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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

YOUTH ADVOCATE PROGRAMME PROFILING STUDY

HSE Local Health Areas

Dublin South East, Dun Laoghaire and Wicklow

October 2006



Report by
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Research Team

The Child & Family Research and Policy Unit (CFRPU) is a joint initiative between the Health Service Executive West and the Department of Political Science and Sociology at NUI, Galway. The CFRPU undertakes research, evaluation and policy studies in the area of Child and Family Care and Welfare. The researcher for this report was Leanne Robins in conjunction with John Canavan (CFRPU Joint Manager). The Unit's website is www.childandfamilyresearch.ie.

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Note on terms used

The Health Service Executive (HSE) took over full operational responsibility from the Health Boards for running the country's health and personal social services on January 1, 2005.

Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
CASM	Children Act Service Manager
ECAHB	East Coast Area Health Board
ECO	Emergency Care Order
HSE	Health Service Executive
ICO	Interim Care Order
IOM	International Organisation for Migration
ISP	Individualised Service Plan
JLO	Juvenile Liaison Officer
LHA	Local Health Area
RACS	Risk Assessment Consultation Service
SCSA	Separated Children Seeking Asylum
SWTL	Social Work Team Leader
VEC	Vocational Educational Committee
WHB	Western Health Board (Counties Galway, Mayo & Roscommon)
YAP	Youth Advocate Programme

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Chapter One - Introduction

The adolescent years are a time of challenge, turbulence, and new beginnings, as young people engage in the developmental task of constructing their identity and undertaking the transition between childhood and adulthood (Erikson 1968). Support during this process for both the young person and their family traditionally stemmed from avenues such as the extended family unit, schools, and other community groups such as sporting, church or social clubs. However, there are a group of young people for whom the challenge of negotiating these years has been difficult and has resulted in intervention from state child protection and juvenile justice agencies.

Under the Child Care Act, 1991, the State is mandated to provide care and protection to children and young people who have been abused or who are at risk of harm. It is also mandated to provide community based, preventative approaches and family support services to families that need additional support. The National Children's Strategy similarly states that often the most effective way to care for and support children and families is within the local community, and that families should be resourced and empowered to do so.

In addition, the Children Act 2001 mandates the State to provide services for young people whose behaviour has labelled them as 'out of control'. These young people are often known to, or in the care of the Health Service Executive (HSE) and may be concurrently involved with the Juvenile Justice system. As a result, they are at an increasingly high risk of being placed in a secure unit or in high support accommodation. Intervention for these young people who are often simultaneously involved with two or more State agencies, requires interagency cohesion and planning in order to create successful outcomes.

1.1 The Youth Advocate Programme (YAP)

The Youth Advocate Programme was originally developed in the United States as an intervention for young people who were considered to be 'at risk' or 'out of control' (Cox 2005). These young people were often involved in the Juvenile Justice system, and, at the same time known to the Child Protection system. The YAP programme was developed to provide an intervention for this group of young people, with the aim to preserve family placement and improve functioning within the community. The YAP intervention model is an intensive, strengths based, family focused programme of 6 months duration, founded on an interagency 'wraparound' intervention. Wraparound interventions were developed in the United States in the 1980's as an alternative to residential care for 'at risk' young people (Cox, 2005:449). The aim of a YAP intervention is to

build a network of formal and informal supports for the young person and family, which in turn maintains the young person at home and out of residential care.

1.2 Purpose and Methodology

This study arises in the context of a limited amount of funding being available to the HSE Local Health Areas of Dublin South East, Dun Laoghaire, and Wicklow for the establishment of a Youth Advocacy Programme. An interagency steering group was established to oversee the implementation of a YAP programme for the area. It was chaired by the Child Care Manager from Wicklow LHA. The YAP steering group then commissioned the Child and Family Research and Policy Unit, National University of Ireland, Galway, to undertake a piece of research regarding how best the YAP program could be implemented. The requirements of this study have been unique from the outset, as the research piece can not be categorised as a needs assessment, nor a scoping study - rather it is an exercise to guide the planning of a pre-determined programme. To this end a profiling study was designed and commenced in March 2006.

The central aim of the YAP profiling study was to provide background data and analysis to inform the implementation of a YAP programme spanning the three Local Health Areas. Particular emphasis was placed on gathering data from both HSE social work teams, and from a range of government and community sector agencies and services. The design of this study was based on a number of research objectives developed in conjunction with the YAP steering group. The objectives, and a brief outline of how they were met in the context of the study is presented below. A more in depth examination of these objectives forms the basis of the methodology, findings, and recommendation sections of this report.

- 1. To identify and gather information regarding the potential target group for the YAP intervention, (including numbers of young people, presenting needs, geographical location)*

This objective has been achieved in the following way:

- An instrument in the form of a two part questionnaire was developed as a tool to collect data of young people aged 10 up from the current caseload (and waiting lists) of the social work teams. (Appendix 1)
- Part 1 of the questionnaire enabled the social work team to place each client in one or more of the target group categories for YAP intervention.

- The questionnaire recorded demographic information including gender, age, geographical location, care status and history, current placement, educational activity and juvenile justice involvement. The questionnaire was designed to be able to note sibling groups, and to track the same client across categories.

2. To gather information regarding the current interventions in place for this target group, the specific focus of these interventions, and evidence of outcomes

- This objective was achieved through Part 2 of the questionnaire distributed to the social work teams. This section of the questionnaire consisted of a series of discussion or consultation questions that directly related to each of the YAP target groups.
- The consultation questions for the social work teams centred around a ‘focus group’ style meeting between the researcher, the Social Work Team Leaders and the Principal Social Worker. These interviews were tape recorded in order to ensure accuracy of write-up.
- Qualitative data was obtained from this consultation process regarding the nature of existing services utilised for young people in each category, the focus of the interventions, and where the strengths and the gaps lie within each area .

3. To consult with key stakeholders regarding how best the allocated funding could be deployed to meet the needs of the young people

This objective was achieved in the following way:

- A list of individuals and agencies that were considered stakeholders in the project was forwarded to the researcher by each LHA Child Care Manager.
- Telephone consultations were attempted with all individuals and agencies on each of the lists for the areas, and followed a semi structured schedule of questions (Appendix 2).

- Qualitative data gathered from the telephone consultations included information regarding current interventions and target groups for each service, as well as perceived gaps and strengths of services in the area currently working with young people.
- A further part of the telephone consultation consisted of discussion regarding the profile of young people who they believed would benefit most from a YAP type intervention.
- Data was collected regarding perceived strengths and challenges regarding the implementation of a YAP project in the area.

4. To identify key learning from evaluations of the YAP program (and similar interventions) in Ireland

This objective has been achieved in the following way:

- A literature review of both international and Irish sources and review of key documents pertaining to intensive family support and wraparound interventions has been undertaken and key messages distilled.
- Evaluation reports from YAP projects within the Northern Area of Dublin, and the Western area of Ireland have been reviewed and key recommendations presented in this report.

5. Based on the above, to make recommendations for the design of the YAP service in the region

- Recommendations for the design of the YAP service for the region can be found in the final section of this report.

1.3 Methodology

In summary, in order to achieve the objectives of this study, the methods utilised in the collection of data have included: literature reviews, secondary analysis of documents, questionnaire development and implementation, focus group interviews, and telephone consultations. The contextual information was obtained through analysis of demographic information for each of the service areas, by reviewing current policy and legislation pertaining to young people, and via secondary analysis of existing service documentation. A literature review of Irish and international literature regarding the theoretical underpinnings and service perspectives in the YAP model was undertaken in

order to provide a foundation for analysis of the strengths and gaps in the model. The profile of young people aged 10 plus, currently known to the social work departments was obtained through a profiling questionnaire designed for this study. Focus group style interviews were undertaken with the social work service management teams in order to provide an in-depth perspective on the needs of the young people in the service. Finally, interagency perceptions regarding the implementation of a YAP project were gathered via a semi structured telephone consultation method.

1.4 Methodological Limitations

Data collection limitations need to be acknowledged, as not every client aged 10 plus, who was receiving an intervention within each social work team may have been included in the data. Therefore, it has not been assumed in this research that a 100% data collection rate in relation to the target group within any service has been achieved. Further anticipated limitations may include human error, and duplication where some clients may have been noted twice, despite safeguards put in to prevent such. However, as this is not a comparative or a representative study, these issues are not crucial to its success. The data that has been collected from the three social work teams that participated is of the quality needed to achieve the objectives of this study.

It must be noted as a further limitation that only telephone consultation data was able to be gathered for the Dublin South East Local Health Area (LHA) - Clonskeagh service. The social work team was unable to return Part 1 of the questionnaire, or meet with the researcher to discuss the qualitative focus group questions in Part 2 of the instrument.

In terms of the telephone consultation process, some limitations arose regarding access to services and participants due to the summer period. A number of school based projects were unreachable due to school closures for the summer. Similarly, a number of individuals were also unable to be contacted in the period allowed for the consultations due to lengthy annual leave arrangements. Despite this, the response rate for the telephone consultations was high, and much higher than might have been anticipated if a focus group process was undertaken. The quality of the information obtained, and the willingness of the participants to be involved ensured success of this part of the study.

1.5 Structure of the Report

Following this introductory Chapter, Chapter Two of the report consists of geographical and service context information for the study, including a brief

profile of the LHA's of Dublin South East, Dun Laoghaire and Wicklow. This is presented alongside a snapshot of existing Child and Family Services operating within the three LHA's.

Chapter Three presents a more detailed overview of the conceptual basis of the YAP model, and outlines its key principles and philosophy. This is followed by a review of the literature from both an Irish and an international standpoint, focusing on theoretical underpinnings and service delivery perspectives as they relate to YAP. This section concludes with a focus on YAP in Ireland, with key learning distilled from two Irish YAP evaluation studies.

Chapters Four to Six present the fieldwork findings from the study. A brief methodology section leads into the presentation of the findings in each of these Chapters. Chapter Four presents a quantitative analysis of the data from the questionnaires distributed to the social work teams. Chapter Five presents the combined responses across teams from the focus group interviews with Social Work Team Leaders and Principal Social Workers. Finally, the findings from the telephone consultations with service providers in the community are presented in Chapter Six. A section devoted to the perceived strengths of the YAP model and challenges in relation to its implementation is presented at the end of both Chapters Five and Six.

Chapter Seven of this report concludes with a discussion of key themes from the research, and provides guidance surrounding issues to be explored, and key questions to be asked regarding the implementation of a YAP project within the three HSE Local Health Areas under consideration.

Chapter Two - Geographical and Services Context

2.1 Area profile

The geographical area under consideration in this report was formerly known as the East Coast Area Health Board prior to the formation of the HSE. Under the new HSE structure, the area is now comprised of three Local Health Areas which each operate Child, Youth, and Family Services within the Community Care services for their area. Geographically, the Dublin South East Area spans the area of South Dublin from Ringsend to Rathfarnham including Ballinteer and Clonskeagh. The Dublin South East Local Health Area also hosts the Separated Children Seeking Asylum (SCSA) Social Work Team who serve the wider Dublin region. The Local Health Area of Dun Laoghaire covers the greater Dun Laoghaire area, whilst the Wicklow Local Health Area extends from Little Bray throughout the majority of County Wicklow.

A key challenge when undertaking a profiling study regarding the implementation of the YAP service across the three Local Health Areas under consideration is the urban/ rural divide. Equity of access to services and implementation of same given the geographical area and population spread is a key consideration, as is access to infrastructure such as public transport and other services.

2.2 Young people within each Local Health Authority

The most recent available figures regarding the number of young people residing within each LHA are those derived from the 2002 Census results. What can be observed from the data presented in the table below, is that within each LHA, the distribution of young people is relatively even across the four age categories. However, in line with demographic expectations, there is a difference between the LHA areas, which runs parallel to the rural/urban divide. The Dun Laoghaire LHA consistently has the highest number of children overall, and within each age category residing in their area.

LOCAL HEALTH AREA	0-4 Years	5-9 Years	10-14 Years	15-18 Years	TOTAL
Dun Laoghaire	7,703	8,077	8,783	7,269	31,832
Dublin South East	5,809	5,293	5,724	5,291	22,117
Wicklow	4,255	4,154	4,287	3,664	16,360
TOTAL	17,767	17,524	18,794	16,244	70,309

Table 2.1 Total Number of Children Aged 10 - 18 Years by LHA

An estimate of the demographic breakdown for both the 10-14 and 15-18 year age groups for 2006 has been extrapolated by crudely adding four years to each of the two middle age groups from the abovementioned data. This has been done based on the assumption that such information provides an indication of the size of relevant cohorts in relation to the referral age target groups for YAP. It is acknowledged that these figures do not account for a general increase in population, or change in demographics within the areas. Further, the estimates in this table do not account for the young people who are in the care of the Dublin South East LHA who are Separated Children Seeking Asylum. These young people are predominately accommodated outside of the Dublin South East LHA. However, based on these estimates, the Dun Laoghaire LHA is observed to have approximately 5000 more young people residing in their area than the next closest urban area of Dublin South East. In contrast, the difference in numbers despite the urban/rural divide between the Dublin SE and Wicklow LHA is not as great.

LOCAL HEALTH AREA	9-13 Years	14-18 Years	TOTAL
Dun Laoghaire	8,077	8,783	16,860
Dublin South East	5,293	5,724	11,017
Wicklow	4,154	4,287	8,441
TOTAL	17,524	18,794	53,178

Table 2.2 Estimated Number of Young People by LHA for 2006

2.3 Child Welfare and Child Protection Reports

In establishing a profile of young people known to the Social Work Departments within the Local Health Areas, a key source of information is the total number of Child Welfare and Child Protection Reports made to each service for 2005¹. Child Welfare Reports are distinguished from Child Protection Reports as they do not notify suspected child abuse and neglect, rather they are reports regarding children and families seeking additional support. One Child Welfare or Child Protection report equals one child or young person. The following table presents the number of Child Welfare and Child Protection reports made to each of the LHA’s in 2005.

¹ Source: Interim data set as of 31st December 2005 obtained from the HSE Dublin Mid Leinster, Bray

LOCAL HEALTH AREA	Number of Child Welfare Reports	Number of Child Protection Reports	TOTAL
Dun Laoghaire	240	86	326
Dublin South East - Clonskeagh	364	176	540
Wicklow	188	94	282
Dublin SE – Separated Children Seeking Asylum	643	0	643
TOTAL	1,435	356	1,791

Table 2.3 Total Child Welfare and Child Protection Reports for 2005 by Service

It can be noted from this table that the highest number of Child Welfare Reports came from the Separated Children Seeking Asylum service. This figure is an exact reflection of the total number of referrals to the service for 2005. The Dublin SE team in Clonskeagh noted a proportionately higher number of both Child Welfare and Child Protection Reports than any of the other mainstream social work services. Both Wicklow and Dun Laoghaire LHA had comparatively similar totals of both Child Welfare and Child Protection reports, despite the population difference and the rural/ urban divide between the two areas.

In addition to collating the numbers of Child Protection and Child Welfare Reports, the interim data set records the primary reason for each report. The following table presents the primary reason for notification of suspected child abuse or neglect by LHA.

	Dun Laoghaire	Dublin South East – Clonskeagh	Wicklow
1.	Sexual Abuse (n = 34)	Neglect (n = 83)	Sexual Abuse (n=45)
2.	Physical Abuse (n= 23)	Sexual Abuse (n= 57)	Neglect (n=29)
3.	Neglect (n = 22)	Emotional Abuse (n=37)	Physical Abuse (n=17)
4.	Emotional Abuse (n=7)	Physical Abuse (n = 29)	Emotional Abuse (n=3)

Table 2.4 Primary Reason for Child Protection Report to LHA

This table highlights that reports of suspected sexual abuse across the three LHA’s ranked highest followed by neglect, physical abuse, then emotional abuse.

The number of child protection reports for neglect in the Dublin SE Area is more than double the same number of reports to the other LHA’s.

Using the same method, the following table presents the four most frequently recorded reasons for Child Welfare Reports in each of the three mainstream social work services. The SCSA team recorded all 643 Child Welfare Reports in the ‘other’ category, stating the primary welfare concern was that the young people were ‘Unaccompanied Minors Seeking Asylum’.

	Dun Laoghaire	Dublin South East - Clonskeagh	Wicklow
1.	Family member abusing drugs/alcohol	Parents unable to cope	Family difficulty regarding: housing/finance
2.	Parents unable to cope	Family member abusing drugs/alcohol	Mental health difficulties/ intellectual disability in family member
3.	Child with emotional/behavioural problems	Child with emotional/behavioural problems	Child with emotional/behavioural problems
4.	Child pregnancy	Mental Health difficulties/ intellectual disability in family member	Parental separation/ absence/ disharmony in the home

Table 2.5 Child Welfare Reports – Primary Concern

The most frequently stated reason for Child Welfare Reports, common to all social work teams, was regarding children with emotional and behavioural problems. Child Welfare concerns reported more than once in the table included: parents inability to cope, family members abusing substances, and family members with mental health issues or an intellectual disability. Child pregnancy, family disharmony, and family difficulties comprised the remaining primary reasons to report.

The data concerning Child Welfare and Child Protection Reports is particularly pertinent to this study. This is due to the scope in the proposed YAP referral target groups to work with young people and families in the community, as well as those in statutory care. However, it must be noted that the data recorded by the HSE regarding Child Welfare reports is not categorised in terms of age or gender.

2.4 Children in Care

The following table provides a breakdown of the young people aged 10- 17yrs by gender who were in the care of each of the LHA services as of the 31st of December 2005. The age range of young people presented in the table has been selected to reflect the target age range that YAP works with. For a breakdown of age and gender on an Area by Area basis, please see Appendix 3.

AREA	Male	Female	TOTAL
Wicklow Local Health Area	38	48	86
Dun Laoghaire Local Health Area	43	45	88
Dublin South East - Clonskeagh	22	25	47
Dublin SE - Separated Children Seeking Asylum	90	73	163
TOTAL	193	191	384

Table 2.6 Children in Care aged 10 -17 years by LHA as of 31st Dec 2005

Table 2.6 highlights that the gender breakdown of the young people in care across all the LHA’s is practically even. It must be noted that 16 of the females accounted for within the Dublin SE - SCSA category were young mothers, so in addition, 17 babies were residing with their mothers in this area.

2.5 Family Support Services within the Local Health Areas

It is widely acknowledged in both a policy and practice context that family support and prevention services are a preferable form of intervention to removing children from the home environment (Cohen 1985; Coleman 1998; Cox 2005; Chaskin 2006). Within the three HSE Local Health Areas a number of family support projects and services exist (see the HSE Review of Adequacy report 2004 for a full description). Examples of some of the services that work with 10-18 year olds include:

- *Family Services Project* – Family support project covering the areas of Ballyogan, Moreen and Kilcross in the Dublin South East LHA.
- *Teen Counselling Ballybrack* – Counselling service for young people and their families who go to school or live in the Dun Laoghaire LHA.

- *Springboard Ballybrack/Loughlinstown* – Family support project for people living in the Ballybrack and Loughlinstown areas of Dun Laoghaire LHA.
- *Mounttown Neighbourhood Youth Project* - For young people and families in the Mounttown area of Dun Laoghaire LHA.
- *Wicklow Child and Family Project* – A family support service for vulnerable children and families in the greater Wicklow Town area of Wicklow LHA.
- *Arklow Springboard* - A family support service for vulnerable children, young people and families within the Arklow area of Wicklow LHA.

In addition to the above services, the *Extern Janus* programme has been in operation since the end of 2004, accepting referrals to its service from the three mainstream social work teams in the area. The Extern Janus programme is designed for young people who are assessed by social workers as being at high risk of breakdown in their current living arrangements, and whose challenging behaviour is posing risks to themselves, their families and their care placement (ECAHB 2005:59). The programme offers tailored individual work for the young person with a key worker for up to three sessions per week. It also provides 'responsive' overnight stays in relation to crisis situations, planned residential breaks, and day trips. At the end of 2004, the Review of Adequacy Report for the ECAHB stated that Extern Janus was working with 12 young people who were in the care of the various mainstream social work teams (ECAHB 2005). It must be noted that the method of allocation of places for access to the Extern Janus service was done by dividing the number of places equally between the three mainstream social work services. The SCSA social work team could not refer to the Extern Janus programme.

2.6 Chapter Summary

Based on the demographic and service information noted in this section, a number of factors should influence the instigation of a new service across the three LHA's. Clearly, a key consideration for the planning and implementation of a YAP project across the three LHA's, is that it must be complimentary to, and not a duplicate of existing services. Additional consideration must be made in relation to the number of Child Welfare and Child Protection Reports in each area in comparison to the number of children in care. It is noted for example, that the Dublin SE area of Clonskeagh reported the highest number of Child Welfare and Child Protection reports for a mainstream social work service,

however this area had the lowest number of young people in Care in the 10-17 year age group. The opposite of this pattern is true for Wicklow and Dun Laoghaire, despite the Dun Laoghaire LHA having the highest population of young people in its area. Factors such as these may indicate a different focus for intervention may be required across the LHA areas, for instance focusing more on the family support preventative end may be beneficial in the Clonskeagh area, whereas higher end support may be required for other areas. Ensuring equity of access to services for both the mainstream social work teams and the SCSA social work team must be considered in this context.

Chapter Three – YAP Model and Conceptual Basis

This Chapter is divided into three sections. Section 1, outlines in detail the YAP model of intervention and the principles and practices that are the foundations of the programme. Section 2, presents the conceptual basis of the YAP intervention as it is reflected in the theoretical and service intervention literature. Finally, Section 3, presents key learning surrounding the implementation and outcomes of the YAP experience in Ireland.

3.1 The Youth Advocate Programme Model

The Youth Advocate Programme (YAP) was originally developed in the United States as an intervention for young people who attained the label of being ‘out of control’ and were within the juvenile justice system (Burns, Schoenwald et al 2000; Toffalo 2000; O'Brien and Canavan 2004; Cox 2005; Comiskey 2006). In order to try to provide an intervention for these young people, with the aim to preserve their family placement, the YAP programme model emerged. The YAP programme is an intensive strengths based and family focused programme developed as a ‘wraparound’ form of intervention. The introduction of wraparound interventions commenced in the United States in the 1980’s as an alternative to residential care for youth with at risk behaviors and serious mental health issues (Cox 2005:449). In YAP, the wraparound intervention refers in part to a process of developing an individualised service plan for each young person and family on the programme.

A community based paid advocate, who is assigned to work with the young person and family for 6 months, forms the core of a YAP intervention. The advocate works intensively in a mentoring capacity in order to build lasting links for the young person and family within the community. It is envisaged that as a result of such intervention, a stronger network of formal and informal supports is created for the young person and family, which in turn maintains the young person at home and out of residential care.

The following are key elements inherent to the YAP model of intervention, and should be evident in each intervention and individual plan with a young person and family (O'Brien and Canavan, 2004:17).

- **No Refusal Policy:** YAP operates under a ‘no refusal’ policy whereby no young person is removed from the programme for behavioural or other reasons once they have commenced and have been assigned an advocate.

