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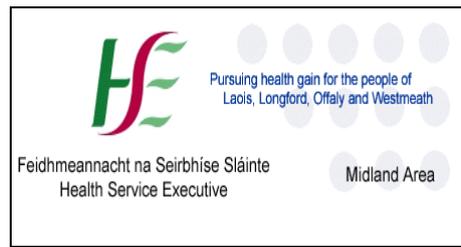
Lír Youth and Family Project

Evaluation REPORT

MARCH 2006

Report by

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Table of Contents

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Tables and Figures

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Tables

Figures

Chapter 1

An Introduction to the Lír Youth and Family Project

1.1 Introduction

There exists within Irish society a group of young people who are at risk of entering, or have already entered, secure state care because of juvenile offences and related behavioural problems. In response to the needs of such young people, the State has developed and enacted the Children Act, 2001, which emphasises the need for both child welfare- and juvenile justice- based responses. This report is an evaluation of the pilot phase of the Lír project, one such child welfare focused intervention, operated by Barnardos with HSE Midlands Area[1] funding, in Co. Westmeath.

1.2 Background to Lír

In 2001, an interested individual approached Barnardos and proposed funding an intervention project in the Mullingar area of County Westmeath for young people displaying challenging behaviour. The Regional Manager of Barnardos approached the HSE to discuss the type of service that would be beneficial in the area. At the time, a group of young people from the Mullingar area were displaying 'at risk' behaviour and were already known to HSE services. Some of these young people were at risk of entering secure care and others had previous contact with the care system. Seeking to address the problems with which these young people presented, Barnardos, the HSE and the independent funder agreed to jointly fund a project using principles broadly based on the model of Multisystemic Therapy.

Initially, the Regional Manager anticipated that staff would travel to the U.S. to train in Multisystemic Therapy and secure an official licence to practice. However, further investigation discovered that in order to secure a place on the course, staff members would have to be qualified in Social Work. In 2002, the service reviewed projects within Ireland which addressed similar target groups who practised Multisystemic Therapy and developed their own

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[1] The organisational change from the Midland Health Board to the HSE took place during the undertaking of this evaluation. For ease of presentation, in the main, the term HSE is used throughout the report.

methods of practice e.g. 'The Edge' in Castlebar and 'Extern' in Belfast. Upon completion of such a review, and equipped with information from the HSE in relation to Multisystemic Therapy, the newly appointed Project Leader put together a training package broadly based on the principles of the multisystemic theory. The review of similar projects also fed into the development of the terms of agreement regarding the operation of the Lír project. Outlined in the table below are the terms of reference as specified in the original Service Agreement drawn up between Barnardos and the HSE.

HSE & Lír Service Agreement Terms

- The overall purpose of the Pilot Project is to prevent young people being placed in secure care or detention by providing a community based intensive project of support and intervention, in partnership with the HSE.
- The project will work collaboratively with young people and their families/carers utilising a strength-based approach to facilitating positive change, including the development of effective social networks and support in their own communities.
- The project will provide tailor-made and intensive project of support and interventions to 'at risk' young people referred to the project.
- The service will ensure the development and maintenance of collaborative working relationships with local stakeholders representing the statutory, voluntary and community sectors.
- Lír recognise the statutory role, regulatory and public accountability responsibilities of the HSE and other relevant statutory agencies and will continue to co-operate fully with the HSE in this regard.
- The project will comply with all relevant statutory and legal obligations.
- Access to services will be determined by actual need for services and those requiring services will have them available as soon as possible, within the Terms of this agreement and subject to availability of resources.
- The service will maintain written records and statistics to aid evaluation and monitoring of the service and to aid requests for information under the Freedom of Information Act.
- The service will provide to the HSE progress reports on a six-monthly basis and an annual report outlining the work of the project.
- It will implement a comprehensive complaint procedure to respond effectively to complaints from service users.
- It will maintain systems, procedures and controls, which mirror the best practices of accountability in expending public funds.

Table 1: HSE & Lír Service Agreement Terms

1.3 Lír Evaluation

Part of the initial agreement between the HSE and Barnardos was that the Lír Project would run as a three-year pilot project (2001-2004) and would be evaluated upon completion of the three-year period. The agreement stated that future funding for the project would be dependent on the completion of the evaluation.

In 2004 the Child and Family Research Unit were employed to embark on an evaluation of the project. The objectives of the evaluation, as devised by Barnardos, were as follows:

1. Ascertain if the project has met its objectives.
2. Document what has worked, what has not, and why.
3. Document any unanticipated outcomes.
4. Clarify if the objectives meet the current needs of the client group i.e. are the objectives still relevant.
5. Consider what else the project could be doing to meet the needs of the client group.
6. Inform the practice of the project.

1.4 Evaluation Methodology

In February 2005 a Steering Group was established which comprised of the research team and representatives of the Barnardos organisation. The primary aim of the committee was to keep all relevant parties up to date in relation to research developments, as well as allowing the researcher to share and seek information regarding the work of the evaluation. The detailed evaluation methodology developed by the research team and approved by the Steering Group involved the following elements:

1. Review of literature (both national and international) and policy developments within the Irish context. This work allowed the evaluator to contextualise the Lír project and inform the review of its intervention model.
2. Documentary analysis of Service User Case Files.

3. Face to face interviews with:

- Service Users and their Families
- Project Staff and Management
- Staff in Referring Organisation/Services.

4. Telephone interviews with other services which Lír linked with in their work with participating young people.

In order to ensure that the research proceeded in an ethical fashion, for example in relation to issues of consent, doing no harm and confidentiality, a series of steps were followed.

1. Prior to conducting the field research an information leaflet describing the evaluation process was composed[2]. This leaflet was disseminated to all contactable past and current Lír service users, offering all an opportunity to participate in the evaluation process. The leaflet included details concerning the commitment required from prospective participants, details pertaining to confidentiality and anonymity as well as consent.

2. Upon reviewing the information leaflet, the prospective participants were asked if they wished to become involved in the evaluation process. Those who responded positively were asked to complete a consent form[3] that offered participants the opportunity to participate in face-to-face interviews and/or allowed their case files to be reviewed. It is important to note that young people were also asked to sign a consent form.

3. Upon gaining consent from participants the researcher embarked on a review of service user case files. The researcher only directly viewed client case files for which consent had been obtained. The remainder of the data was accessed on an anonymous basis through the Project Leader. Reviewing the client case files permitted the researcher to compile a client profile, as well as an outline of the reasons for referral,

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[2] See Appendix.
[3] See Appendix.

methods of intervention employed by the project staff, and overall outcomes for the service users.

A similar, ethically informed approach was adopted for fieldwork with other evaluation stakeholders, although in some cases, anonymity and confidentiality could not be guaranteed given the nature of the individual's roles.

1.5 Report Structure

The report consists of seven chapters in total. Chapter two outlines Lír's Project Model including information relating to the Barnardos / HSE partnership and project delivery e.g. the project team; recruitment, training and monitoring, supervision and case management. Chapter three contextualises the Lír Youth and Family Project outlining the existing policy structures, the services provided by the HSE, as well as research relevant to the utilisation of the adopted models of intervention. Chapter four provides a client profile, sketching the nature of the client group, the referral rationales, the interventions adopted and the outcomes for the service users. This chapter also incorporates an analysis of the costs and benefits of project provision. Chapter five outlines the perspectives of the young people and their families, while chapter six details the perspectives of the remaining stakeholders including the project team, the services which referred clients to Lír, and services with which Lír linked in its work with the young people. The final chapter, chapter seven draws the evaluation together, providing a set of conclusions, identified strengths and weaknesses and recommendations for the future.

Chapter 2
The Project Model

2.1 Introduction

The following chapter provides a detailed description of the model of intervention employed by the Lír Youth and Family Project. The chapter is broken into five sections covering: the intervention model; the project structure and team; recruitment and training; monitoring, supervision and case management; and funding.

2.2 The Intervention Model

The intervention model is outlined below under the following headings:

- The Initial Service Agreement
- The Target Group
- The Catchment Area
- The Referral Process
- The Agreement Meeting
- Intervention Period
- 'Wind down'

2.2.1 The Initial Service Agreement

In September 2002, the newly appointed Project Leader (with the assistance of the HSE) developed a training pack for staff members, which was loosely based on the theory of multisystemic practice.

Working to this model, the service began its recruitment process, with the intention of providing a service to young people for whom secure care was being considered, or was likely to be considered in the future. The overarching aim of the service was to prevent young people from being placed in secure care by providing them with a viable and effective community-based alternative which worked in partnership with the young people and their families in developing goals and interventions to address presenting difficulties. Such a task would focus on the strengths, talents and interests of the young people with the intention of building a positive

11

self-image, well-being and aspirations for the future. The service also anticipated reconnecting the young people and their families with existing supports in their own community.

While initial project planning materials do not refer explicitly to objectives, they are reflected in what are described as desired outcomes in those materials. In essence, the objectives cluster around project implementation (Referral; Engagement; Assessment; and Intervention Planning) and specific outcomes for young people and their families. The 'implementation' objectives relate to the undertaking of work in each of the four areas and achieving a standard of quality in doing so. The 'outcomes' focused objectives relate to positive changes for young people and their families, for example reduction / cessation of involvement in criminal activity, involvement in education, training and recreational activities and improved relationships. Such outcomes were expected to be young person and family specific rather than standard across the project participants.

2.2.2 The Target Group

The following are the criteria for selection of service users developed for the service:

'Young People aged 12-17 years (male or female) who are experiencing significant difficulties in their lives such that a secure placement is:

- *being considered*
- *likely to be considered in the future.'*

Service users are required to be between the ages of twelve and seventeen. For the most part, participants have been in trouble with the law and have had contact with the juvenile liaison service; been in trouble at school or have been truanting; have caused trouble in the family home; were associating with negative peer groups and had no involvement with recreational activities. The service aims to proactively work with young people living in the family home, who have not yet entered residential care, with the view to preventing such a placement and improving familial relations. Such young people are considered to be 'high risk' in that they are experiencing serious dysfunction, at risk of family breakdown and run the ultimate risk of being placed in residential care outside the family home. The levels of risk which young

people experience can be viewed at different levels. Hardiker et al's 1991 model (below) is now quite well known and useful in thinking about how service responses should be developed:

Level 1
All Children and Young People
Universally Available Services

Level 4
Children in Need of Rehabilitation
Specialist Intervention

Level 3
Children in Need in the Community
Supportive Intervention

Level 2
Children who are Vulnerable
Support Services
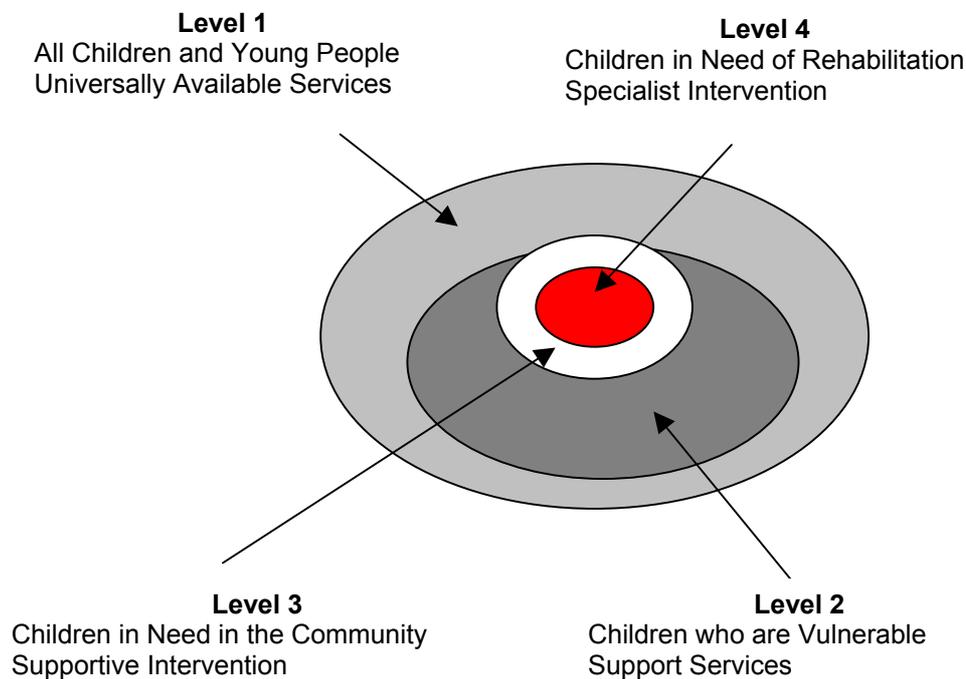
Figure 1 - Hardiker's Levels of Need Model

The levels in Hardiker et al's model are distinguished as follows:

- **Level 1** - Universal services provide the social and economic infrastructure to secure overall well-being among children and young people, in relation to housing, education, health provision, income support, child care and so on.

