy that helps to promote better
relationships and understanding within a family. It may be incident-specific, as for
example during a divorce or the death of a family member, or it may address the
needs of the family when one family member suffers from a mental or physical illness
that alters his or her behaviour or habits in negative ways. Counseling for families
often occurs with all members of the family unit present though this may not always
be the case. A family member who suffers from alcoholism or drug addiction might
not attend sessions, and might actually be the reason why other family members seek
out counseling.

The concept of family therapy has brought in a whole new way of
understanding and explaining human behaviour. It proposes that psychological
problems develop and are maintained in the social context of the family. It thus
relocates the responsibility for the problems and the focus of treatment from the
internal world of the individual to the entire family. Family therapists propose that
psychological problems are best explained in terms of circular, recursive events that focus on the mutually influential and interpersonal context in which they develop.

The biological and psychoanalytic models, on the other hand, advocate a causal, linear model of understanding human illness, emphasizing internal dysfunction but failing to take into account the reciprocal nature of interpersonal relations (Nichols & Schwartz, 1998).

Several concepts and movements in the field of psychology like studies of small group dynamics, the child guidance movement, social work practices, research on family dynamics, the etiology of schizophrenia and marriage counseling have influenced the evolution of family counseling and shifted the view of life and problems from an individual to a systemic perspective.

The field of social work has also made significant contributions to the evolution of family therapy. Social workers often visit clients in their homes and are trained to interview each individual family member to gain as complete an understanding of the family's problems as possible. Many family therapists have entered the field of family therapy after being trained as social workers, and their family-oriented training model has shaped the ideas they have brought to the developing field of family therapy.

In the 1980s, the Central Social Welfare Board, an agency of the Government of India, started a programme to establish Family Counseling Centres (FCCs) in all the states of the country. The FCCs work in close collaboration with the local administration, police, courts, free legal aid cells, medical and psychiatric institutions, short stay homes, etc. through non-government organizations (NGOs). FCCs are meant to provide services to women in distress. They cater to women in need of shelter, protection and legal aid. A few also take up cases like child abuse, incest, rape, molestation etc. The purpose is to provide counseling and legal aid to women who are in a crisis within or near their current abode. This is done keeping the Indian cultural ethos and the context of the client group in mind, as women are by and large less mobile due to various reasons and are able therefore to utilize this service with greater ease when the FCC is located within the community.
The purpose of setting up FCCs was to help families to resolve their disputes through a process of dialogue and reconciliation. Though a quarter of a century has passed since the establishment of these FCCs, very little research has been conducted to assess the contribution of these centres to the well-being of the family and whether they are meeting the expectations of the aggrieved parties for whose benefit they have been established.

The mission of the Central Social Welfare Board since its inception in 1953 is to develop a healthy partnership with Non-Governmental Organisations (NGOs) for the welfare, development and empowerment of women in our society. The Board has developed networking with more than 20,000 NGOs across the country for implementing its various programmes. Activities of the Board also involve networking with various state-level organizations through the State Social Welfare Board located in 33 states and UTs of the country. During the financial year 2010-2011, there were 689 Family Counseling Centres across the country which were reaching out to 1,81,998 beneficiaries.

The concept of seeking help on family matters from somebody outside the family has traditionally been alien to Indian society (Kashyap, 2009). Acceptance of marriage and family counseling, as a professional intervention, is a recent phenomenon. Due to the stigma attached to seeking professional counseling, families usually resort to professional help only when all other efforts fail.

In India, marriage and family counseling is offered in a variety of settings, including by a large number of NGOs working in the field of woman and child welfare who offer a range of marital and family counseling services. Counselors in other settings like educational institutions, (schools, colleges), hospitals, private medical and health care organizations and social service departments of government organizations have been offering family and health counseling whenever required. Here, counseling providers include medical practitioners, psychiatrists, psychologists and social workers, with some basic training in counseling. In addition, volunteers with an interest in this area but with or without any training also offer counseling services in some of these settings. There are relatively few professional counselors engaged in private practice in India.
The rapid development of marriage and family counseling in India over the past few decades owes to two developments in the 1980s: the establishment of the Family Courts in 1984 to provide speedy, effective and inexpensive justice in the sensitive field of matrimonial disputes and family matters, and the establishment of Family Counseling Centres (FCCs) by the Central Social Welfare Board. These FCCs were expected to provide a range of preventive, curative and rehabilitative services such as counseling in cases of family maladjustment, remediation in cases of marital disputes, arbitration for out-of-court settlement of family disputes, and help in investigation of cases of dowry death and domestic violence (Kashyap, 2009).