- **The Advocate Service:** Advocates are paid members of the community from a variety of backgrounds who work in an intensive mentoring capacity with the young person and family for the 6 month intervention. They are supervised and supported by the local YAP manager and YAP organisation.
- **Wraparound Model:** YAP advocates connect families to local services with the aim of creating positive networks leading to long term supportive links.
- **Community Ownership:** Ideally all necessary supports are available within the community from which the young person and family reside.
- **Needs Assessment:** A 'needs assessment' is carried out with the young person and family to gather information about their strengths and capabilities. This assessment then informs the young persons Individualised Service Plan (ISP).
- **Child and Family Team:** The Child and Family Team is comprised of family members, professionals and supportive individuals from the community who come together to work with the young person and family.
- **Wraparound Meeting and Individualised Service Plan:** The child and family team are brought together by a wraparound meeting. At this meeting an ISP is devised and goals are developed to meet the young persons needs. Roles are discussed and assigned to members of the team.
- **Flexible Funding:** Access to limited funding is available to advocates from the YAP organisation and can be used for items or activities that facilitate the needs of the young person.
- **Supported Employment:** The supported work program allows young people the opportunity to develop relevant job skills to prepare them for work.
- **24/7 Service:** The service is provided to the family twenty-four hours a day, seven days a week. Advocates work out of office hours and a member of management is always on call for crisis intervention.

Similarly, the following practice principles are in operation when working with a young person who is on a YAP Programme (O'Brien and Canavan, 2004:19)

- **Unconditional Care:** An overarching principle of YAP staff is unconditional care. Related services are also unconditional and if the programme is not going well for the young person, then the supports and services are changed to suit. The community team will not give up on young people and families
- **Focus on Strengths:** The strengths of a young person and their families are recognised by the programme. Staff identify individual strengths and use them to develop problem solving strategies for the family. The programme aims to encourage the family and nurture their strengths rather than highlight deficits.
- **Partner with Parents:** Family involvement is a main feature of the programme. The programme encourages families to voice opinions so that they can be incorporated into a plan designed to address the families needs. Staff work within family homes and neighbourhood settings and crisis intervention is available to the family on a 24/7 basis. If applicable, parents are involved at every level of the development of the process. The programme recognises that families often have the best solutions to their problems.
- **Cultural Competence:** Different cultures and value systems are taken into consideration by YAP and where possible staff are recruited from the clients own community or locality. Ideally programme staff reflect the culture and ethnicity of their clients. The programme aims to build on the unique values, preferences and strengths of young people and their families.
- **Individualised Service Planning:** Individualised Service Plans present the family with the power to formulate a plan to suit their own specific needs. By giving voice and access, the plan promotes a sense of ownership, control and empowerment to the family.
- **Team Work:** A team of dedicated people are organised to work with each young person and the young person is cared for by each member of the team. Each member plays a different role in the ISP of the young person.
- **Flexibility/Optimism:** Small improvements are recognised as strengths and the programme must be sufficiently flexible to alter its structure in

accordance with individual family needs. Teams must have access to flexible funding to suit the needs of each youth

- **Non Judgemental and Non-blaming Approach:** A spirit of partnership between all involved is encouraged and recognised as the best method of achieving progress and success.

3.2 Conceptual Basis

This section of the report presents the conceptual basis of the YAP intervention, as it is reflected in the theoretical and service intervention literature. The theoretical underpinnings of YAP, namely the socio ecological perspective, the strengths perspective, and social support and social network theory are examined briefly. This is followed by an overview of a Family Support Framework as it relates to targeting such interventions (Hardiker, Exton et al, 1991). The concept of a 'wraparound' intervention is then explored in terms of outcomes for young people involved in these interventions. International literature regarding the efficacy of interagency interventions is then discussed, including the limitations and challenges of such interventions.

3.2.1 Theoretical Underpinnings

The theoretical basis of the YAP programme is drawn from three main perspectives, those being a socio ecological approach (Bronfenbrenner 1979), a family strengths perspective (Saleebey 2002), and social support/ social network theory (Cohen, Underwood et al. 2000). All three will be briefly examined here as they relate to a YAP intervention.

Socio- ecological Approach

The foundation of Bronfenbrenner's (1979) socio ecological perspective is that the individual and the environment are interrelated and effect each other on many levels. Bronfenbrenner proposes that there are four levels of influence on the individual – the micro (individual), meso (proximal/social context), macro (cultural and socio-economic) and the exo (external contexts with indirect effects). Each level is simultaneously affected by and effects the other levels. The socio-ecological perspective as it relates to a YAP intervention assumes that a child or young person will function best when the larger system co-ordinates and works closely with the micro system of the young person and family. The assumption underlying this theoretical perspective is that when supportive interventions occur on an interagency basis for the young person and family, then this will in turn change the surrounding environment of the young person

and family and create lasting changes at an individual, family and community level (Burns, 2000:296).

The Strengths Perspective

The 'strengths perspective', as its name suggests, draws upon the strengths rather than the deficits of an individual or family. It has long been recognized that building on the strengths of people and their environment has been important, particularly in terms of centering practice upon same (Saleebey, 2002). The core ideas of the strengths perspective include: empowerment for the individual or family to create change; the notion that change is rarely achieved in isolation, hence the need for a supportive environment and community in which change can occur, and dialogue and collaboration within and between individuals, service providers and the community.

The strengths approach in relation to a YAP intervention offers a positive framework for understanding the personal, community, and systemic strengths operating in any situation for the young person and their family. A key tenet of both the strengths perspective and the YAP model is the idea of building something of lasting significance with clients by capitalizing on client resources. The strengths perspective is not simply about re-framing a negative situation by overlaying positive discourse, rather it is about a re-orientation of perspective for the young person, family and service providers by opening up new possibilities and establishing supports. In a similar vein to YAP, the strengths perspective holds the assumption that people can change, and that facilitation is needed to uncover the skills and resources within the individual, family and community in order to action change.

Social Support Theory and Social Network Theory

Social support is a key concept when working within a YAP model due to its suggested role as a protector against the negative impact of stress for a young person or family. Social support, as noted by Cox (2005:244) is a 'multidimensional construct that encompasses a broad range of social interactions that have beneficial emotional or behavioural effects on the individual'. A number of authors make useful distinction between the different types of social support such as emotional, tangible and informational support (Cutrona and Cole 2000; Cox, 2005 and Dwivedi, 2002). A further distinction is often made between 'formal' (e.g. professional services and organisations) and 'informal' (e.g. family, friends, neighbours and community) sources of social support (Fraktman, 1998). Cutrona and Cole (2000) suggest that a distinct benefit of long term informal support, when it is drawn from the communities

from which the young person and family is a part of, is the greater level of cultural awareness and understanding that is able to be provided when sourced formally.

According to (Lakey and Cohen 2000), three theoretical perspectives in relation to social support research exist, these being:

1. The stress and coping perspective;
 - The stress coping perspective suggests that when the level of social support is high, less stress will be experienced, thus providing a protective environment from adverse stress reactions (Lakey and Cohen, 2000:31).
2. The social constructionist perspective
 - This perspective provides space for individuals/families and communities to construct their own meaning regarding what constitutes 'supportive' behaviours or processes (Lakey and Cohen, 2000:36). This perspective upholds the belief that each individual has unique needs and constructions of 'support', and that it can not be universally defined. In doing so, this approach places the individual/family/community as the expert of their situation, and the ones who must author the intervention.
3. The relationship perspective (Cohen, Underwood et al, 2000).
 - The third perspective is based on the conceptualisation that social support is derived from the processes and qualities of relationships between people (Lakey and Cohen, 2000:42). Key constructs of relationships within this approach include intimacy, companionship, low conflict and attachment (Lakey and Cohen, 2000). It could be assumed that without relationships, the development of social networks could not happen, and as a consequence, isolation would occur.

Therefore, drawing these three perspectives together, in order to increase coping and decrease stress for 'at risk' young people and their families, a number of processes must happen. Firstly, the concept of support and support networks must be explored with the young person and family to arrive at a meaningful shared understanding. This may be achieved in the YAP model by the use of a wraparound meeting and the development of an Individualised Service Plan. Secondly, the community must be open to developing quality relationships with these children and families on both a formal and informal level. And thirdly, the expertise within the young people and their families must be recognised and

utilised in order to build community capacity. Whilst the confines of this report do not allow for an in-depth discussion, it must be noted that ideas such as those presented above bear strong resonance with that of community development literature, and the links between the two should be developed further (Ife 1995; Ife 1997; Chaskin 2006).

In terms of the implementation of a YAP model intervention, a key principle of the model is the establishment of long term formal and informal links with the community. The literature in this area concurs by stating a benefit of using natural networks for social support is the longevity of those relationships when commitment is shown from family and friends rather than from formal service providers or agencies (Cox, 2005). It has similarly been noted that another advantage of informal versus professional support networks is the greater understanding of cultural and ideological issues regarding the belief systems of people accepting support (Tracey and Whittaker 1990). The YAP model of intervention draws heavily on the local community in terms of its recruitment of advocates for the young people who are referred to its service, and its expectation of services in the community to engage in its model of intervention.

3.2.2 Service Delivery Perspectives

The literature review thus far has concentrated on theoretical perspectives drawn largely from the sociological and psychological literature in order to explore the foundations of the YAP model. However this next section of the literature review will focus on service delivery frameworks in order to locate the YAP project within the context of existing service provision.

Family Support Intervention Framework

To assist in the development of a profile of young people in the three LHA's under consideration who may benefit from a YAP project, intervention frameworks such as Hardiker et al's can be used. Hardiker et al's (1991) model provides a structure for considering how family support interventions can be targeted within the community. Essentially Hardiker divides interventions into four categories, and in doing so, specifies the group of people who should be targeted within each of those areas.

- **Level 1 Intervention:** These interventions are aimed at supporting the development of all children, young people and their families, and are universal. Hence the provision of services, access to services and interventions are not restricted by economic disadvantage or referral criteria. Examples of such universal intervention include public health nursing, libraries, community guidance and advice centers, and education.

- **Level 2 Interventions:** These interventions are targeted as support services for children and families in need. These interventions are aimed at identifying and supporting vulnerable groups and individuals, and are aimed at early intervention. Interventions in this category can include parenting classes, day care centres, advice and support groups, targeted educational assistance. The aim of such interventions is to provide support on a short-term basis in order to prevent further interventions from being required.
- **Level 3 Interventions:** These interventions are targeted towards children, young people and families where there is significant risk of harm, breakdown and dysfunction. The aim of these interventions is to prevent breakdown and to restore functioning of the family unit. Child protection issues may be involved, and interagency and interdisciplinary work is required to maintain the family unit.
- **Level 4 Interventions:** These interventions are utilized often in crisis situations when a child or young person has been placed in alternative care. The aim of these interventions is to try to work with the family towards reunification if possible, and to try to alleviate the negative effects of the family breakdown on the child, young person or family unit.

As discussed earlier in this Chapter, YAP interventions have traditionally been targeted toward 'at risk' young people and families. In accordance with Hardiker et al's model (1991), this would have focused on Level 3 and Level 4 Interventions. A key consideration in the implementation of a YAP project in the three LHA's will be the focus and referral priority of young people and families within each of these two categories. Hardiker et al's (1991) model may provide a clear framework for the development of the YAP referral criteria for the area, in the same way that the Springboard projects currently use it to inform their intervention with families.

Wraparound Interventions

Central to the YAP model is the notion of a wraparound intervention. Wraparound intervention projects are part of a group of intensive family support methodologies designed to maintain young people in the family and community in the least restrictive settings possible.

Burns et al (2000), notes that wraparound interventions are driven by a team approach, relying heavily on the utilisation and coordination of natural supports and existing services. Wraparound interventions are designed to decrease

disjointed interventions for young people and families in part through the development of interagency working. This is achieved primarily by involving the young person and their family in a planning process in order to maximize community services and natural support systems for them. Greater positive outcomes are expected due to co-ordination of natural and professional resources and agreed goals for the intervention.

In terms of work with target populations of at risk young people, the intended positive outcomes include enhancing behaviours that reflect positive engagement with the community (peer relations, school attendance and family relationships) and eliminating behaviours that place the young person at risk of being removed from their family and entering care or a criminal justice system (eg criminal behaviour, self harming, risk taking behaviour) (Toffalo 2000; Cox 2005; Ogles, Carlston et al, 2006).

In a review of the literature surrounding wraparound interventions, Cox (2005:449) notes that in both experimental and quasi experimental studies, the results of wraparound interventions were seen to be successful. Noted areas of improvement included child functioning, the permanency of placement (although it is not noted if placement was with family or in a care setting), and a reduction in the restrictiveness of living situations. The contribution or longevity of the social supports and social networks in attaining these changes was not noted. In Kamradt, Kostan and Pina's (1998) evaluation of wraparound services, it was revealed that youth and family mentoring was the most requested service type (in Cox 2005:449). Again it was not noted the degree to which the informal networks provided mentoring, nor their efficacy over time. Burns et al (2000) explore the evidence base of a number of wraparound interventions. In doing so, a number of key studies are reviewed. One such study by Clarke et al (1998) is presented relating to young people in foster care who were assigned either a wraparound intervention or remained with normal service provision. Findings indicated the wraparound group had more positive outcomes in the area of fewer placement changes and fewer days missed from school than the other groups (Burns 2000:301). Similarly, a study of at risk young people who received a wraparound service for at least two years in comparison to a group who did not receive a wraparound intervention, found that the wraparound group had attained greater links with the community, were less likely to be in residential care, and more likely to be engaged in school or employment (Burns, 1995 in Burns, 2000:301).

One of the most common characteristic of these studies and others cited by Burns (2000) and Cox (2005), is the length of duration of the wraparound intervention for the young people. In the review of the literature, there are a paucity of studies on an international level that cite the outcomes of wraparound

interventions after a 6 month time span, which is the length of time a YAP programme works with a young person and their family. It is acknowledged that wraparound interventions have social, community and economic benefits over the long term, however a majority of the studies have been based on longer term interventions (Toffalo 2000; Cox 2005; Ogles, Carlston et al, 2006).

Interagency Intervention Outcomes

Despite research evaluating multi systemic, interagency interventions, there is still minimal clarity in the literature regarding the central element in all the models that is the predictor of success in such interventions. One of the key elements that suggest longer term success is the 'bolstering of family linkages with natural support networks' (Cox 2005:444). This is one of the central areas that a YAP intervention is designed to work with. Toffalo (2000) studied various community based and residential based interagency intervention models with families and young people. Upon evaluation and follow-up, young people and families who had an interagency intervention, had better outcomes than those with no intervention or another type of intervention. Cost benefits of interagency, family based interventions were estimated to have been made in areas such as savings in out of home care, and further savings in terms of savings in the community through reduction in crime, reduction of substance abuse, and increase in educational participation (Burns, Schoenwald et al. 2000; Toffalo 2000; Allen, Foster-Fisherman et al. 2002).

Intervention Integrity

A key concept inherent to interagency intervention success is known as 'intervention integrity' (Toffalo 2000). Intervention integrity is defined as the degree to which treatment is implemented as planned. Without treatment integrity it is hard to evaluate the intervention successfully, or to attribute positive or negative outcomes directly to the intervention or parts of the intervention (i.e. the extent to which informal support networks were utilised). Intervention integrity is especially important when working within a YAP model, as outcomes can be more rigorously evaluated when adherence to the goals in the individualized service plan occurs.

3.2.3 Interventions for 'at risk' Young People and Family Support in Ireland

There is a dearth of large scale, rigorous, qualitative or quantitative research studies in Ireland examining interventions for 'at risk' young people. However, a number of family support programme evaluations have been conducted which add to the contextual picture for planning local services. A national evaluation of

14 Springboard projects was undertaken in 2001, with a more recent local evaluation of the Loughlinstown Springboard Project in 2004 (McKeown, Haase et al, 2001; McKeown, Haase et al, 2004). Key findings from the Loughlinstown Springboard evaluation study pertinent to planning a YAP service, relate to interagency intervention and co-operation. This Springboard study sought views from professionals in the community regarding perceived factors that facilitated and hindered interagency co-operation when working with vulnerable families. Factors linked to facilitating interagency co-operation included: openness, trust, clear communication, clear role definition between agencies, and knowledge of the local community. In contrast, factors that hindered interagency working included: suspicion, unwillingness to share information, ambiguity in role definition, poor communication, hierarchical structures in large organisations, and lack of resources (McKeown, Haase et al, 2004:53). Despite these concerns, the findings of the evaluation study indicated that the Springboard intervention improved the well-being of the children and parents involved, compared favourably in terms of outcomes to other Springboard projects nationally, and was positively perceived by professionals in the community (McKeown, Haase et al, 2004:63).

3.2.4 Summary

This section of the report has presented the conceptual basis of the YAP intervention. Specifically, it has explored both the theoretical underpinnings and service delivery perspectives drawn from the literature as they relate to a YAP intervention. The principles and practice of the YAP model were demonstrated to be based on socio ecological, strengths based, and family oriented approaches to intervention (Bronfenbrenner, 1979; Saleeby, 2002). Long term intervention outcomes of the YAP model are closely aligned with the literature regarding social support and social network theory, by enhancing social capital and connectedness between the young person, family and community (Lakey and Cohen, 2000). The efficacy of specific service delivery perspectives such as the 'wraparound' process and interagency interventions were explored. Concepts such as intervention integrity were discussed, and finally, lessons from Irish Springboard evaluation studies were described.

3.3 YAP Experience in Ireland

The YAP model has been discussed in detail, and the theoretical underpinnings explored in order to place the programme within a legitimate practice framework. However, what is known about the programs effectiveness in an Irish context has not yet been addressed. In April 2004, an evaluation of the

Western Health Board (now HSE) YAP programme was published by the HSE/NUIG Child and Family Research and Policy Unit (O'Brien and Canavan 2004). Two years later, the Northern Area Health Board YAP evaluation was published (Comiskey, 2006). This section of the report will discuss the key learning arising from the evaluations of the two YAP projects within Ireland. It will examine three key issues pertinent to the establishment of a new YAP project being: target groups and referral criteria for intervention, practice issues, and outcomes and cost benefits.

3.3.1 Target Groups and Referral Criteria

The YAP project has been in operation in the Northern area of Dublin and the West of Ireland since 2002. Both programmes set out to target their intervention toward young people who were considered 'at risk' or 'out of control'. Many of these young people were known to, or involved with either or both the HSE and the juvenile justice system.

The Western Health Board developed ten referral criteria for their YAP programme participants (Appendix 4). These criteria spanned the range of need from young people in high support and special care facilities through to those referred to the HSE under the terms of the Children Act (2001) (O'Brien and Canavan, 2004:22). Referrals in the Western Health Board YAP programme were monitored and prioritised on a monthly basis by a group of Children Act Service Managers (CASMs) from Galway, Mayo and Roscommon.

Key learning drawn from the WHB evaluation in relation to the implementation of a referral criteria for the YAP program include:

- The need to ensure that the short-term 6 month duration of the intervention is clear to referrers from the outset.
- That expectations surrounding communication protocols are clear between the referring agency and the YAP organisation.
- Services referring to a YAP programme must be sure that the cases they refer will benefit from a short term intervention, and that there are existing supports in place for the young person once YAP is over.

In contrast to the WHB YAP programme, the Northern Area YAP project did not provide specific referral criterion for inclusion on their programme. However, the evaluation report for the Northern Area YAP project does tabulate the reasons for referral of the young person provided by the social workers in each case (Appendix 5) (Comiskey, 2006:24). In summary, the reasons for referral included: concern regarding family relationships and dynamics in the home,

vulnerability, substance misuse, involvement with Gardai or the Juvenile Justice system, the need for a positive role model, and being out of school.

In the Northern Area HB, both social workers and young people were asked about their expectations of the YAP project prior to intervention. Referring social workers highlighted: help with the child's social life and hobbies, help with family and friends, and help with education. The young people stated expectations such as: help with education and training, improved social life and hobbies, and information and help when leaving YAP. However, despite the young people noting that they expected help and information after leaving YAP, only two out of sixteen young people in the Northern YAP study stated that they had received help after YAP. This is in contrast to eleven out of the sixteen young people who stated that they had been helped at home, in their social life and with school issues (Comiskey, 2006:61).

Other key learning pertaining to referral issues in the Northern YAP project included:

- That a change may be required in regard to the referral process and termination process for the young people on the programme. In the Northern YAP project there was a lengthy referral and up-take process, and an abrupt end of the program after 6 months. It was suggested that a more rapid referral process to the program, and a more elongated step-down process from the programme might create better outcomes for young people (Comiskey, 2006:4).
- Approximately 50% of the young people referred to the Northern YAP project required a period of intervention on YAP for longer than 6 months. It was suggested that a correlation existed between the level of risk a young person was at in terms of moving to residential or secure placement at the time of referral, and the length of YAP intervention required (Comiskey, 2006:13).
- A number of concerns regarding the focus of the referral criteria emanated from the high number of extensions on the programme that were required by participants. Such concerns centered upon whether YAP should cater exclusively for those seriously 'at risk' and work with smaller numbers for longer periods, or continue to function at a more preventive level for those less seriously at risk.
- A waiting list had to be established for the Northern YAP programme, with a recommendation that the waiting list be reviewed and re-

prioritised regularly following consultation with referrers and programme staff.

3.3.2 Practice Issues

This next section briefly focuses on issues and key learning from the YAP evaluations in relation to practice issues. These largely fall into two categories, issues in relation to areas of practice in the YAP model, and secondly the role of the advocate in the YAP process.

In the evaluations of both the YAP programmes (WHB and NAHB), a number of areas of key learning in relation to practice were outlined:

- 'Wraparound meetings' were initiated with all young people and families participating in the YAP programme, although it was noted that the timing of these meetings were sometimes scheduled too late in the intervention period (O'Brien and Canavan, 2004:119). The evaluation sought the views of the young people involved in these meetings. It was disclosed by a number of the young people that they did not feel comfortable or were too embarrassed to voice their opinions at these meetings and hence get their needs heard.
- The Individualised Service Plans (ISP) were reported to have worked well in cases where the young people adhered to them. A concern in the WHB evaluation was that there was no standardized format to record the young persons ISP in. In addition, it largely depended on the style of the particular advocate as to if it was recorded and distributed to those involved in the wraparound meeting. The absence of such a document was seen to be a concern in terms of monitoring and evaluating the intervention against the agreed goals.
- Concern was raised by referrers and service providers in both areas that long term links with the community were not being achieved for the young person within the timeframe of the YAP intervention (Comiskey 2006, O'Brien and Canavan, 2004). Both evaluation reports suggested that the YAP advocate and team become focused on planning for post YAP services for young people at the commencement of the intervention. Similarly, services involved in the child and family teams needed to become more aware of their role in the long-term care of the young person once the YAP intervention had ceased (O'Brien and Canavan, 2004:119).
- In a similar vein, due to concern expressed by families and service providers regarding ongoing support, Comiskey (2006) suggested that the

HSE in conjunction with YAP plan for a community 'step-down facility' for young people who continue to require high levels of support.

- Greater communication and interagency co-ordination were highlighted as an area requiring improvement in both of the evaluation studies. The development of protocols regarding expectations, communication and working in an interagency framework would assist the smooth implementation of the intervention and provide greater support for the young person and family (Comiskey, 2006:123).

Advocates form a central part of the YAP intervention, and therefore their role is critical to the success of the programme for the young person and their family. In both of the evaluations, the role of the advocates was generally highly regarded by the young people, families and professionals working with them. However, the following are a few observations that have been drawn from the two evaluation studies regarding improving aspects of the role of the advocates:

- A concern that was raised by social work staff and service providers in both evaluation studies was the level of training, support and supervision that advocates received. In the WHB evaluation, the advocates requested additional training above that which was provided by the YAP agency on commencement. However it was suggested that this may run contrary to the ethos of the programme, that being, to recruit advocates from the community without formal training in the area. Therefore, the challenge exists of ensuring that advocates operate to the limits of, but not beyond their capacities, especially in relation to complex situations (O'Brien and Canavan, 2004:120).
- In both evaluation studies it was noted that the matching process between the advocate and the young person must be done carefully and not be dictated by pressure regarding quick implementation of a service. The quality of the mentoring relationship was noted to have a direct effect on the success of the intervention for the young person (Comiskey, 2006; O'Brien and Canavan 2004).