- **Level 2** – Services targeted at vulnerable groups and communities include early childhood development, parental education and guidance, intensive pre-school care and education, parent support and drop-in centres.

- **Level 3** – Services at this level target children and families who are identified as experiencing serious dysfunction, stress and risk of breakdown. Interventions aim to restore family functioning and (re)establish links between parents and children.

- **Level 4** – These services attempt to secure the best options for the family and child in the immediate and longer term, when services from level 1 to 3 do not prevent family breakdown and children are placed in care outside the home.

13

Following Hardiker, and reflecting on the range of activities in which the Lír project is engaged, it is possible to locate a role for the project in relation to young people at levels three and four.

The young people, with whom the project has worked, come from very different social backgrounds. To date a total of fifteen families have been worked with, with more than one young person being engaged with from some families. Project Workers have worked with a total of 22 young people intensively since inception. The initial target group has been adapted over time, in order that available services in the area do not overlap. Since mid-2004, Lír came to an agreement with the HSE that it is best placed to work with young people before or as they enter residential care where there are family members willing to engage with the service.

The initial planning process for the Lír project identified a range of outcomes which the project hoped the young person would achieve as a result of the intervention, the main outcomes include the provision of a positive level of safety for the young person, improved relationships between the young person and his/her family, a reduction or elimination of self-risking behaviours, a significant reduction or cessation of involvement in criminal activity and positive involvement in education, training, employment and recreational activities.

2.2.3 The Catchment Area

The Lír service was initially set up to solely provide for the town of Mullingar, Co. Westmeath. However, when the team went about selecting participants it learned that families awaiting intervention within the Mullingar region were not most in need of the service and therefore Lír accepted service users from Longford. As the project became more established, it became confined to Co. Westmeath (predominantly the townlands of Mullingar, Athlone and hinterlands).

2.2.4 The Referral Process

Although the Lír service receives the majority of its referrals from the Social Work Department of the HSE, Midland Area it considers all referrals, from all possible sources. The service initially conducted a 'waiting list' procedure, which involved accepting all referrals from all sources, and keeping those contact details until a member of staff was available to work with that family. However, this procedure allowed prospective clients to remain on a waiting list for some time before being offered a place. Because of this, Lír later reviewed their referral procedures and decided to modify the process. The following flow-chart displays Lír's current referral procedure:

```
          ┌────────────────────────────┐
          │   Project worker coming to  │
          │  an end of intervention with│
          │        service-user         │
          └────────────────────────────┘
                        │
                        ▼
     ┌──────────────────────────────────────┐
     │ Contact made with HSE Social Work team to │
     │  inform them that Lír will be in a position to │
     │   offer a place to a young person within a │
     │          specific period of time          │
     └──────────────────────────────────────┘
          │                              │
          ▼                              ▼
┌──────────────────────┐   ┌──────────────────────────┐
│ If HSE Social Work Team │  │ If the Social Work Team does not │
│ has a client who requires│  │ have an appropriate referral, Lír │
│ such a service, it submits a│ │ access a new participant for the │
│ formal referral to the   │  │ project via other HSE and non-  │
│ project                  │  │ HSE channels                    │
└──────────────────────┘   └──────────────────────────┘
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Figure 2 – Lír Referral Process

The following table outlines the services from which Lír have received referrals to date:

Bodies from whom Lír received referrals to date	Number of referrals received
Social Work Department	19
Psychology Department	5
TOTAL	**24**

Table 2: Referrers to the Lír Service

The five referrals routed via the psychology department were also known to the social work department.

2.2.5 The Agreement Meeting

Upon completion of the referral process, the assigned Project Worker makes initial contact with the young person and family being referred to Lír. A sequence of meetings designed to agree on the terms and goals of the intervention process are then held with the young person and his/her family. At the end of this period an 'Agreement Meeting' is held between the assigned Project Worker, the Project Leader, the young person referred and his/her parents/carers and, on occasion, a representative of the referring service. The meeting is designed to offer the family unit an opportunity to express the strengths and positive characteristics of the young person.

2.2.6 Intervention Period

The recommended intervention period with a young person and his/her family is six months, including the initial agreement process. In an ideal situation, the assigned Project Worker and the family work through a six to twelve week agreement process within which the Project Worker identifies strengths, needs and goals. Such a process culminates in the 'Agreement Meeting' detailed above. If, having carried out the agreement process, the Lír service is in a position to offer a beneficial service to the family a comprehensive work plan is implemented. However, in a majority of cases immediate intervention is required, and so intervention may run parallel to the agreement period.

The assigned Project Worker draws on the two main models of intervention, notably the Multisystemic Therapy model and the Solution Focused Brief Therapy model (see chapter three for a detailed description of the models) when working with the young people. Delivery of the service is on an outreach basis and the project team are available and accessible to young people and families on a flexible basis, outside of the regular 'nine to five' hours[4]. The project aims to consult all other agencies working with the young people and their families in order to prevent duplication. A major aim of the project is the empowerment of young people and their families to draw on their own resources and to develop their coping and decision-making skills, so that they may be in a position to resolve any difficulties which they may be facing. The Project Worker reviews his/her practice, and the progress of the family on a regular basis. It is this reflective process that helps decision-making about ending the intervention.

2.2.7 'Wind down'

The intervention period draws to a close once it has become obvious to both the Project Worker and the young person and his/her family that they are in a position to rely on their own resources and solve their own difficulties or dilemmas. This process of closure is termed the 'wind down' period and ordinarily consists of a meeting which allows the Project Worker to outline the achievements of both the young person and his/her family, and their ability to 'cope' or deal with difficult situations using their own resources. In agreement with the family, a suitable time period within which the intervention process will cease is decided upon.

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[4] During 2005 an average of just over 70% of project workers time was spent working with service users between 9am-5pm, just under 20% of their time was spent with service users after 5pm and almost 10% was spent with young people during weekend periods. This contact includes both face-to-face and telephone contact.

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┌─────────────────────────────────────────┐
│   Space available for intervention with new │
│              service user                 │
└─────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────┐
│   Local Social Work Dept. contacted      │
│       re: availability of space          │
└─────────────────────────────────────────┘
         │                        │
         ▼                        ▼
┌──────────────────┐    ┌──────────────────┐
│ Social Work Referral │  │ Social Work Referral │
│    Available      │    │   not Available    │
└──────────────────┘    └──────────────────┘
         │                        │
         ▼                        ▼
┌──────────────────┐    ┌──────────────────────┐
│ Referral Submitted to │ │ Professional Service (other │
│       Lír         │    │ than S.W.) contacted re: │
│                   │    │   availability of place │
└──────────────────┘    └──────────────────────┘
         │                        │
         └──────────┬─────────────┘
                    ▼
┌─────────────────────────────────────────┐
│      Agreement Process followed          │
│        by Agreement Meeting              │
└─────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────┐
│        3-6 Month Intervention            │
│      Period / Agreement Process          │
└─────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────┐
│        Regular Review of Progress         │
└─────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────┐
│               Wind-down                   │
└─────────────────────────────────────────┘
```

Figure 3: The Intervention Model

2.3 The Project Team

The Lír project currently comprises of four staff members – one Project Leader, two Project Workers and one Administrator. The Project Leader has responsibility for one case and the Project Workers have responsibility for two cases at any one time. Lír's agreement with the HSE, Midlands Area is that the project should work with 10 cases over a twelve month period. Based on an assessment / intervention period of six months, this means that Project Workers hold four cases each and the Project Leader holds two over the twelve month period. The Administrator works on a part-time basis, and has responsibility for all paperwork within the project including budgets, payroll, expenses, bills. The Administrator also acts as an information officer. Figure 4 locates the project within the wider Barnardos organisation.

```
          ┌─────────────────────────┐
          │   Barnardos Senior      │
          │     Management          │
          └─────────────────────────┘
               ⇓              ⇓
          ┌─────────────────────────┐
          │   Barnardos Regional    │
          │   Assistant Director    │
          └─────────────────────────┘
               ⇓              ⇓
          ┌─────────────────────────┐
          │     Project Leader      │
          └─────────────────────────┘
          ⇓                        ⇓
┌──────────────────┐      ┌──────────────────┐
│  Project Workers │      │   Administrator  │
│                  │      │    (Part-time)   │
└──────────────────┘      └──────────────────┘
```
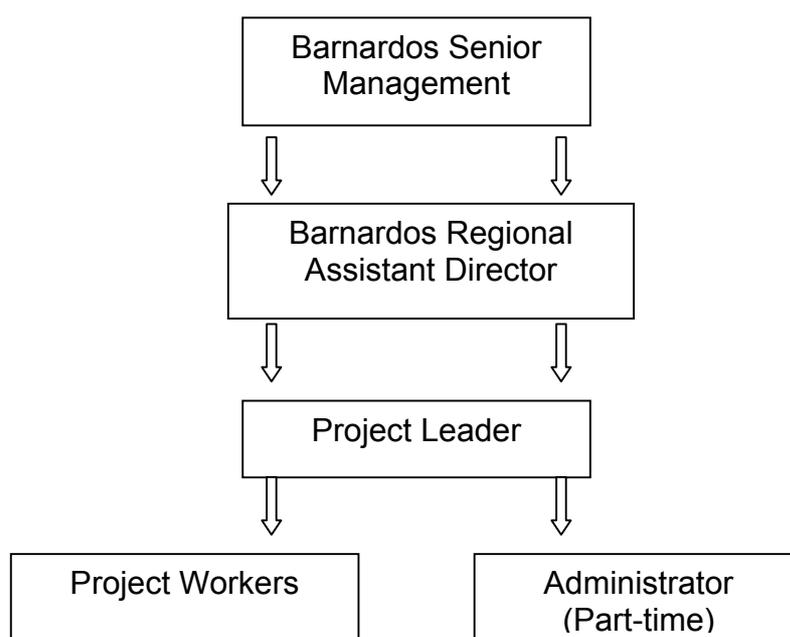
Figure 4: Lír Organisational Chart

2.4 Recruitment and Training

Procedures for the recruitment and training of both full-time and part-time staff members of the Lír Youth and Family Project are uniform. Advertisements for vacant positions are placed in the national press and the Barnardos website and detailed job specifications made available. New staff members employed by the Lír Youth and Family Project are required to attend both an induction course, which outlines the policies and procedures of the Barnardos agency, and a two-day training course on Solution Focused Brief Therapy model currently utilised by Lír Project Staff. Lír staff members regularly attend training courses with colleagues from other Barnardos services in the midland area.