1.1 DESCRIPTION OF THE SCHEME

The Central Social Welfare Board aims for Family Counseling Centres to serve as cells to settle family disputes and restore conjugal life by attaining or restoring mutual understanding. The most common types of cases approaching FCCs are of marital discord, although beneficiaries are by no means limited to such cases. The Central Social Welfare Board envisages the need for FCCs to provide help in scenarios where:

(i) There is marital discord involving a couple and/or their families.

(ii) There is abuse of children, juvenile delinquency, truancy (children dropping out of or missing school) and/or behavioural problems.

(iii) Men, women, children and/or families are involved in or affected by consumption of drugs and/or alcohol.

(iv) Children and parents need help managing adolescence-related problems.

(v) Couples require counseling regarding adoption.

(vi) Aged persons require counseling and assistance.

(vii) Couples require family life education and youths need pre-marital guidance.

The Family Counseling Centre works in close collaboration with local authorities such as the police and institutions like short-stay homes. The FCC is expected to intervene in ‘crisis’ cases and in cases of atrocities against women.
The state-wise number of Family Counseling Centres (FCCs) functioning in India up to August 2012 is given below.

<table>
<thead>
<tr>
<th>States/UTs</th>
<th>No. of FCCs</th>
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<tbody>
<tr>
<td>Andaman and Nicobar Islands</td>
<td>2</td>
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<tr>
<td>Andhra Pradesh</td>
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<td>Arunachal Pradesh</td>
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<td>Assam</td>
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<td>Bihar</td>
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<td>Goa</td>
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<td>Gujarat</td>
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<td>Nagaland</td>
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<td>Uttar Pradesh</td>
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<td>Uttarakhand</td>
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<tr>
<td>West Bengal</td>
<td>46</td>
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<tr>
<td><strong>India</strong></td>
<td><strong>867</strong></td>
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Source : Lok Sabha Unstarred Question No. 3450, dated on 31.08.2012.
Although initially established for the purpose of helping women in distress, over the years FCCs have expanded their ambit to include men facing family-related problems.

Nonetheless, a majority of cases referred to the FCCs continue to involve dowry-related harassment, domestic violence, battering, molestation, rape, abandonment, desertion and so on, where the woman is the victim.

In a recent study (NIPCCD, 2011) it was reported that FCCs intervene in disputes in cases:

(i) Where the family disputes do not fall within the purview of law.

(ii) Where a man or woman is harassed and seeks support but does not want to take recourse to the law due to social constraints.

(iii) Where there is a need to guide, assist and counsel men or women, who are victims of atrocities, on the legal and rehabilitative measures available to them.

(iv) Where a go-between is needed between NGOs working in the field and the law-enforcing agency, legal aid cells, short-stay homes (SSH), psychiatrists, psychologists, etc. in order to develop accessible resource networks.

According to the provisions of the FCC scheme, each FCC is staffed with two counsellors who are either qualified social workers or postgraduates in Social Work or Psychology, and two support staff. There is a provision for training of counsellors and for monitoring and evaluating the services provided. This is done through external agencies such as Schools of Social Work or Voluntary Action Bureaus.

Each FCC is required to form a sub-committee including doctors, psychiatrists, social workers, lawyers, activists, psychologists and other related professionals. The cases referred to the FCCs that require specialized help, opinion, assessment or further referral are referred to this sub-committee. The FCC also maintains links with nearby NGOs, police stations, the local administration and government-run homes for abandoned women, hostels for working women, short-stay homes for women in distress, rape crisis centres and so on.
The aim of the counseling services offered by the FCCs can be summarized as follows (CSWB, 2013):

- To identify the root cause of the victim’s present situation.
- To provide preventive, curative and rehabilitative services to persons in distress.
- To reduce the emotional distress and dysfunctional behaviour of the victim to develop her/his potential capacity.
- To assist the victim in taking important personal decisions.

1.2 TYPE OF FAMILY CONFLICTS AND FCCs

According to Argyle and Furnham (1983), one’s experience of interpersonal conflict is often highest with one’s spouse, compared with other long-term relationships. Marital relationships are particularly prone to conflict because spouses develop a great deal of shared intimacy and inter-dependence. The most frequent topics of conflict in marital relationships include communication, finances, children, sex, housework, jealousy and the in-laws (Gottman 1979; Mead, et al. 1990).