3.3.3 Outcomes and Cost Benefits

Both the Western Health Board and Northern Area evaluation studies were able to demonstrate that positive outcomes for a number of young people could be attributed to the YAP intervention. A small selection of common areas of improvement with young people included:

- *Education* - 79% Of young people in the WHB YAP programme indicated an improvement in their educational situation over the 6 month intervention period. Similarly, it was noted in the Northern YAP evaluation that the majority of parents and young people perceived positive change in their educational circumstances over the duration of the YAP programme.
- *Pro-social Behaviour and Peer Group* - 96% Of the young people who attended the YAP programme in the WHB area were identified as requiring intervention regarding negative friendship groups, anti social or criminal behaviour. Following a YAP intervention, 45% of young people reported a definite improvement in pro-social behaviour by staying away from negative peer influences and not engaging in criminal or antisocial behaviour (O'Brien and Canavan, 2004:54).
- *High Support Care* - Six young people in the WHB study had been referred to a high support unit prior to YAP intervention. Following the YAP intervention, none of the young people entered high support care, with an estimated cost saving in the region of up to €600,000 over the period of the intervention (O'Brien and Canavan, 2004 :59). The Northern area evaluation noted that two young people were enabled to step-down from secure care to mainstream residential care through the YAP intervention (Comiskey, 2006).
- *Residential Care* - Approximately 62% of referrals to the Northern area YAP project were deemed at serious risk of going into residential care. All of these young people were reported to have been maintained within the community. An estimated cost benefit of on the basis of six young people remaining out of residential care for one year was €481,638 (Comiskey, 2006).

3.3.4 Summary

This section has explored the YAP experience in Ireland thus far. Evaluation studies were examined from both the Western Health Board and the Northern Health Board YAP projects. Key learning was synthesised and presented under the following areas: target groups and referrals, practice issues, and outcomes. Expectations regarding the length of YAP intervention, the role of the referring agency, the role of the child and family team, and interagency communication protocols were issues identified that needed to be clarified at the commencement of a YAP project. Similarly, planning for acceptance of referrals, step down processes and support for young people post-YAP, needed to be planned for from the commencement of the intervention. Clear recording of the ISP's, and

creating a space where the young person felt comfortable in expressing their needs, are key factors to ensuring a successful wraparound meeting. The matching of the advocate and young person was seen as crucial to the success of the intervention. Positive outcomes for young people following YAP were evident in the areas of continuing, or returning to education, development of pro-social behaviour, and remaining out of residential care or high support placements.

Chapter Four – Fieldwork Findings 1: Social Work Questionnaire

4.1 Methodology and Chapter Structure

The aim of the Social Work Questionnaire was to generate a count of the total number of young people aged 10 plus in each social work service for whom a YAP intervention would be appropriate, in the view of the social work teams. In order to create a more detailed profile of a potential client group, the questionnaire sought information on young people fitting seven different potential categories for a YAP, as agreed by the steering group. These categories were:

1. Family Support
2. Family Breakdown
3. Homeless
4. Alternative care and reunification
5. Placement breakdown and multiple placement
6. Long term care
7. High support and special care

Whilst these categories were not mutually exclusive, each young person for whom information was recorded was also assigned a 'primary' category which they fitted in the view of the social workers. Additionally ten demographic/service data items were gathered for each young person. These were:

1. Age
2. Gender
3. Geographical location
4. Living at home (Y/N)
5. Type of Care placement (if relevant)
6. Type of Care Order (if relevant)
7. Number of months in Care (if relevant)
8. Number of placements in Care (if relevant)
9. Juvenile Justice involvement
10. Education or training

Gathering data in this way allowed for a more focused data collection process geared to the possible establishment of a YAP programme. Thus, rather than having an overall profile for all young people who might benefit from a YAP, what has been generated is a more detailed profile linked directly to potential

referral categories. Full details on the profiles of young people in each category from each area is provided in Appendix 6.

Data generated from the questionnaire is presented in four main sections in this Chapter. Firstly, data from the three social work teams is presented in one table regarding referral target group priorities. Secondly, the remainder of the questionnaire data is presented on a team by team basis - one each for Wicklow, Dun Laoghaire, and the Dublin SE SCSA social work teams. Within each section, a consistent approach is taken where findings are presented on the primary YAP category followed by the demographic and service data.

4.2 Findings from Social Work Questionnaire

At its foundation, the social work profiling questionnaire sought to gather data relating to the total number of young people aged ten plus who would fit within and across each YAP referral category. The following table depicts this information by presenting two columns of figures for each of the participating social work teams. The first column for each area provides the overall total number of young people that were placed in each category. The second column presents the number of young people for whom the category was their primary referral group.

Category	Wicklow Total	Wicklow Primary	Dun L Total	Dun L Primary	SCSA Total	SCSA Primary	Total Primary
1 Family support	19	19	13	11	1	1	
2 Family breakdown	23	12	0*	0*	0	0	12
3 Homeless	12	8	1	1	2	2	11
4 Alternative care and reunification	7	5	5	3	19	18	26
5 Placement breakdown and multiple placement	10	4	3	1	3	2	7
6 Long term care	13	7	17	13	137	128	148
7 High support and Special care	7	1	18	8	0	0	9
Totals	91	56	57	37	162	151	244

Table 4.1 - YAP Target Group Total Across Local Health Areas

Observations drawn from this data include:

- That 39% of young people in the Wicklow sample were placed in more than one category. An additional 11 young people were noted as being at risk of family breakdown, and a further 6 young people at risk of entering High support or special care units in their secondary category.
- That 21% of young people in the Dun Laoghaire sample were placed in more than one category, with the highest additional number being placed in High support and special care as their second category
- That only 7% of young people in the SCSA were noted in more than one category. This is largely due to the fact that the majority these young people have no family members in Ireland, therefore a number of the categories are non applicable.
- Overall, the highest number of young people placed in any one category was in long term care. This was considerably influenced by the data from the SCSA team reporting 137 young people within this group. Even discounting the influence of this figure, the Long term care category would have ranked second highest overall.
- The family support category emerged as the next most frequently recorded category, followed closely by the alternative care and reunification categories.
- Family breakdown emerged as the next most recorded category. placement breakdown and multiple placement, homeless, and high support and special care categories were the least frequently reported groups.

No data was provided from the Clonskeagh Social Work team, so any conclusions drawn from this data has to be viewed in that light.

4.2.1 Social Work Questionnaire Results - Wicklow

Primary category

The following graph demonstrates the percentage of young people who were placed in each target group category of the questionnaire.

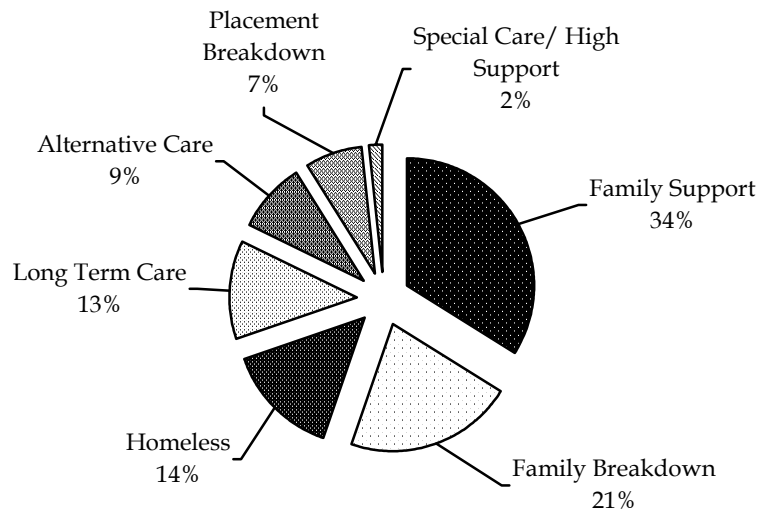


Figure 4.1 Primary Category

The data for the young people in the Wicklow sample affords the following observations. The family support and family breakdown categories accounted for more than half of all the young people in the study. Within the sample of young people who were primarily identified in the family support category (n=19), twelve, or 63% were also noted as being at risk of family breakdown. A further three young people in that sub group were also noted as being at risk of entering special care or high support accommodation.

Gender and Age

A sample of fifty-six young people were included in the data from the Wicklow LHA social work team for the purposes of this study. Thirty of these young people were male (54%), and twenty-six female (46%). Fourteen out of the fifty-six young people, or 25% were aged 16 years at the time of this study. The average total age of all young people in the sample was 14.25 years.

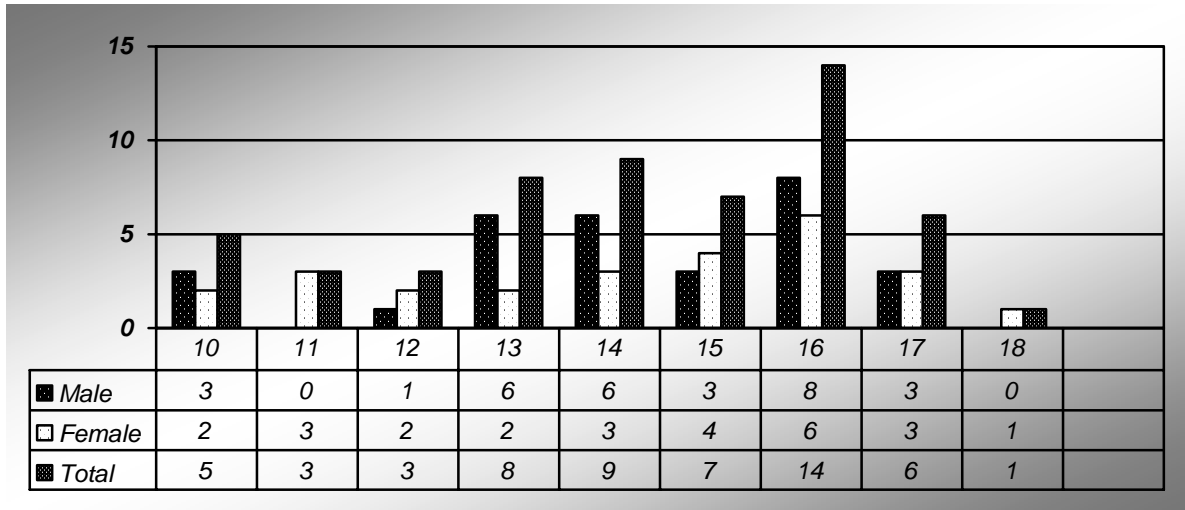


Figure 4.2 Gender and Age Breakdown

Geographical Location

Bray town was the most frequently noted location where young people lived within the sample, with fourteen young people (26%) residing in that area. Twelve young people (21%) were noted as living in Arklow town, with nine (16%) in Wicklow town. Four young people (7%) were in care in Co. Wexford including Gorey, New Ross and Wexford town. The nine remaining young people all lived in small towns such as Tinahely and Aughrim in Co. Wicklow.

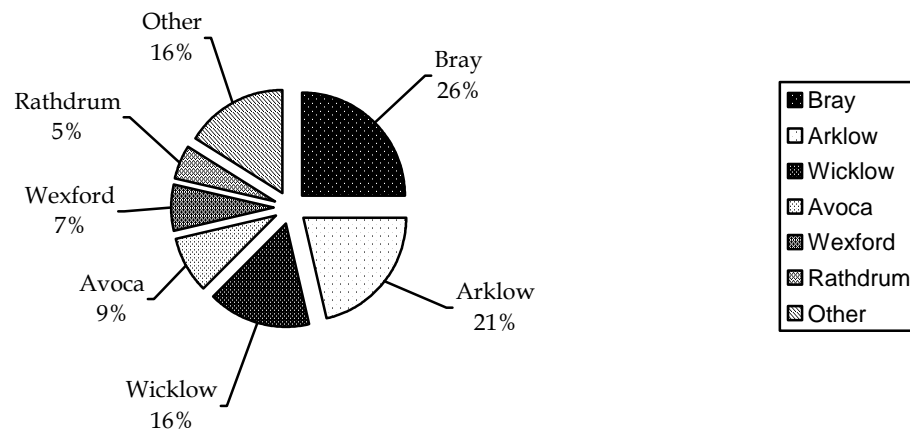


Figure 4.3 Geographical Location

Living Arrangements

At the time of this study, twenty-six young people (46%) were living at home, twelve (21%) were either in relative foster care or in the care of extended family members. Nine young people (16%) were in foster care, two young people were placed in residential care, and a further two young people in supported lodgings accommodation. One young person was noted as ‘private arrangements’. Four young people (7%) in the study did not have their living arrangements noted.

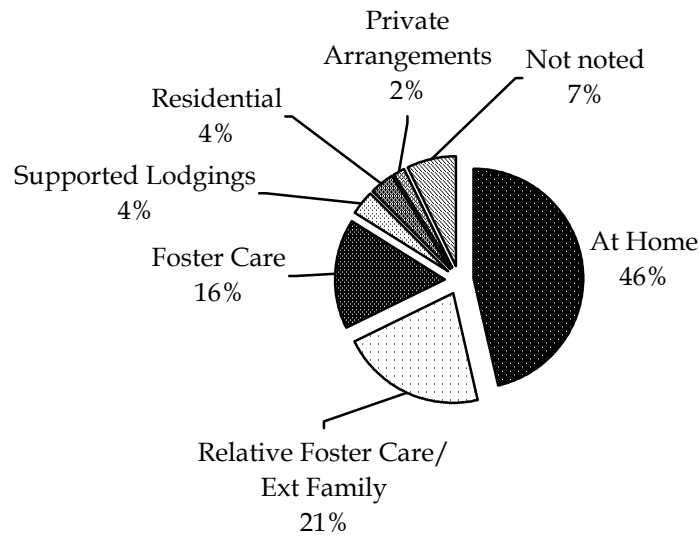


Figure 4.4 Living Arrangements

Legal Basis for those in Care

The data from thirty young people is included in this category. A large proportion (43%) of the young people who were recorded as being in out of home care did not have the legal basis for such care noted within the questionnaire. However, it was noted that six young people (20%) were subject to Full Care Orders, six young people (20%) were in the voluntary care of the HSE, three young people (10%) were subject to Interim Care Orders, and two young people (7%) were Wards of the Court.

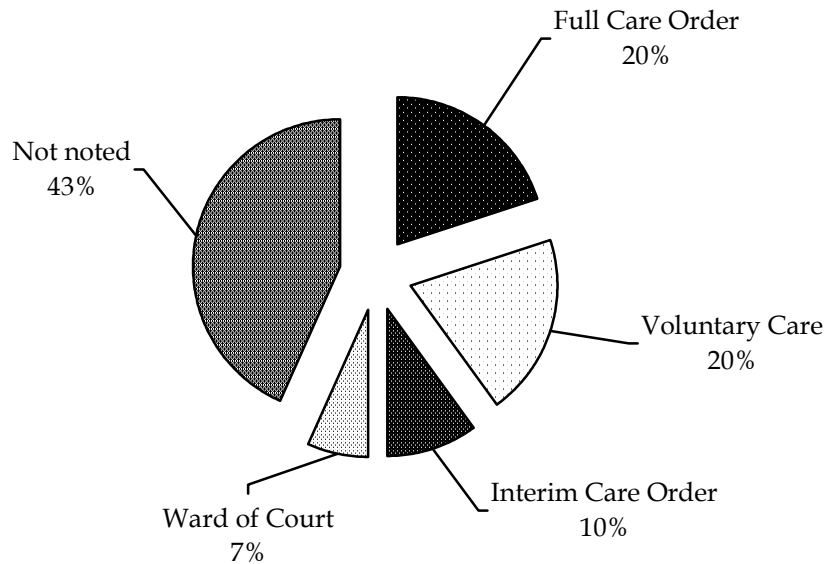


Figure 4.5 Legal Basis for Young People in Care

Juvenile Justice Involvement

Out of the total sample of fifty-six young people, six (11%) were recorded as having been involved with the Juvenile Justice system or known to the Gardai. Therefore, fifty young people (89%) were noted as having no involvement with the Juvenile Justice system.

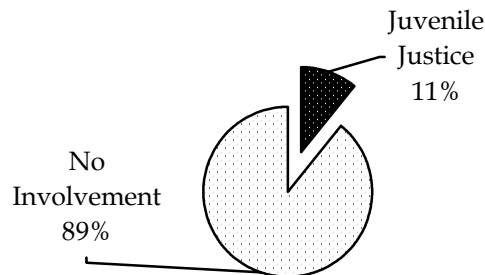


Figure 4.6 Juvenile Justice Involvement

Education and Training

Thirty four young people (60%) in this sample were attending mainstream primary or secondary school. Seven young people (13%) were reported to be attending a Youthreach Programme. Thirteen young people (23%), or the second largest group, were not attending any form of education or training.

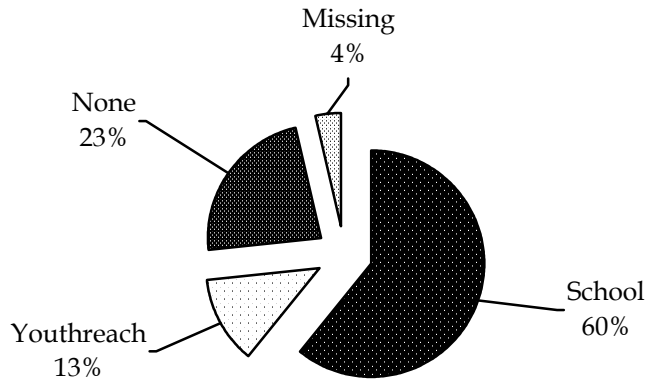


Figure 4.7 Education and Training

4.2.2 Social Work Questionnaire Results - Dun Laoghaire

Primary Category

The following graph demonstrates the percentage of young people who were placed in each category of the questionnaire.

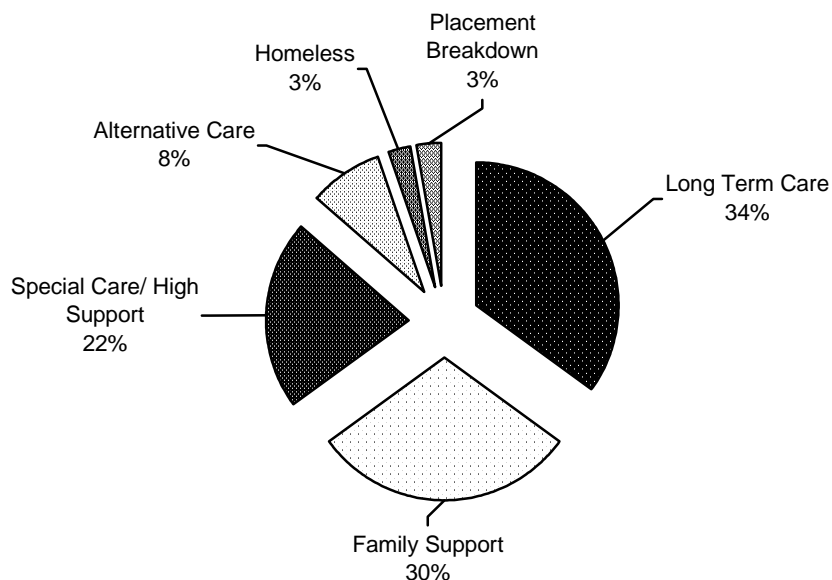


Figure 4.8 Primary Category

Thirteen young people (34%) were recorded primarily in the long term care category, with eleven young people (30%) being noted primarily in the family support category. Eight young people (22%) were noted primarily in the special care/high support category. Three young people (8%) were in the alternative care category, with one young person each in the homeless and placement breakdown categories.

Gender and Age

A sample of thirty-eight young people were included in the data from the Dun Laoghaire LHA social work team for the purposes of this study. Twenty-five of these young people were male (66%), with the remaining thirteen young people female (34%). Two clusters of seven young people out of the thirty-eight, or 18% each respectively were aged either 11 years or 14 years at the time of this study. The average total age of all young people in the Dun Laoghaire study was 12.4 years.

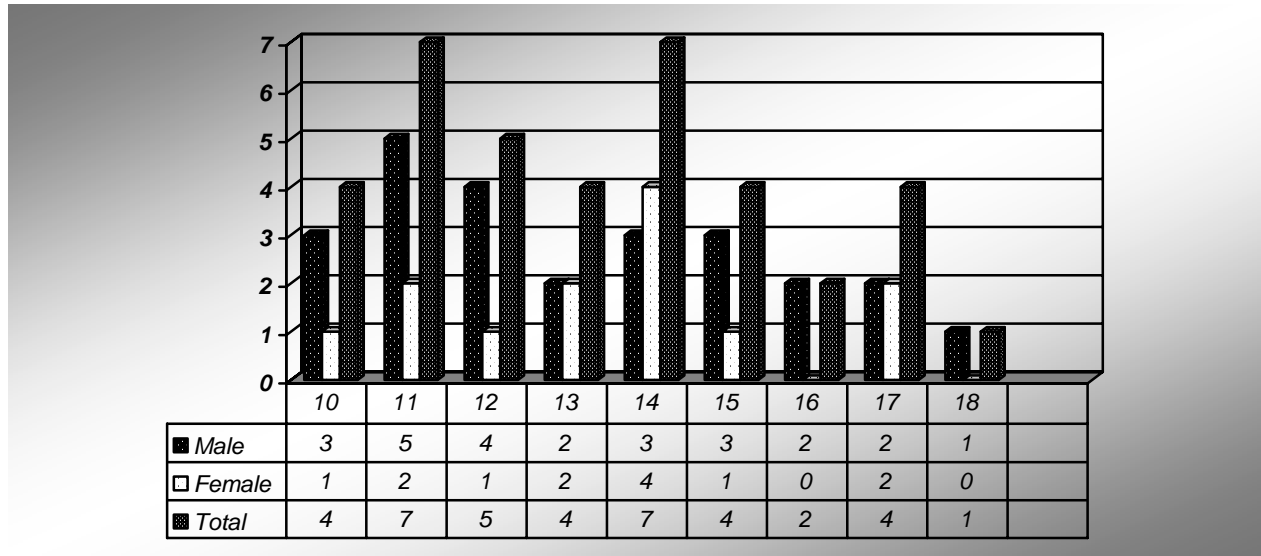


Figure 4.9 Age and Gender Breakdown

Geographical Location

The suburb of Ballybrack was the most frequently reported location where young people lived within the sample, with seven young people (20%) residing in that area. Three young people (9%) were living in Dun Laoghaire, with a further three (8%) in Blackrock. Two young people were recorded as living in each of the following areas: Monkstown, Killiney, Cabinteely, Loughlinstown and Sallynoggin. A further two young people (5%) were reported to be living in Cardiff or Kent in the United Kingdom. Out of the twelve young people who constitute the ‘other’ category, six live within the Dun Laoghaire area, two in Dundalk, and one each respectively in Kilkenny, Blessington, Drimnagh and Dublin 8.

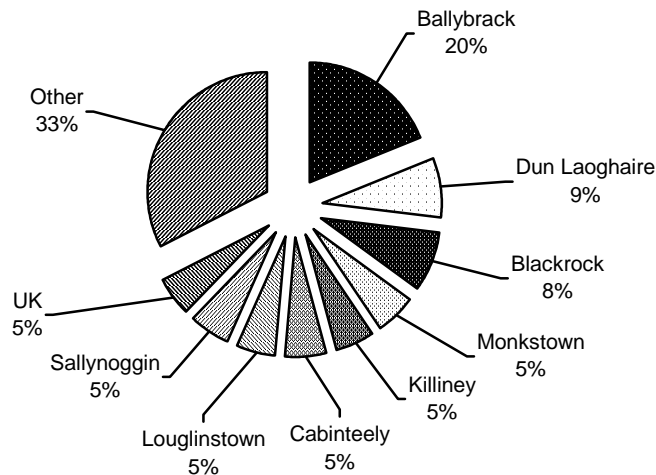


Figure 4.10 Geographical Location

Living Arrangements

At the time of this study, thirteen young people (34%) were living at home, nine young people (24%) were in foster care, and seven young people (18%) were either in relative foster care or in the care of extended family members. Seven young people (18%) were placed in residential care, one young (3%) person was placed in a secure unit. One young person (3%) was noted as being homeless.