2.5   Monitoring, Supervision and Case Management

The Regional Assistant Director meets with the Project Leader on a monthly basis to supervise and support his practice and to deal with any case-specific difficulties. Supervision also occurs on a monthly basis between the individual Project Workers and the Project Leader. Such supervision acts as a personal support mechanism rather than a caseload supervision exercise. Case Management takes place under less formal procedures. The Project Leader and Project Workers regularly discuss their cases (often on a day-to-day basis), as well as any difficulties they may be facing. Team Meetings occur on an informal basis, as a discussion rather than a formal Team Meeting. Peer support also occurs on an informal basis. Cases are discussed amongst all staff members, which allows other staff members to give their perspective on particular difficulties. Lír Project Workers are required to be flexible in relation to contact by service users. Thus, if a service user needs intense support, the Project Worker will assign out-of-hour times within which he/she can be contacted on the telephone.

2.6   Funding

The average cost of operating the Lír Youth and Family Project for 2003 and 2004 was just under €240,000. The following table outlines the breakdown of expenditure for the years 2003 and 2004 respectively:

ANNUAL BUDGETS 2003 & 2004		
Staff Costs	**2003**	**2004**
Salaries	157,247	167,333
Management Costs	30,499	17,320
Staff Expenses	8,000	11,000
Training Costs	2,000	3,000
Staff Recruitment	1,000	1,000
Contract Costs	-	17,500
Total Staff Costs:	**198,746**	**217,153**
Project Delivery Costs	**2003**	**2004**
General Project Costs	8,500	8,873
Telephone Costs	3,280	3,500
Office Costs	3,080	3,450
Total Prog. Delivery Costs:	**14,860**	**15,823**
Premises Costs	**2003**	**2004**
Insurance	1,300	2,000
Rent	15,237	6,300
Premises Maintenance	972	2,000
Heat & Lighting	2,000	1,640
Cleaning	710	588
Total Premises Costs:	**20,219**	**12,528**
Total Cost of Project:	**€233,825**	**€245,504**

Table 3: Lír Annual Budgets 2003 and 2004

In relation to calculating the cost per young person utilising the Lír project, the simplest way to calculate the cost is to divide the number of young people who utilised the service in any one year by the total cost of running the project. Averaging the costs over two years on the basis of ten young people each year suggests a cost per young person, per annum of €23,966.

Chapter 3

Contextualising the Lír Youth and Family Project

3.1 Introduction

This chapter contextualises the operation of the Lír Project by describing its:

1. Geographic and demographic context of operation
2. Key policy and legislative developments which directly affect its operation
3. Location within the HSE and Barnardos service; and other community based services..

The chapter ends with a brief review of research relevant to the intervention approach that it has adopted.

3.2 Profiling Westmeath

County Westmeath is situated in the midlands of Ireland. The population of the county is 71,858 persons (35,960 males and 35,898 females, representing 2% of the national total)[5]. The population is constituted by 23,360 private households with an average number of three persons per household in the region. A total of 27,963 young people aged between 0-24 years reside in county Westmeath, of those 3,172 (11%) live in Mullingar and 3,096 (11%) live in Athlone (CSO, 2002). The main towns from which Lír draws its client base are Mullingar and Athlone, both of which are located within Westmeath, the latter situated on the county's border with Roscommon. Figure 5 below outlines the geographical locations of Mullingar and Athlone.

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[5] http://www.cso.ie/statistics/popnofeachprovcountycity2002.htm
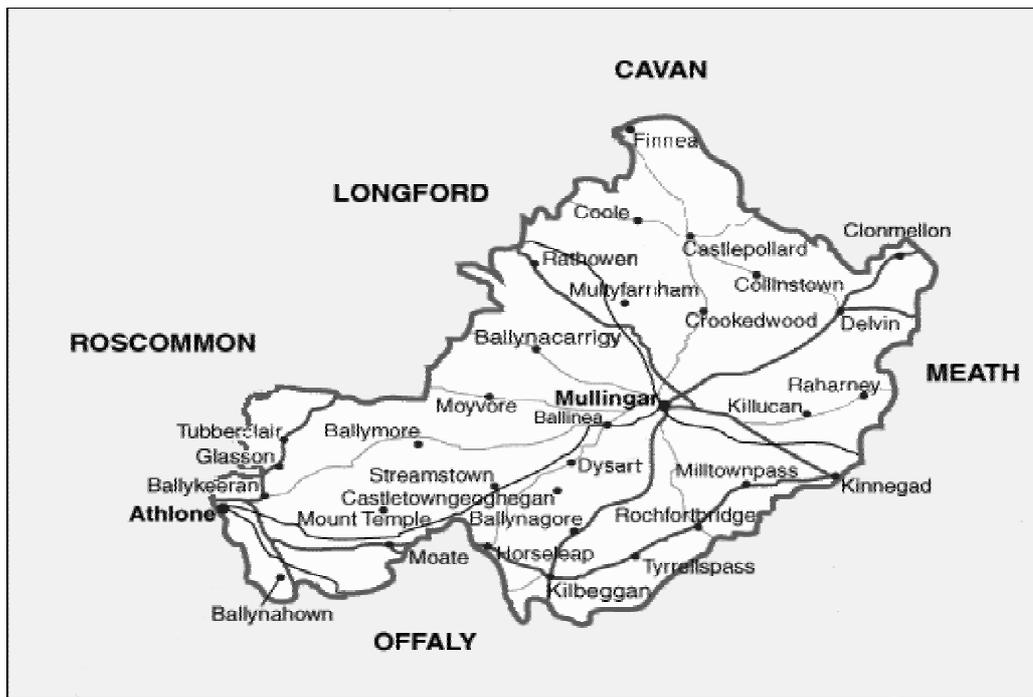
Figure 5: Map of Co. Westmeath

3.3 Irish Legislation and Policy Developments

Until 1991 the only legislation referring to children's welfare in the Irish Republic was the Children's Act, 1908.   From 1991 onwards Ireland witnessed an upsurge in both legislation and regulations relating to children and their wellbeing.   An analysis of that more recent legislation and policy leads one to conclude that the daily delivery of the Lír service is primarily influenced by a number of recent developments, not just relating to welfare policies and legislation.   Although Lír is primarily concerned with the welfare of children and young people it also (i) actively promotes the inclusion of children and young people's voices, (ii) attempts to link children and young people back in with education, training and/or employment, and (iii) endeavours to educate children and young people regarding the consequences of their actions.   For this reason it is necessary to outline five relatively recent legislative and policy developments.

In 2001 the Children Act provided a fresh approach to juvenile justice in Ireland. It placed significant emphasis on the provision of alternatives to and prevention of sentencing within Ireland. Crucially, from the perspective of the HSE it placed a new duty on it to respond to the needs of non-offending 'out-of-control' children and young people. One possible implication of this was a

23

requirement on the HSE to provide residentially based care. Given the high cost of such provision the HSE preference has been for community-based preventive and supportive intervention. This act also provided for the statutory establishment of *Family Welfare Conferences* and the *Garda Diversion Project* (already in place, but not on a statutory basis).

The enactment of the Child Care Act in 1991 directly imposed a statutory responsibility on the HSE to promote the welfare of all children in the Republic i.e. 0-18 years, particularly those who were not receiving adequate care and protection in the home. An interesting point to note in relation to this evaluation was that the legislation established that it would be in the best interest of the child's development to remain within the family home when and where feasible, with juveniles only being placed in state care in exceptional circumstances. Therefore the legislation was identifying a core role in both preventative and community-based projects similar to that which Lír provides, as well as imposing a responsibility on the HSE to allow for such a provision.

A primary aim of the Lír service is the re-integration of young people into education, training or employment. Relevant legislation in this respect is the Education Act 1998, which includes a focus on educational disadvantage and seeks to ensure that every young person gains a good quality education which is appropriate to his/her needs, with additional support services being provided where needed. In 2002, the Education (Welfare) Act 2000 was adopted and came into effect. The primary aims of this act include the statutory assurance that all children are provided with minimum standards of education and the registration of children being educated outside the regular school system. Most important, in relation to this evaluation is its emphasis on truancy and the adoption of measures for its prevention.

Other relevant legislation relating to the Lír service is the Youth Work Act, 2001. Youth work in this context is defined as having the purpose of "…aiding and enhancing the personal and social development of young persons through their voluntary participation, and which is:

(a) complementary to their formal, academic or vocational education and training;

(b) provided primarily by voluntary youth work organisations (Department of Health and Children, 2001, P1, Section 3)"

This act is important in that it is the enabling legislation for youth work services in Ireland, a significant possible resource to Lír during and post intervention. A further significant dimension of this act is its commitment to the resourcing of preventative projects.

The ratification of the United Nations Convention on the Rights of the Child (UNCRC) by the Irish Government in 1992 outlined specific rights for all children and young people. The document was broken into four distinct sections, notably:

(a) Prevention – which aimed to provide children with such rights as would prevent him/her from suffering.

(b) Protection – which advocates for the protection of all children and their rights.

(c) Provision – that all state parties would provide such rights for their children.

(d) Participation – that all children have a right to be consulted on all matters which affect them.

The ratification of the UNCRC resulted in the development of the National Children's Strategy. Launched in 2000 it provided that all children should be afforded with "…a voice in matters which affect them and views will be given due weight in accordance with their age and maturity" (Ireland, 2000, p.30). The strategy stated that all work with children should be performed in a holistic manner i.e. that all aspects of a child's life should be taken into consideration when ascertaining how to intervene. Therefore, the National Children's Strategy not only accentuates the vital importance of community-based and family intervention models but also resulted in a rise of awareness surrounding the importance of consulting with children and giving them a voice in matters which affect them.

3.4 Services Context

 The Lír project is considered under the following headings:

- The HSE, Midlands Area
- Barnardos
- Community, Education and Training Services in Co. Westmeath.

The HSE, Midlands Area

The Lír Youth and Family Project operates as a support to the Longford / Westmeath Social Work and Family Support Services of the HSE (HSE), Midlands Area. The main functions of the HSE, Midlands Area in relation to the care and protection of children are drawn from Irish statute; in particular the Child Care Act, 1991, and include:

- Identifying children who are not receiving adequate care and protection.
- Co-ordination of information relating to children in the HSE area.
- Regarding the rights and duties of parents (under constitution or otherwise).
- Regarding the welfare of the child as the first and paramount consideration.
- Giving due consideration, having regard to his/her age and understanding, to the wishes of the child.
- Have regard to the principle that it is generally in the best interests of a child to be brought up in his/her own family.[6]

Provision of such functions by the HSE occurs through the provision of services through the Social Work and Family Support Services. Such services include:

- The provision of therapeutic counselling and practical support for children individually or to their parents and the family unit.
- The development and provision of group work with children involving drama, sports, social skills and summer camps.
- The placement and supervision of children in care.

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[6] Extracted from:
http://62.73.160.95/mhb/OurServices/FreedomofInformationDataProtectionOffice/FreedomOfInformation/Publications/Section15/DirectoryofServices/CareGroupServices/ChildFamilyCareGroups/SocialWorkFamilySupportServices/

- The assessment of suspected cases of child abuse.

