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NEIGHBOURHOOD YOUTH PROJECTS

IN THE HEALTH SERVICES EXECUTIVE

WESTERN AREA

COUNTIES GALWAY, MAYO AND ROSCOMMON

Review Report

1992-2004

Strengthening Existing Practice

Building Future Capacity

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Contents

Overview

Based on a service review, this brief report outlines future strategic intent and operational direction for Neighbourhood Youth Projects (NYP) in the Health Services Western Region (Counties Galway, Mayo and Roscommon). The review takes place 12 years after the inception of the first NYP and in the light of major expansion of the NYP programme, as well as other family support service developments in the intervening period. All NYPs including those either run directly by the HSE or jointly managed with Foroige are considered equally and subsequent recommendations are made on the basis of information provided to the review group and agreed by key stakeholders.

It is important to stress that this report comes within a context where the NYP programme is perceived as being an effective service (Canavan, 1993; Gavigan, 2002; Dolan, 2005) and that it is valued highly by all stakeholders. The specific intention is that through this review and subsequent recommended actions, what already is a robust model for helping young people and their families will be enhanced further. With this in mind, the report focuses on a set of specific themes, while attention is paid solely to the existing set of NYP service and not on any expansion of the programme across prospective sites within the 3 counties. The key messages that accrue from the review are summarised and presented figuratively below.

Targeting
Towards those in most need
(Hardiker Levels 3/4)

Refocused Aims & Objectives

Individual Work
- Contractual Time Ltd Models
- Resiliency Building
- Increase in turnover of work
- Greater use of Mentoring.

Reflective Practice
Self-Appraisal for staff towards Quality of Care

NYPs Strengthening Existing Practice/ Building Future Capacity

Group Work
- Intervention matched to need
- More intensive group work with smaller nos.
- New Models
- More Conjoint Working

Research
Ongoing research on effectiveness of the NYP Programme

Better Information
Implemented Management Information System

Activity Levels
Enhanced Out of Hours Service

Parents Families & Communities
- Quota of work with Parent(s)
- Crisis Support to Family in life events
- Enhanced working with Services and Community

Figure 1.1

Towards Building the Service Capacity of NYPs

Context

Neighbourhood Youth Projects (NYPs) were first established into the then Western Health Board (Now HSE Western Area, Counties Galway, Mayo and Roscommon) in 1992 with an initial pilot Project based on the Westside of Galway city.   Over time, this programme has grown with eight NYPs now operating throughout the region.   In addition to the Westside Project, Galway City has two further projects in Ballybane and Ballinfoyle respectively.   The Ballybane NYP, like its counterpart in Westside, is directly funded and managed by the Health Service Executive Western Region, whereas Ballinfoyle NYP is jointly managed by the HSE and Foroige and is part of the National Springboard Initiative.   In Roscommon there are two NYPs located in Castlerea and Boyle, while in Mayo there are three Projects located in Castlebar, Ballina and Westport. All of the Projects in Mayo and Roscommon are joint ventures between Foroige and the HSE Western Area. Whereas there are obvious differences between NYPs such as the geographical context in which they operate, overall, the review considers the NYP programme as a 'collective' within a region and thus, recommendations are made on this basis.

Process and Terms of Reference

Given the length of time that has elapsed since the establishment of the first NYP and the subsequent development of an NYP programme, and in light of a number of developments in community-based children and family services, for example, the Springboard initiative, new Children Act Services and the GAF Health Advice Café, a review of the programme was seen to be a priority by the HSE Western Area.   Accordingly, the then Regional Manager for Community Services commissioned such a review and set up a steering committee to oversee it.

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The terms of reference for the steering committee were:
1. In collaboration with all key stakeholders, to oversee a strategic and operational review of NYPs.
2. To make recommendations on matters of strategy and practice in NYPs and provide advice and direction on the way forward.
3. To oversee the publication of the final report of the review.

The then Regional Co-Ordinator for Family Support Services chaired the review, while the membership consisted of a range of Project Staff, Project Leaders, a Child Care Manager and regional staff with responsibility for Family Support. Foroige, the key voluntary partner, was also appropriately represented. The structure of the review involved a process of consultation with project staff, service providers and service users in order to assess current interventions and look at future plans. Key strategic themes were identified and used to structure this consultation process. A number of subgroups, each chaired by a member of the Steering Group, were established to focus on each of the key themes.

Report Layout

The report is set out in nine brief sections. Following this introduction, a short review of relevant literature concerning adolescents is presented, including some key findings from research on working with adolescents in community based programmes and more local research conducted on the NYPs. This includes the views of service users and parents accessed through a study of Mayo and Roscommon NYPs. Following the literature review, the original aims and objectives of the NYPs are revisited. Subsequent sections focus on current practice with regard to individual work, group work, family and community work, target groups and activity levels, and NYPs organisationally. Finally, based on this review, specific recommendations and an implementation framework is presented at the back of the report.