These factors are as relevant in India as abroad, although the higher prevalence of arranged marriages and joint families creates a whole new array of problems including interference by the in-laws, financial discord with the in-laws, domestic violence with or without the involvement of the in-laws, disharmony over inability to have children or male children, and so on.

Family conflicts, as indeed separation, divorce and even suicide due to family problems, are on an upswing in India, although statistical evidence showing the rate of separation and divorce and different types of personal and family disorganization is not available. However, reported figures of suicide provide some clues. In the year 2010, 31,856 people committed suicide due to family problems, an increase of 5.9% over the preceding year (“Accidental deaths & suicides in India 2010, National Crime Records Bureau, 2010.”).

In a study of reasons for divorce (Desai et al, 2004) among 1,165 cases from four urban cities – Mumbai, Pune, Aurangabad and Nagpur – the researchers found
that most couples seeking divorce were educated, between 25 and 35 years of age, and childless. Though they had had arranged marriages and lived in joint families, 70 per cent break-ups took place due to reasons which included temperamental differences (apart from financial issues, family interference, dowry, and adultery). Eighty five per cent called off their marriage within the first five years.

In a report by Pandey V. in DNA (24 Jun, 2010) it was revealed that the Central Law Minister of India admitted that 55,000 divorces were pending in the country’s courts in March, 2010. In a study by Faye, Kalra, Subramanyam & Pakhare, (2013), it was reported that the divorce rate in India is increasing, around 57 per cent of divorce cases in their study were filed by women, 31 per cent by men and 12 per cent by mutual understanding. The primary reason for divorce was interpersonal problems (3 per cent). Marital adjustment was poor in 91.6 per cent respondents, with a minimum score for dyadic cohesion and affectional expression. The study further found that poor marital adjustment and emotion-based coping were associated with higher psychopathology, whereas parental support and having children were protective factors for psychopathology.

Most Indian couples, when faced with conflict in the family, make attempts to resolve the issue on their own, failing which they seek outside help, usually from family or friends to begin with. When this fails, some couples choose to seek professional help in the shape of legal, marriage and family counseling – private or state-provided.

Often, couples approach Family Counseling Centres as a measure to avoid having to file a police complaint or get into a legal case. Many times people are unaware of their constitutional rights to freedom, to live with dignity and so on. Women, more particularly, are unaware of the laws created for their benefit such as the Dowry Prohibition Act and the Domestic Violence Act, and provisions such as those aimed at preventing or providing redress in cases of sexual harassment at the workplace. Here, FCCs play a major role in providing legal information and guidance.

For many women experiencing family problems in the shape of dowry demand, domestic violence and the like, calling the police is not the first option; often, they only approach the police after repeated attacks or when the problem becomes unbearable. It is not uncommon for many victims of domestic abuse to go
for long periods hoping things will improve – whether through family intervention or through a change in circumstances (for instance, if their abuser stops drinking or gets a job, if that is the root of the problem). Many women are ambivalent about calling the police for fear they will not be believed or taken seriously. Going to the police may also seem like a betrayal to them. Poor women, in particular, are less likely to call the police if they fear action against themselves or their spouse or other family members. Women across the board hesitate to risk their “name” and “family honour” by going to the police.

The support and help from FCCs is a key factor in such a situation. FCC counselors bridge the gap – whether in terms of communication, trust or knowledge – between complainants and the police. They help women by providing legal and procedural advice, ensuring that complaints are dealt with in a timely and coherent manner, and provide psychological support.

Apart from these, studies done by IIST (1996), Nanivadekar (2004) and NIPCCD (2011) report that the cases handled at the FCCs relate to the following:

- Abused children, delinquents, school drop-outs with behavioural problems.
- Men, women and children involved in and affected by consumption of drugs and alcohol; families that need help in coping with such problems.
- Children and parents facing problems managing adolescent behaviour.
- Parents seeking counseling on adoption.
- Aged persons who need help.
- Young men and women needing pre-marital counseling.

1.3 SERVICES PROVIDED BY THE FCCS

Services being provided by FCCs to their beneficiaries are quite varied. They range from guidance and counseling to mediation and facilitation as well as referral service (in cases where the FCCs do not have the expertise to offer the solution themselves, or where some other agency or department is expressly tasked with providing a solution to the problem at hand). These services are explained in brief as follows.
(i) Guidance

Guidance includes processes of counseling, consultation, coordination, instruction, information-giving, appraisal, referral and institutional support (Murwira, 1993). Mapfumo (2001) views guidance as the provision of information to groups or individuals so that those individuals can reach informed decisions. At FCCs, guidance is restricted to provision of information, and it is up to the beneficiaries to decide what course of action they want to take. Often, beneficiaries who approach FCCs for guidance are married women seeking legal counsel but not having the means to pay a lawyer. In other instances, people afraid to approach the police directly prefer to approach FCCs for prior guidance. There are also cases of students from economically-weaker segments approaching FCCs for career guidance, and of people seeking financial guidance over businesses losses or dividing income between husband and wife and so on. Since some NGOs also run de-addiction centres, addicts also approach FCCs for guidance on how to approach other NGOs to access de-addiction services.