- The provision of services to victims of domestic violence.

- The provision of an adoption and foster care service which includes assessment for foreign and Irish adoption and placement with relatives.

- The provision of services to adolescents including those who are homeless.

- The provision of an after care service.

- The provision of a tracing service for children and their birth parents[7].

Barnardos

Barnardos is a children's charity which was established as an independent Irish organisation in 1989. The organisation's mission is to '…challenge and support families, communities, society and government to make Ireland the best place in the world to be a child, focusing specifically on children and young people whose well-being is under threat'[8]. Barnardos provide a number of services to children and young people including:

- Family Support Services – which work directly with children and families (of which Lír is one)

- Sólás – a bereavement counselling service for children

- Beacon – a 'Guardian ad Litem' service for children

- Origins – an information and 'tracing' service, which assists adults who, as children, were resident in state residential centres in tracing their past

- And finally a National Children's Resource Centre service – which provides information, training and publications relating to children.

In mid-2005 Barnardos launched a 12-year strategy which aims to work on the basis of the 'whole child' i.e. including the involvement of children's families and communities. The organisation aims to work with children from birth to fifteen years of age achieving positive outcomes for their educational, emotional and social development. The organisation aims to focus specifically on children whose well being is under threat (Barnardos, 2005).

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[7] ibid.
[8] www.barnardos.ie

Community, Education and Training Services in Co. Westmeath

According to the National Centre for Guidance in Education website[9] a range of services providing support and assistance to young people operate in the Co. Westmeath area. The majority of those services aim to integrate and support young people in their transition to employment/training or support them in their education. The website outlines three such community-based projects:

- The 'Mullingar Congress Centre' (aiming to provide young people with information regarding employment, career guidance and training in interview techniques);
- The 'Mullingar Training Development Agency' (aiming to support and train early school leavers) and
- The 'Westmeath Community Development' service (aiming to prevent underachievement within the educational system).

Three similar projects exist within Athlone:

- 'Athlone Youth Enterprise' which aims to develop young peoples' communication and social skills consequently enhancing their employment prospects;
- The 'Transition to Working Life' project (developed by the Athlone Community Taskforce) which aims to empower young people to seek employment or training and
- The 'Midlands Area Youth Services' project which aims to enhance young peoples' usage of opportunities within the school environment.

3.5   Significant Research

While the service domain within which Lír operates is child and family care and welfare, the project's orientation is towards 'high-risk' young people whose needs place them on the borderline of/or actual involvement in the juvenile justice system. For this reason and because we know that there is a strong correlation between care / welfare needs, and juvenile offending and arrest (Maxfield and Widom, 1996), the main literature explored here concerns juvenile justice.

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[9] http://www.ncge.ie/location.asp?id=Westmeath

Travis Hirshi (1969) theorised that delinquency results when an individual's 'bond' to society is weakened and that the sharing of commonality with other members of society as a whole acts as an inhibitor of criminal acts. He maintains that 'Social Control' is reliant on three particular traits within society; firstly that a person's relationship with his/her immediate family, parents and friends is particularly important in controlling the frequency of juvenile behaviour. Secondly, Hirshi argues that individual engagement in activities e.g. employment and education, acts as a deterrent to the likeliness of engaging in criminal activities. Finally, he asserts that positive engagement in society affords an individual access to desirable outcomes, which in itself can act as a deterrent (i.e. the more an individual stands to loose by engaging in criminal/offending behaviour, the less likely he/she is to become involved in such activities).

While Hirshi's theoretical approach is useful, over time our understanding of the nature of problem behaviours in young people has become more sophisticated. One representation of this growth in knowledge has been the development of the concept of risk and protective factors. These concepts have particular resonance in the field of juvenile offending and related behavioural problems. The risk factors increase the occurrence and likeliness of a young person confronting difficulties and protective factors play a defensive role in relation to juvenile offending and related behavioural problems. As outlined by Wasserman et al (2003) particular domains within a young person's ecology or environment can increase the probability of risk:

- Individual child - early antisocial behaviour, emotional factors, poor cognitive development, low intelligence, hyperactivity;
- Child's family - parenting, maltreatment, violence, divorce, parental psychopathology, familial antisocial behaviours, teenage parenthood, family structure, family size;
- Child's peer group - association with deviant peers, peer rejection;
- Child's school - failure to bond at school, poor academic performance, low academic aspirations;

- Child's neighbourhood - living in a poor family, neighbourhood disadvantage, disorganised neighbourhoods, concentration of delinquent peer groups, access to weapons; and
- The media.

In contrast to the risk factors outlined above, research by Sarah Beinart et al, (2002) states that protective factors assist in decreasing the probability of juvenile offending and related behavioural problems, and that (as above) particular domains within a child's environment play a role in the likelihood of occurrence:

- Strong bonds with family, friends and teachers;
- Healthy standards set by parents, teachers and community leaders;
- Opportunities for involvement in families, schools and the community;
- Social and learning skills to enable participation; and
- Recognition and praise for positive behaviour.

Hence, from an intervention perspective a reduction in risk factors and a focus on protective factors and early intervention within the social ecology of the young person have potential for the prevention of future problems relating to juvenile offending and related behavioural problems. One such intervention approach is Multisystemic Therapy (MST) which was developed by Henggeler et al in the late 1970's in the United States (Potter and Mulkern, 2004). MST is based on "the multisystemic approach to treatment and prevention of behaviour problems in children and adolescents" (Borduin et al, 1995). The approach addresses interpersonal and systemic elements and involves *"present focused and action-oriented"* interventions (ibid.). Because the model recognises the role of different factors within the young person's ecology, interventions are individually tailored. Interventions are delivered in the home and intervention goals should ideally be family-driven. Fidelity to the treatment approach and principles, as well as on-going supportive training is seen to be key to intervention success (Henggeler et al, 1997; Henggeler, 1995).

Although MST is predominantly based on family-system theories of behaviour (predominantly the 'Family Preservation Model' which accentuates the

importance of treatment occurring in the young person's natural environment e.g. home, school, community), it also draws on broader social ecological conceptualisations such as Bronfenbrenner's (1979) theory.   Bronfenbrenner proposes that all individual's are positioned within a complex network of systems e.g. the family, peers, school, and community which are all interconnected, and indeed interdependent.   Any such systems be it individually or combined play a huge role in the influence of a child/young person's behaviour.

It should also be noted at this point that various individual studies support the efficacy of MST approaches in crime prevention and related areas (Hengeller et al, 1992, 1995, 1996, 1997).   The approach is also supported in wider research reviews.   For example, in a review of empirically supported interventions for conduct disorders, Kazdin (1998)[10] cites MST as among the more promising treatments for adolescents with pervasive conduct problems. Cost-benefit research by Aos et al (2001) identifies strong significant effect sizes and value for money of MST approaches in reducing crime. Farrington and Welsh in their 2003 meta-analysis included MST approaches among the range of projects achieving significant, sustainable impacts on delinquency.

Another model that reflects risk and protective factors is the Solution Focused Brief Therapy (SFBT) Model (deShazer, 1985). This approach aims to:

- Build on any positive relationships which may already exist in the young person's life e.g. with grandparents, uncles, peers etc.

- Engaging and involving families in the assessment process i.e. assessing children's needs.

- Encourage the child and family to identify and outline goals in relation to addressing those needs.

- Developing individual plans designed uniquely for each child/young person involved.

- Outlining and focusing on clear goals which have been established by and on behalf of the young person and his/her family (Wiig, 2001).

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[10] Kazdin, A. (1998) 'Psychosocial treatments for conduct disorder in children'. In Nathan, P.E. & Gorman, J.M. (eds.) *A Guide to Treatments that Work.* New York: Oxford University Press.

Therefore, the overall role of the model is not to focus on the overlying problems/difficulties being faced by the client, but rather to focus on the strengths of that client, which often act as a catalyst of change. Another important and indeed unique aspect of the model is the change in roles for the therapist. Often in the past, therapists have acted as the 'experts' in the intervention project providing their expertise to encourage and develop change. The SFBT model encourages a collaborative approach between the therapist and the client. The client is deemed the authority on the best methods of reaching their goals and hence determines what those goals are and how they will be reached – "the clearer the client was about his or her goals the more likely it was that they were achieved" (Iveson, 2002). Therefore the therapist acts as a guide in reaching the goals rather than an expert on methods of reaching them.

Another unique aspect of the SFBT occurs in the early stages of the intervention, and works on the basis that the therapist asks the client to identify a problem (no matter how trivial) they encountered over the past few weeks and how they resolved that problem. This exercise allows the client to understand that they are the catalysts of change, and that they have the power to make changes on their own. Overall, the SFBT model requires the practitioner/therapist to firstly recognise that the client is facing adversity, then to admire him/her for facing such adversity, followed by encouraging and complimenting the client. The therapist must also place emphasis on his/her past achievements, no matter how small: "Recognising the extent of the client's problem and complimenting him on his courage and perseverance were the key interventions (Iveson, 2002).

In terms of success from the SFBT approach, Kramradt (2000) discovered that outcomes for young people with mental health needs included a 60% decrease in the number of young people transferred to residential care. In a review of 15 controlled studies on outcomes, Gingerich (2000) found preliminary support for SFBT efficacy, with four out of five well controlled studies among the set of 15 showing positive outcomes.

3.6 Chapter Summary

The Lír Youth and Family Project is a Barnardos run project, which responds to HSE, Midlands Area statutory responsibilities under the Children Act, 2001 and the Child Care Act, 1991. The primary aim of the project is to prevent young people on the verge of entering the juvenile justice system from doing so by working with them in a holistic manner within the family home, except in exceptional cases. The project operates primary in Westmeath. Although a pure form of neither, Lír's model of operation reflects two distinct approaches: Multi-Systemic Therapy and Solution Focused Brief Therapy, both of which echo implications from recent research on risk and protective factors in preventing young people's entry into juvenile justice systems.

Chapter 4

A Profile of the Lír Youth and Family Service Users

4.1 Introduction

This chapter provides a detailed outline of the service users' backgrounds, their identified needs and the outcomes for them from their involvement with Lír. The chapter also contains a brief comparative analysis of project costs.

4.2 Service Users' Profile

The following profile was developed using data from service users' case files. Ideally each service user file should have contained a Referral Form, with information pertaining to the reason for referral, educational career, and past involvement with other services; a Working Agreement Form; regularly updated information regarding service user progression; and a Closing Meeting Form. Of the fourteen case files examined, only a small proportion contained all of the relevant documentation. However, it was possible to access information not contained in project files from the Project Leader. Once all the relevant information was collated, a database was developed containing the service user's age, gender, living arrangements, education and training, history of drug/alcohol use, history of involvement with the Gardaí / courts and role of the referrer.