Working with Adolescents and their Families in the context of the NYP

This review of the literature covers three related themes in respect of working with young people experiencing adversity. Firstly, the importance of resiliency during adolescence and the value of social support provided by family, friends and community are discussed. Secondly, the evidence base for school and community based approaches in working with troubled adolescents and their families is briefly explored. Finally, some specific consideration is given to the existing research base on the NYP programme in the Health Service Executive Western Area.

Coping and Resilience in Adolescence

Resiliency in adolescence is about a young person's ability to both withstand sudden negative life events and cope with ongoing stress. It involves his/her capacity to be optimistic and stronger as a result of experiences, whether positive or negative. Being a resilient adolescent implies 'stickability' on the part of the young person, who, rather than becoming overwhelmed by stressful situations, does not give in, but rises to the challenge and comes through unscathed (Dryfoos et al 2005; Rutter et al, 1998). Whereas our understanding of how adolescents cope is somewhat limited (Frydenberg, 1997), there is acceptance within the literature that resilient adolescents are those who are buffered to stress and can deal successfully with life drawing on both internal and external protective factors (Rutter et al, 1998; Schoon and Bruner, 2003; Clarke and Clarke, 2003). In summary, helping young people to be resilient is a key function of any professional service working with adolescents (Herbert 2000; Gilligan 2001; Parton 1997).

Findings from research indicate that resilience comes not only from factors internal to the person, such as cognitive competence, social control, self esteem, optimism and social presentation, but also from external sources such as family support, and sustenance within school, and community settings

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(Rutter et al 1998; Dryfoos et al 2005). This broader framework for thinking about resilience has been reinforced in the Irish context in two important policy reports. Firstly, the Department of Health and Children report on adolescent health 'Get Connected, Best Health for Adolescents' (2002) highlights the need for multiple responses by services in order to meet need. Secondly, the 'National Children's Strategy, Our Children Their Lives', (2000) promotes a strengths perspective for helping young people build on what social capital they already have.

The perceived availability of social support is a key factor in resilience (Cutrona, 1996; 2000; Jack 2001) and effective social supporters provide us with help as they act as a safeguard to adversity. This 'buffer to stress role' of good social relationships is very strongly evident within the research literature (Cutrona, 2000). With this in mind, Schoon and Bryner (2003) indicate that helping services can be effective supporters by promoting an adolescent's ability to establish and maintain relationships with parents, siblings and friends. For example, professionals can help a young person with responsibility taking and problem solving capacity, and recently, in an Irish context, such an approach has been found to work successfully within the Youth Advocacy Programme (O'Brien et al 2004).

There is evidence from research that adolescents who are supported well are less likely to be predisposed to engage in delinquent or anti-social behaviour and have an easier passage to adulthood (Coleman and Hendry, 1999). Parents who are responsive and supportive are key players in this regard and often the first port of call for a young person (Herbert, 2000). Conversely, where there are relationship problems, inadequate parenting is strongly associated with a social context of deprivation (Thompson, 1995; Parton, 1997). As at any life stage, having friendships in adolescence is important and serves many functions. However, friendship relationships can be also complicated and hard work (Cotterral, 1996). Notwithstanding the difficulties that young people bring to and encounter in their relationships with family and friends, family and friends still remain the 'bread and butter' support sources for a young person.

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Evidence for Community Based Approaches for working with Adolescents

There is emerging evidence that school based programmes (Dryfoos, 2005; Canavan 1998; Boldt, 1997) and community based programmes (Connell and Gambone, 1999; Benson, 1996) effectively bolster adolescents. In Ireland, some emerging initiatives such as the Springboard Family Support Programme is proving successful in supporting children and adolescents, their families and communities (McKeown, 2001). Similarly in Northern Ireland, McAuley's (1999) evaluation report on the Home-Start Programme found evidence that community based services can help families.

There is also growing consensus that working with children and adolescents is about working with need (Little and Mount, 1999; Pinkerton et al 2003; Brady et al, 2004). In this regard, Hardiker's four levels of need model is being utilised as a way of categorising service provision to adolescents in various HSE areas. The model advocates more intervention as a young person's need increases. For service users, this implies more efficient use of resources and may have particular resonance for designing programmatic interventions in working with young people experiencing difficulties.

Research on NYPs in the Western

Since the commencement of the Westside NYP with an initial evaluation report by Canavan (1993), there has been a range of studies which have built up a knowledge base in respect of NYPs. These evaluations have varied in size and intensity, and have generally been qualitative in their nature. These studies have focused on the perception of service users, parents and/or professionals. Furthermore they tended to establish satisfaction levels with the programme and/or the perceived effectiveness of interventions. For the purpose of this review some key messages from these studies are now summarised.