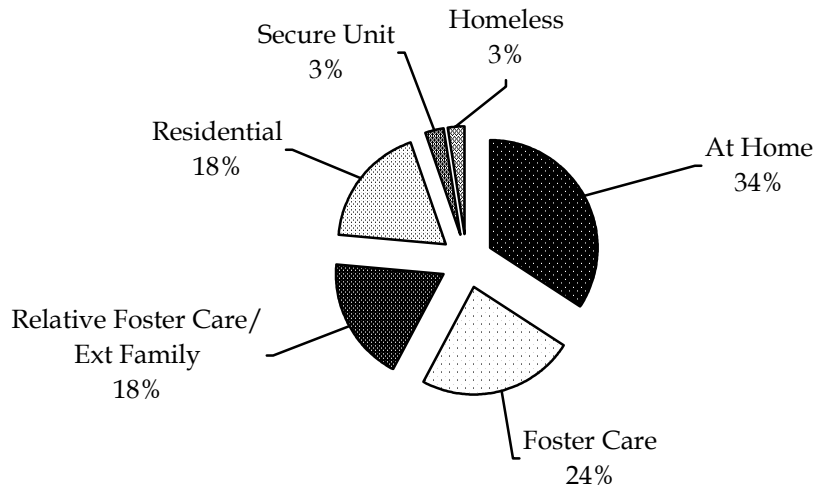


Figure 4.11 Living Arrangements

Legal Basis for those in Care

The data from twenty-three young people is included in this category. Eight young people (35%) were noted as being in the voluntary care of the HSE, seven young people (30%) were subject to Full Care Orders, three young people (13%) were subject to Interim Care Orders. A further three young people (13%) were noted as being on ‘Care Orders’ and two young people (9%) were subject to a Fit Persons Order.

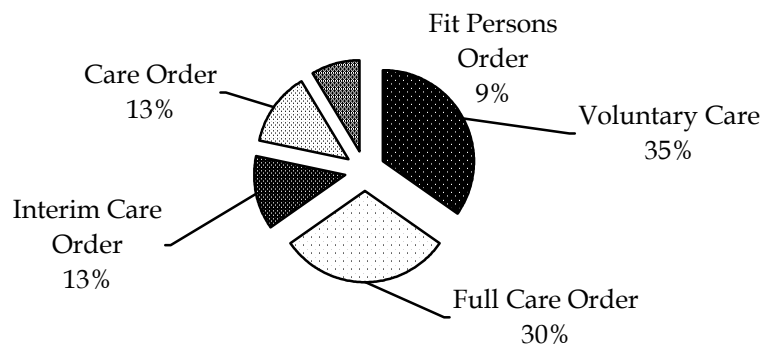


Figure 4.12 Legal Basis for those in Care

Juvenile Justice Involvement

Out of the total sample of thirty-eight young people, four (11%) were recorded as having been involved with the Juvenile Justice system or known to the Gardai. Therefore, thirty-four young people (89%) were noted as having no involvement with the Juvenile Justice system.

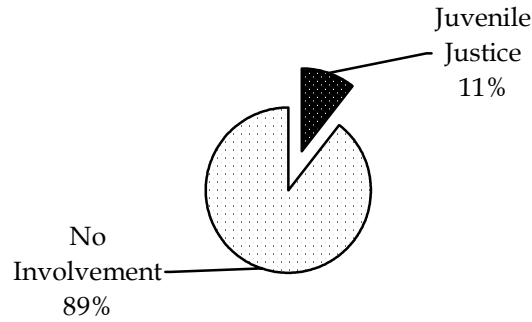


Figure 4.13 Juvenile Justice Involvement

Education and Training

Twenty-eight young people (73%) in this sample were attending mainstream primary or secondary school. Four of the young people were each attending one of the following services: Youthreach, Force, Futurama, Benicasa school. Two young people were involved with either an apprenticeship or training. One young person completed their Leaving Certificate in 2006. The response for three young people (7%) regarding their education or training on the questionnaires was not recorded.

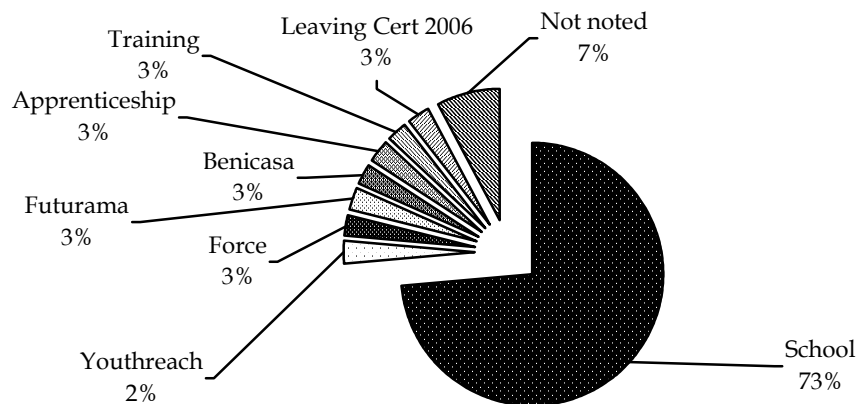


Figure 4.14 Education and Training

4.2.3 Social Work Questionnaire Results SCSA team

Primary Category

The following graph demonstrates the percentage of young people who were placed in each category of the questionnaire.

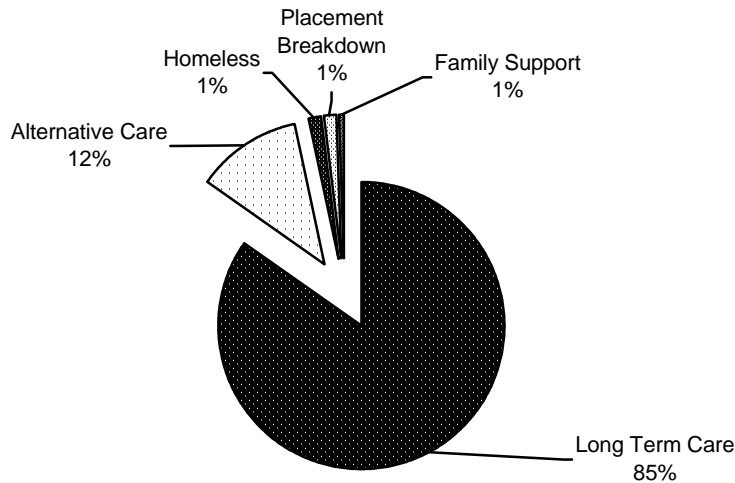


Figure 4.15 Primary Category

One hundred and twenty-eight young people (85%) were recorded primarily in the long term care category, with eighteen young people (12%) in the alternative care category. Two young people were in each of the homeless and placement breakdown categories. One young person was primarily noted in the family support category.

Gender and Age

A sample of one hundred and fifty-one young people were included in the data from the Separated Children Seeking Asylum (SCSA) social work team for the purposes of this study. Eighty-three of these young people were male (55%), while the remaining sixty-eight young people were female (45%). Seventy-seven young people (50.9%) were aged 17 years at the time of this study. The average total age of all young people in the SCSA study was 16.6 years.

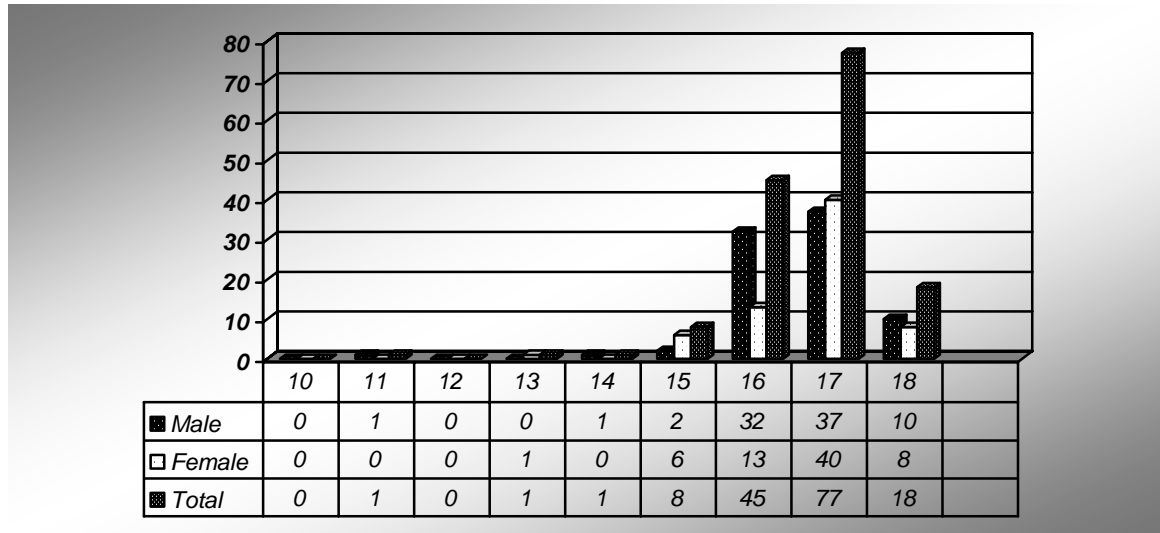


Figure 4.16 Age and Gender Breakdown

Geographical Location

The Dublin City Centre was the most frequently recorded location where young people lived within the sample, with forty-five young people (30%) residing in that area. Twenty-two young people (15%) were living in Phibsboro, with a further seventeen (11%) in Palmerstown. Fourteen young people (9%) were living in Dublin 2, twelve young people (8%) in Ranelagh, eleven young people (7%) in Drumcondra, and nine young people (6%) resided in Tallaght. Four young people were reported as living in each of the following areas: Dun Laoghaire, Lucan, Sandymount, and Dublin 7. Out of the three young people who constitute the ‘other’ category, one each lived in Clondalkin, Co. Meath and Co. Galway.

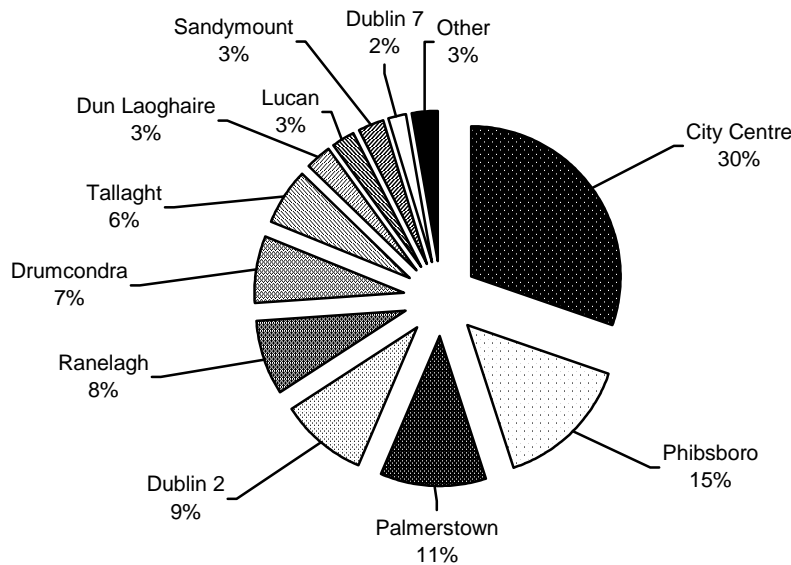


Figure 4.17 Geographical Location

Living Arrangements

At the time of this study, one hundred and thirty-five young people (89%) were living in hostel accommodation. Ten young people (7%) were living in residential care. Two young people (1%) were in foster care, and two young people (1%) in supported lodgings accommodation. One young person was in a Section 36 foster care placement (under Child Care Act), and another young person was living with extended family. No young person was living in their own home.

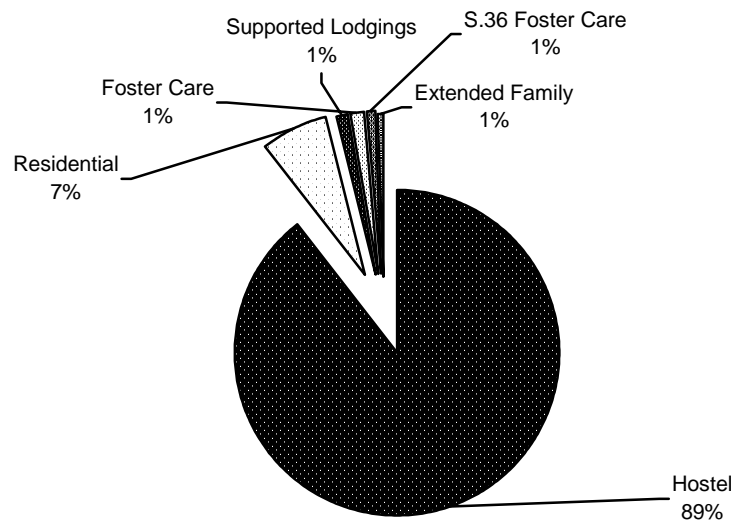


Figure 4.18 Living Arrangements

Legal Basis for those in Care

The data from all one hundred and fifty-one young people is included in this category. One hundred and forty-four (95%) young people were recorded as being taken into the care of the HSE under S.4 of the Child Care Act as it relates to abandoned children. Four young people (3%) were subject to a Ward of the High Court Order, and three young people (2%) were the subject of Full Care Orders.

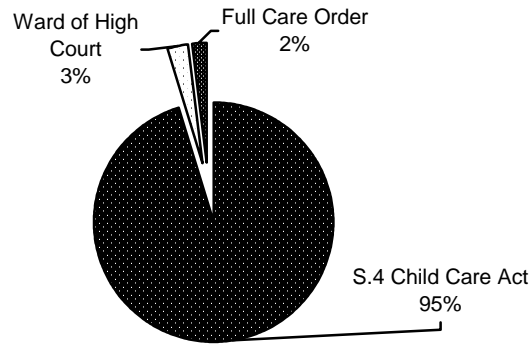


Figure 4.19 Legal Basis for those in Care

Juvenile Justice Involvement

Out of the total sample of one hundred and fifty-one young people, two (1%) were reported as having been involved with the Juvenile Justice system or known to the Gardai. Therefore, one hundred and forty-nine (99%) were noted as having no involvement with the Juvenile Justice system.

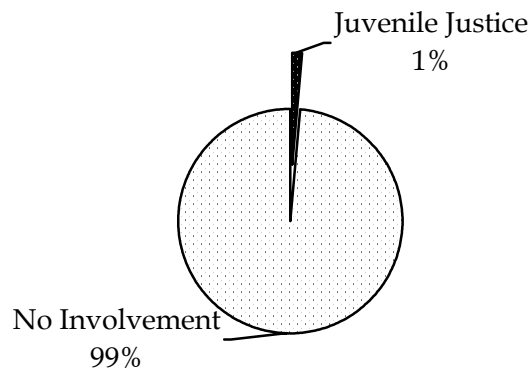


Figure 4.20

Education and Training

Eighty-eight young people (58%) in this sample were attending mainstream primary or secondary school. Twenty young people (13%) were reported as not attending any education or training. Thirteen young people (9%) attended programmes run by the Vocational Educational Committee (VEC), and eleven young people (7%) were involved with the Back To Education Initiative (BTEI). Nine young people (6%) were attending English language classes, and three (2%) young people were attending an access programme. The response in the

questionnaires for seven (5%) young people regarding their participation in education or training was not recorded.

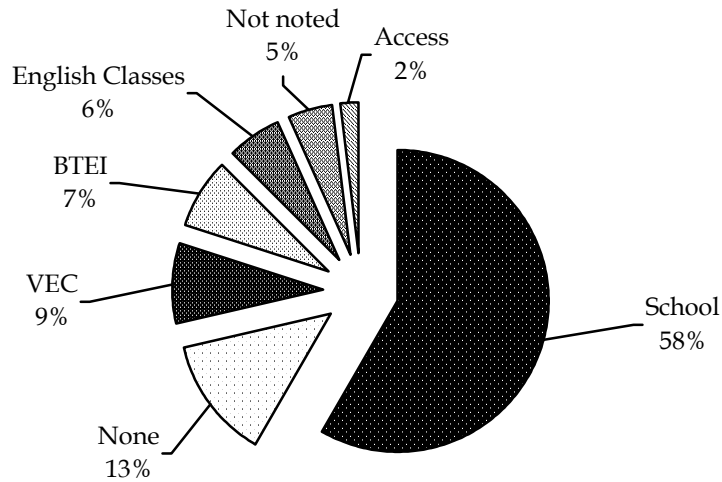


Figure 4.21 Education and Training

4.3 Chapter Summary

This Chapter has presented the findings from data gathered in the Social Work Questionnaire provided by three social work teams. The findings have been presented in a consistent approach on a team by team basis. A summary of key findings from the data is presented below.

- Data for a total of 244 young people was gathered through the use of the social work questionnaires.
- Of this total, a relatively even gender balance made up the sample, with 56% male and 43% female. The average age for the total sample was 14.4 years, with the average range across the teams being the lowest in Dun Laoghaire (12.4 years) to the highest in the SCSA team (16.6 years).
- The geographical spread of young people in the study was vast, encompassing nearly all regions of Dublin City, County Dublin and County Wicklow. A proportion of young people from all social work teams lived in counties outside of Dublin and Wicklow, with a small number placed in the United Kingdom.
- Living arrangements for the young people varied considerably. The data from the two mainstream social work teams indicated that the majority of young people lived at home, followed by extended family, relative foster care or mainstream foster care. Only one young person was living in a secure residential unit, and one young person was recorded as homeless in the mainstream social work cohort.
- The SCSA team reported that no young person was living in their own home. They recorded that 89% of their young people lived in minimally supervised and supported Hostel accommodation, followed by 7% in mainstream residential care. Only two young SCSA (1%) were living in foster care or supported lodgings.
- The legal basis for young people in the care of the HSE ranged from the majority of SCSA (95%) being in care under S. 4 of the Child Care Act, through to a minority of young people being made Wards of the Court (3%). Full Care Orders were recorded for 17% of young people across the three social work teams, with Voluntary Care ranking as the next highest category across the two mainstream social work teams.
- An interesting finding in the data was that only 12 young people (4%) out of a total of 244 young people in this study were noted as being involved with the Juvenile Justice system. This figure ranged from 1% of the SCSA to 11% of young people in the Dun Laoghaire and Wicklow samples.
- An average of 63% of all the young people in the study were attending mainstream primary or secondary school. In contrast, 14% of all young people in the study were not attending any education or training.

Chapter Five - Fieldwork Findings 2: Social Work Focus Groups

5.1 Methodology and Chapter Structure

The aim of the focus group interviews was to generate in-depth qualitative data regarding the profile of young people in the seven potential referral groups for YAP. The focus group interviews were conducted with Social Work Team Leaders and Principal Social Workers within each area, and were based on semi-structured interview questions that were included in Part 2 of the social work questionnaire (Appendix 1). The questions for the focus group were designed to generate qualitative data pertaining to each of the seven potential YAP referral groups. The focus group specifically provided an opportunity for in-depth exploration of the characteristics of young people, and the perceived strengths and gaps in service provision under each of the seven categories. Additional focus group questions were devoted to the perceived strengths of the YAP model, and challenges in relation to its implementation from the perspective of the social work teams.

The focus group interviews were tape recorded after obtaining verbal consent by all present in order to ensure accuracy of write-up. It must be noted that the findings from the focus groups in this section are based on social workers perceptions.

The findings from the focus group interviews are presented on an aggregated basis across the teams, and thematically according to the seven potential YAP target group areas. The only exception to this was if specific issues pertaining to an area or client group needed to be highlighted. In this case, the term 'mainstream' social work service is used for the Dun Laoghaire and Wicklow teams where they needed to be distinguished from the Social Work Service for Separated Children Seeking Asylum (SCSA) team. Finally, perceived strengths of the YAP model, and concerns regarding its implementation are outlined at the end of this Chapter.

5.2 Findings from Social Work Focus Groups

5.2.1. Family Support

Characteristics of Family Support Referrals

A number of common themes emerged from the three social work teams regarding the characteristics of young people and families who were referred to family support services. Firstly, the young people were often described as having broken school attendance, sporadic attendance or no attendance at school. A group of young adolescent males was also identified who were out of school, were engaged in alcohol misuse, and came from broken or chaotic families. The social work teams also reported that there were a number of young people who presented with mental health issues, however the young people generally were unwilling or unable to access assessments and psychological services. A further group of older teenagers within this category included those who were having difficulty adjusting to changing dynamics within their family unit, which was often precipitated by the arrival of a new child or baby in the home.

A key characteristic of the family units in these cases often centred upon the parents inability to control their adolescents or cope with their behaviour. It was reported that there were a large number of single parent families within this cohort, where the mother was often parenting large families alone and with little support. In conjunction with the above mentioned issues, a high number of single mothers presented with serious mental health issues. A subset of this group was reported to present to social work departments asking for their adolescent to be removed from the home. A characteristic of these requests was that they often involved 12 and 13 year old girls whose mothers were unable to cope.

A final group of young people that need to be noted in this category is separated children seeking asylum. These young people are characterised by an absence of family support and adult support networks and mentors. These young people are most often living within a hostel environment without adequate care provision.

Services and Supports for Families and Young People

A number of young people and families were reported to have been linked to family support services such as Springboard projects, Neighbourhood Youth Projects, Child and Family projects, and family support and child care workers through the social work team. In addition, a number of young people and their

families had been linked with the Extern Jannus programme, although it was noted that Extern's referral capacity is quite limited. Separated children were most often supported by their HSE project or social worker in conjunction with community groups like the Vincentian Refugee Centre, or through projects run by organisations such as the VEC.

Service Strengths

Family support services and Springboard services were consistently rated as being excellent services by the social work teams that were able to access them. Family support and Springboard services were seen to work especially well with families that needed a lot of intervention, particularly with children up to 12 years of age. Positive qualities of family support services that were noted by social work teams included their flexibility and creativity in working with families and young people. Social work teams noted the increased amount of time that family support were often able to give families, where the individual social worker was not able to. All social work teams noted that family support or Springboard services should be available to all families within their LHA.

Community centres such as the Resource Centre in Bray were noted as being very good at 'holding kids', so young people were not referred to social work services prematurely. More widely, community projects and youth services were noted by the social work teams as being valuable resources in terms of holding communities together, supporting young people, and targeting young people that may not be obvious to other groups.

Garda Diversion projects such as the LAB project in Loughlinstown were reported by social workers as being very supportive for young people involved within the juvenile justice system.

Natural support networks of family and extended family were seen as a strength within the rural communities. It was noted that most families within Wicklow LHA lived within close proximity to other family members. These extended family networks provided support in terms of relative foster care during times of crisis, and ongoing support for the family and young person.

Project workers and social workers formed the main basis of support for the young people in the SCSA service. However, avenues such as the Vincentian Center, schools, VEC summer schools, and local Church groups that the young people are involved with were noted by the social work team as providing good support.