4.2.1 Gender and Age

Since inception twenty-four young people have been referred to the Lír service. Thirteen (54%) were male and eleven (46%) were female. Twenty-two (92%) were aged between 12 and 17 years of age. The youngest service users were aged ten years when referred to the service.
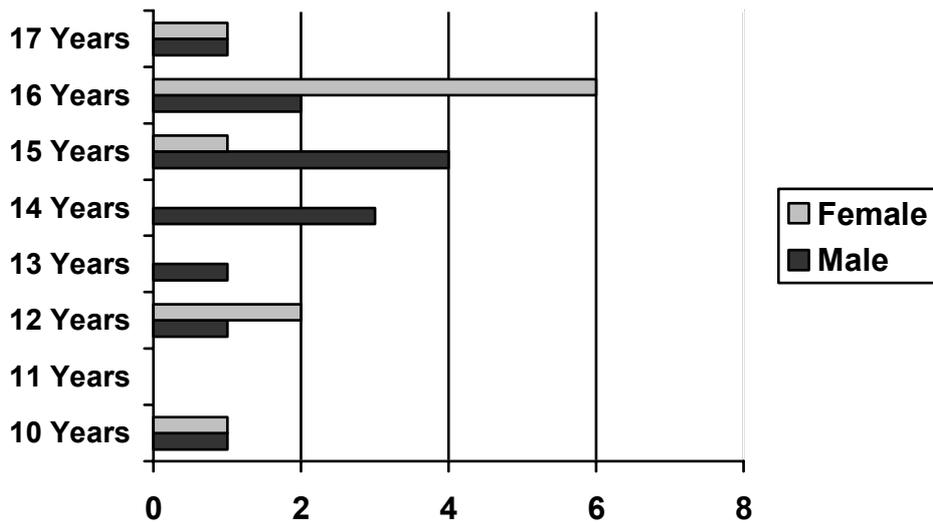
Figure 6: Age Profile of Service Users

4.2.2 Living Arrangements

At the time of referral fourteen (58%) of the young people were living at home with their families, three (13%) were in residential care, three (13%) were living with relatives, three (13%) were living with friends and one (3%) young person was living in a 'Bed & Breakfast'.
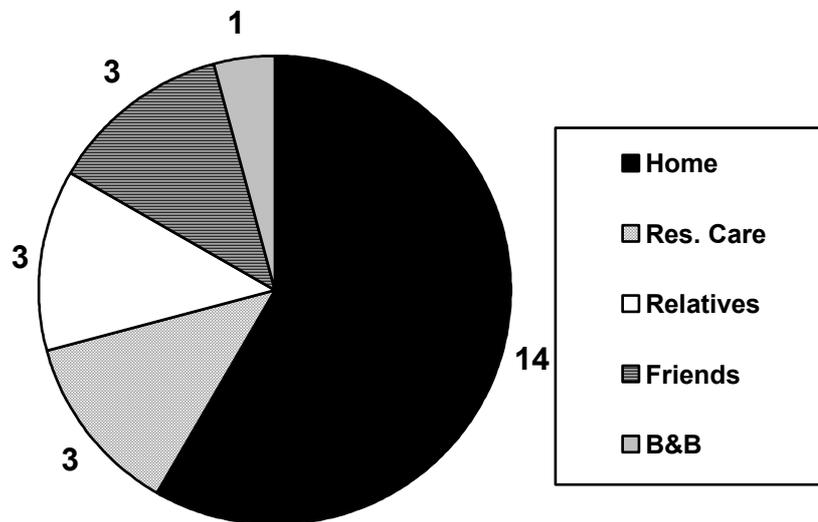
Figure 7: Living Arrangements of Service Users

4.2.3 Family Composition

For ten (42%) of the young people, both parents were living in the family home. Twenty-one (88%) of the young people's mothers were living in the family home and ten (42%) of the fathers were living in the family home.
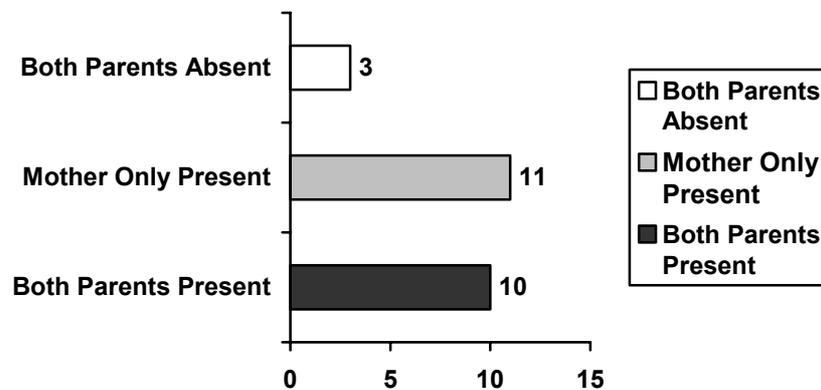

Figure 8: Parental Residence of Service Users

In relation to the economic status of the young people's parents ten (42%) fathers were in employment and five (21%) mothers were in employment. Fourteen (59%) of mothers were 'homemakers'.
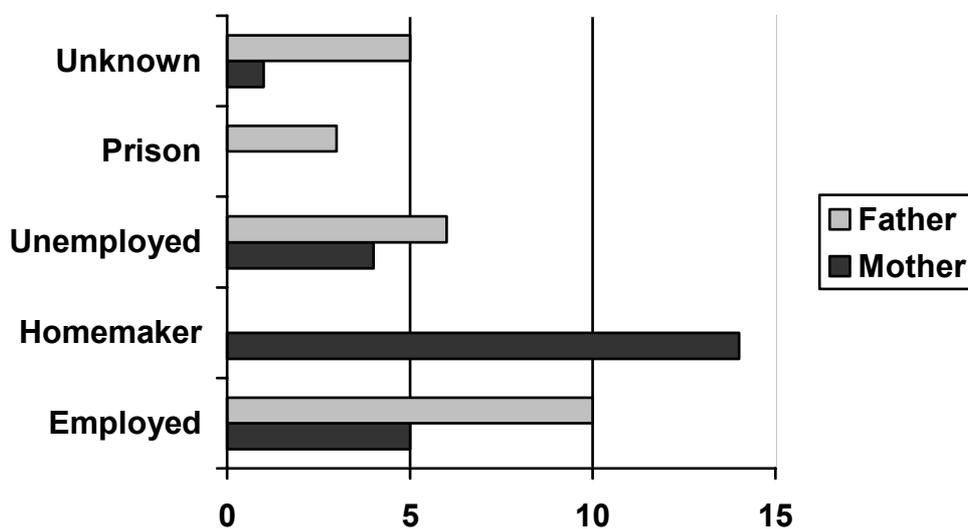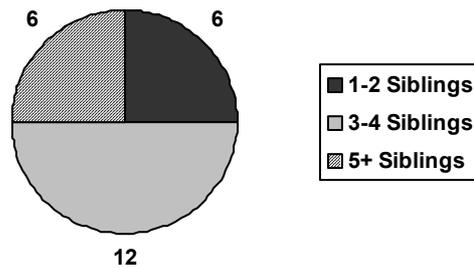

Figure 9: Parental Economic Status

Of those young people referred and accepted to the Lír service, six (25%) had one/two siblings, twelve (50%) had three/four siblings and six (25%) had more than five siblings.

Figure 10: Service User Siblings

The total number of siblings was seventy-eight. Of those fifty-five were in some form of education or training when the young person started working with Lír. Ten (13%) were in employment and four (5%) were unemployed. The status of nine (11%) of the siblings was unknown.
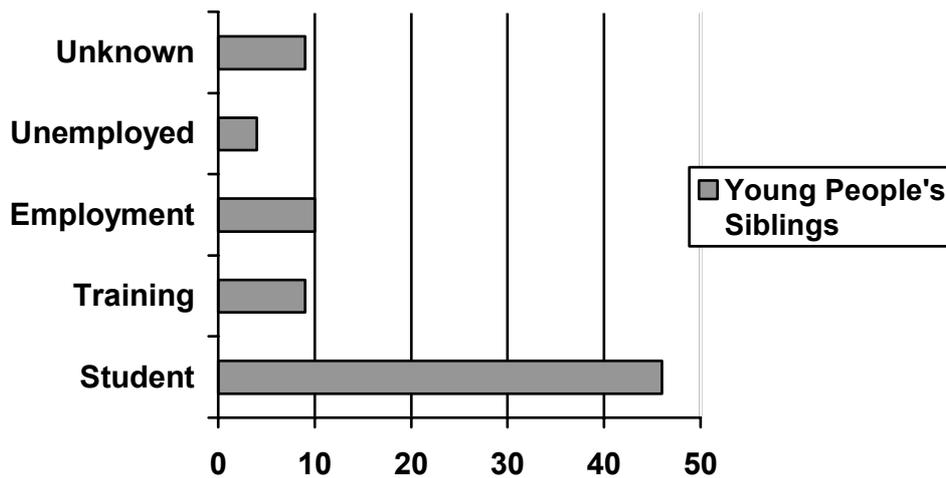
Figure 11: Sibling Economic Performance

4.2.4 Education and Training

For many of the young people who were referred to the Lír service, issues such as school attendance and training needs were significant reasons for referral. Seven (30%) of the young people were not attending any formal education or training at the time of referral. Two (8%) of the young people were sporadically attending training. Eleven (46%) were attending mainstream school, two (8%) were attending Youth Reach and two (8%) were regularly attending a training centre.
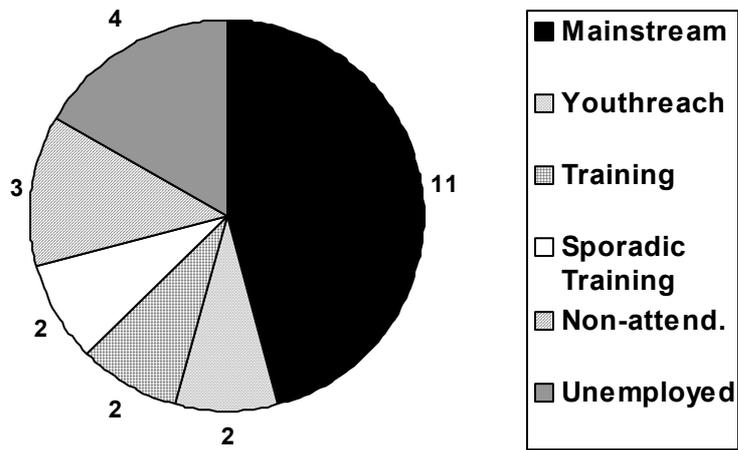
Figure 12: Educational & Training Attendance of Service Users at Time of Referral

4.2.5 History of Drug/Alcohol Use

Twelve (50%) of the young people referred to Lír had a history of both alcohol and some form of illegal/legal drug use, one young person had a history of drug use only. Of those thirteen young people using/misusing drugs and/or alcohol six were male and seven were female.
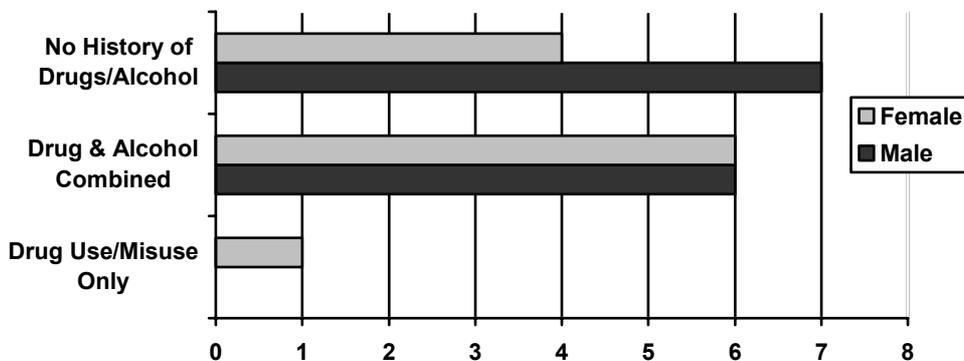
Figure 13: Service Users' History of Drug/Alcohol Use at Time of Referral