Canavan's (1993) original study of the Westside NYP then a pilot project, found positive outcomes in terms of a perceived satisfaction rating among service

users, parents and referrers, alike. Gavigan (2002) larger study (n=172) which used a series of repeated quantitative and qualitative questionnaires and semi-structured interviews also found high satisfaction with the NYP programme among Mayo and Roscommon service users and their parents. Adolescents' and parents' common criticism of the NYP was that they were sometimes unsatisfied (wanted more of the intervention) rather than dissatisfied (did not find the intervention helpful) with the service. Specifically, they wanted projects open longer with more weekend activities. Generally, in terms of the nature of the programme, intensive discussion group work models although helpful, were seen as less preferable than diversion or activity groups.

Phase I and Phase II of an ongoing longitudinal study by Dolan (2005) focusing on the perceived social support status and mental health of young people using the programme found that over time, NYPs enable plentiful support for service users. There was a significant improvement in the mental health of service users as well as positive changes in relation to sources, levels and types of support perceived by young people as being available to them. Conversely, the study uncovered some limitations. These included the low rate of close friends among respondents, with a suggestion that NYPs should work to enhance service users' ability to make and maintain friendships. In addition, the importance of staff being more aware and sensitive regarding negative life events among service users is highlighted. Albeit very tentative and provisional, the overall results from the study thus far, indicate that being on the NYP programme can be correlated to positive outcomes for young people.

Apart from studies, which have focused directly on adolescents, there has also been research on parents of NYP service uses. An earlier study by Dolan (1997) found an important relationship between the perceived mental health of parents, their self-rated levels of social support and satisfaction with the parenting support programme offered by NYP staff. The style of the NYP worker was also found to be a very important factor.

Ensuring that young people have a voice on the NYP has been highlighted in two studies (Gavigan 2003 and Morrison 2003). From her qualitative study, Morrison advocates a clear model of consultation with young people both in

terms of their safety while attending the programme and in respect of the nature of the intervention they receive. Not all young people cope well in groups and this can be more evident among young people who experience relationship difficulties. Forde (2001) focused her research on individual work and advocates a more distinct, definite and discrete model of one-to-one work that is need-driven and time limited in its format.

Key Messages

- Resilient young people are those who can overcome difficulties in their lives and enabling coping during adolescence is a key function of helping professionals. Social support enablement contributes to resiliency.

- There is a body of evidence that community based and school based interventions that are needs led can be effective in working with troubled and troublesome adolescents.

- To date, research on NYPs in the West indicate that the programme is seen as helpful by service users, their families and referring professionals. Overall, young people's perceived social support and mental health improves over time while attending the NYP. While young people like coming to the NYP, they want more in terms of amount and timing of service intervention. NYP staff need to have a greater focus on working on friendships among those who attend the service, while more intensive work with parents may also be beneficial.

In the context of the then Western Health Board development of the first NYP in 1992, a set of five key objectives were adopted in the course of establishing the Westside Neighbourhood Youth Project. These objectives were based on national objectives identified earlier by the Task Force Report on Children Care Services Report (Interim Report 1977; Final Report 1981) and from a review of the experiences of other NYPs (Canavan and Dolan 2000).

The original aims and objectives were as follows:

(1)   To provide practical care with a preventive slant, and appropriate to their needs, to identified children with personal, family or social problems, in the community setting (thus avoiding admissions to full-time residential care), in such a way as to gain a high profile and acceptance and avoiding possible stigmatisation.

(2)   To provide ongoing assistance for the healthy development of identified children who lack the necessary level of family support.

(3)   To act as a resource to the community, in so far as it is practical to do so, as it attempts to solve the problems within it and develop itself.

(4)   To act as a guideline to social workers and others who work with similar children.

(5)   To achieve the aims of the Western Health Board with respect to its responsibilities under the terms of the Child Care Act 1991.

A number of issues emerged during the deliberations of this review and this is unsurprising given that the original aims and objectives were written with one city based project in mind. These issues included:

▪ As a number of the new projects are located in more rural areas, their catchment extends to cover areas outside the towns and this needed to be reflected in the objectives.

▪ Foroige projects were originally set up with a dual mandate in relation to intensive work with young people and more generic interventions on a

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universal scale, thus requiring more specific consideration within any programme objectives.

- Balancing the delivery of intensive work with non-intensive work was perceived as an ongoing challenge.
- In terms of geographical spread, the absence of other services for young people in an area coupled with an emphasis on ensuring a non-stigmatised service were issues that were perceived as impacting on NYP service delivery and the target groups.   This issue was also reflected in the data collected from the projects, which showed larger numbers attending the rural projects.
- Changing legislation and policy such as the National Children's Strategy; Children First Guidelines and the Children Act 2001, need to be specifically encompassed within NYP objectives.