(ii) Counseling

Counseling is advice and help given to someone experiencing problems. Hansen, Rossberg and Crammer (1994) state that counseling is largely concerned with an effort to increase an individual’s self-awareness, helping to improve problem-solving skills, and educating and supporting the individual. Counseling is thus normally seen as a one-to-one relationship between a counsellor and a client whereby the counsellor attempts to help the individual make personally relevant decisions that he or she can live with. Counseling may involve groups also. At FCCs, beneficiaries seeking counseling are most often couples facing domestic conflict, and youngsters facing problems with their parents, peer group or on the education/career front.

(iii) Mediation

Mediation is a voluntary collaborative process where individuals who have a conflict with one another identify issues, develop options, consider alternatives, and develop a consensual agreement. Trained mediators facilitate open communication to resolve differences in a non-adversarial, confidential manner.
Mediation “is premised upon the intention that by providing disputing parties with a process that is confidential, voluntary, adaptable to the needs and interests of the parties, and within party control, a more satisfying, durable, and efficient resolution of disputes may be achieved (Weston, 2001). Mediation is unique, as it is nonbinding, and the mediator is present to facilitate communication and negotiation between the parties, and not to impose a settlement on them.

FCCs are often called upon to help mediate intra-family conflicts involving property and money, such as providing adequate household expenses to the homemaker wife by the breadwinner husband, or dividing the living quarters between various members of the joint family, or ensuring that aged parents are not neglected or abused, or, in case the parties want to file for divorce, to reach a settlement beforehand so that the divorce can be by mutual consent.

(iv) Referral Service

Referral means to direct a person to a source for help or information. Referral is “The active process of linking a person with a need or problem with a service which will meet the need or solve the problem” (Croneberger, 1975). For example, referral service would provide detailed information, including contact information, mailing address, telephone number, etc., about where a person could go to receive a specialized service.

Sometimes, beneficiaries need assistance for solving legal problems requiring police help or legal aid, medical help or help in solving financial or career-related problems. Very often, abandoned women approach FCCs for shelter and legal help. In such cases, they are referred to the appropriate authorities for obtaining requisite help.

The beneficiaries in need of legal aid are generally referred to the free legal aid services offered by the state government, or to the Lok Adalat. Those approaching FCCs with health-related problems are referred to NGOs providing specialized medical services (e.g. HIV counseling, family planning, drug de-addiction, mental health services, etc.). FCCs generally have good coordination with other NGOs offering such services.
(v) Facilitation

Another common service that FCCs are called upon to provide is facilitation for accessing various government services by illiterate and economically-disadvantaged beneficiaries. For instance, aged beneficiaries who cannot read or write and have no relatives who can or want to help them, approach FCCs to access their old-age pension. In such cases, FCCs help with the relevant paper work, make phone calls or even send volunteers to facilitate the process.

1.4 CLIENT SATISFACTION WITH THE SERVICE

Satisfaction is an overall psychological state that reflects the evaluation of a relationship between the customer/consumer and company/environment/product/service. Satisfaction involves one of the following three psychological elements: cognitive (thinking/evaluation), affective (emotional/feeling), and behavioural.

Consumer satisfaction, as an approach to assessing the quality of services, has a quick and readily apparent appeal. It is easily understood by both clients and providers, can be measured via client self-report (rather than, for example, the more difficult process of behavioural observation), and is a central feature of most definitions of service effectiveness. Indeed, the social validity of human services depends in large measure on client satisfaction. Oddly, however, it has attracted only sporadic attention in literature on evaluating social work services. For example, the leading work on practice evaluation by Bloom, Fischer and Orme (1999) emphasizes client involvement in the evaluation of services but makes no reference to consumer satisfaction as an outcome measure. Similarly, in their book on practice research, Blythe, Tripodi, and Briar (1994) mention client (consumer) satisfaction only in the context of assessing the quality of the client-worker relationship.