Service Gaps

Service gaps for young people span a variety of areas and many cross the rural/urban divide. Young people who present with school attendance and school transition issues are viewed by a number of social work teams as a group where there is a considerable absence of services. A number of social work teams noted the importance of support for young people who transition from primary to secondary school, and who are liable to go unnoticed in a larger school environment. Often these young people have sporadic attendance that may not be sufficient enough to warrant intervention by the education welfare co-ordinator. However, due to their irregular attendance for the majority of each day, these young people are not being maintained in the school environment. These young people are coming to the attention of the social work department by parents who are desperately trying to hold their child in the school environment, however by the age of 13 or 14 the situation has become chronic.

Whilst Extern was noted as a distinct positive in service provision, there were also challenges associated with gaining access to it. Some social work teams noted that Extern was used in some cases as a 'last resort' for clients for whom no other service was working. Social workers described being 'stuck' for other options to refer a young person to. Extern was also noted for its long waiting list, and concern was expressed by the social work teams that during the waiting period situations had escalated for a number of young people. A further issue identified was that young people must also agree with the referral to Extern prior to meeting with them. Some social work teams believed that young people should be given the chance to meet the workers and get to know them first prior to making a decision about going on the programme. The SCSA social work team expressed concern that they had not been given access to referring to the Extern service.

Similarly, a group of adolescent males aged 15 plus were identified by many of the social work teams as being especially at risk. This group of young people who exhibited at risk behaviours such as petty crime, criminal damage, school absence, and substance misuse, were noted as being too old for a conventional youth group or activity based service, yet there was no alternative for them. These young people often ended up hanging around public places and the streets as they had nowhere to go to constructively use their time.

Several social work teams noted the absence of practical help for parents such as doing school runs and minding younger children in order to attend appointments with their teenagers as a large gap.

Social work teams that covered rural areas noted a distinct lack of services for adolescents aged 12 or over. Similarly, a gap in family support services in both Arklow and Wicklow was that they did not cover all of the Wicklow LHA, so a number of families are unable to access such services. It was noted by the social work teams that geographically the nearer to Dublin the families lived, the more services they were able to access, with a serious dearth of services noted around the Tinahealy, Aughrim, Carnew area.

Similarly, a group of 10-12 year old children were identified as beginning to be involved in anti-social risk taking behaviours with no service to fit their needs. It was believed that this group of young people, and the complexity of the issues involved were not suited to traditional family support services. The social work teams noted that these young adolescents would most likely chose not engage with a family support worker in the home, and would not attend a family support centre. It was noted that many young people aged 12 plus often chose to absent themselves from the family home when family support workers attended to work with the family.

A number of service gaps were noted in regards to families from new communities, and asylum seeking families who were placed in accommodation in the Wicklow area. It was noted that social isolation was a large factor for these families and young people, who had often been moved from the Dublin area, and away from any existing supports. Similarly, major service provision gaps were noted by the SCSA team including issues regarding the supervision of young people in the hostels by mostly untrained staff. The SCSA team noted that most of the young people in the service do not have adequate care provision, so can not get support or mentoring through either foster parents or residential care staff. There is no opportunity or avenues for consistent positive adult relationships through a properly run befriending project for these young people so they can build links to the community. It was also noted that there was an absence of activities for separated children to be involved with after hours and on weekends, so they spent a lot of time in unstructured activity and hanging around the city centre.

5.2.2. Family Breakdown

Social work teams were asked to describe indicators and characteristics of young people and families who were at risk of family breakdown. A number of social work teams noted 'chronic' families who had long term involvement with the social work department in this category. These families were at ongoing risk of

family breakdown, and had often had their children previously removed from the family for periods of time.

A common characteristic of young people that was mentioned by the social work teams in this category was violence from adolescents in the family home. These young people would often exhibit violent behaviour and assault their family members, who may in turn assault them. This pattern of behaviour was most noted in young males aged 14-16 years, who may also engage in violence and risk taking behaviour in their peer group and in the community.

Significant concern existed across all services in terms of young people who were 'out of control' of their parents and engaging in risky sexual behaviour. Young females were particularly noted in terms of being at increased risk of teenage pregnancy and risky sexual behaviour due to drug taking and drinking. Out of control behaviour often included running away, staying out late, getting involved with inappropriate groups, school drop out and substance misuse.

Services and Supports for Families and Young People

A number of services and supports for young people and their families were noted by the social work teams, however the key issue in most of the cases was the reluctance on the part of the young person to engage with the service. Examples of services that would be beneficial to young people include the Aisling centre in Kilkenny, Risk Assessment Consultation Service (RACS) assessments, Lucena Clinic and Extern. All require a commitment from the young person to attend.

Service Strengths

For the social work teams that had access to them, Child Care workers were seen to be a great link between the young person, the social worker, and the family or placement. This was especially important when the link or relationship between the social worker and the young person was tenuous.

Family Group Conferencing was noted by social work teams as something that had the potential to work very well with some families. It was described as being particularly effective in cases that did not have lengthy historical social work involvement and where extended family and support networks were interested in working with the parents and young person.

One social work team noted that RACS consultations and assessments were very good if the young person agreed to attend. The assessment at the end was very comprehensive and contained recommendations that could be implemented. A

strength of the service was that the RACS team knew the social work catchment area and the available resources well, so it was specific, practical and able to be implemented.

The Extern service was noted as being useful in order to keep young people out of care or prevent placement breakdown, although not all social work teams had access to the service, and it was agreed that not enough places were available on the programme. Strengths of Extern included the flexibility of hours they worked, the length of intervention, and the workers ability to persist and engage with the young people. It was also seen as a strength that the Extern workers were not HSE social workers, and it was useful to draw that distinction for the young person.

The Gardai were noted as being very good in most areas at keeping an eye on young people at risk. Most social work teams reported a good working relationship with the local Gardai.

Service Gaps

Access to mental health services and counselling services for young people at risk of family breakdown was seen as a large gap. It was noted that it was very difficult to encourage an adolescent to attend mental health services due to the stigma involved. Lengthy waiting lists also prevented access, and some mental health services required a parent to attend, which also proved a deterrent to many young people, especially where issues of family breakdown were involved.

A number of social work teams noted the difficulty of getting an intervention for young people who were displaying out of control behaviour or violence. It was highlighted that unless the young people ended up in the Juvenile Justice system, then the options for intervention were very limited. Parental support was also noted as a large gap in the lives this group of young people, which in turn created difficulties in supporting any intervention that was put in place.

Respite placements for adolescents at risk of family breakdown was also noted as a crucial gap in service provision. It was envisaged that if respite placements were available, then a positive opportunity would be afforded for intervention and engagement with young people and families in crisis.

5.2.3. Homeless

Characteristics of Young People

The most striking finding regarding this group of young people and their involvement with traditional social work services is their absence. Of the mainstream social work teams in Wicklow and Dun Laoghaire, the overwhelming response was that they were not currently working with a group of homeless young people. However, the social work teams did note that of the young people that they worked with, a number were at risk of becoming homeless. Characteristics of these young people included spending extended periods of time staying with friends and relatives, family breakdown or disrupted home environment and poor school attendance. It was noted that the characteristics of these young people differed to homeless young people in the city centre who might be on the streets and regularly using crisis accommodation.

In contrast, it was noted that all Separated Children Seeking Asylum could be considered to be homeless. The majority of such young people are taken into care under S.4 of the Child Care Act (1991) as abandoned children. Therefore, as these young people are away from their homeland, and do not have a home in Ireland to return to, they could be classed as homeless. In addition it was noted that characteristics of all separated children include loss. Such loss includes loss of family, loss of culture, loss of environment and social supports.

Service Strengths

No services were mentioned in this category.

Service Gaps

There was a reluctance on the part of social work teams to refer young people to the Out of Hours Social Work service in Dublin for assistance with accommodation needs. It was also reported by the social work teams that there was a reluctance on the part of the young people to be referred to the Out of Hours Social Work Service due to lengthy waiting times at the Garda station and the type of accommodation they were offered. This was especially so when young people were coming from a rural area, as it was noted that the characteristics of homeless young people in inner city Dublin varied greatly from those in a rural community. Concern was expressed regarding the procedure for access to the Out of Hours service through Pearse Street, Garda Station, and some of the influences that young people could be exposed to from other young people in Out of Hours accommodation.

There are a number of gaps in service provision for separated children. The most notable of these was reported as not having allocated social workers for all young people, and not having adequate care provision for the majority of young people. Further concerns were noted that due to gaps in care provision, young people are at risk of going missing and becoming lost to possible service intervention.

5.2.4. Alternative Care Placements and Reunification

Characteristics of Young People

The mainstream social work teams highlighted the fact that there were not a lot of young people currently in alternative care who were anticipated to be reunited with their families. Of the young people where reunification was a goal of the intervention from a social work perspective, a number of challenges were discussed in relation to working with the young person and family. Specifically, it was discussed that considerable difficulties arose when the parent did not want the young person to return home, or when the young person wanted to remain in care. The extensive co-ordination involved in the transition between alternative care to the home environment was discussed as a key issue in cases where reunification was possible.

In the case of SCSA who are in care, when family is identified in Ireland or in another country, then reunification assessments are undertaken in those countries.

Service Strengths

In terms of reunification of young people in care within mainstream social work teams, direct work by the social worker was the most often used intervention. However childcare workers and access workers were noted as being a significant support when available. This was especially the case in terms of linking with the young persons placement, the family and with the social worker to try to co-ordinate all the services involved. If the young person was in residential care, Key Workers were similarly seen as an especially good support for the young people during the transition period. Extern and Springboard were also noted as good services for young people where they were available.

If family is identified for Separated Children in care either in Ireland or in another country, the social work team is the primary agency and support for the young people involved. The International Organisation for Migration (IOM)

works well in partnership with local agencies in foreign countries in order to trace and do an assessment on separated children's family members. The International Organisation of Migration has supported young people who have been reunified with family members in their country of origin or in a third country. The SCSA social work team and IOM have a very good working relationship.

Service Gaps

Gaps that were noted in mainstream social work services were primarily in regard to access for families to family support programs such as Springboard, in order to work with the parent to be ready for the young person to come home. Similarly, if the young person was not in a residential care setting, or was not involved with the Extern programme, then support for them outside the social work team was difficult to obtain.

In terms of separated children, service difficulties centred upon the length of time agencies such as the Red Cross tracing service and International Social Services took to provide information for young people regarding potential family in their country of origin. Ongoing international social work support was often difficult to obtain or ensure for the young person once they returned to the country where family was located.

5.2.5. Placement Breakdown and Multiple Placements

Characteristics of Young People

It was noted that there was only a small number of young people for whom chronic placement breakdown was an issue. However, it was remarked by Social Workers that a number of the indicators that were used to describe young people in the family breakdown category also pertained to young people in this category, with the difference being the behaviours were happening within a care setting rather than at home. Such behaviours included young people behaving violently, or threatening violence, especially when there were other children within the placement. These behaviours necessitated young people being moved frequently, and due to the risk to families, entering residential care rather than being placed in another foster care setting. Placement breakdown was noted as being attributable in some cases to sabotage on the part of the young person through the influence of other biological family members. For example, a young person might be encouraged to sabotage their placement through unacceptable behaviour as they may have been told by family members that if they do so, they will be returned home. This pattern of behaviour was reported to be one factor

for some young people which resulted in an ongoing cycle of multiple placements and placement breakdown.

Placement breakdown for separated children was noted to often centre upon behavioural issues that might be normal for adolescents, but because of living in a hostel environment without care staff, the young people did not have the structure, boundaries or support to work through those issues.

Service Strengths

The HSE Psychology service was reported by one team as being used positively in cases such as this. From the perspective of the young person, the psychologist is differentiated from the social worker who is often perceived by young people as being the person that went to court to put them in care. This service provides the young person with someone to explore issues with regarding why they can not live at home and how they feel about being in care and about the future.

Childcare workers and access workers were noted as excellent resources as they can be consistent in the young person's life. An access worker links with both the young person and their family, and often does not have the same animosity shown toward them by the young person or family as the social worker may.

In terms of SCSA, Social Workers and Project Workers provided the main support. Other services such as the Psychology Service for Refugees and Asylum Seekers were accessed if the young person needed psychological support. Schools were reported as often being a good support for the young person and helped the social work team reinforce behavioural expectations.

Service Gaps

The most commonly noted service gap across mainstream social work services was that more support was required for foster carers, especially outside hours support. The social work teams commented that additional training and support of foster carers might assist in equipping them to manage some of the difficulties with placements. It was also noted that there was a need to support the foster carers and the young person during the 'breakdown' period of the placement and after, and that additional outside hours support would be needed to do this. The notion of 'professional foster carers' was spoken about, and the absence in some rural areas of such foster carers. It was also remarked that there was no residential unit in Wicklow.

For SCSA, qualified care staff and adequate care provision for young people in their accommodation was noted as a priority need. Similarly, an allocated social

worker for every Separated Child is required. Currently, only the most vulnerable young people are allocated due to the ratio between young people and Social Workers.

5.2.6. Long Term Care

Characteristics of Young People

All social work teams consulted across the LHA's were able to identify a number of young people who had either already been in the care of the HSE for a lengthy period of time, or who were likely to continue in care over the long-term. It was noted by the SCSA team that the majority of the young people in their service would fit into the long term care category.

The mainstream social work services stated that a number of young people in long term care presented with varying degrees of mental health issues including self destructive and self harming behaviour. Some young people similarly presented with extreme out of control behaviour including violence and aggressiveness toward people, and damage to property. It was acknowledged by the social work teams that it is often difficult to distinguish between, and obtain a service for young people with both mental health issues and behavioural issues. It was agreed that 'out of control children' often do not have mental health issues, rather environmental issues, but it can sometimes be impossible to change the environment quickly enough.

Characteristics of separated young people that were reported included teenagers with multiple vulnerabilities and multiple risks due to the lack of social support and adequate care that they received. Some teenagers in this category were reported as having difficulty with integration into the hostel system, and the development of social skills, living skills and networks of friends within a new country. It was noted that the majority of separated young people encountered racism on a regular basis, and some had been the subject of harsh bullying on the basis of race within the school environment. Young people in this category do not have access to an adult mentor on a daily basis to build a positive relationship with. A distinct characteristic of SCSA is their lack of certainty when they reach 18 years if they have not obtained Refugee Status in Ireland. If these young people reach adulthood and are still asylum seekers, then they are transferred into the adult Direct Provision system, and out of the care of the HSE.

Aftercare, and the transition between living in a care setting to more independent living was reported by all social work teams as an important issue for young people in long term care. Individual social workers within the teams stated that they undertook a lot of work with the young people in this regard. The issue

was raised by one social work team that the role of the social worker in preparing the young person to leave care starts at the age 15 years and 9 months. It was remarked that the age of 15 years was often a time when many young people were hitting a crisis period whether in care or out of care. Concerns arose regarding the potential difficulties of working with young people around aftercare in this context, especially when the young person may be addicted to drugs or have other major issues.

Service Strengths

Aftercare support and ongoing support for young people in mainstream social work teams was provided predominately by the social work teams and the family support service. There were a number of positive remarks regarding the work done in this context. However, it was noted that aftercare and the transition to independent living was easier for a young person who had been in residential care as the Key Worker continued to provide support during and after the transition time. The aftercare services of Smylies and Home Again were noted as being very supportive for young people who had been in long term care.

A transition support project is working with young people who are moving from the SCSA social work team to the adult asylum system. This project and their workers link with young people prior to, and following the move to adult services. They try to provide activities, advice, and link them to services in the community in order to obtain support. Social workers and project workers usually undertake the transition and aftercare work with young people who attain refugee status and move to independent living. Some housing organisations such as Sophia housing were noted as providing good support to a few young people who attained Refugee Status.

Outside of an aftercare context, community groups such as The Vincentian Centre at St Peters church in Phibsboro was used by a lot of young people for homework support, drop in service, even after they left the SCSA service and moved to adult accommodation

The VEC summer school was thought of as being good for SCSA young people during the summer time, as it provided both activity based and educational opportunities. It also kept some of the young people from wandering the city centre, and helped them link and make friends with each other across schools and across the hostels.

Service Gaps

No designated aftercare workers or an aftercare service was remarked as a gap by social work teams, although it was acknowledged that the development of such a service has been proposed.

In addition, long waiting lists for access to counselling services, educational assessments, behavioural assessments, resource teaching, and play therapy services caused difficulties for some young people in care.

A number of gaps in service provision for SCSA have already been discussed, including lack of appropriate care placements for young people, and the fact that every young person does not have an allocated Social Worker. In addition, most separated children share rooms in hostels, so there is a large group of young people with lack of privacy, and without adequate recreation facilities. It was also reported by the social work service that there is a group of approximately 16 young mothers within the SCSA team who lack adequate support and childcare to continue with their educational needs.

5.2.7. Special Care/ High Support

Characteristics of Young People

The mainstream social work services stated that they had a small group of young people who ‘cycled through’ either the Ballydowd or Oberstown services. These young people were often characterised by engaging in risky sexual behaviour, running away from home or care placements, serious drug and alcohol misuse, violence in the home or community, peer violence, self harming, petty crime to fund addictions, and non school attendance. It was reported by the social work teams that young people in this category were at high risk getting into a self perpetuating cycle, and that they had a high risk of accidental death when under the influence of substances and behaving in an ‘out of control’ manner. It was also noted that the transition between the high support unit to either a foster placement or residential placement was a crucial time for young people. One social work team observed that a number of young people from a Traveller background were within this category. No SCSA were recorded in the high support or special care category.

Service Strengths

Extern workers and Guardians were reported as being positive influences for a number of the young people who were linked with them. It was noted that a person who was not their social worker was useful due to the fact that the young person could identify with them better as they were not making decisions about their care status. On the other hand, a number of social workers noted that a benefit of young people being in a high support or secure unit was that it would assist in the linking the young person back in with the social worker. It was discussed that many young people in this category did not attend appointments with their social worker and could often not be located within the community. The time in high support care afforded the opportunity in some cases of rebuilding a relationship with the young person.

Service Gaps

In one of the areas, a group of girls aged 15 plus were reported as most likely to be at risk of entering a special care, secure unit or high support placement. It was stated that there was no residential units for girls in the area, so there were often few options for their placement prior to going to high support accommodation. These young people were often not suitable for fostering and were causing significant disruption at home and often could not be located in the community

Securing an appropriate care placement following admission to a special care or high support unit was discussed as a big gap in the system. Social workers described 'desperation' around trying to acquire a good care placement for a young person coming out of a high support, secure unit or special care. Such lack of care placements with adequate support, absence of a residential step down unit, and no day or respite programs for young people exiting high support facilities was described as a serious gap in services.

5.3 General Perceived Strengths and Concerns regarding YAP

The final section of the focus group with the social work Team Leaders and the Principal Social Workers was devoted to an enquiry about what their perceived strengths of the YAP model and concerns regarding its implementation in the HSE might be. Generally all social work teams were very positive regarding the implementation of such a project within the area.

5.3.1 Perceived Strengths of YAP

One of the Social Work Team Leaders in the SCSA team had worked with YAP in a previous area. Strengths of YAP reported from this Team Leaders perspective

included the ability of the YAP worker to engage with the young person where a professional person might not be able to. YAP was also seen to have enhanced the relationship between the social worker and the young person, as the YAP worker assisted the young person to engage more productively in Statutory Reviews and other matters pertaining to their care. A particular strength of YAP in relation to SCSA would be that it 'provides someone to bear witness to their life', which is an element that is severely lacking with SCSA.

A number of social work services highlighted that there were a lot of people within their communities that would be good in an advocate role. One Principal Social Worker noted that they did not have any concerns about the YAP project as they were aware that YAP advocates could access support 24/7 with a phone call to their manager. Social work teams remarked that it would be positive to have someone to work with young people 'where they were at'. This was especially the case in geographically isolated places, rather than having young people travelling to Dublin to access services.

5.3.2 Concerns regarding YAP

Concerns regarding the implementation of a YAP project fell into three main areas regarding issues to do with referral criteria, the selection and training of advocates, and the length of the programme.

- It was noted by all teams that a clear referral criteria would be required for the YAP programme in order to differentiate it from the Extern project. The development of a procedure for referral prioritisation and allocation across the four social work teams emerged as a common concern. Equity of access to services for all young people was a concern. However there was little consensus upon the fairest way to allocate the places on the YAP project.
- The recruitment of culturally appropriate advocates for both young people from the Travelling community and also young people from the SCSA team emerged as an area that would require additional consideration. It was thought that all advocates, especially those working with SCSA would benefit from cultural diversity and cultural competency training, and be briefed on the unique context of SCSA. An understanding of the impact of racism with SCSA, or other ethnic minority young people in the mainstream social work services would need to be part of the training. Further issues such as maintaining anonymity and confidentiality for the young person, especially in small communities, ethnic minority groups, or well known neighbourhoods emerged as a common concern.

- In terms of the YAP model of intervention, general concern was raised across all social work services regarding the length of intervention. It was agreed that the six month timeframe was a short time to try and build a relationship with a young person and create lasting change. The development of a criteria or assessment procedure for granting an extension of the YAP programme to a young person was suggested by a number of social work teams. General concern also existed regarding the service provision for young people after YAP, particularly if they have not been able to build lasting links with the community or other services as expected. Similarly concern was raised regarding the sustainability of some of the activities that the YAP worker may link the young person with (e.g. horse riding or music classes), in terms of the financial commitment required once YAP has ended. Communication protocols with the social work team and the young person would need to be established, especially around the sharing of information. It was agreed that the young person would benefit from having a confidential space with the advocate as long as it followed child protection guidelines. There was concern from some social work teams that the YAP advocate may want to access the client file, and clear guidelines would need to be established around same in order to protect the young person's confidentiality.

5.4 Chapter Summary

This Chapter has presented the findings from the narrative data gathered in the Social Work Focus Group interviews with three social work teams. The findings have been presented thematically by combining the views across the teams wherever possible. The Chapter has been structured by firstly describing the key characteristics of young people within each potential YAP category, followed by the perceived strengths and gaps in service provision. The final section of the Chapter discussed the perceived strengths of the YAP model and concerns regarding its implementation within the HSE. A summary of key findings from the data is presented below.

- The main characteristics of young people described in the Family Support category included; school attendance and school transition difficulties; emerging substance abuse and mental health difficulties, and a chaotic or broken home environment. Parenting difficulties with adolescents, lone parenting and mental health issues emerged as additional factors for parents of these young people.
- The primary characteristic of young people in the SCSA team was the complete absence of family support or adult mentoring.

- A number of services from both the HSE and the community sector were consistently rated as providing excellent services for young people and their families. Gaps were reported in access to some of the services for all young people and families, especially those from rural or new communities.
- Young people in the Family Breakdown category were described as often engaging in violent behaviour in the family home, displaying 'out of control' and anti-social behaviour, and engaging in risky sexual behaviour.
- A number of services and supports were noted for these young people, but the reluctance on the part of the young person to engage with such services proved an obstacle in most cases. Access to mental health and counselling services, lack of respite care, and difficulty obtaining an intervention for violent young people outside the Juvenile Justice system were reported as clear service gaps.
- The most striking finding regarding young people in the Homeless category and their involvement with mainstream social work services was their absence. However, the SCSA team remarked that technically, all of the young people in their care could be considered homeless as they are taken into care as abandoned children under S.4 of the Child Care Act (1991).
- General concern was raised regarding the referral procedure for homeless young people to the Out of Hours Social Work Service. Many social work teams reported that the young people and the social workers were reluctant to engage with this service due to the lengthy waiting time at Pearse St Garda station prior to obtaining accommodation for the evening.
- Of the young people in the care of the HSE, the following issues emerged. The majority of young people in Alternative Care were not anticipated by the social work teams to be reunited with family members or extended family members in the short to medium term. A small number of young people were reported to be engaged in a cycle of chronic placement breakdown and multiple placements. Similarly, a small number of young people were reported to 'cycle through' high support and special care placements.
- Young people in long-term care were the largest group in the study. One of the main characteristics reported regarding these young people was that a number of them presented with both behavioural and mental health issues. Consequently, one of the greatest gaps in service provision for this group of young people was a service to work with young people with both of these issues.
- Two of the largest gaps for young people in long term care with the SCSA team were lack of appropriate care provision, and the absence of an allocated social worker for each young person.