4.2.6 History of Involvement with the Juvenile Justice System

Upon referral to the Lír service, three (13%) of the young people were known solely to the Gardaí, three (13%) were known to the Gardaí and Juvenile Liaison Service, and six (25%) were known to the Gardaí, Juvenile Liaison Service, Probation Service and had appeared before the courts. Twelve (50%) of the young people were not known to any of the four services outlined above.
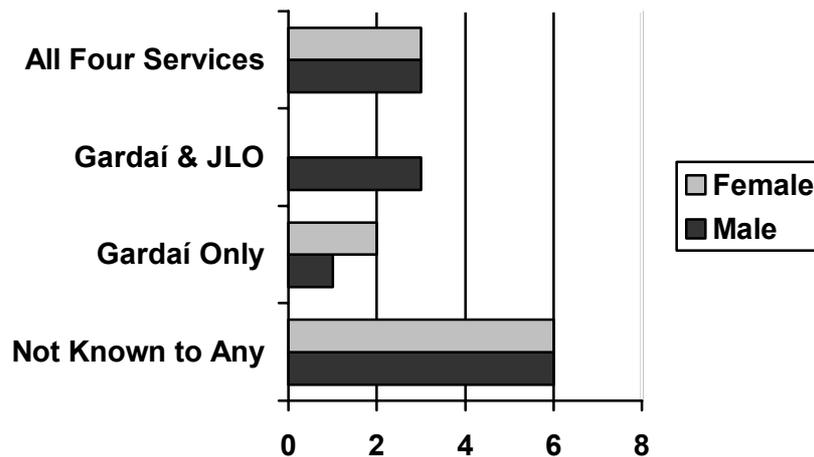
Figure 14: Service Users' History of Involvement with the
Juvenile justice system at Time of Referral

4.2.7 Role of the Referrer

Of the twenty-four young people who were referred and accepted by the Lír service, nineteen (79%) were referred from the HSE, Midlands Area's Social Work Department and five (21%) referrals already known to the Social Work Department were routed through the HSE, Midlands Area's Psychology service.

Figure 15: Source of Referrals to Lír

4.2.8 Service User Strengths

A significant aspect of the Lír Youth and Family Project's method of intervention is its emphasis on the positive aspects / strengths of each young person, before and throughout the intervention period. This strategy is drawn from the 'Multisystemic Therapy' and the 'Solution Focused Brief Therapy' models outlined in Chapter Two. The following is a synopsis of the 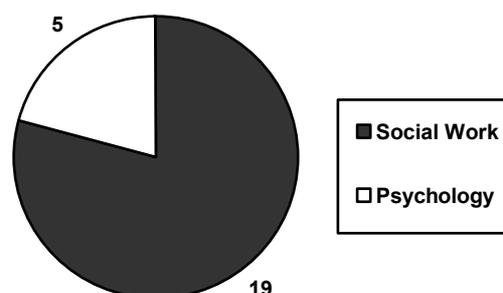young people's identified strengths, which were established at the referral stage of the intervention in consultation with the young people themselves and their respective carers. Each young person possessed one / a combination of each of the following strengths: Emotional and Social Strengths (sensitive, caring, strength of character & personality and bonding & interaction), Artistic Strengths (drama, art, woodwork/carpentry, music, writing, cooking and dance), Athletic Strengths (football, horse-riding and swimming) and Academic Strengths.

Twelve (50%) of the young people possessed a combination of strengths. Two possessed a combination of Emotional and Social Strengths, Athletic Strengths and Academic Strengths. Two (8%) possessed a combination of Emotional, Social and Artistic Strengths, with two holding Artistic and Athletic Strengths. The strengths of two of the young people were not recorded in the case files. The young people's strengths were drawn on and developed as a method of intervention and utilised as a tool for encouragement and development of confidence and self-esteem.
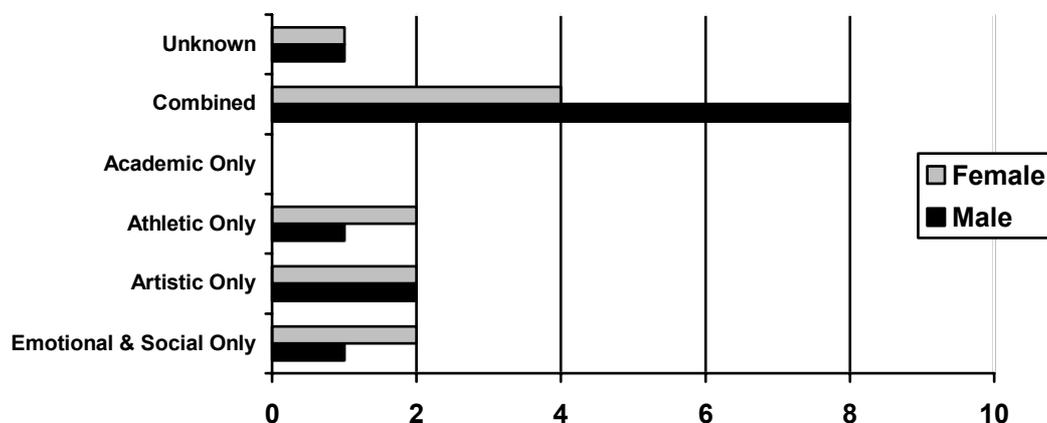

Figure 16: Service User Identified Strengths at Time of Referral

4.3 Service User Needs and Outcomes

Analysis of service users' case files allowed the researcher to assess the specific needs and outcomes for each individual client. Each review followed the individual service users from introduction to the service right through to completion of the project. Unfortunately some of the case files did not contain all the required information, so a proportion of the review of files was carried out in conjunction with the Project Leader. It is also important to note at this point that the researcher only reviewed the case files of service users from whom consent was received. Files for which the evaluator did not receive consent were analysed anonymously in co-operation with the Project Leader.

By November 2004 twenty-four young people had been referred to the Lír service, twenty-two of whom had been engaged with on a one-to-one basis at the time of the evaluation. Therefore, this section refers to those twenty-two young people with whom the project has engaged. A thorough review was carried out of those young people's Referral Forms, Work Plan (as agreed in the Agreement Meeting) and Progress Reports to examine what needs were being addressed and how the Project Workers were addressing these needs. It is important to note given the nature of the Lír project that the following presentation of findings is only relevant to the facts contained within the service users' case files i.e. those details recorded by the Project Staff. It is difficult to assess what influence the other services with which the young person is interacting are having on the individual. Therefore, one must be aware that the total spectrum of outcomes cannot solely be attributed to Lír's intervention. That said, it is reasonable to propose that an improvement in the young person's life situation can, to some extent, be attributed to the intervention of the Lír project.

Each case file was analysed to assess the needs identified by both the referrer and the project, the method of intervention adopted by Lír and the intended outcome. A comparative analysis was then carried out to examine the intended outcome against the actual outcome. An outline of the outcomes is presented using the following categorisations: 'No Improvement', 'Slight Improvement' and 'Distinct Improvement'. In relation to the service

users who are currently active with the project, and for whom the outcome is not yet obvious, the term 'active' is adopted within the findings.

4.3.1 Findings on Needs and Outcomes

Upon reviewing the client case files, the researcher categorised the main needs of service users into the following four categories: (i) Family Relationships, (ii) Education, Training and Employment Issues, (iii) Social Behaviour and Peer Interaction and (iv) Social and Emotional Issues. As is apparent in Figure 17 below, some service users were experiencing a combination of needs when referred to the Lír Youth and Family Project.
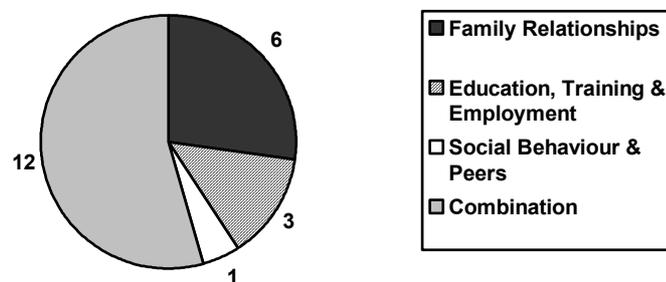

Figure 17: Service User Needs at Time of Referral

The following section will outline the main categories of need as identified through the file analysis. Each category will then be broken down further to assess the degree of change in relation to those needs.
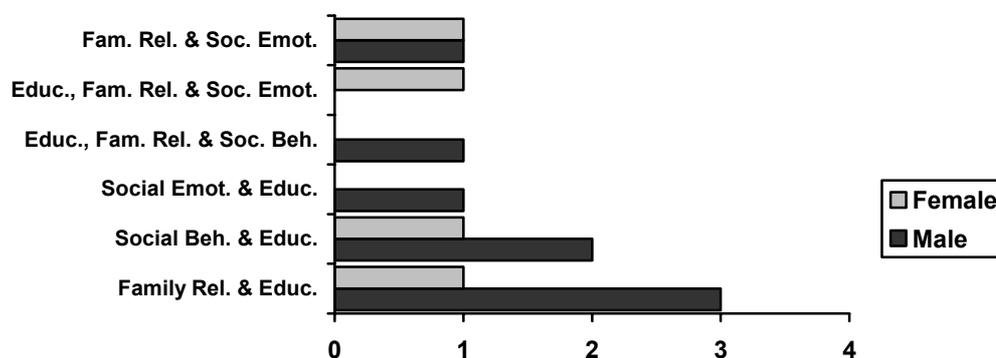

Figure 18: Service User Combined Needs

42

As described in Figure 18, of the total twenty-two service users included in the analysis, twelve were experiencing a combination of needs when they were referred to the Lír project.

Family Relationships

The needs analysis distinguished fourteen (64%) of the twenty-two service users who were experiencing family relationship difficulties. Such needs varied from young people dealing with parental separation, not communicating with parents, dealing with parental imprisonment, to refusing to follow parental direction. The Lír Project intervened in each of the cases with the view to attempting to meet the needs of the young people. For six of the young people with family relationship issues, a 'Distinct Improvement' is evident (including increased stability of the young person's living arrangements and the young person no longer sleeping rough). Six of those young people experienced a 'Slight Improvement' e.g. Slight Improvement in relationships with parents. One young person made 'No Improvement' and one case was still active at the time of analysis.
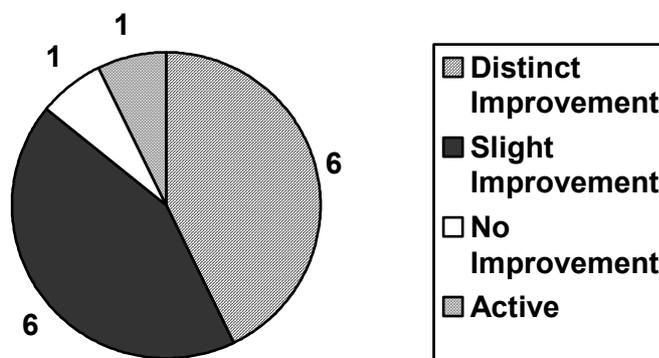
Figure 19: Level of Improvement in relation to Family Relationship Needs

Education, Training and Employment Issues

The range of educational, training and employment needs that were expressed by referrers at the initial stages was diverse and affected fourteen young people. They spanned non-attendance, lack of motivation in relation to finding employment, lack of skills to assist in securing employment, truancy from both school and training centres and misbehaviour in the school setting.