Future Intentions

While the original intent laid out in the Task Force's set of objectives in many respects remain as true today as it did in the mid 1970's, particularly so in respect of prevention and early intervention, we do believe that some slight reconfiguration of the original objectives is timely.   We suggest that this adjustment may bolster the efficiency of projects on the basis that objectives should dictate practice and need constant review anyway.   We also acknowledge that there are specific factors which may mean that certain NYPs will place different emphasis on specific objectives, for example the difference between an NYP situated in a densely populated community within a large city compared to a rural almost peripatetic service. Similarly, just as communities differ, their need for intensive or non/intensive group work will also vary within and between NYPs. However, there is consensus that the need to see working with parents as a 'key way' of working with adolescent service users needs greater attention within the realignment of NYP objectives.

A revised overarching aim and accompanying set of objectives are set out below. It should be noted that while these can be measured against new service agreements with voluntary organisations as well as direct Health Service Executive managed projects, it may not be possible to have a detailed set of aims and objectives that can apply equally to each NYP. In order to

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allow for this, the adoption of a common mission statement for Neighbourhood Youth Projects is recommended. However, this does or should not detract from the core task of project staff working with and for adolescents known to be experiencing adversity. Finally, although these changed aims and objectives have been developed in the specific context of the NYPs in the HSE Western Area (Galway, Mayo and Roscommon); they may also hold currency nationally. If anything, the need to work with a more targeted population of young people operating across Levels 3 and 4 of the Hardiker model of need is now stronger (Hardiker et al, 1991). In summary, while the NYP should continue to work preventatively with children in the communities, the core population should be from 'hard end' levels 3 and 4 of the Hardiker Model. Therefore, a new set of Aims and Objectives are recommended which attempts to give due consideration to these issues whilst still reflecting the orientation of the original set.

Revised Aim of NYPs:

- To provide a community based family support service to identified young persons in the context of their families.

Revised Objectives of NYPs:

To provide preventive care and support to young people with identified needs.

1. To provide intensive intervention to young people experiencing adversity.
2. To provide support to parents of young people who are experiencing difficulties, in relation to parenting.
3. To provide a quality service that incorporates a multi-agency approach.
4. To achieve the aim of NYPs compliant with Children First Guidelines, current legislation and Health Service Executive Principles of Family Support.
5. To act as an advocate for young people and their families within a community response appropriate to the needs of the area.

NYPs provide a number and range of interventions for young people on a one-to-one basis to varying degrees of intensity and duration across all NYPs. From this review it emerged that greater clarity is needed in relation to defining individual work and specification in terms of quantity, format and content of delivery. For this purpose, individual work is defined as **"a formalised, task centred and structured intervention dealing with specific needs and issues best dealt with on a one to one level".** In practice, individual support happens on request or when needed, usually as a result of a family or individual crisis, which leads to a temporary need for intensive support to be provided.

In addition to individual work by project staff, semi-formal support is also provided through two mentoring programmes.   The Big Brother Big Sister Programme matches an adult volunteer to a young person in need of support and friendship. This conjoint Foroige/Health Service Executive programme is based on the assumption that a caring and supportive friendship will develop which will be of benefit to the young person. The project staff are directly involved in the recruitment, training and supporting the volunteers throughout the matched friendship. Additionally the project also works directly with young people who are at a higher level of risk in collaboration with the Youth Advocacy Programme (YAP) in Galway and Roscommon. YAP works individually and intensively with children and young people at a Level Four status on the Hardiker (1991) ladder of need.

Future Intentions

Individual work with adolescents continues to be one of the key forms of intervention by NYP staff. Apart from adopting the definitions of individual work outlined above, it is recommended that, similar to group work, individual work should be dictated by need, clarified through robust assessment. In terms of the quantum of individual work undertaken by any one project worker, it is envisaged that one-to-one work constitutes circa 20% of a worker's time.

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Individual work should not be open ended but operate in a time limited and where applicable task orientated fashion. Apart from offering designated forms of social support, it should have specific aims against which workers should develop a menu of individual work with inbuilt evaluation techniques. Specifically individual work should focus on resiliency building in young people and operate on the basis of an intervention programme to address specific need whilst also targeting one of Rutter's eight key factors of resiliency (Rutter et al, 1998, see also the Intervention Matrix Model, Dolan 2005).

Recommendations

- Individual work should be contractually agreed between the worker and service user which includes a description of needs, task, intervention and timeline.
- There should be appropriate turnover of cases with an annual review of every service user engaged in individual work.
- Resiliency building should be incorporated into individual work plan.
- Specific forms of social support should be targeted within the individual work plan model namely, Concrete, Emotional, Esteem and Advice Support.
- There exists a need to develop and pilot new models of individual work based on current knowledge and assumptions of NYP project staff and existing best practice models.
- There is potential to expand the Big Brother Big Sister Programme within and across existing and future NYPs whilst also promoting mentoring between current and former service users (adolescents and parents) as a new model of intervention.