The accountability and quality assurance movements have spearheaded many changes. Concern for accountability in the human services has increasingly required providers to apply objective measures in gauging the impact of their services. In the 1980s and early 1990s, the accountability movement was partly taken over by the quality assurance movement, which called attention to the need for monitoring organizational processes and outcomes. Young (1995) notes that the development of standardized instruments to measure patient satisfaction in health care settings was
one example of innovations that reinforced the spread of quality assurance methods. Many quality assurance principles were themselves folded into administrative practices by supporters of total quality management (TQM). From its roots in the commercial sector, TQM has branched into human services and related fields. It calls for management practices that designate quality as the central criterion guiding all structures and processes in an organization. In most TQM literature, quality refers to satisfaction on the part of the consumer, more specifically arguing that “customer satisfaction is the center or focus of TQM” (Saylor, 1996). Moore and Kelly (1996) contend that, in the current era of managed care, documentation of success in satisfying consumers is essential for all human service agencies.

1.4.1 Client Expectation and Satisfaction with Service

Expectations are sets of requirements relating to the timeliness, adequacy, overall experience and added value of a given event or service (Zysberg, 2010). As such, they set the anchor or point of reference against which the actual experience is judged. Numerous studies link individuals' expectations to psychological appraisal and chances and levels of satisfaction (Alter and Seta 2005; Appleton-Knapp and Krentler 2006). Expectations have a central role in influencing satisfaction with services, and these in turn are determined by a very wide range of factors. It is arguable that the range of influences on expectations is even wider for public services.

People’s expectations include what is assumed, desired, wished and hoped for. In the word ‘expected’, one can perceive the necessity and potential for dissatisfaction if this expectation is not, or no longer, fulfilled. In other words, clients may be initially impressed because a service was beyond their expectation. However, it then may become a need and is requested. This is the continuing challenge of trying to achieve excellence in client service by exceeding client expectations.

1.5 HOW EXPECTATIONS FROM SERVICE DELIVERY ARE FORMED

Given the central importance of expectations, it is important to understand how they are formed (Quality Accounts Commission, 1999). The key factors most commonly seen to influence expectations from a service are described as:

- Personal needs: any customer or user of a service will have what they regard as a set of key personal needs that they expect the service to address. These
will vary from service to service and from customer to customer. A clear understanding of these needs is necessary to design appropriate service.

- Previous experience: many will have had service encounters before. Their previous experience will in part influence their future expectations.

- Word-of-mouth communications: expectations will be shaped by communications from sources other than the service provider itself. This can include family, friends and colleagues, but more widely the media and other organizations, such as audit agencies.

- Explicit service communications: statements from staff or from leaflets or other publicity material can have a direct impact on expectations.

- Implicit service communication: this includes factors such as the physical appearance of buildings e.g. renovation may lead the customer to expect other service aspects to be of higher quality.

The extent to which services meet consumers’ needs or expectations is one measure of service quality. People’s expectations include what is assumed, desired, wished and hoped for. In the word ‘expected’, one can perceive the necessity and potential for dissatisfaction if this expectation is not, or no longer, fulfilled. In other words, clients may be initially impressed because a service was beyond their expectation. However, it then may become a need and is requested. This is the continuing challenge of trying to achieve excellence in client service by exceeding client expectations.

Measuring client satisfaction can help serviced providers maintain a more stable, satisfied client base. Satisfaction will often be a measure of client perception of quality. The highly satisfied client will feel they have received a high quality service, whereas the dissatisfied client will be disappointed by the quality of service.

In other words, if the client perceives services as better than expected, their satisfaction is high. We are all consumers at one time or another and this is indeed the way we also, as consumers, analyze the services that are provided to us. The aim of a counseling centre is that every client who comes to them goes away satisfied with the services they have provided.
1.6 DEFINING BENEFICIARIES

Beneficiaries include anyone who receives a service or benefits in some way from the work the organization does. In a market setting, beneficiaries are customers, or those who make decisions about whether to buy a product. In most cases, nonprofit beneficiaries pay less than the full cost of the service they receive. To compensate, nonprofit providers generate additional support from public (central, state or local government) and private institutions. Funders generally pay for the portion of services not paid for by beneficiaries. In some settings, public or private funders pay the full cost of a service and are primary actors in the management of nonprofit providers (Gronbjerg 1993; Smith & Lipsky 1993). In addition to this, “Clients”, who are the direct recipients of government services, are also called beneficiaries. The FCCs do not charge any fee for the services provided by them as the FCCs are funded by the CSWB. Keeping this fact in view, the subjects of this study are termed as beneficiaries’.