43

Intervention by Lír service resulted in ten of those fourteen young people making a 'Distinct Improvement' in relation to the presenting issues – such improvements included better attendance, development of life-skills and completion of the Junior Certificate for particular young people. Three of those young people made a 'Slight Improvement' (for example, slight attendance improvement), and one made 'No Improvement'.
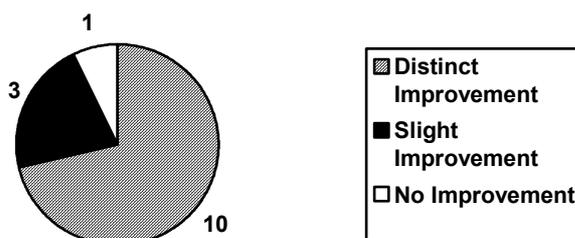
Figure 20: Level of Improvement in relation to Educational, Training and Employment Needs

Social Behaviour and Peer Interactions

Five young people were identified as having Social Behavioural needs and Peer Interactive issues at the time of referral. The range of needs in relation to this heading included involvement in criminal activity, for example, larceny, involvement with negative peer groups and problems in adherence to probationary conditions. Since becoming involved in the project, three of the young people experiencing social and behavioural needs displayed 'Distinct Improvement' and two displayed 'No Improvement'. Distinct improvements included keeping bail conditions and a lack of new criminal charges.
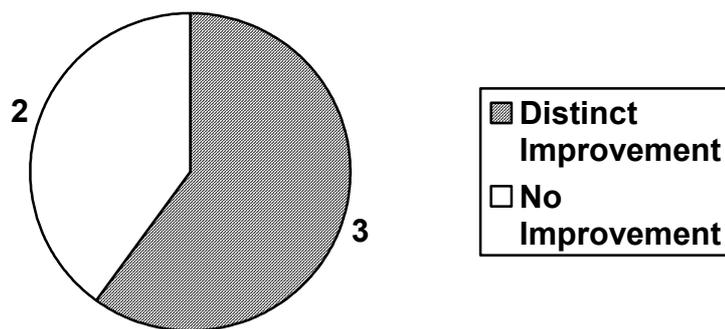
Figure 21: Level of Improvement in relation to Social Behaviour & Peer Interaction Needs

Social and Emotional Issues

Five young people had identified Social and Emotional needs when referred to Lír. Those young people were experiencing difficulties such as social isolation and lack of engagement in positive social/recreational activities. One of those young people displayed a 'Distinct Improvement' since participating in the project, in achieving regular attendance at a psychology service, while three displayed a 'Slight Improvement', for example, distancing themselves from negative peer groups.   One of the young people experiencing social and emotional issues was actively engaging with the service at the time of analysis.
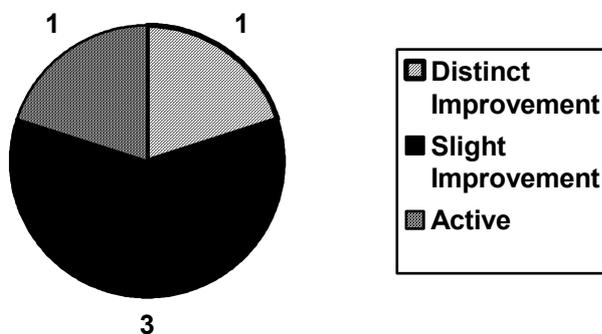
Figure 22: Level of Improvement in relation to Social & Emotional Issues

4.4 Costs and Benefits

Without the use of experimental approaches involving a comparison group (for example, a randomised control trial), it is not possible to scientifically assess the achievement of outcomes by projects. Neither is it possible to quantify the degree of their impact, for example, improvement in quality of family relationships or participation in anti-social behaviour. Without access to this information, it is therefore impossible to assess the cost of project benefits. Given the primarily qualitative nature of this evaluation, it is impossible to assess costs and benefits in these terms.

Type of Service	Cost Per Person Per Six Month Period €
Lír.	23,966
Special School	145,000[11]
Residential Care	150,000[12]
Prison	41,150[13]

Table 4: Costs Associated with Statutory Service Provision

On the other hand, it can be argued that if it is the case that Lír is working with the 'right' young people who are at high risk of entering care by the HSE, secure education and care provision by the Department of Education and Science for children up to 16 years of age, or prison, and if it is succeeding in its work, the cost savings are readily apparent. This is so both in relation to a six-month intervention and possible future costs.

4.5 Chapter Summary

By December 2004 the Lír Youth and Family Project received 24 referrals and worked with a total of 22 young people between the ages of 10-17 years, comprising an equal number of males and females. The majority of the young people lived at home, with under half of them living in households with

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[11] Estimate based on data in Department of Education and Science Statistical Report, 2002.
[12] Approximation sourced through a Financial Accountant, Childcare Services, HSE 13/06/2005.
[13] Department of Justice, Equality and Law Reform (2003) *Irish Prison Service: Annual Report 2003.* Dublin: Government Stationary Office. Pp. 78.

both parents. Problems in education and training, drug and alcohol misuse and involvement with the juvenile justice system were some issues in the backgrounds of participating young people. The project worked with the young people and their families in identifying a series of strengths, for example in relation to academic, artistic, athletic and social and emotional arenas.

Based on an analysis of case-files and additional information provided by the Project Leader, the researcher categorised service user needs into four areas:

- Family Relationships;
- Education, Training and Employment;
- Social Behaviour and Peer Interactions and
- Social and Emotional Issues.

Of an aggregate total of 38 needs across the young people who participated, service data indicated significant improvement in relation to 22 of the needs and slight improvement in relation to 10, with the greatest success apparent in relation to the education and training area. While impossible to make strong statements in relation to the relationship between project costs and benefits, the potential for Lír to make significant cost savings is apparent.

Chapter 5

Perspectives of Young People and their Families

5.1 Introduction

The following chapter outlines findings from interviews with young people and their parents/carers[14] involved in the Lír project. The primary focus of the interviews was the service users' experience of all aspects of the project and particularly their views on its value to them. The involvement of young people not only fit the methodological requirements of this evaluation, but it also accords strongly with the Irish State's commitments under the United Nations Convention on the Rights of the Child (UN, 1992) and the National Children's Strategy (2000). Interviews were carried out during the months of March and April 2005.

5.2 Methodology

Interviews were undertaken after a detailed planned process had taken place. The process reflected the need for the research to be undertaken in an ethical fashion with the rights and needs of Lír service users at the forefront of our thinking.   The following steps were involved in the methodological process:

1. Two information leaflets[15] were developed and distributed to all contactable past and present Lír service users and their respective parents[16]. One of the leaflets was 'young-person friendly' and was distributed to the service users themselves; the second leaflet was designed for the parents of the young people. The leaflet outlined the evaluation process, information relating to confidentiality and anonymity as well as details pertaining to involvement.

2. The Project Leader was heavily involved in the dissemination of the information leaflets in order that service users' anonymity could be

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[14] The term 'parent(s)' will be used for the remainder of the report to describe those adults who were acting as guardians of the young people/service users.

[15] See Appendix for Information Leaflets

[16] Due to family relocation it proved impossible to offer one particular family the opportunity to participate.

ensured. It is important to note that possible biases may have arisen throughout the evaluation process as a result of the Project Leader's involvement. However, such involvement was necessary to ensure ethical research processes.

3. Those parents who opted to become involved in the evaluation process were requested to sign a Consent Form[17] on behalf of themselves and their child, which provided the participant with two options:

   (i)   The opportunity to participate in a face-to-face interview and/or

   (ii)   The opportunity to give permission to the researcher to review the Family Case File.

4. Once parental consent was received, the young people themselves were also offered the opportunity to choose whether or not they wished to participate in the project.

5. Upon gaining consent, the Project Leader developed a schedule of dates and times for the interviews in consultation with all participants. The majority of interviews took place in the service users' homes. To ensure the researcher's safety, either the Project Leader or one of the Project Workers were also present in the service users' home (in a separate room to ensure confidentiality) at the time of the interview.

6. All interviews were taped and partially transcribed for analysis. Interview participants were assured that the tapes would be destroyed following completion of the evaluation process.

In total, the researcher conducted interviews with six young people who had previously utilised or were using the Lír service at the time of the evaluation, and eleven parents of those young people. The young people were aged between fourteen and eighteen years of age, three were female and three were male. A total of eight parental interviews were conducted. Five of the parental interviews were carried out with only one of the service users'

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[17] See Appendix for Consent Form

parents and three were conducted with both parents i.e. father and mother present in the room.

The remainder of this chapter is in two sections, one consisting of the young people's perspectives and the second consisting of the parents' perspectives.

5.3 Findings – Young Peoples' Perspectives

Young people's perspectives are set out below in two sections: Intervention Process; and Outcomes and Benefits.

5.3.1 Lír Intervention Process

The first section of the interview schedule focused on the young people's initial involvement with the Lír service and their understanding of it. Two of the young people understood that they were involved with Lír because they were going through a difficult phase and needed support, one young person understood that he was involved with Lír because the service was going to link him in with employment and a fourth young person understood that she was involved with the service because she needed someone to talk to. Not one of the young people had heard about the Lír service prior to becoming involved with it. However, four of the young people explained that the service was outlined to them before they agreed to participate.

In relation to the 'Agreement Meeting'[18], all six young people stated that it consisted of an explanation about the fun activities which they would be participating in, five said that they were given options at the agreement meeting as well as being asked about their likes and dislikes, and asked for their opinions. However, one young person could not remember being asked for his opinion and stated that his mother and the Project Worker made all the decisions regarding his work plan – he remembered being asked to leave the room.

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[18] The participating young people were asked to describe their experiences and thoughts on the initial 'agreement meeting'. Although the project maintains that only a small number of people attend such an initial meeting, the young people refer to large numbers in attendance. The evaluator has inferred that the young people are referring to HSE Case Conferences, at which Lir staff sometimes attend, rather then the initial agreement meeting with the service.

Three of the young people found it difficult to talk at the agreement meeting because they felt the group was too large. One young person felt the meeting would be less intimidating if the numbers of people present gradually increased. Three of the young people stated that they did not have any difficulty adhering to the individual work plans which were developed for them, one young person could not remember such a plan, and one stated that although he found it difficult to adhere to the plan, the 'deals' which were made between himself and the Project Worker made it easier.

Overall service users were positive about the relationships with their assigned Project Worker. The young people were asked how often they saw the Project Worker – each young person said once or twice a week, with two young people stating that the worker was also available by telephone whenever they wanted them. Five of the six interviewees stated that the Project Worker was always there when they needed him/her, and that she/he would also be available via telephone, if not face-to-face.

When the service users were asked what they did when they met the Project Worker, they all said that they talked to him/her. There was also an emphasis on the activities with the majority of the young people stating that they talked to the project worker while partaking in the activity. Five of the six young people stated that they liked spending time with the Project Worker. In terms of their specific help with difficulties; three of the young people stated that the Project Worker would explain what the consequences of their actions would be if they persisted with their then, current behaviour.

Four of the six respondents stated that the Project Worker linked him/her with other services, courses or projects. One respondent was linked in with a 'Safe Pass' course, as well as a school to complete his Junior Certificate, one was linked in with both 'Youth Reach' to complete his Leaving Certificate and FÁS to register for work and another young person was linked in with FÁS. Two respondents outlined that courses were mentioned which were not followed through - a drama course was mentioned to one young person, and a parenting course to the other.

While the amount of notice given to respondents as to the end of their involvement with Lír varied, all respondents felt that they had been provided with an adequate amount of notice that involvement with the project would end.