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Group work is a forum which aims to address a range of issues effecting NYP service users and their families. It helps to develop problem solving and social skills, and bolsters relationships with others. Apart from being a more cost effective form of intervention, it offers a more natural form of helping, in that coping in groups is part of normal everyday living. In itself, peer involvement in groups can help young people attending NYPs cope with the social isolation that they experience in their communities. Currently, a diverse range of group work interventions are designed and implemented by NYP project staff throughout the region. Common features of group work include it being task led, structured and delivered within a set timeframe. It can differ in terms of levels of intensity and duration depending on the target client group and the intended therapeutic nature of any particular forum. In spite of the existence of a general classification of open, diversion and intensive groups, current NYP group work practice is not defined by any particular specifications or template. In summary, the placement of young people in various groups is not based on any structured assessment of need, using recognised tools to meet such need. The process for matching individuals to specific groups varies greatly between projects as does the actual content of group work. Despite the probability that often very effective group work models are being used in projects, comparison across the region is difficult and any cross-fertilisation of 'best practice models' is unlikely.

Future Intentions

Group work will continue to be the main work method for NYP staff. However, a wider range of group work skills and programmes need to be developed. This will also need continuous and regular review. Whereas it is still envisaged that NYPs will offer a diverse group work programme, it is recommended that this be designed not around matching service users into 'a set of available groups' but rather building groups around a set of identified needs of service users, based on a more rigorous assessment process. Specifically, this requires staff attaining more comprehensive assessment techniques matched by advanced skills in group work and evaluation models. Thus, group work will

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take the form of interventions with a targeted population that occurs over time based on identified need with expected outcomes.

The breadth of group work on offer needs to be defined to give greater clarity. Group work provided within the NYP programme must be examined against the backdrop of what other services are available locally given that in certain NYP locations a number of new services have come on stream since the arrival of the NYPs. There is a need to ensure that NYPs retain a service to informal attendees and remain non-stigmatising within communities. However, given the changing nature of the profile of service users, there must be greater emphasis on providing intensive group work programmes. This reflects in practice the changes recommended in the revised Aims and Objectives provided earlier in this report. It is envisaged that the range and quantum of group work should approximate the following levels:

- **Open informal (non referred/non engaged) 10%**
- **Diversion/Schools 30%**
- **Intensive Therapeutic interventions 60%**

The implementation of this formula will be supported by the use of specific assessment tools. The assessment process will allow for the appropriate level of group work intensity to match the level of need. Consequently, a natural set of step down or step up supports will be available to meet young people's needs when required. This system will determine a more targeted client group from the Hardiker Levels 3 and 4 and has implications for collaborating with other services including Alternative Care Services, Probation and Welfare Services and notably, YAP.

Recommendations
- In order to ensure each case is assessed, planned, implemented and reassessed, a lead person/key worker will be appointed to each young person.
- Group work and individual work programmes should be complimentary, to the benefit of the young person.

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- New and existing models of group work will be used to develop a critical mass regionally.
- Assessment results will inform the process of matching young people to groups (ensuring a need led service).
- Definitions devised by the NYP review and the Management Information System will be adopted by NYPs regionally.
- Training in assessment and evaluation tools will be provided to all staff and each child will be assessed prior to being placed in a group.
- NYPs will promote models of group work with other services and engage partners from other disciplines and/or agencies.
- All NYPs will proactively move towards more intensive group work (matched to need assessment) employing an agreed formula.
- A focus on more intensive work with smaller numbers is required which in turn will affect the wider project capacity.
- The use of the assessment tools will be incorporated into group work planning to ensure that the young people most in need are in receipt of the service.
- Less intensive groups will continue to be an option.
- Each case will be reviewed and reassessed after intensive group work/intervention has been completed.
- Where appropriate, group work will be part of the young person's programme and resiliency building will be incorporated into the plan.

Just as a young person's problems do not occur in isolation, they cannot be solved in isolation. Thus, the N.Y.P acknowledges the importance of working with the young person as part of a family unit and within his/her community. Currently, strong efforts are made by NYP staff to establish a positive relationship with parents through regular home visits and in encouraging parents to avail of the service. At a practical level, often the range of other services available in the community influences the level of engagement offered to families. This is particularly evident in the NYPs that include a Springboard Project. The natural collaboration that exists between the NYP and Springboard projects helps to ensure that the whole family are in receipt of a service where required, offering a fuller response to need. Currently some projects, though not all, offer intensive family work to families experiencing major adversity. This can vary from immediate short-term crises work to longer-term intervention. Certain NYPs also support families through the use of their premises by other statutory, voluntary and community organisations. Despite this interest in working with parents and other family members, adolescents remain the target group and primary focus for NYPs.