The perceived strengths of the YAP model by the social work teams included the YAP workers ability to engage with a young person 'where they were at' in both geographical and emotional terms. Similarly, the out of hours nature of the YAP intervention was seen as a strength of the model. Concerns regarding its implementation within the HSE were based on three factors, namely, the development of a referral criterion for YAP that differed to Extern, the recruitment and training of advocates, and the length of the YAP intervention. However, in general, the social work teams were very positive regarding the possible introduction of a YAP service within the HSE areas.

Chapter Six – Fieldwork Findings 3: Community Consultations

6.1 Methodology and Chapter Structure

The purpose of the telephone consultation process with key stakeholders in the community was twofold. Firstly, the aim was to gain a picture of current service provision for young people across the area. Secondly, the consultations sought to gather the perceptions of service providers as to the profile of young people who, in their view would be most suited to, and would benefit most from a YAP intervention.

The process of the telephone consultations consisted of two stages. Firstly the researcher provided a brief outline of the YAP model and proposed referral target groups. Secondly, the researcher enquired about current service provision including referral criteria, and target groups for intervention. The researcher then enquired about young people who were outside of either the YAP criteria or the referral criteria of existing services, and who would benefit from a YAP type intervention. This was followed by a semi structured schedule of questions in order to gather perceptions regarding strengths and gaps in service provision (Appendix 2). Finally, perceptions regarding strengths of the YAP model and concerns regarding implementation of a YAP service within the HSE area were sought.

Verbal consent was obtained from each of the participants in the telephone consultation interviews. It must be noted that the findings from the community consultations in this section are based on perceptions of need.

The findings in this Chapter from the community consultations are presented in the following way. Firstly a description of additional target groups (those outside of YAP and existing services referral criteria) that emerged from the community consultation is presented. These target groups fall into four categories and are presented in no particular order of importance. The second part of this section utilises the same four categories to discuss the perception of the strengths and gaps in service provision for each of the groups. This section concludes with perceived strengths of the YAP model and challenges regarding the implementation of YAP from the view point of the community consultation group.

6.2 Community Consultation Findings

6.2.1 Additional Target Groups

During a number of telephone consultations, individuals described characteristics of young people outside of YAP referral criteria, who they believed would benefit from a YAP intervention. These could thematically be described under the heading of: 'mental health concerns', 'educational difficulties', 'hard to reach' and 'socially excluded' young people. The following is a description of the characteristics of each group of young people who fit into the four categories.

Mental Health Concerns

Young people in this category included a group of young females in Co. Wicklow who were particularly at risk due to self harming behaviour, with a number attempting suicide or completing suicide over the past year. Characteristics of these young people which were similarly identified in other areas included: social and geographical isolation, low self esteem and depression, in a 'destructive' group of friends and may have been bullied. A number of other young people, both male and female were noted as presenting with mental health issues such as self harming, early onset of psychosis due to cannabis use, social isolation, and attempted suicide, often as a consequence of parents separating or due to disruption in the family home.

Similarly, young people were identified to have both behavioural issues and mental health difficulties. These young people seemed to be lost in the gap between services, as psychological services might say the issue is behavioural rather than psychological and vice versa. Many young people with behavioural and emotional difficulties resisted assessment from mental health services due to perceived stigma, and often had learning related difficulties.

Educational Difficulties

Non school attendance, school transition difficulties and non school completion was a key area of concern. Young people noted as being particularly at risk were those that were either not attending school or those who had withdrawn within school and who might be being bullied. It was noted that it was particularly important to try and build relationships with these young people in order to maintain school attendance.

Similarly, another group of young people who were often noted as being overlooked were those who had difficulty in transitioning from Primary School to First Year Secondary School. These young people would often withdraw, present with depression, and become socially isolated. However, they were seen to obtain very little input from services as they had few behavioural issues. If they attended a GP regarding their withdrawal then they may get medicated but do not receive counselling support, and then often they stop attending school. They often do not have an adult who is interested in them, or in whom they can confide.

Young people who are not attending school, who were receiving suspensions, or who are only minimally attending (i.e. signing in and then leaving) are also at risk of falling through the gaps. These young people are often out of the reach of the education welfare co-ordinator as they are over 16 years. Many of these young people do not complete school, and once they are over 16 years, it is difficult to return them to any type of education or activity.

Hard to Reach and 'at risk' Young People

A number of services described groups of young people in terms of being 'hard to reach', 'hard to engage' or 'at risk'. When asked to describe the characteristics of such young people, the following descriptions were provided.

There is a category of 'hard to reach' young people (15+) who are difficult to engage with projects or programmes in the community. They tend to hang around the streets and public buildings a lot and require services to go out to them where they are at. 'Hard to engage' young people can be described as those who are out of the school system and are in the Juvenile Justice system and whose behaviour is 'out of control'. The behaviours of these young people often start in primary school. By the time they are 13-15 years old their parents are unable to manage them at home, and they hang around the streets and become involved in crime. Young people who have drug dependence issues and who are living between accommodation often have difficult behaviours and no support at home. 'At risk' behaviours could also be categorised as being out of school, disengaged with everyone, engaging in risky sexual behaviour (males and females) and drinking. These young people may have been in contact with HSE. Because it is difficult to engage with these young people, it is also difficult to prevent their behaviours from deteriorating further.

Social Exclusion and Ethnic Minority

A number of other groups of young people were mentioned during the consultations as potentially benefiting from a YAP type intervention. Ethnic minority young people, including young asylum seekers, separated children and young people from new communities were noted as being especially vulnerable and potentially socially isolated. Young people from a Traveller background were specifically highlighted as a group of young people that could benefit from a culturally appropriate intervention. It was recognised that both ethnic minority and Traveller young people could be included in other groups and mainstream categories for intervention. However it was also strongly felt that these groups needed to have their ethnic background acknowledged within any intervention.

Teenage mothers were identified as a group of young people who may benefit from additional support. Whilst it was acknowledged by service providers that it was not a particularly large group, many young mothers had little support. This was particularly so if they came from a disrupted family environment, and if the father of the child (if known) was not supportive. Lack of childcare in order for the young women to continue with their schooling was noted as a distinct barrier.

Young people in a residential care setting aged 10-13 years who displayed challenging, or violent behaviour in the residential unit were noted as a particularly excluded group of young people. Violence in the care home was often directed toward staff and other young people, which in turn resulted in involvement with the Gardai. Intervention and access to services for these young people was often difficult unless the young person ended up within the Juvenile Justice or Criminal Justice system. However, some services were not provided to young people until probation.

It was noted through the consultations that there is a group of 15-16 year old separated children who have been in the country over twelve months, but who are still very unstructured in their activities, education and daily life. They become very withdrawn and frustrated and seem to have access to few services. It was noted that considerable effort is made to help separated children at the beginning of their time in Ireland to settle in. However, additional assistance is required for these young people who remain unstructured. It has been observed that this group of young people do not know what to do with their time and begin staying away from their accommodation and hanging around the city centre.

Similarly, another vulnerable group noted included aged out separated children seeking asylum who are 17-21 years old and are leaving the HSE SCSA social work team. It was noted that a number of government policy decisions and structures prevent some of these young people from experiencing a positive transition from care. These young people are characterised by the uncertainty they have about the future, and often have a lack of social support. There are around 60-100 young people in this situation at any one time

6.2.2 Service Provision – Perceived Strengths and Gaps

An important part of the community consultation process was gathering information regarding perceived service provision strengths and gaps. The four categories that were utilised in the previous section are used again here. In doing so, it separates out where the strengths and gaps are in relation to service provision for these target groups.

Mental Health

Access to counselling services for young people, stigma of mental health issues and waiting lists predominated the discussion regarding the strengths and challenges presented to services in this category.

It was acknowledged that Teen Counselling in the Dun Laoghaire area provided an excellent service. However, many people in the community found it difficult to access due to the lengthy, often 6 month waiting list. Similarly concerns from a number of people arose regarding young people attending Cluain Mhuire or Lucena clinics for psychological services as they required a parent or guardian to attend the appointments with the young person. The distinction between mental health and behavioural issues was difficult for all services involved, and caused frustration for both mental health and community services as there is a lack of services that work with behavioural issues in adolescents.

Young people often chose not to attend mental health services, especially if they had to go to a clinic or outpatient department in a hospital due to the perceived stigma associated with doing so. Young people were reported to be afraid of the stigma associated with going to a psychologist or counsellor, and it was reported to be one of the main barriers for young people participating. Therefore a number of mental health issues in young people remain undetected or untreated, or only treated by the GP in a small number of cases. If young people do choose to attend such services, often by the time their name comes up on the waiting list, due to the length of time lapsed, they often again refuse to attend.

A suicide prevention project was reported as starting in Co. Wicklow. This was perceived as a much needed service and may help to work with a number of young people who are socially isolated or engaging in self harming behaviour.

Educational Difficulties

Current service provision strengths in relation to school completion, school transition and non-school attendance include: engaging young people in small group learning such as the Futurama project in Dun Laoghaire, and utilising creative methods of maintaining young people in education even when they have been excluded from mainstream school. Garda diversion programs such as the LAB project in Loughlinstown provided examples of working with young people who had been involved in the Juvenile Liaison Officer scheme, and who had also been excluded from mainstream school. The VEC summer school for separated children was seen as an excellent support for young people in order to provide educational and activity based learning as well as social integration and meeting peers from similar backgrounds.

Gaps in service provision were especially noted for young people who are undertaking the transition between primary and high school. Many of these young people need extra support during their first year or they drop out of fall behind in subsequent years. Absence at school was suggested to often be symptomatic of what was going on at home.

Similarly, young people who have serious behavioural problems at school, for example those with ADHD are often left to fall between the gaps, particularly if they have a disrupted family background and they have stopped attending school. These young people are generally 13-15 years of age. They may not have been referred to any service, and they may not have ever had a proper assessment of their needs or issues. This is particularly so if they do not end up in the Juvenile Justice system or in the care of the HSE. Assessments by educational psychologists through the schools are impossible to obtain, and too expensive for most parents to source independently. Family support services may not be available in their area, or, due to the absence of an assessment for the young person, the family may not have been referred.

'Hard to Reach' and 'At Risk'

It was generally agreed that hard to reach, hard to engage and at risk young people needed services and workers with particular skill sets to engage with them. It was noted that these young people required someone such as a youth

worker to work on the streets to engage with the young people 'where they were at'. It was acknowledged that these young people are more likely to engage with someone on a one-to-one basis rather than through a traditional or mainstream setting such as a school. Services such as JLO schemes, Garda diversion projects, Youthreach, and youth services are able to provide such intervention on a small scale. However, these services do not have the time resources to commit to the young people in order to build a sustaining relationship.

Ethnic Minority and Social Exclusion

A number of service gaps exist for young people who are from an ethnic minority, Traveller background or who are socially excluded. However it is important to acknowledge examples of programmes that are providing good support to young people in these communities. An excellent programme for young women from a Traveller background is based in Loretto School in Bray. Students from a Traveller background in Loretto school work with mentors from their community who have finished school and they come into help with a homework group. This programme has encouraged a number of students to complete their Junior Certificate and remain in school for 5th and 6th year.

It was noted that Separated children require a befriending program with people not only in their own community, but people from the Irish community. Separated children can be isolated if they are just linked in with people in similar circumstances to them (i.e. asylum seekers who have uncertainty about their own future). Separated children require links with people who have permanency in Ireland, and something that can be developed over the long term, rather than being time limited to 6 or 12 months. It was acknowledged that it takes these young people a particularly long time to build trust.

6.2.3 Perceived Strengths and Challenges of a YAP Programme

This section specifically notes the strengths and concerns of the community consultation members regarding the implementation of a YAP service across the LHA's.

Strengths

The overwhelming majority of people consulted in the community about the implementation of a YAP project were very positive about its potential. When enquiring specifically about the strengths they perceived the YAP model had, the

community consultation comments fell into two main categories – interagency practice and the YAP model of intervention.

Interagency Practice

Without exception, the community consultation group extolled the strengths of interagency and inter disciplinary working. In all of the LHA's there is already established good interagency networks and committees. Many services have interagency management committees, referral groups, advisory committees, social inclusion networks, youth task forces, and transition support groups to tackle specific youth related issues. The majority of services noted positive links with the HSE social work teams, and especially good working relationships with family support projects and Springboard services. It was widely acknowledged that the only way to effectively work with young people and families with complex issues was to work within an interagency framework.

The only negative comments regarding interagency and interdisciplinary working related to communication difficulties that arise between agencies from time to time. Access to social workers and social work departments by telephone was noted as a difficulty on occasion.

An important point that was noted by the Bray Partnership following a consultation project with young people in the area, was that it is important to ask the young people regarding the implementation of a new service and have them part of any service plan.

YAP Model of Intervention

A number of strengths were noted in the YAP model of intervention. A key strength of YAP was perceived to be if the project was flexible enough to be able to support young people it was working with 'where they were at' both emotionally and geographically. The intensive nature of the work with young people who require greater contact hours than a social worker or youth worker could provide, and especially the work and availability of YAP advocates out of hours was seen as a significant strength. It was acknowledged by a Traveller specific service that it would be great to recruit people from the Traveller community as advocates for the Traveller young people, and they would support such a process.

A number of services were concerned about the intervention ending after 6 months of intensive work, especially if the young person was already disconnected and 'so far out of the system'. It was suggested that the strength of

a YAP intervention could be enhanced if the young person and family were already working with a family support agency, and an assessment of need could be drawn from that baseline. It was suggested that YAP would then work in conjunction with the family support service and do the intensive phase of the work with the young person, and then the family would have a secure service base to fall back on once the intervention was over. It was noted by a number of agencies that a core link would need to be made by YAP with a local community development or family support agency.

It was perceived by a number of people that the long term strength of YAP lies in intervention at the family support end of the spectrum to build capacity and resources in young people and their families in order to prevent breakdown. It was suggested that if the YAP programme was targeted toward some of those families that often fall out of the 'high' end of service provision, it could be a great long term success.

Concerns

The respondents to the community telephone consultations were asked to express any concerns they may have about a YAP programme being implemented in their area. The response generally was very positive, in that no major concerns were raised. However a number of issues were highlighted that fit into two main areas relating to the referral criteria for YAP, and support and training for the YAP advocates.

Referral Criteria

The most frequent concern raised by the community consultation participants was regarding the referral criteria, the prioritisation of referrals and indeed the agencies allowed to refer to the program. More specifically within this, they wanted clarification on the difference of YAP to the Extern service currently operating within the area. There was a perception in the community that significant resources went into a small number of young people in the high support/ special care category, rather than for young people in the community. Some in the community consultation posed the question regarding the need for an additional service, and suggested that the only 'gap' in service provision was lack of co-ordination and oversight at an interagency level. It was suggested that the development of interagency guidelines in relation to roles and service provision may assist in ameliorating some of these concerns. It was also noted that YAP would need to clearly define its role and do so in terms of adding value to the other services in the area. YAP would need to have a strong relationship with the local community development worker, the youth service, education, social work, family support, springboard and other key services in each area.

These agencies and YAP in conjunction with the HSE need to clearly know how roles are defined and how they work with rather than against each other.

Decision making in relation to the prioritisation of referrals for the YAP programme emerged as a key discussion point. It was noted that the HSE would need to look at similarities and differences in Extern and YAP services to distinguish why an agency or social worker would refer to one and not to the other. These criteria need to be clear for all of the services who are either going to refer to, or work with young people and families who might be on the YAP programme. It was perceived that Extern had a waiting list that was dominated by Social Work referrals of young people who may have also been referred to many other services. It was perceived that a number of young people in the community who could benefit from an Extern service might be missing out because of this. Therefore, it was suggested that the target group for referrals to YAP include specific groups of young people in the community as well as those in the care of the HSE.

It was suggested by many that a referral committee be established in order to prioritise referrals and ensure equity of access across the areas. It was proposed that the HSE should build a referral committee that included at least one or two agencies in the community that work with young people and families. The function of this committee would be to prioritise referrals, review referrals and monitor progress of those on the YAP programme regarding extensions.

There would have to be great care taken in referring separated children to a programme such as YAP due to their history of loss and abandonment. The concern would be that if the YAP worker has such an intensive relationship with a young person who has little or few networks in Ireland (and often no positive adult other than the project/social worker), that if the advocate left after 6 months of intensive work, then the young person is experiencing major loss and abandonment again. This would be particularly so if they were very psychologically vulnerable. All separated children are going through a grieving process, with their primary issue of loss, the concern is what will happen to those young people when the programme ends. Sometimes separated children sometimes need very practical help and assistance with basic issues such as living skills, telling the time (if they come from a rural farming background), negotiating public transport and so on. An advocate to help negotiate some very practical living skills might be useful, however would have to set the parameters clearly.

Concerns regarding working on an interagency basis were limited to making sure that professionals did not have different agendas when working with the young person and family. The high turn over of social work staff in most teams

was noted by a number of community agencies as a concern for both the young person and the agencies in terms of working collaboratively. Concern was raised by a small number of services regarding ensuring the voluntary nature of their service remained. Specifically, they did not want a requirement placed on the young person to attend against their will and in doing so, compromise the philosophy of their service.

Support and Training of Advocates

The majority of people within the community consultations saw great strength in recruiting members of the community to be advocates for the young people. However, there were a number of concerns that were noted especially in relation to training and support of advocates in a general sense, and in a more specific context with separated children.

It was noted by many that the skill levels of the advocate workers would need to be high in order to work with the more complex young people and families. The advocates would need to have the ability to advocate, work with a variety of agencies and engage with families as well as the young people. Concern was expressed regarding the level of training of advocates would receive to be able to handle some of the complex issues and disclosure of the young people. A number of people were particularly concerned regarding the level of support and supervision of the advocates, especially out of hours.

Similarly, in terms of SCSA, it was noted that advocates would need a good level of training regarding cultural issues when working with separated children. YAP as an organisation would need to be aware of the circumstances of separated children in order to not make assumptions about them or about their support networks (or lack of them). The advocates would have to have high cultural competency and be aware of issues such as child trafficking and specific risks when working in a mentoring capacity with these young people. Building trust with these young people takes a long time, and often they are trying to live two lives, so the expectations of the advocates in terms of trust would need to be realistic.

6.3 Chapter Summary

This Chapter has presented the findings from the data gathered in the community consultation telephone interviews across the three LHA. Firstly the findings regarding additional target groups that might benefit from a YAP intervention were presented. These groups of young people were thematically organised under the headings: mental health concerns, educational difficulties, hard to reach and 'at risk', and ethnic minority and social exclusion. Perceived

strengths and gaps in service provision for these four groups were then discussed. A summary of key findings from the data regarding these four groups is presented below.

- The main characteristics of young people described under the heading of 'mental health concerns' included: self harming, attempted and completed suicide, depression, low self esteem, and, experience of being bullied. In addition, a group of young people with both significant emotional and behavioural issues was identified.
- Access to counselling and psychological services due to lengthy waiting lists was the difficulty reported most often in obtaining intervention for this group of young people. In addition, due to restrictive referral criteria, accessing a service for a young person with both emotional and behavioural issues was especially difficult. Young people often resisted intervention by mental health and counselling services due to perceived stigma, and this was especially so if the service was located in a clinic or Out Patient Department.
- Young people with educational difficulties were characterised by non-school attendance, non-school completion, sporadic attendance, and transition difficulties between primary and secondary school. In addition, a group of young people were identified who withdrew within school, exhibited signs of depression, and became isolated, perhaps as a result of being bullied.
- Young people for whom mainstream schooling was not working, were reported to have benefited from small group education projects such as Youthreach services or the Futurama project in Dun Laoghaire. Access to educational psychologists or to educational assessments, was reported to be a large gap in obtaining adequate services for this group. A dearth of support was noted for young people transitioning from primary school to secondary school, which was perceived to add considerably to the risk of these young people dropping out of school.
- A group of young people were identified as being particularly hard to engage with, and who displayed behaviours that put them 'at risk'. Such behaviour included substance misuse, violence at home and with peers, and risky sexual behaviour. A number of these young people were involved with the Juvenile Justice system, out of school, and 'out of control' of their parents.
- It was acknowledged that these young people required an intervention that was structured on a one-to-one basis, and that could be developed over time. Garda diversion projects, Juvenile Liaison Officers, and Youth Workers were reported to be working with this group of young people, but did not have the time resources to build a one-to-one relationship that would facilitate change.

- Socially excluded and ethnic minority young people identified in this study came from the following groups: teenage mothers, asylum seekers, separated children, young people from new communities, Travellers, and refugees.
- Culturally appropriate intervention for all young people from ethnic minority or socially excluded backgrounds was acknowledged as an important service priority. Current projects providing good support to this group include an educational mentoring programme for Traveller girls in Bray, and the Vincentian Refugee Centre in Phibsboro. Service gaps included a befriending programme for SCSA in order to build lasting links with the Irish community.

Community informants perceived strengths of the YAP model included interdisciplinary and interagency practice, which was seen to compliment the existing service structures and established working arrangements of many agencies. Flexibility of working hours, the intense nature of the intervention, and the capacity to work with young people and families at the 'family support' end of the spectrum were considered to be clear strengths of the YAP model. Perceived concerns arising from the community consultations centred upon issues regarding the referral criteria to YAP, and the support and training of YAP advocates. Concerns regarding referral criteria for YAP included: prioritisation of referrals, access to making referrals for community agencies, and the development of a referral criteria that distinguished the YAP service from Extern. In addition, concerns regarding adequate levels of supervision and support for advocates emerged. The need for cultural competency training for advocates was highlighted, especially in regard to ethnic minority groups and the context of SCSA. However, despite these concerns, the community consultations were very positive, and demonstrated a great deal of support toward the implementation of a YAP programme within the HSE.

Chapter Seven – Themes and Recommendations

The central purpose of this study is to provide background data and analysis to inform the implementation of a YAP programme spanning the three LHA of Dublin South East, Dun Laoghaire, and Wicklow. A number of objectives were established in order to achieve this task, all of which have been met via the use of a range of research methods. A series of themes, issues and questions emerged from the findings which directly related to the planning of a YAP programme. These are discussed under the following three headings: Target groups, Location, and Implementation. The section entitled Target groups, relates to a discussion regarding the development of key referral groups for the YAP intervention, and proposes a framework for considering this issue. Secondly, the section regarding Location, briefly considers factors to do with the location of a proposed YAP service. Finally, the Implementation section provides recommendations on how key elements of the YAP programme might be established within the three LHA's in this study. It must be stated from the outset that given the limited budget for the proposed YAP service, the implementation of such a service will not address all of the shortfalls in service provision raised in this report. Specifically, a YAP programme is not going to be able to fill gaps in service in relation to access to crisis placements, or ongoing care placements. Similarly it is not going to be able to address deficits in care arrangements and social work allocations for SCSA.

7.1 Target Groups

An important objective of this study was to develop a profile of young people toward whom a YAP intervention could be targeted. The HSE YAP steering group provided baseline criteria to guide the data collection process in terms of seven target groups that had been used in previous YAP programmes. In doing so, an objective of the study was to see if such target groups were applicable to the young people within the three LHA's under consideration. The findings of this study demonstrated that a group of young people were identified under each of these seven target groups within the LHA's in this study. However, in addition to these groups, a further four groups of young people were identified as being outside of the YAP target groups, and outside of the referral criteria to other services. Therefore, a number of possible options regarding the prioritisation of potential target groups for the YAP programme emerged, which are discussed below.