1.7 RECENT RESEARCH ON CLIENT/ BENEFICIARY SATISFACTION WITH COUNSELING SERVICES/ HEALTH CARE SERVICES PROVIDED

Different types of Counseling services are provided by Counseling Centers to help a person with most issues including relationship & marriage counseling, counseling for depression, anxiety, panic, anger management, grief, addictions, sexuality, relationships, trauma and abuse. Professional Psychotherapists, Psychologists and Counselors work within a clearly contracted relationship which helps patients to develop their capacity to resolve emotional, personal and relationship issues. Counseling is a comparatively shorter term treatment designed to manage a specific problem, situation or life change. Psychotherapy is concerned with the restructuring of the personality or self and may involve more frequent and longer term treatment. The disciplines of psychotherapy and Counseling are undertaken by a variety of professionals who may be qualified as Psychologists, Counselors, Psychiatrists, Social Workers, Allied Health or Mental Health Workers. Various studies have been conducted in India and abroad on clients’ satisfaction with a
number of counseling services during the recent past years. Some of them are listed below:

(i) **Satisfaction with Career Counseling**

Zysberg (2010) studied the factors associated with satisfaction in career counseling in Israel.

Client satisfaction with career counseling was studied by Bernard, Di Fabio and Saint-Denis (2010) in Canada.

The relationship between counselor job satisfaction and consumer satisfaction in vocational rehabilitation was studied by Capella and Jason (2004).

Lim (2004) carried out a study on career counseling services in Queensland, Australia, with emphasis on client expectation and provider perception to find out the clients satisfaction.

(ii) **Satisfaction with Pre-marital Counseling**

Clients’ satisfaction with premarital counseling service in Bahrain was studied by Shaikha Al Arrayed and Al Hajeri (2009).

Hudson (2008) studied satisfaction with Pre marital counseling in U.S.A.

(iii) **Satisfaction with Couple Therapy**

Schofield, Mumford, Jurkovic D, Jurkovic I and Bickerdike (2012) studied the short and long term effectiveness of couple therapy in Australia.

Client Satisfaction with family court counseling in cases involving domestic violence was studied in Australia by Davies, Ralph, Hawton and Craig (1995).

(iv) **Satisfaction with Student Counseling**

Palmer (2011) carried out a study on student and faculty satisfaction in a Master of counseling Distance education paradigm.

Olaimat (2010) constructed a satisfaction scale for counseling college student in Jordan.
Morey et al., (1993) studied the relationship between student satisfactions with school counseling services provided for children of deployed military personnel in Alabama (USA).

Fairley (2006) carried out an investigation of parental satisfaction with school counseling services provided for children of deployed military personnel in Alabama (USA).

Effectiveness of school guidance and counseling was studied in Zimbabwe by Chireshe (2006).

(v) **Satisfaction with Rehabilitation Counseling**

Satisfaction with state rehabilitation agency counselors was studied by Andrew, Faubion, and Palmer (2002) in the U.S.A.

(vi) **Satisfaction with Genetic Counseling**

Satisfaction with genetic counseling in UK was studied by Reilly (www.cecentral.com retrieved on 12.9.2013).

Aalfs, oortys, de Haes, Leschot and Smets (2007) in a study compared counselee and counsellor satisfaction in reproductive genetic counseling in Holland.

Davey, Rostant, Harrop, Goldblatt and O’Leary (2005) studied client expectation, psychological adjustment and satisfaction with genetic counseling service in Western Australia.

(vii) **Satisfaction with Online Counseling**

Studies on client satisfaction and outcome comparison of online and face to face counseling methods have been conducted by Tyler and Sabella, (2004); Rochlen, Beretvas and Zack, (2004); and Murphy, Parnass, Mitchell, Hallert, Cayley and Seagram (2009).

(viii) **Satisfaction with Victim Counseling**

Victim counseling in all women police stations in Tirunelveli in Tamil Nadu state of India was studied by Shekhar and Rufus (2006).
(ix) Satisfaction with HIV Counseling

Papanna, Kumar, Shetty, Kamath, Bhaskaran and Saddichhe (2013) studied client satisfaction with HIV counseling services in South India.

Kabbash, Hassan, Al-Nawawy, Attalla and Mekheimer (2010) studied client satisfaction with HIV voluntary counseling and listing service in Egypt.

(x) Satisfaction with Counseling Centers

Client satisfaction evaluation was carried out in Waterloo, Canada by social Planning, policy and programme Administration, Regional Municipality of Waterloo in 2012 by studying client evaluation with all the seven counseling centers being run by non-profit agencies.