Annually, NYPs conduct review meetings with each family. These meetings, an important forum for projects, are attended by project staff, the young person, parents and are chaired by an external project leader. The purpose of these consultation meetings is to review and modify the care plan for the young person, and conduct a safety audit. NYPs can also refer a family to more appropriate services if they deem it necessary and then act as advocate for that family to ensure access to services. However, methods used by NYPs in working with families are to a certain extent 'piece meal' and do not operate on a clear assessment of need matched by a model of intervention and evaluation. This obviously hinders project staff capacity to measure outcomes for the work they do with families.

Recommendations

- The primary service user is the young person and the aim of any family work is to address his/her needs.

- Any decisions in relation to undertaking family work should be informed by the availability of other local services.

- Family support will be made available to families in times of crisis during significant life events.

- Assessment, intervention and evaluation tools will be used with parents and other family members in the course of working with them.

- NYPs will continue to play a key role in identifying families' needs and in referring them to appropriate services. This will apply at all times and not only in times of crises.

The extent to which NYPs can work effectively with communities may vary in relation to their geographical setting. For example, services based in urban housing estates can operate quite easily within the context of a set and relatively small space, and with a community that has a firm and fixed identity. Conversely, for NYPs in rural areas covering a town and its environs, the context of what constitutes 'community' may be more complex. However, this is not to suggest that they should or cannot have a strong role in community development. Community work in NYPs may also be hampered in that their role is increasingly becoming focused on working with young people who are currently at risk. As NYPs operate out of very finite resources, this means that their freedom to do any community development work is limited. According to research by McGrath (2002) some youth projects see their community development role as being carried out through their work with individuals and their families through confidence building and improved self-regard. For NYPs the principles of community development are often adopted in their style and approach: participatory involvement, emphasis on decision-making, empowering adolescents and their parents through self-esteem work and awareness enhancement. This is often most apparent at the level of direct work with adolescents and their families through human social capital building, such as contact with schools, health service disciplines and voluntary youth organisations. Importantly, McGrath's study also found that there may be capacity for NYPs to develop a greater and more direct community

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development niche where and when appropriate at a wider strategic or management level.

Recommendations

- NYPs should continue to work closely with local community agents in the context of helping young people.
- NYPs should advance the development citizenship in young people who use the service through programmatic individual and group work.
- Where possible NYPs should engage in wider community development.

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Sources and Reasons for Referral

Generally, NYPs accept referrals from any service or individual that has concerns regarding a young person's wellbeing. Sources of referral vary but in the main include social workers, psychologists, teachers and other family support services. Self-referral is on the increase and is common in all projects, either coming from a young person directly or through his/her parent(s). Young people attend NYPs for a range of reasons such as difficulties coping at home; poor parenting, lack of control, an absent parent or family break up or addiction issues. They may also attend as a result of issues in school, such as poor or non-attendance, behavioural problems; bullying and/or poor peer relationships. A young person may also come to the project in respect of issues at community level for example, involvement in anti-social behaviour, poor relations with friends and neighbours. Despite any variation in their reason for referral, very often, service users commonly demonstrate low self-esteem and poor self-image.

Service Provision

In the main, NYPs operate between 9.30am and 7.30pm Monday to Thursday, and 9.30am to 5pm Fridays. There is also some slight variation between projects with certain NYPs working later in response to specific need. Weekend work occurs primarily during spring and summer months and also in relation to specific events. In the context of completing the review, it was agreed that an extension of 'operating time' should be an autonomous decision by each of the projects in consultation with local needs, and be part dependent on NYP location. It was also noted that a formula agreed by management and staff for opening hours would be helpful to ensure the continued development of the projects. A suggested formula is that a project staff member works on average two late evenings per week and one Saturday per month.

In principle, a similar formula should be devised and apply in respect of summer closing of NYPs. Currently, some projects close for set periods of time in August to facilitate staff leave and time owed. The possibility of 'August

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opening' should be considered on the basis of need, but still be an autonomous decision for each project. It was noted to the review group that where there are generic summer programmes in the locality, it was deemed sometimes more appropriate for young people to be filtered into such services. Similarly in the interest of normalisation, a lot of youth clubs operate on weekends and NYP staff believe it to be important for young people to be networked into local activities where possible (in addition to their NYP involvement).

It is evident from the review that NYP staff are committed and work hard in the interest of meeting the needs of young people. They are also open to running a flexible needs driven service and will continue to embrace changes in response to community and service user need.

Recommendations

- Service user forums be established to inform NYP programme design and timetabling.
- Activity levels will be not less than 50 referred young people per annum with a throughput of 70 young people.
- NYP staff should maintain contact with referred young people in the summer through diversionary activities.
- NYPs will operate their work programme across four seasons namely: September to December; January to March; April to June and June to September.
- Referred group work (groups for young people who are specifically selected) should be concentrated within three terms of the annual cycle.
- Each staff member should work (on average) two evenings per week (up to 9.30 pm) and one Saturday per month.
- NYP staff should facilitate others agencies to use project premises all year around.