On the one hand, considerable emphasis was placed by social work teams and community consultation members toward a YAP intervention being targeted at

the high need family support end of the care spectrum. This could be argued convincingly in terms of the numbers of child welfare reports received by all social work departments, and the main reasons identified for those child welfare reports being: children with emotional and behavioural difficulties, and parents inability to cope. In addition, the numbers of young people aged 10 and over, known to the social work departments, and placed in the family support category in the profiling questionnaire, constituted the second highest number overall. Similarly, in the telephone consultation findings, a number of people described an absence of intensive, high-end, family support services targeted toward adolescents and their parents. It could also be argued that by targeting a YAP intervention toward this group of young people, that the risk of them entering care due to family breakdown may be significantly reduced.

In a similar way, a number of young people identified as being at high risk of family breakdown in the study, when viewed within a family support framework, might benefit from a YAP intervention. This argument is founded in the characteristics of the young people and families noted in the family breakdown category, and the service gaps discussed within this area, namely limited access to high-end, intensive, family support services. Likewise, a lack of access to family support programmes was recorded as the largest service gap for young people in alternative care, for whom reunification with family members was anticipated. A service such as YAP could assist in the transition between alternative care and a family placement for young people in this category. Alternatively, by expanding the referral capacity of existing family support projects, or establishing additional high-end family support services within the LHA's may provide for the needs of this cluster of young people.

In contrast, the data from the research findings could also be steered toward arguing that young people in long term care be the primary target group for YAP. The long term care category emerged as the total largest group identified in the study when the SCSA were included in the count. However, once the SCSA were accounted for, it became the second largest category of mainstream social work clients. Many of these young people were noted as not being likely to return to their families, and required additional support in transitioning through care, and into the community. Considerable discussion by the social work teams regarding this category of clients centred upon issues to do with preparing the young person for aftercare. In such case, a YAP intervention to assist a young person transitioning from care into the community, in order to bolster linkages and create lasting social support networks for them could have merit. However, in doing so, this might compromise the development of the proposed aftercare service, and lessen the responsibilities of the social work teams within the HSE LHA's to perform this function. Additionally, the skill sets of the YAP advocates might not be suited to working with young people in an aftercare context.

Within the long term care category, a significant proportion of young people were Separated Children Seeking Asylum (88.8%). This group of young people were characterised by their isolation, deficit of services, absence of family support, and lack of adult role models. The social work team for SCSA saw considerable potential for the YAP programme to work with some of the young people in their service. However, in saying this, community consultation data regarding SCSA warned of the possible dangers of allocating a YAP advocate to work intensively with a SCSA for a six month period. This was in relation to the potential risks of reawakening issues of abandonment and loss, through the withdrawal of a significant adult role model at the end of the intervention. Despite this, the SCSA were noted as a group of young people who would benefit from an 'adult to bear witness to their lives', and as such, required equity of access to the YAP service.

It could also be argued that young people in high support and special care placements could benefit from a YAP intervention. This was especially true if the timing of same coincided with a step-down process from high support care to mainstream care. Evidence of YAP being utilised to prevent referral to high support care, and assist during a step-down process from secure care to mainstream care was provided in both the Northern Area and WHB YAP evaluation studies. Despite this, a perception exists within the community, that young people at the 'high end' of the care spectrum are well catered for in terms of services, with the belief that significant amounts of resources go into small numbers of young people. It can be seen how this perception may form, with only nine young people (3.6%) in this study noted primarily in the high support/special care category. In a similar way, only seven young people (2.8%) were recorded primarily in the placement breakdown and multiple placement category. This group of young people were likewise perceived to be utilising significant resources from the social work teams and the community, in order to try to maintain such placements. Even so, an argument remains for the use of a YAP intervention in a preventative capacity with this group, in order to maintain a placement, or assist in the transition between placements, to try and prevent further breakdown.

The YAP programme was originally designed to provide a service for 'out of control' young people, who were simultaneously involved with both Social Work and Juvenile Justice services. The findings of this study demonstrate that only a minimal cohort of such young people exist within the LHA's studied, with only 12 young people (4%) reported in this category. It could therefore be argued that this cohort should not be a high priority target group for YAP intervention, that they be prioritised accordingly in the implementation of this service. It is acknowledged that this argument runs counter to the original design of the YAP program. Similarly, young people who were reported to be homeless or at risk

of homelessness constituted only 4.5% of the total number of young people in the study. Findings from both the social work focus groups and the telephone consultations with services in the community, recommended that this target group of young people receive a lower priority than other groups in the study.

One way of answering the question relating to who should be included in the target groups for YAP, would be to engage in a crude ranking exercise based on the quantitative data collected. If this was the case, then the following rank of target groups, based solely on the data of young people known to the social work teams, would apply.

Rank	Target Group
1.	Long term Care (including SCSEA)
2.	Family Support
3.	Alternative care and reunification
4.	Family Breakdown
5.	Homeless
6.	High support and special care
7.	Placement breakdown and multiple placement

Table 7.1 – Target group rankings

Potentially, a more useful way of placing a conceptual framework around the results from this study regarding potential target groups for a YAP intervention, is to return to Hardiker et al’s model. It was acknowledged in the study that the seven established target groups were not mutually exclusive, and that young people may belong to one or more groups. The data in this study demonstrated two clear clusters of need, both of which are appropriate for a YAP type intervention based on the model presented in Chapter 3, and its theoretical underpinnings. Firstly, there exists a group of young people who are drawn from the high-end of the family support, and family breakdown categories who require additional intervention. These young people and their families, when placed within Hardiker’s family support framework, fit in the gap between the higher end of Level 2 intervention, and the lower end of Level 3 intervention. They are usually in the care of their families, however may also be known to the child protection services. They require more than a short term early intervention service, but are not at imminent risk of family breakdown.

The second cluster of young people identified were drawn from the long term care, alternative care and reunification, high support/special care, placement breakdown and multiple placement target groups. When placed within

Hardiker et al’s framework, they fit in the gap between the high end of Level 3 intervention, and the lower end of Level 4 intervention. These young people are most likely not to be in the care of their families. This group may require intensive intervention in order to support the young person in their journey through care, to assist in a transition from high support to mainstream care, to work towards family reunification, or to preserve and support a placement within care. Whilst it remains to be seen what the HSE intends to do regarding the provision of a YAP service for SCSA, it is within this second cluster that their needs should be considered. These two possible target groups for YAP intervention are noted in the following figure which is adapted from Hardiker et al’s model (1991).

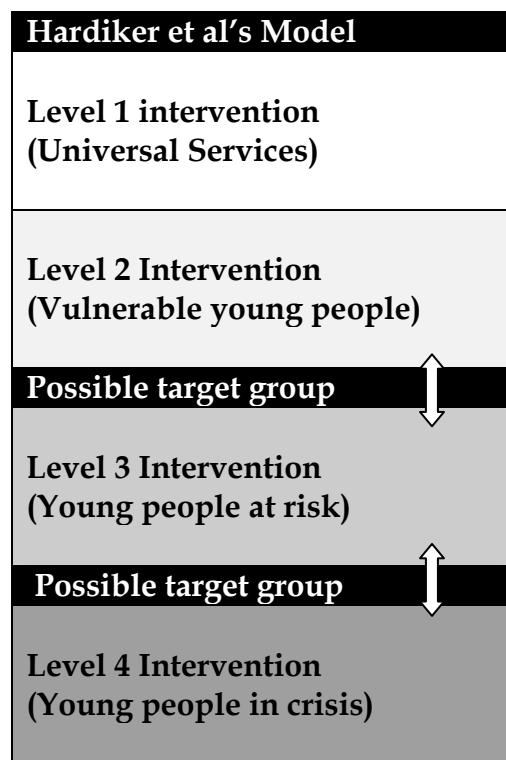


Figure 7.1 – Hardiker et al’s Intervention Framework - Adapted

However, utilising this framework in isolation potentially negates the value of the qualitative data obtained from the community consultations in relation to referral target groups. It has already been noted that the seven target groups utilised within this study were not mutually exclusive, with clear overlap identified within and between groups. So, in addition to the two potential referral groups, based on Hardiker’s model, and developed from these seven categories, a further four groups outside of these were identified. These groups

of young people were perceived to be outside of both the YAP target group referral criteria, and beyond the referral criteria of existing services. The four additional groups relate to young people with mental health concerns, educational difficulties, hard to reach, and ethnic minority or socially excluded young people. It could be argued that a useful way to assess the priority of a referral for a young person to the YAP programme may be to undertake a two-step process. Firstly, it may be beneficial to ascertain if a young person fits into one of the two proposed target groups in the Hardiker framework. Secondly, it might be useful to evaluate the referral by considering the following screening questions derived from the needs presented in the four additional target groups. These screening questions are designed to focus the referral to YAP around key areas that may identify young people who are falling outside of current service provision (Table 7.2).

Group	Screening Questions
1. Mental Health	<ul style="list-style-type: none"> • Does the young person present with mental health concerns? • Are they able or willing to access a mental health service? • Do they present with both emotional and behavioural difficulties?
2. Educational difficulties	<ul style="list-style-type: none"> • Does the young person have educational difficulties? • Are they attending any form of education or training? • Has the young person transitioned between primary and secondary education positively? • Is the young person withdrawn in school or being bullied?
3. Hard to reach	<ul style="list-style-type: none"> • Does the young person present as being ‘hard to reach’ or engage in services? • Does the young person respond to one-on-one interaction? • Is the young person out of touch or unwilling to access mainstream services?
4. Ethnic minority and social exclusion	<ul style="list-style-type: none"> • Does this young person come from an ethnic minority, new community, or Traveller background? • Is this young person being socially excluded or discriminated in any way? • Are there any culturally appropriate services for this young person?

Table 7.2 – YAP referral Screening Questions

It is anticipated that these ‘screening’ questions, when applied to the young people in the two possible target groups from Hardiker’s model, would result in the identification of the individuals within each group that would most likely benefit from a YAP intervention. This process is outlined in Figure 7.2 below.

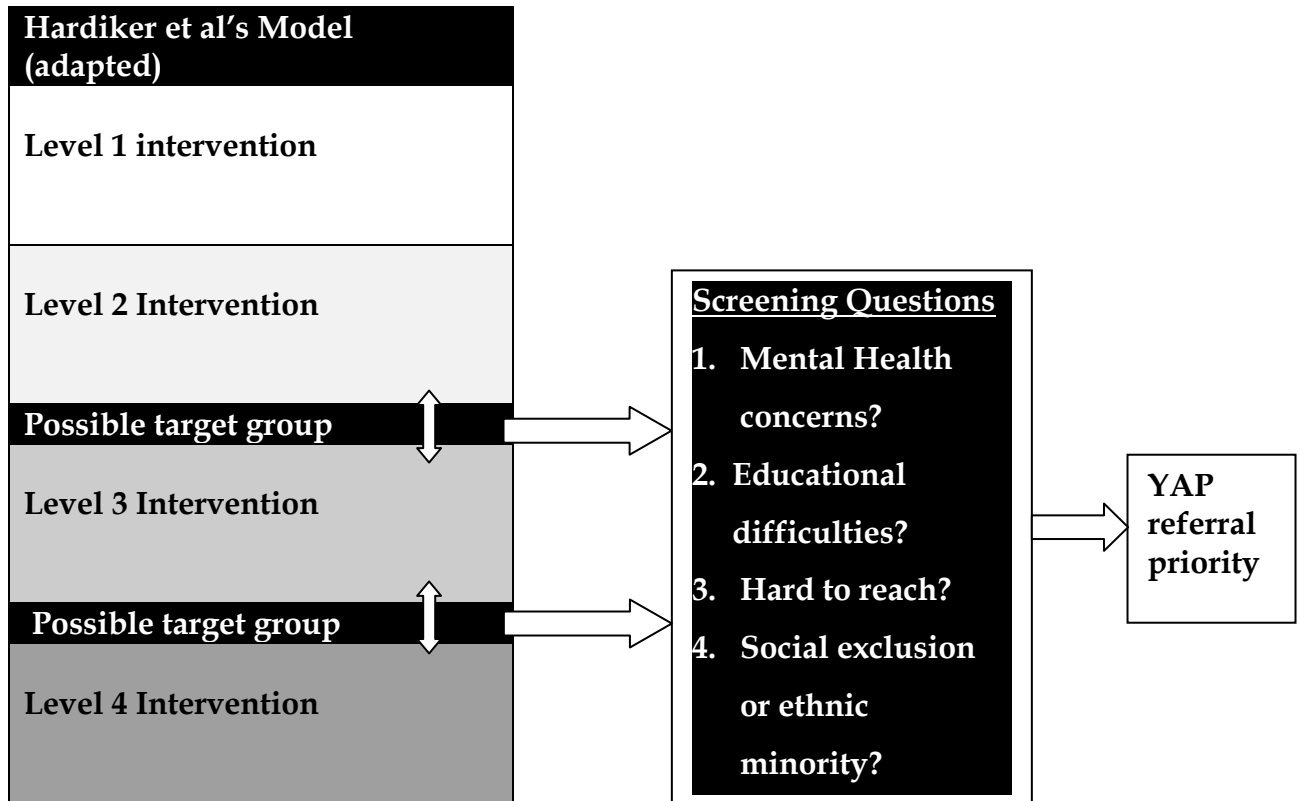


Figure 7.2 – Proposed YAP referral framework

The proposed YAP referral framework provides just one way for the YAP steering committee to consider the establishment of a referral criteria for the programme in the three LHA’s in this study. Figure 7.2 reflects inclusion of both the family support and long term care clusters in its framework. However, alternatives exist. For example, in order to ensure that there is no duplication in service provision, and distinguish YAP from the Extern service, the referral criteria for YAP could be developed based on just one of the clusters, perhaps the 2/3 level, leaving the 3 /4 level cluster to the Extern service. Consideration might also be given to initiating a joint referral procedure for both YAP and Extern referrals in order to identify the most appropriate service for the client. This procedure is currently in place for the Limerick City YAP programme. However, if this option was chosen, consideration would need to be given to

clients of the SCSA service, as they currently do not have access to the Extern programme, and would be excluded from the YAP service under this criteria. An additional option in the establishment of the basis of a YAP referral criteria would be to focus on the four alternative categories that emerged from the community consultations. However, the important point is that any final decision will require negotiation between key HSE and other stakeholders.

7.2 Location

The geographical territory of the three HSE LHA’s in this study is vast, and spans both rural and urban settings. Similarly, the young people in the care of the three LHA’s were located in all parts of Dublin City, Co. Dublin, Co. Wicklow, and extended well beyond the boundaries of the HSE area. Considering the placement of a YAP office within this area requires the examination of a number of issues. The anticipated size of the YAP programme, based on the allocated funding, would not allow for three separate offices to be established across each LHA. This would not be anticipated to be the ideal option due to the potential for fragmentation across services to exist, even if it was possible within budgetary constraints. In addition, service location issues did not emerge as an imperative factor in the findings of the study. However what was perceived to be important included the following:

- That the service would be able to meet with young people in their own locality.
- That young people would not have to travel to Dublin to receive a service.
- That YAP workers would establish strong links with the HSE and the services in the local community.

Therefore, the placement of the YAP service geographically was not seen as a crucial factor in the implementation of YAP for the three areas. In which case, it is recommended that the most economical and easily accessed location be utilised.

7.3 Implementation

In line with the final objective of this study, the following recommendations relate to key areas regarding the implementation of YAP in the three LHA’s under consideration.

Referral Procedure and Prioritisation

- That the HSE YAP Steering committee decide on a criteria for where YAP referrals can be taken from. This should include both the source (i.e social work, and/or community groups) and the prioritisation of referrals (i.e young people in care, or in the community). The place of the SCSA in the referral criteria needs to be established at this time.
- That consideration be given to the establishment of a joint referral procedure for both YAP and Extern referrals. Such a procedure has been undertaken in the Limerick City YAP project, and consultation with relevant personnel regarding this aspect of service would be recommended.
- That an interagency referral committee be established in order to prioritise YAP referrals. Representatives from the Social Work Team for SCSA or other services working with ethnic minority or socially excluded families should be included on the committee.
- That a clear referral criteria is developed that distinguishes YAP from the Extern Janus programme. Given the co-existence of both programmes, it is recommended that the YAP steering group consults with HSE colleagues from both the Northern Area YAP project, and more recently from the Limerick City YAP project regarding options for managing both YAP and Extern referrals. This could be part of a wider discussion between both parties regarding issues for consideration in the development of a Service Level Agreement between the HSE and YAP.
- That a criteria is established outlining the process of attaining an extension of the YAP intervention for a young person

Interagency Protocols

- That Interagency guidelines or protocols regarding access to client information for YAP advocates be established prior to the commencement of referrals
- That communication protocols and expectations of the role of agencies in the Child and Family Team (comprising of parent, young person, and service providers) are clarified at the outset of each intervention.
- That Individualised Service Plans for each young person must be developed and distributed as soon as possible after the wraparound meetings.

Step Down/Continuity of Care

- That planning for post YAP intervention must occur at each wraparound meeting.

- The Child and Family Team must plan for and take responsibility for services and support of the young person post YAP.
- That agreements regarding post YAP services form part of the goals in the Individualised Service Plan for the young person and family

Equity of Access

- That the HSE steering group must ensure that the four social work teams in the three LHA's have equity of access to the YAP service. The agreed referral protocol and prioritisation process must be transparent to all referring agents.
- No young person should be excluded from being referred to a YAP service based on their geographical location or that they are a SCSA.

Intervention Integrity and Evaluation

- That clear records be maintained by YAP advocates, and by the agencies involved in the child and family team in order to be able to meaningfully evaluate the service and ensure intervention integrity.
- That young people, families and service providers complete an evaluation process at the end of each YAP intervention.

Participation

- That young people are consulted in terms of the organisation and running of their wraparound meeting in order that they may participate in a meaningful way.
- That young people and families are consulted regarding their views of the implementation of a YAP service.

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APPENDICES

Appendix 1 – Social Work Questionnaire



March 2006

Dear Social Work Team Leader,

Thank you for taking the time to complete this questionnaire and assist in the research process.

Research purpose:

The purpose of this research is to identify and gather information regarding the potential target group for an intervention programme known as YAP (Youth Advocate Program) for your area. The YAP model was developed in the USA, and has been implemented in the West of Ireland and also in North Dublin. YAP is an intensive community based mentoring program which is designed on a 'wraparound' intervention model. An advocate is assigned to each young person for 6 months, with the aim of integrating young people into their communities by accessing formal and informal support networks.

The Department of Health has made some funding available to develop a YAP program in the Dublin Local Health Areas of Dun Laoghaire, Dublin South East and Wicklow. A steering group, chaired by Child Care Manager, John Quin, has been established to oversee the implementation of the YAP program this area. The steering group have commissioned this research to inform that process.

This research aims to identify and develop a profile of the young people in this region that would best benefit from a YAP type of intervention. In doing so, this research will be looking at current interventions currently accessed for the target group of young people, as well as examining where the gaps are in order to find out where YAP might fit best.

Research process:

The research process in relation to the social work service consists of two parts.

- Firstly, you are asked to complete a questionnaire in relation to the numbers of young people on the caseload of your team that fall into particular referral categories. This questionnaire is attached to this document.

- Secondly, I would like to meet with the Social Work Team Leaders and Principle Social Worker in each area to discuss the qualitative questions that are included in this document.

Research procedure:

- I would be grateful if you could review the current caseload of the team you are managing and fill out the questionnaire in relation to cases of young people aged 10 years and over that meet the criteria. If you are based on a duty/ intake team and you have a pool of cases that are worked on by the team, I would appreciate it if you could arrange that the information is only captured once.
- Please include clients who have been referred to your social work team but who are awaiting allocation or on a waiting list.
- I have written some guidelines for the completion of the quantitative part of the study in order to gain consistency in response across the areas.
- In relation to the discussion questions, I would be grateful if you could give them some thought in advance of our meeting together.

If you have any difficulties or questions in relation to completing the questionnaire, please do not hesitate to contact me either via email on leannerobinsnuig@eircom.net or on 091-495396.

Thank you for your time, and I look forward to meeting with you.

Leanne Robins
Child and Family Research and Policy Unit
NUI Galway



Social Work Team Leader Questionnaire

YAP Profiling Study for HSE

Local Health Areas:

Dublin South East
Dun Laoghaire
Wicklow

March 2006

Leanne Robins
Child and Family Research and Policy Unit



Instructions for completing the questionnaire:

Below you will find a brief overview of the YAP programme, as well as the referral target groups that have been used in previous YAP programmes. This has been done in order to provide some context for the questionnaire that follows. I also outline the categories that are being used in this profiling study, as well as provide guidelines in how to complete the tables in the questionnaire. I trust this will assist you in completing this task.

YAP client group:

The Youth Advocate Programme works intensively with young people in order to create long-term links for them within the community. Once a young person is referred, they are assigned a YAP 'advocate' from the community who works within a 'wraparound' model with other services and agencies within the community. The advocate would typically work with the young person for approximately 15 hrs per week in a variety of ways depending on their need (i.e. linking with schooling, activity based outings, guidance and support). The service is available to the young person & family twenty-four hours a day, seven days per week. The advocates work outside office hours, and there is an 'on-call' system for crisis intervention within the YAP service.

The referral target group:

The target group for YAP referrals are generally drawn from the following categories:

- *Young people attending family support day care services*
- *Young people referred to the Board under the terms of the Child Care Act 2001*
- *Young people at risk of family breakdown*
- *Young people at risk of becoming homeless (including out of home)*
- *Young people who are homeless particularly those who are not engaging with services*
- *Young people in alternative care placements (foster care, supported lodgings, residential units/homes, hostel) with the potential for returning home*
- *Young people at risk of placement breakdown*
- *Young people journeying through care (multiplicity of placements) but not returning home*
- *Young people at risk of entering special and high support care*
- *In addition, by agreement families, parents or carers may also be included as part of the case.*

Target groups for this research:

This questionnaire is structured around building a profile of young people within the above - mentioned target groups in your LHO area. The headings used on each of the pages of this questionnaire reflect one or more of the target groups. The headings and an explanation of how they are to be used in this research are as follows:

1. **Family Support** – This category relates to young people your team are working with who have been referred to a family support service, but who you believe would benefit from a YAP type programme. The young people in this category may be noted in subsequent categories (see ‘client’ section in the following guidelines on how to notate this).
2. **Family Breakdown** - This category refers to young people who are placed with their family, but where there is a high risk of their placement within the family breaking down.
3. **Homelessness** – This category of young people include those who are currently on the caseload of your team that are considered to be ‘homeless’ or at risk of becoming homeless. This category also focuses on homeless or ‘at risk’ homeless young people who are not engaging with services.
4. **Alternative Care Placements & Reunification** – This category refers to young people who are currently in an alternative care placement, but where the goal is for them to be reunited with their own or extended family.
5. **Placement Breakdown & Multiple Placements** – This category refers to young people who are placed in alternative care who are at high risk of their placement breaking down. This category will also capture those young people who have had multiple placements whilst they have been clients of the service.
6. **Long Term Care** – This category of young people are those that are currently in an alternative care placement, and for whom there is little or no likelihood of them returning to live with their own or extended family.
7. **Special Care/High support** – This heading relates to young people who are currently on the caseload of your team that are at significant or high risk of entering a special care arrangement or a high support unit. These young people may be living in an alternative care placement, with extended family, with biological family or within mainstream residential care.
8. **Overall ranking** – In this section I ask you to rank in order of priority, which group you feel are in greatest need of an intensive ‘wraparound’ community based service.

Guidelines for completing tables:

Provided below are some guidelines that should clarify what is required in each of the fields in the table. It may be useful to print this page out as a reference when completing the questionnaire. Please print or photocopy additional tables if required.