Study has been conducted in Ireland to study survivors’ experiences of the National counseling service for adults who experienced childhood abuse (SENCS, 2003).

(xi) Satisfaction with Health Services


Ribiere et al. (1999) identified patient satisfaction with hospital information systems in terms of timeliness, accuracy and completeness. Yet another study on satisfaction with hospital services included communication with patients, competence of staff, staff demeanour, quality of the facilities, and perceived costs (Andaleeb 1998)
1.8 NEED FOR THE PRESENT STUDY

The Central Social Welfare Board in India is operating its welfare schemes through NGOs. FCCs have been established in almost all the major cities in India through grants provided to NGOs.

NGOs are non-governmental, nonprofit, self-governing and led by willing volunteers. They are outside the domain of government in the areas of formation, funding, management, and are geared towards cultural, socio-economic and political transformation of all facets of society. NGOs function alongside the government as well as profit-based enterprises in delivery of social services for the uplift and well-being of society (Ehigiamuusoe, 1998).

In their role as service providers, NGOs offer a broad spectrum of services across multiple fields, ranging from livelihood interventions and health and education services to more specific areas such as emergency response, democracy building, conflict resolution, human rights, finance, environmental management and policy analysis (Lewis and Kanji, 2009). It is commonly believed that NGOs provide more effective and targeted aid given their closer proximity to the poor (Koch et al., 2009).

‘Good governance’ is critical for the NGO sector to maintain its credibility, and to achieve this they must operate in a transparent, accountable and participatory manner (Atack 1999; Barr et al., 2005). Accountability is the process through which individuals and/or organizations report to a recognized authority and are held responsible for their actions (Edwards and Hulme, 1996). Different forms of accountability include upwards and downwards accountability to patrons (donors) and clients (beneficiaries) as well as internal accountability in meeting their responsibility to their vision and mission (Ebrahim, 2003).

Past research shows that NGOs deliver quality work when their work is based on a sensitive and dynamic understanding of beneficiaries’ realities; responds to local priorities in a way that beneficiaries feel is appropriate; and is judged to be useful by beneficiaries. In other words, quality is driven by the extent to which beneficiaries are the primary actors in these processes of analysis, response and evaluation (BOND, 2006). However, ‘beneficiaries’ are rarely a homogeneous group with a single set of views; different perspectives from different social groups need to be heard. Both
NGOs and beneficiaries have to learn about the social situation they face, how to respond to it and also about each other. Continuous participation and respectful two-way dialogue are required between an NGO and its intended beneficiaries.

The relationship between an NGO and its beneficiaries is widely seen as the foundation of effective NGO intervention. There is evidence to suggest that beneficiary feedback mechanisms can improve impact (Jacobs 2010; Bjorkman and Svensson 2007; Brown 2007; Brown 2000), enhance local ownership (Jacobs et al., 2010) and prove more cost-effective than other forms of monitoring and evaluation (Bjorkman and Svensson 2007).

According to Twersky, Buchanan and Threlfall (2013), “The views and experiences of the people who benefit from social programmes are an invaluable source of insight into a programme’s effectiveness but are often overlooked and underappreciated. Beneficiary perceptions are an underdeveloped source of information that can improve practice, leading to better outcomes. A growing body of research has demonstrated the link between beneficiary perceptions and beneficiary outcomes.”

Knowing and understanding one’s beneficiaries is essential to plan, deliver and review the organization’s work:

- During market research and the business planning stage, understanding beneficiaries helps to demonstrate the needs that the organization can meet and the potential social impact it can create.

- Once the organization is set up and running, it is important to ensure that its services are well received by its beneficiaries and that it is effectively meeting their needs.

- Monitoring feedback from beneficiaries and measuring the impact the organization has created helps communicate how well it has met its beneficiaries’ needs to other people, including potential customers, as well as to funding organizations and other key influencers (such as government officials who have a say in key decisions pertaining to the organization).
Client satisfaction is an emerging topic of interest in social work practice. The application of client satisfaction surveys in social work is rooted in the marketing industry as a measure of a business’s worth to its clients. Although client satisfaction studies cannot prove a programme’s effectiveness, there is at least a suggestion that positive client satisfaction increases their competitive potential, as the information derived from such surveys is better than no information at all. Additionally, the perceived usefulness of a programme may influence continued funding and support. Rose, Wykes, Farrier, Doran, Sporle and Bogner (2008) provide three compelling reasons to conduct satisfaction studies: first, if satisfaction studies are not conducted, there is no organized or systematic means for learning about clients’ perceptions; second, if the ratings tend to come back relatively high, it is reassuring that there are no hidden or obscure problems; third, if ratings come back with clients reporting below 75 percent satisfaction, then it becomes clear that further investigation is required to determine the source of dissatisfaction. Despite the inability of client satisfaction surveys to prove a programme’s effectiveness, many people have begun to emphasize the importance of measuring client satisfaction.