The importance of style of working is now established as a key factor in family support practice (Thompson, 1995). Where service users perceive staff as genuine, skilled, responsive and empathetic, interventions are far more likely to succeed. Although this may seem obvious, it should not be taken for granted or overlooked. In turn, an agency culture that enables such reflective practice to grow builds 'positive culture' which not alone protects service users rights, but also enhances a capacity to meet their needs (Reder et al, 1993). This applies equally to an NYP setting. With this in mind, in 2003, staff in community based family support services (including most NYP workers) undertook a one-year pilot project self-appraisal system. For the purpose of the scheme, self-appraisal was defined as: "The continuing process whereby project staff can monitor their practice and performance through a procedure of goal setting, action process and personal review in collaboration with their line manager". The project was reviewed by the Social Services Inspectorate in collaboration with the Child and Family Research and Policy Unit (SSI 2003). This scheme incorporated a triad of actions including:

(1)   The development of a set of written Standards for Family Support staff.

(2)   Compilation of a detailed Practice Manual to assist staff in achieving such standards and

(3)   The construction and implementation of a model of appraisal operated through one to one support supervision (monthly).

As part of the evaluation of the pilot scheme, SSI used qualitative research methods including questionnaires, individual meetings and focus group meetings with frontline staff and service managers. In summary, the initiative was found to be very successful and the following recommendations from subsequent report are now amended to apply more specifically to NYPs.

Recommendations

❑ Self-Appraisal methods encompassing Family Support Standards, Practice Manual and Regularised Supervision format should be applied to all NYPs in the region.

❑ Individual staff should self-appraise annually, unless otherwise agreed.

❑ The HSE Western Area and Foroige should require all new members of NYP staff to undertake Self-Appraisal.

❑ The Self-Appraisal Practice Manual should be revised in the specific context of NYPs to bring it more up-to-date while retaining host agencies policies.

❑ In collaboration with stakeholders at local management level, personnel from the Regional Office Child and Family Services (in its present or forthcoming format) should undertake the facilitative role in self-appraisal in respect of NYPs (as per the SSI specific recommendation).

Section Nine - Management Information System

As with most childcare services, information systems in respect of service users on NYPs and the operations of projects are sparse and non-uniform in content and delivery. With a view to changing this situation and in the interest of uniformity, the HSE Western Area is part of an incoming National Child Care Information Project which incorporates an integrated information system for community based family support services. This venture is underpinned by a set of reliable assessment, intervention and evaluation tools. Potentially, this system will integrate all aspects of child and family services in the future and thus far, locally, NYP staff have been centrally involved in the piloting of the project. Whereas manual systems are now in place in all of the projects, software is being developed and will be introduced to NYPs on a phased basis.

The expected benefits of this system regarding NYPs include:

- ❑ Formal assessment tools used before any intervention takes place helps to ensure a 'needs' driven service.
- ❑ The introduction of formal assessment tools allows for a process to measure outcomes for children and families.
- ❑ Information will be systemically available to inform practice, policy and future developments.
- ❑ The electronic nature of the system will be more time and cost effective.
- ❑ Research and evaluation sectors will have access to a wider more coherent bank of information in order to help capacity building within the NYP programme.

Recommendation

The incoming HSE Western Area (Galway, Mayo and Roscommon) management information system for Child and Family Services should be applied universally across all NYPs in the 3 counties.

Schedule for Implementation of Recommendations by Local Manager

RECOMMENDATIONS LOCAL MANAGER	BASELINE MEASURE STATEMENT	CHANGES THAT WILL OCCUR IN ONE YEAR	VISIBLE CHANGE INDICATOR
1. Oversee the implementation of revised Aims and Objectives.			
2. Support the expansion of the Big Brother Big Sister Programme within and across existing and future NYPs whilst also promoting mentoring between current and former service users (adolescents and parents) as a new model of intervention.			
3. Support a focus on more intensive work with smaller numbers.			
4. Ensure each care plan is assessed (using at least one recognised tool) planned, implemented and reassessed and reviewed according to the recommendations of the review.			
5. Support the development of Service User Forums to inform practice.			

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Schedule for Implementation of Recommendations by Local Manager

RECOMMENDATIONS LOCAL MANAGER	BASELINE MEASURE STATEMENT	CHANGES THAT WILL OCCUR IN ONE YEAR	VISIBLE CHANGE INDICATOR
6. Ensure facilitation of each project staff member continuing to work evenings (two per week-up to 9.30 pm) and one Saturday per month (on average).			
7. The HSE and Foroige should require all new members of NYP staff to undertake staff Self-Appraisal.			
8. The programme of Self-Appraisal encompassing Family Support Standards, Practice Manual and programme of supervision should be streamlined across all NYPs in the region (pending completion).			
9. Support and ensure the incoming management system is applied universally across all NYPs in the region.			