Client No.

Please provide sequential numbers for the clients you are referring to e.g. 1, 2, 3 etc. If there is a sibling group please number them in the following way – 1, 2, **3a, 3b, 3c**, 4 etc. If there is a client who fits a number of categories, please continue to use the same client number across tables (e.g. client number 6 in first table is then referred as client number 6 in subsequent tables). Please include clients on your *waiting list* by marking an asterisk (*) beside their client number (e.g 13*)

Age:

Please give the clients current age in years e.g. 15 years

Gender:

M or F

Geographical location:

Please identify the suburb or nearest town where the client lives (e.g. Ballsbridge or Rathdrum). In the case of young people who are classified as ‘homeless’ please note the location that they are most likely to be accessed in.

Living at home:

This category refers to young people who are living with their usual family/caregivers & are not currently in any type of care placement. Please answer yes or no.

Type of Care Placement: (if living outside of their family home)

Please describe their current placement, e.g. Foster Care, Extended Family; Mainstream Residential Unit; High Support Unit; Juvenile Justice System; Supported Lodgings, Homeless.

Type of Care Order: (if relevant)

Please note type of Care Order e.g. Voluntary Care; ECO; ICO; Full Care Order; Supervision Order, or Other (please explain).

Number of months in Care (if relevant)

Please note the number of months the young person has been in Care during the most recent episode

Number of placements in Care (if relevant)

Please note the number of placements the young person has been in during the most recent episode of Care

Juvenile Justice

Has this young person been involved in the Juvenile Justice system? Please answer yes or no.

Education/Training

Please note what type of education/ training the young person is attending. If they are attending none, please write ‘none’ in the box

Special care/ High support

7. Could you please complete the following table in relation to the number of young people your team are currently working with that could be considered at ‘high risk’ of entering a special care arrangement or a high support unit?

<i>Client No.</i>	<i>Age</i>	<i>Gender</i>	<i>Geographical location</i>	<i>Living at home (Y/N)</i>	<i>Type of Care placement</i>	<i>Type of Care Order</i>	<i>Number of months in Care</i>	<i>Number of placements in Care</i>	<i>Juvenile Justice</i>	<i>Education/ training</i>

Overall ranking:

Could you please rank in order of priority from 1-7 (1 being greatest need), the group that you feel are in greatest need of an intensive, community based wraparound service?

<u>CATEGORY</u>	<u>RANK</u>
FAMILY SUPPORT	
FAMILY BREAKDOWN	
HOMELESS	
ALTERNATIVE CARE PLACEMENTS & REUNIFICATION	
PLACEMENT BREAKDOWN & MULTIPLE PLACEMENTS	
LONG TERM CARE	
SPECIAL CARE/ HIGH SUPPORT	
ALL OF THE ABOVE	

PART 2

AREAS FOR DISCUSSION

Family Support

- What are the characteristics of these referrals?
- What services/supports are linked with the family/ young person?
- What are the strengths of the services for this client group, and where are the gaps?

Family Breakdown

- What are the risk indicators you are using to suggest family breakdown?
- What are the services that are being accessed to try to maintain the family?
- What are the strengths of services for this client group, and where are the gaps?

Homeless

- Please name the services that your team have attempted to engage the young people with.
- What are the strengths of the services for this client group, and where are the gaps?

Alternative Care Placements & Reunification

- What services or supports within the community are you trying to access, or work with in relation to supporting the reunification process?

- What are the strengths of the services, and where are the gaps?

Placement breakdown and Multiple placements

- What are the risk indicators you are using to suggest placement breakdown?
- What are the services that are being accessed to try and maintain the current placement?
- What are the strengths of the services for this client group, and where are the gaps?

Long Term Care

- If there has been a multiplicity of placements, what are the characteristics of placement breakdown?
- What services have you accessed for these young people in order to try to maintain their current placement?
- What are the strengths of the services for this client group, and where are the gaps?

Special Care/ High Support

- What are the specific patterns of behaviour/characteristics that would suggest that these young people are at risk of entering special care?
- What are the type and range of services that these young people and their families are currently accessing?
- What are the strengths of the services for this client group, and where are the gaps?

Appendix 2 – Telephone Consultation Schedule

1. The purpose of the research was explained.
2. A description of the YAP model and the seven target groups was provided
3. The following questions were asked (where relevant)
 - Please describe your referral criteria
 - Is this flexible?
 - Who are primary referrers?
 - Is there any other group that has not been included here, and is outside of other service referral criteria, that you believe would benefit from a YAP intervention?
 - Could you imagine your service working within a 'wraparound' model with a young person and family in a YAP intervention?
 - What would be the strengths of your service in doing this? Where would you imagine the difficulties or gaps being?
 - Could you imagine your service working with a young person and family after they have been part of a YAP program?
 - What would be the strengths of your service in doing this? Where would you imagine the difficulties or gaps being?
 - What are the perceived strengths of the YAP model in your view?
 - What are the concerns (if any) you would have regarding the YAP model?
 - What would you see as the perceived strengths of implementing a YAP programme in your area?
 - What concerns would you have (if any) regarding a YAP programme being implemented in your area?

Appendix 3 – Age and Gender Breakdown by LHA

Wicklow Local Health Area - Children in Care as of 31st December 2005 by Age and Gender

Age	Male	Female	Total
10	5	5	10
11	3	4	7
12	5	8	13
13	2	5	7
14	11	5	16
15	4	11	15
16	3	6	9
17	5	4	9
Total	38	48	86

Source - Interim Data Set 2005 (supplied by HSE Bray)

Dun Laoghaire Local Health Area - Children in Care by Age and Gender 31st December 2005

Age	Male	Female	Total
10	7	5	12
11	7	5	12
12	4	4	8
13	4	1	5
14	6	10	16
15	3	5	8
16	6	5	11
17	6	10	16
Total	43	45	88

Dublin South East - Clonskeagh SW Team - Children in Care by Age and Gender 31st December 2005

Age	Male	Female	Total
10	1	2	3
11	1	2	3
12	5	4	9
13	4	3	7
14	2	6	8
15	6	2	8
16	3	1	4
17	0	5	5
Total	22	25	47

Dublin South East - Separated Children's Social Work Team - Children in Care by Age and Gender 31st December 2005

Age	Male	Female	Total
10	1	0	1
11	0	0	0
12	0	1	1
13	1	1	2
14	1	2	3
15	11	9	20
16	30	19	49
17	46	41	87
Total	90	73	163

* Within this group it was noted that there were 16 young mothers and 17 babies in the care of the Board.

Appendix 4 – Western Health Board YAP Referral Criteria

Referral Criteria – Western Health Board YAP Project 2002	
1.	Young people at risk of entering special and high support care
2.	Young people at risk of becoming homeless (including out of home)
3.	Young people who are homeless particularly those not engaging with services
4.	Young people in alternative care placements (foster, supported lodgings, residential units/homes, hostel) with potential for returning home
5.	Young people journeying through care (multiplicity of care) but not returning home
6.	Young people at risk of placement breakdown
7.	Young people at risk of family breakdown
8.	Young people attending family support day services
9.	Young people referred to the board under the terms of the Children Act 2001
10.	In addition, by agreement families, parents or carers may also be part of the case.

Appendix 5 – Northern Health Board Reasons for referral to YAP

Referral reason from allocated Social Worker
Attempted suicide. Hangs out with older man late at night. Mother finds it hard to control him.
Coming out of care. Got 1 year in residential care. Didn't want to go home. Integrated slowly back home. There is a worry about arguments with his mother. Concerns about his emotional well-being. Involved in petty crime and drug use
Concerns about drinking and friends she was hanging around with. Robbed bike. Got warning from JLO. Coming home late and mother was concerned.
Needs encouragement with school, role model, hobbies and interests. An appropriate life
Involved in drug use, drinking, trouble with Gardai, fighting, trouble in school and family issues. Needed support
Involved in drugs. Not settling in school. Lot of family issues - mother very ill.
Just gone 14 and very vulnerable. Beginning anti-social behaviour and 2 occasions of shoplifting. Was hanging around with unsuitable friends.
Mother had difficulty coping with his diabetes. Was bullied locally and in school. Family support couldn't do anything. Link him in with other services. Advocate is female but mother wanted positive male role model for him.
Not attending school. Need for support within community. Age appropriate activity. Adult role model. Not getting structure at home.
Not in school – has been suspended. In trouble with police and is aggressive.
Out of school, involved in criminal activities.
To divert her away from drink and drugs. Gives her someone to hang out with. Some school problems.
To have someone to engage with him. He was involved in sexual abuse (with younger sisters).
She is starting to isolate herself and is very anxious. Some attachment issues
Was in homeless service but was too young and vulnerable. YAP got involved to provide positive female influence outside of residential unit. To fill free time positively.

Table 7.10: Reasons for referral to YAP (Comiskey, 2006:24)

Appendix 6 – Profiles of Young People in each Target Group by LHA

1. Family Support Category Questionnaire Data - Wicklow

Total	Age	Gender	Siblings
19 young people	Range = 10 to 17 yrs	9 Male	12 part of a sibling group
12 families	Average age = 13.4 yrs	10 Female	
Living at home	Care placements	Length of Care	Number of Care Placements
13 young people	Relative Foster Care = 3 Internal Placement* = 1 Extended Family = 1 Foster Care = 1	Range = 1 month to 12 years	Range = 1 to 12 placements Average placement = 1
Legal basis for Care	Education	Juvenile Justice involvement	Location
Ward of Court = 2 Interim Care Order = 3 Voluntary Care = 1	School = 15 Youthreach = 2 Out of school = 2	Known to Gardai* = 1	Wicklow = 6 Bray = 5 Rathdrum = 2 Arklow = 1 Avoca = 1 Glenealy = 1 Kilcoole = 1 Gorey/Wexford = 1 New Ross/ Wexford = 1

* Language used by respondents when completing the questionnaire

2. Family Breakdown Category Questionnaire Data - Wicklow

Total	Age	Gender	Siblings
23 young people	Range = 10 to 17 yrs	14 Male	13 part of a sibling group
16 families	Average age = 13.5 yrs	9 Female	
Living at home	Care placements	Length of Care	Number of Care Placements
16 young people	Extended Family = 1 Foster Care = 1	Range = 9 months to 12 years Not noted = 4	Range = 1 to 12 placements Average placement = 1
Legal basis for Care	Education	Juvenile Justice involvement	Location
Ward of Court = 1 Interim Care Order = 3 Not noted = 4	School = 17 Youthreach = 2 Traveller school* = 1 Out of school = 2	2 young people	Bray = 5 Avoca = 5 Wicklow = 4 Rathdrum = 2 Kilcoole = 2 Arklow = 1 Tinahely = 1 Aughrim = 1 Gorey/ Wexford = 1 New Ross/ Wexford = 1

*Language used by respondents when completing the questionnaire

3. Homeless Category Questionnaire Data - Wicklow

Total	Age	Gender	Siblings
12 young people	Range = 11 to 17 yrs	6 Male	1 part of a sibling group
12 families	Average age = 14.6 yrs	6 Female	
Living at home	Care placements	Length of Care	Number of Care Placements
6 young people	Relative Foster Care = 2 Internal placement* = 1 Private arrangements = 1 Supported Lodgings = 1 FF Ireland* = 1	Range = 2 weeks to 12 years Average length = 6 months or less	Range = 1 to 7 placements Not noted = 3 Average placement = 1
Legal basis for Care	Education	Juvenile Justice involvement	Location
Ward of Court = 1 Voluntary care = 1 Not noted = 2 N/A* = 2	School = 5 Out of school = 4 Youthreach = 1 N/A* = 2	2 young people	Arklow = 5 Bray = 2 Wicklow = 2 Rathdrum = 1 Tinahely = 1

*Language used by respondents when completing the questionnaire

4. Alternative Care Placements & Reunification Category Questionnaire Data - Wicklow

Total	Age	Gender	Siblings
7 young people	Range = 10 to 18 yrs	4 Male	5 part of a sibling group
6 families	Average age = 15.4 yrs	5 Female	
Living at home	Care placements	Length of Care	Number of Care Placements
1 young person	Relative Foster Care = 2 Extended Family = 2 Foster Care = 2 Supported Lodgings = 1	Range = 3 months to 5 years Average length = 24 months or less	Range = 1 to 2 placements Average placement = 1.14
Legal basis for Care	Education	Juvenile Justice involvement	Location
Full Care Order = 2 Interim Care Order = 1 Voluntary care = 3 Not noted = 1	School = 6 Youthreach = 1	none	Wicklow = 2 Bray = 2 Arklow = 2 New Ross/ Wexford = 1

5. Placement Breakdown & Multiple Placement Category Questionnaire Data - Wicklow

Total	Age	Gender	Siblings
10 young people 8 families	Range = 10 to 16 yrs Average age = 13.9 yrs	6 Male 4 Female	5 part of a sibling group
Living at home	Care placements	Length of Care	Number of Care Placements
None	Foster Care = 3 Residential Care = 2 Relative Foster Care = 2 Extended family = 1 FF Ireland* = 1 Private arrangements* = 1	Range = 2 weeks to 12 years Average length = 30 months or less	Range = 1 to 7 placements Average placement = 2.4
Legal basis for Care	Education	Juvenile Justice involvement	Location
Full Care Order = 2 Interim Care Order = 2 Ward of Court = 1 Not noted = 5	School = 5 Youthreach = 1 Out of school = 1 N/A* = 1 Illegible = 2	none	Arklow = 2 Arklow / Offaly = 2 Bray = 2 Wexford = 2 Gorey/ Wexford = 1 New Ross/ Wexford = 1

6. Long Term Care Category Questionnaire Data - Wicklow

Total	Age	Gender	Siblings
13 young people 12 families	Range = 10 to 18 yrs Average age = 14.6 yrs	4 Male 9 Female	4 part of a sibling group
Living at home	Care placements	Length of Care	Number of Care Placements
1 young person # (This person is also noted as living in Supported Lodgings)	Foster Care = 5 Relatives = 3 Relative Foster Care = 2 Extended family = 2 Supported Lodgings = 2# FF Ireland* = 1	Range = 2 weeks to 16 years Average length = 43.5 months or more	Range = 1 to 2 placements Average placement = 1.3
Legal basis for Care	Education	Juvenile Justice involvement	Location
Full Care Order = 4 Interim Care Order = 1 Voluntary care = 3 Not noted = 4	School = 11 Youthreach = 1 N/A* = 1	none	Arklow = 6 Wicklow = 2 Bray = 1 Wexford = 1 Glenealy = 1 New Ross/ Wexford = 1 Greystones = 1

7. High Risk/ Special Care Category Questionnaire Data - Wicklow

Total	Age	Gender	Siblings
7 young people	Range = 10 to 17 yrs	3 Male	3 part of a sibling group
7 families	Average age = 14.4 yrs	4 Female	
Living at home	Care placements	Length of Care	Number of Care Placements
4 young people	Relative Foster Care =1 FF Ireland* = 1 Private arrangement* = 1	Range = 2 weeks, 1 month & 12 years	Range = 1, 7 & 12 placements
Legal basis for Care	Education	Juvenile Justice involvement	Location
Ward of Court = 1 Interim Care Order = 1 Not noted = 5	School = 2 None = 5	3 young people	Bray = 3 Arklow = 2 Wexford = 1 Rathdrum = 1

1. Family Support Category Questionnaire Data – Dun Laoghaire

Total	Age	Gender	Siblings
13 young people 10 families	Range = 10 to 17 yrs Average age = 13.0 yrs	7 Male 6 Female	7 part of a sibling group

Living at home	Care placements	Length of Care	Number of Care Placements
11 young people	With Father in UK *=1 Extended Family = 1	Range = 1 month	Range = 1 Average placement = 1

Legal basis for Care	Education	Juvenile involvement	Justice Location
Voluntary Care = 1 Not noted = 1	School = 10 Futurama = 1 Not noted = 2	none	Blackrock =4 Ballybrack =3 Killiney = 2 Cabinteely = 1 Glenagery = 1 Loughlinstown = 1 Cardiff (UK) = 1

* Language used by respondents when completing the questionnaire

3. Homeless Category Questionnaire Data – Dun Laoghaire

Total	Age	Gender	Siblings
1 young person	18 years	1 Male	Not part of a sibling group

Living at home	Care placements	Length of Care	Number of Care Placements
None	Homeless - staying with friends* = 1	48 months	4 placements

Legal basis for Care	Education	Juvenile involvement	Justice Location
Expired Full Care Order = 1	Apprenticeship =1	1 young person	Dun Laoghaire

* Language used by respondents when completing the questionnaire

4. Alternative Care Placements & Reunification Category Questionnaire Data – Dun Laoghaire

Total	Age	Gender	Siblings
5 young people 4 families	Range = 10 to 17 yrs Average age = 12.4 yrs	5 Male 0 Female	4 part of a sibling group
Living at home	Care placements	Length of Care	Number of Care Placements
None	Residential = 2 s.36 Fostering* = 1 Extended family = 1 With Father in UK* = 1	Range = 2 weeks to 13 months Average length = 4.1 months or less not noted = 1	Range = 1 to 2 placements Average placement = 1.25 not noted = 1
Legal basis for Care	Education	Juvenile Justice involvement	Location
Interim Care Order = 2 Voluntary care = 1 N/A* = 1 Nil* = 1	School = 5	none = 3 not noted = 2	Cabinteely = 1 Kent UK = 1 Cardiff UK = 1 Ballybrack = 1 Monkstown = 1

* Language used by respondents when completing the questionnaire

5. Placement Breakdown & Multiple Placement Category Questionnaire Data – Dun Laoghaire

Total	Age	Gender	Siblings
3 young people 3 families	Range = 11 to 14 yrs Average age = 12.6 yrs	3 Male 0 Female	1 part of a sibling group
Living at home	Care placements	Length of Care	Number of Care Placements
2 young people	Foster Care = 1	2 months in Care	3 placements in Care
Legal basis for Care	Education	Juvenile Justice involvement	Location
Interim Care Order = 1	School = 2 Benincasa* = 1	Minor offences* = 1	Glenegeary = 1 Drimnagh = 1 Ballybrack = 1

6. Long Term Care Category Questionnaire Data – Dun Laoghaire

Total	Age	Gender	Siblings
17 young people 13 families	Range = 10 to 17 yrs Average age = 13.7 yrs	10 Male 7 Female	8 part of a sibling group
Living at home	Care placements	Length of Care	Number of Care Placements
None	Foster Care = 11 Residential = 3 Extended family = 3	Range = 14 months to 14 years Average length = 75.4 months or more	Range = 1 to 4 placements Average placements = 1.8
Legal basis for Care	Education	Juvenile Justice involvement	Location
Full Care Order = 8 Voluntary care = 4 Care Order* = 3 Fit Persons Order* = 2	School = 15 Youthreach = 1 Training = 1	2 young people	Dundalk = 2 Sallynoggin = 2 Cabinteely = 2 Dun Laoghaire = 1 Ballybrack = 1 Deans Grange = 1 Loughlinstown = 1 Sandycove = 1 Dublin 8 = 1 Dundrum = 1 Ballyboden = 1 Monkstown = 1 Blackrock = 1

7. Special Care/ High Support Category Questionnaire Data – Dun Laoghaire

Total	Age	Gender	Siblings
8 young people 6 families	Range = 11 to 17 yrs Average age = 13.8 yrs	6 Male 2 Female	3 part of a sibling group
Living at home	Care placements	Length of Care	Number of Care Placements
3 young people# (2 young people noted as living at home)	Relative Foster Care = 3# Residential Care = 3 Secure Unit = 1	Range = 4 months to 48 months Average length = 26.4 months	Range = 1 to 7 placements Average placements = 4
Legal basis for Care	Education	Juvenile Justice involvement	Location
Voluntary care = 6 Full Care Order = 1 Not noted = 1	School = 5 Benicasa = 1 Force = 1 Not noted = 1	2 young people	Ballybrack = 3 Blessington = 1 Dalkey = 1 Kilkenny = 1 Monkstown = 1 Dun Laoghaire = 1

1. Family Support Category Questionnaire Data – SCSA Team

Total	Age	Gender	Siblings
1 young person 1 family	Age = 16 yrs Average age = 16 yrs	0 Male 1 Female	1 part of a sibling group
Living at home	Care placements	Length of Care	Number of Care Placements
1 young person	Family* = 1	39 months	2 placements
Legal basis for Care	Education	Juvenile involvement	Justice Location
Nil* = 1	School = 1	None	Dun Laoghaire = 1

3. Homeless Category Questionnaire Data – SCSA Team

Total	Age	Gender	Siblings
2 young people 2 families	Range = 17 yrs Average age = 17yrs	0 Male 2 Female	Not noted = 2
Living at home	Care placements	Length of Care	Number of Care Placements
0 young people	Hostel =2	Range = 8 months to 40 months Average length = 24 months or less	Range = 1 to 2 placements Average placement = 1
Legal basis for Care	Education	Juvenile Justice involvement	Location
S.4* = 2	School = 1 none = 1	None	Phibsboro = 2

**4. Alternative Care Placements & Reunification Category Questionnaire Data –
SCSA Team**

Total	Age	Gender	Siblings
19 young people	Range = 15 to 18 yrs	9 Male	not noted = 19
19 families	Average age = 16.5 yrs	10 Female	
Living at home	Care placements	Length of Care	Number of Care Placements
None	Hostel = 16 Supported Lodgings = 2 Residential = 1	Range = 4 months to 50 months Average length = 22 months or more	Range = 1 to 4 placements Average placement = 1.7
Legal basis for Care	Education	Juvenile Justice involvement	Location
S.4 = 19	School = 17 English classes = 1 None = 1	1 young person	City centre = 6 Palmerstown = 6 Phibsboro = 2 Dalkey = 1 Tallaght = 1 Raheny = 1 Lucan = 1 Clonee = 1

**5. Placement Breakdown & Multiple Placement Category Questionnaire Data –
SCSA Team**

Total	Age	Gender	Siblings
3 young people	Range = 15 to 16 yrs	1 Male	not noted = 3
3 families	Average age = 15.3 yrs	2 Female	
Living at home	Care placements	Length of Care	Number of Care Placements
None	Family* = 1 Residential = 1 Hostel = 1	Range = 17 months to 54 months Average length = 36 months or more	Range = 1 to 5 placements Average placement = 2.3
Legal basis for Care	Education	Juvenile Justice involvement	Location
Full Care Order = 1 S.4 = 1 nil* = 1	School = 3	none	Dun Laoghaire = 1 Tallaght = 1 Palmerstown = 1

6. Long Term Category Questionnaire Data – SCSA Team

Total	Age	Gender	Siblings
137 young people 137 families	Range = 11 to 18 yrs Average age = 16.4 yrs	75 Male 62 Female	None noted
Living at home	Care placements	Length of Care	Number of Care Placements
None	Hostel = 125 Residential = 9 Foster Care = 2 S.36 Foster care = 1	Range = 1 month to 54 months Average length = 16.4 months or more Not noted = 9	Range = 1 to 5 placements Average placement = 1.7 Not noted = 3
Legal basis for Care	Education	Juvenile Justice involvement	Location
S.4* = 130 Ward of High Court = 4 Full Care Order = 3	School = 73 None = 19 VEC* = 13 BTEI* = 12 English classes = 10 Access* = 3 Not noted = 7	1 young person	City Centre = 40 Phibsboro = 22 Dublin 2 = 14 Palmerstown = 14 Ranelagh = 12 Drumcondra = 11 Tallaght = 9 Sandymount = 4 Lucan = 3 Dublin 7 = 3 Dun Laoghaire = 2 Clondalkin = 1 Co. Meath = 1 Co. Galway = 1