In the context of Family Counseling Centres, understanding beneficiaries’ needs and expectations and keeping them at the centre of all decision-making is essential for successful performance and long-term sustainability of the scheme. If the beneficiaries’ needs are not met or they are not satisfied, it is a waste of tax-payer’s money. In this context, there is need to know the demographics of the client base, what kind of problems and concerns they present and what kind of counseling is being offered and delivered to them. It is essential to critically evaluate the relevance, effectiveness and efficiency of the services provided by these centres. In the present study an attempt has been made to gain an insight into the help-seeking behaviour, the kind of problems and expectations of people who approach the FCCs situated in the city of Chandigarh and study the kinds of services being provided by these FCCs and whether the beneficiaries are satisfied by these services or not.

1.9 THE PRESENT STUDY

Expectations and experiences of customers/consumers can be studied in many different contexts. It is of particular interest to study these concepts in the context of FCCs because these centres play an instrumental role in the lives of people in distress
and it is imperative for those providing services through them to know what kind of services beneficiaries expect. Therefore, in this study, we will define beneficiaries’ expectation as what they think should be offered by the FCCs while beneficiaries’ satisfaction will be defined as what they experienced in the FCCs and this is assessed after the counseling process is over. Service quality is mainly focused on meeting the customer’s needs and also how well the service offered meets the customer’s expectations. However, as previous studies attest, it is difficult to measure service quality because of its intangible nature and also because it deals with expectations and perceptions of consumers which are difficult to determine due to the complexity of human behaviour.

The objectives of the present study are:

- To study the Socio-Demographic profile of the beneficiaries approaching Family Counseling Centres for seeking help.
- To explore the services being provided by the Family Counseling Centres
- To examine the reasons of beneficiaries approaching Family Counseling Centres
- To analyze the beneficiaries expectations from the Family Counseling Centres
- To study whether the Family Counseling Centres services are fulfilling the expectations of the beneficiaries.
- To analyze the level of satisfaction of the beneficiaries with the services being provided by the Family Counseling Centres.
- To evaluate the effectiveness of the services provided by the Family Counseling Centres in solving the problems of the beneficiaries.

1.10 SIGNIFICANCE OF THE PRESENT STUDY

As there is tough competition all over the world the field of service delivery, the quality of service and consumers’ satisfaction with it plays a crucial role for the success of any service delivery business or government programme. This research is conducted to determine the quality of service delivery and the satisfaction with it reported by the distressed persons who come for counseling to FCCs. The research and findings may benefit both the FCCs and the policymakers at the Central Social Welfare Board and elsewhere. The findings of this study – on beneficiaries’
satisfaction with the services of the FCC – can serve as a touchstone to raise the level of service provided based on the expectations of the persons actually using these services. This study will also help the FCCs to know what aspects of service delivery are most important to their beneficiaries.

This research will also be important when the Central Social Welfare Board is faced with new challenges in the shape of more accountability for the tax-payer’s money. These findings will also be useful to NGOs who want to start new FCCs.

In all, the findings of this research will help the FCCs to serve their beneficiaries more effectively, and to upgrade the quality of their service to increase the satisfaction levels of all stakeholders.

1.11 CHAPTER SCHEME OF THIS THESIS.

Chapter 1- In this chapter I have introduced the topic of my research, and the study implications in a summarized form.

Chapter 2- Reviews the literature related to the present research and discusses expectations and service quality frameworks as well as the satisfaction dimensions used in the study along with the research questions.

Chapter 3- Describes the study methodology, including the research design, participant selection, data collection procedures and data analysis.

Chapter 4- Presents the findings of this study in the shape of tables and figures.

Chapter 5 -Discusses the findings of this study.

Chapter 6- Is the summary and conclusion of this study and also lists suggestions for future research.

It is important to note that the data has been arranged in tables and graphs in Chapter 4 (Results and Interpretation) and in Chapter 5. At places where graphical representation has been made, the related tables have placed at the end of the chapter. However, the reference along with the page number (wherever needed) has also been mentioned alongside the related graph for easier comprehension.