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Schedule for Implementation of Recommendations by Project Staff

RECOMMENDATIONS PROJECT STAFF	BASELINE MEASURE STATEMENT	CHANGES THAT WILL OCCUR IN ONE YEAR	VISIBLE CHANGE INDICATOR
1. In order to ensure even spread of any NYP service, there should be 40-60% turnover of cases with an annual review of every service user engaged in individual work.			
2. Individual work should be contractually agreed between worker and service user and include an assessment of needs, task, intervention and timeline.			
3. Resiliency building methods should be incorporated into an individual work plan.			
4. Specific forms of social support should be targeted within an individual work plan namely, Concrete, Emotional, Esteem and Advice Support			
5. Results from assessments will inform the process of matching young people to groups.			

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Schedule for Implementation of Recommendations by Project Staff			
RECOMMENDATIONS PROJECT STAFF	**BASELINE MEASURE STATEMENT**	**CHANGES THAT WILL OCCUR IN ONE YEAR**	**VISIBLE CHANGE INDICATOR**
6. NYPs will promote models of group work with other services and engage partners from other disciplines and/or agencies.			
7. All NYPs will proactively move towards more intensive group work (matched to need assessment) employing an agreed formula, endorsed by local and regional management.			
8. A focus on more intensive work with smaller numbers.			
9. The use of the assessment tools will be incorporated into group work planning to ensure that the young people most in need are in receipt of the service.			

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Schedule for Implementation of Recommendations by Project Staff

RECOMMENDATIONS PROJECT STAFF	BASELINE MEASURE STATEMENT	CHANGES THAT WILL OCCUR IN ONE YEAR	VISIBLE CHANGE INDICATOR
10. Each case will be reviewed and reassessed after intensive group work /intervention has been completed. This information will inform the development of programmes and interventions regionally.			
11. Group work will be part of the young person's programme plan and resiliency building will be incorporated into the plan.			
12. In order to ensure each plan is assessed, planned, implemented and reassessed a lead person/key worker will be appointed to each young person.			
13. Any decisions in relation to undertaking family work will be informed by the availability of other local services.			
14. The young person will remain the main targeted service user within the NYP.			

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Schedule for Implementation of Recommendations by Project Staff

RECOMMENDATIONS PROJECT STAFF	BASELINE MEASURE STATEMENT	CHANGES THAT WILL OCCUR IN ONE YEAR	VISIBLE CHANGE INDICATOR
15. Support will be made available to Families in times of crisis and during significant life events.			
16. Assessment tools will be used with Parents in respect of Family Work.			
17. NYPs will play a key role in identifying Families needs and in referring them to appropriate services, this will apply at all times and not only in times of crisis.			
18. A ratio of 60% intensive; 30% non-intensive and 10% generic work will apply in respect of group work.			
19. NYPs will focus on young people who are at risk (Hardiker Levels Three and Four).			

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Schedule for Implementation of Recommendations by Project Staff

RECOMMENDATIONS PROJECT STAFF	BASELINE MEASURE STATEMENT	CHANGES THAT WILL OCCUR IN ONE YEAR	VISIBLE CHANGE INDICATOR
20. Assessments will be carried out with all young people who are candidates for intensive work.			
21. Intensive work will only be offered to young people demonstrating a need for such a level of intervention.			
22. Individual Work will account for 20% of a Project Workers time; will be task centred; time limited and guided by assessment.			
23. All projects will hold case reviews as outlined in the information system and will also host safety reviews independently of the case reviews.			

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Schedule for Implementation of Recommendations by Project Staff

RECOMMENDATIONS PROJECT STAFF	BASELINE MEASURE STATEMENT	CHANGES THAT WILL OCCUR IN ONE YEAR	VISIBLE CHANGE INDICATOR
24. All projects should have a minimum of two staff to enable cohesive development of group work programmes and have half time administration support.			
25. In terms of service capacity, NYP activity levels will not be less than 50 referred young people per annum with a throughput of 70 young people.			
26. The NYP Programme will operate across four quarters per year namely, Sept–Dec; Jan–March; April-June and June-September.			
27. Referred group work to be concentrated into three terms per annum.			
28. Each staff continue to work two late evenings (up to 9.30 pm) and one Saturday per month (on average).			

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Schedule for Implementation of Recommendations by Project Staff			
RECOMMENDATIONS PROJECT STAFF	**BASELINE MEASURE STATEMENT**	**CHANGES THAT WILL OCCUR IN ONE YEAR**	**VISIBLE CHANGE INDICATOR**
29. NYP will facilitate others to use building all year around (where practicable to do so).			
30. NYP staff will maintain contact with referred young people through diversionary work during summertime.			
31. The Management Information System will be applied universally across all NYPs.			

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