5.3.2 Outcomes and Benefits

When asked if the Lír service had helped their families in any way, a number of the respondents answered positively. One stated that the service had helped him to talk to his family once again, a second stated that he no longer fights with his whole family as a result of the intervention, a third stated that she gets on better with her parents, and a fourth stated that the Project Worker has helped his brother 'a lot' in school. The best aspects of the Lír service as outlined by the young people included the activities, having someone to talk to and knowing there was someone there for them. The worst aspects of the service were the family trips away, curfews, the 'Life Book' and the inconvenience of having to leave peers to return home for a meeting.

When asked if their expectations had been met in relation to the Lír service, two young people stated that they had and two stated that they did not expect that the service would be able to help them. However, all four respondents stated that they would recommend the service to another young person in a similar position to the one they were in:

> *'I would yeah – I'd say go ahead and do it. There's no point thinking about it and saying where you'd like to go, just give it a go. It's well worth it in the end'.*

Three of the young people also felt that their life situations had improved greatly since they became involved with Lír. When asked to compare their lives now to how it was before they got involved with the service one young person stated that:

> *'It's a lot better. Because I'm a lot calmer now than I was. I wouldn't care what anyone said – people telling me I'd go to jail and all that, I wouldn't care. But now I do. I do not even think about getting in trouble. I think it was because of all the talking we did. I do not know what happened.'*

At the end of the interview each respondent was offered the opportunity to talk about anything that had not been covered in the interview. The following are the respondents' statements:

- '*I thought it was grand to be honest, 'cause she wasn't like a social worker drumming things into your head, she'd ask you what you wanted to do and you'd do it.*'
- '*I want to say thanks to Graeme, and Linda and Pauline.*'

5.4 Findings – Parents' Perspectives

As with the young people's, those of their parents are set out below in two sections: Intervention Process; and Outcomes and Benefits.

5.4.1 Lír Intervention Process

In relation to how they initially became involved with Lír, five of the parents stated that their child was linked in through a social worker. Of those young people, one was having difficulty in school and was dealing with parental separation, one was already in Residential Care, two were having difficulties at home and one was not attending school. One parent understood that the young person was linked in through the Probation service, as she was involved with the law and at risk of being placed in statutory care. The final two parents understood that the young people were linked with Lír through a child psychologist – one of those young people was having difficulty at home and was sporadically attending school and the second young person was having difficulties at home, and required a less formal, out-of-hours service. Not one of the parents had heard of the Lír service prior to becoming involved with the service. For four of the eight parents, the service and its objectives were initially explained by the person/service involved referring the family to Lír and later explained in greater detail by a Project Worker. All other parents stated that it was a Lír Project Worker who explained the role of the service to them in detail.

The expectations held by parents were quite low. Four of the parents wanted access to someone to whom both they and their child could talk while two of the parents hoped the service would help keep the young people out of

trouble and to plan for the future (including getting back into school and/or accessing employment). Another interviewee hoped the service would help the young person to patch things up between himself and his parents. In relation to the Agreement Meeting, two of the parents felt it was the Project Worker who came up with ideas for the individual work plan, but that the young people were always asked for their opinions. The remainder of the parents stated that the individual work plan (including the development of goals etc.) was agreed on in consultation with the family and the young person.

Not one of the parents felt their child completely adhered to the individual work plan that was developed, believing that their child sporadically adhered to certain aspects. In saying that, each of the parents also felt that the particular Project Worker involved with their family assisted the young person to adhere to the work plan by one of two methods (i) offering rewards for reaching shorter term goals, and (ii) discussing the consequences of non-adherence to the plan with the young person. Six of the eight parents felt that such methods worked sporadically.

All eight parents stated that the young person had a good relationship with the Project Worker. One stated that the reward system for reaching shorter-term goals had a very positive effect on the young person's confidence. In relation to their own relationships with the Project Worker, all eight parents felt they had a good relationship with the Project Worker who was involved with their family. One of the interviewees felt the Project Worker was *'Very good. She's a complete friend to me'.*

As three parents were still actively involved with the Lír service, five were asked how their family's involvement with the Lír service ended. One of the parents stated that the Project Worker called around to the house to let the family know that their involvement with the service was due to come to an end, while one parent could not remember the exact procedure involved in the wind-down phase. A third parent stated that the Project Worker called to the house to say that six months had been allocated to working with the young person, but because the young person's parents were not willing to

participate in the intervention process that the work was compelled to cease. The final set of parents stated that they understood that it was time to 'wind-down' because their children with whom Lír was working were all '*doing great*'.

Each of the eight families participating was involved with other services whilst still involved with Lír. The majority of families outlined a combination of different services with whom they were involved. Five families stated that they were involved with social work, while other services mentioned were Psychology, Child Guidance, a Family Relief Service, the Gardaí, Youth Reach, FÁS and 'Copping On'.

5.4.2 Outcomes and Benefits

Seven of the eight parents felt Lír involvement had a positive effect on their family as a whole. The remaining parent stated that although the Project Worker was not involved with any of the young person's siblings, she did state that the 'on-call' telephone service was always available to them should they need it at any time. When asked if the Project Worker was always available when the family/young person needed them, all eight of the parents stated that they were. Seven of the eight parents believed that the Project Workers would be available via phone at any time they needed them.

Each of the eight parents felt that their family had changed as a result of Lír's intervention. One set of parents stated that they had learned a lot about parenting and feel that they are now better able to parent their younger offspring, two other parents felt there is more harmony in the household as a result of the improvement in their child's behaviour. A fourth parent stated that the service helped the family with the transition of accepting a new member to the family, and three other parents felt that communication between family members had improved greatly.

Some of the positive aspects of the Lír service as outlined by the parents include the out-of-hours service, both the young person and the parents having someone to talk to and the fact that the Project Workers were non-judgemental. Only one negative aspect of the Lír service was outlined which

was the absence of gender-specific workers e.g. males working with males. One of the sets of parents referred to their attendance at a parenting course, which they found hugely beneficial. Three of the remaining parents said that although the assigned Project Worker had suggested and discussed attendance at a specific course, the proposal was not carried through and attendance at such a course did not materialise.

Six of the participants felt that overall their expectations of the project had been met, whilst one stated that they had been surpassed. All eight participants stated that they were in favour of Lír and that they would recommend it to someone in the same position as themselves. Five parents stated that Lír provides a less pressurising and informal service than those statutory services with which they had previously been involved. Four parents felt Lír provided a service which other services did not provide, highlighting its positive / strengths-based and systemic approach.

The following are some comments made by the respondents when asked whether they had anything to say at the end of the evaluation interviews:

- *'That they should advertise maybe they do not because there are only three people working with them.'*
- *'I would tell other parents to not wait until it's too late. The worst thing you can do is not look for help – even if it's not for guidance, for someone else to speak to.'*
- '*If they help other kids like they helped our* [young person's name]*, kids need that. He needed a friend, and I think as far as he's concerned that he considers* [Project Worker's name] *a friend.'*
- '*Just get yourselves well-known and let kids and families know that you are there. There are so many kids there getting messed up and running away over a little argument and they could be saved through this service.'*
- '*They are the best thing we ever got our family involved with*'.

5.5   Chapter Summary

This chapter has outlined the views of young people and their parents on their experience of and outcomes from their participation in the Lír project,

which in the main were very positive. Young people and their parents commented favourably on all aspects of the project: its intervention processes, staff commitment and flexibility, relationships with staff and the project's impact (both on the young people and their families). Among the few negative findings were that a number of young people found the agreement meeting to be intimidating because of the number of people involved and that a number of parents said that planned courses were not followed through.

Chapter 6

Other Stakeholders' Perspectives

6.1 Introduction

The following chapter outlines the perspectives of all Lír stakeholders other than the young people and their families and includes the views of:

- staff and management of the project
- services which refer to the project
- services to which Lír links service users.

The interviews had the primary objective of gathering information on the referral process, service delivery, and outcomes from the intervention. Interviews were carried out during the months March, April and May 2005.

6.2 Methodology

The process of conducting interviews with the remaining stakeholders reflected the need for the research to be undertaken in an ethical fashion. Confidentiality was assured to all participants with the exception of the current Regional Assistant Director, the Project Leader and the current Director of Childcare Services for the HSE, Midlands Area. It was also made clear that all interviews would be taped, read and partially transcribed for analysis, but would be destroyed following completion of the evaluation process.

6.3 Findings - Other Stakeholders' Perspectives

The findings within the following chapter are set out in four sections:

- Staff Motivations
- The Referral Process
- Service Delivery
- Outcomes

In the case of the latter three sections, the perspectives of Staff and Management are provided first, followed by the views of Referrers and Linked Services.

6.3.1 Staff Motivations

Each of the staff members interviewed had various motivating factors for accepting their positions within the Lír project. The current Project Leader was motivated to take up the position because he had previous experience of working with teenagers who had experienced difficulties. He also felt that because the project was an entirely new service that he would have the flexibility to mould the service. Both Project Workers stated that they were motivated to accept their current positions because they felt the service was offering something different to young people within the midlands area. Career backgrounds ranged from youth work, community based services and residential care, while educational backgrounds include childcare and recreational management, social studies and social care.

6.3.2 The Referral Process

Staff and Management

The Regional Assistant Director stated that because the referrals are received from the HSE, Midlands Area (who are very aware of the objectives of the Lír service and the intended target group) that the target group is very specific. However, he felt that although the project is accessing the intended target group he also felt that the project should be more pro-active in its search for referrals i.e. rather than simply responding to HSE referrals. The Project Leader stated that although Barnardos' newly launched strategy aspires to only focus on 12-15 year olds that the project will still have the freedom to work with other age cohorts who would benefit from Lír intervention. In relation to whether or not the young people being accessed were the young people 'most in need' of Lír intervention, two of the respondents felt there is a risk that the young people accessing the service are not the most in need and that children at the earlier stages of the statutory/child care process should be involved, as it would ensure earlier intervention e.g. children accessing psychological services.

Referrers and Linked Services

There was a degree of confusion among referrers and linked services about the nature of the target group. None of the services to which Lír links young

people knew what the project's target group is, while referrers to the project understood it in different ways:

1. Young people who were being considered for secure care as a result of their behaviour.
2. Single parent families, families in crisis and dysfunctional families.
3. Young people at risk of leaving the family home.

There was also uncertainty amongst the respondents concerning the target age group. In relation to the issue of other young people, whom the service should be targeting, three of the respondents felt that the service should only be accessing young people residing in Mullingar as there were ample referrals within the town.

Most respondents were also uncertain about the referral process employed by Lír. Those social workers interviewed were the only respondents who understood the correct process of referral. Two of the respondents felt that two distinct changes should be made to the referral process, those being that all services have the same priority as social work when referring to the Lír project and secondly that the service should be widened to accept referrals from a younger age group of children so that the service may intervene at earlier stages in young people's lives.

6.3.3 Service Delivery

Staff and Management

All five staff / management respondents had clear expectations in relation to the type of service which would be offered by the project, and all five stated their expectations had been met. The Regional Assistant Director expected the service would provide intense family-based work within the community to young people deemed 'out of control'. The Project Leader expected the service would provide extra support to young people and families who have already been through some form of professional service. The former Regional Manager expected the service would prevent young people progressing from the juvenile justice system to statutory secure care. Both Project Workers expected the service would provide something new and different for young people residing in the target area. All interviewed

participants were happy that the models of intervention being utilised by the service were appropriate to the particular client group of the service.

It was agreed by Lír staff that relationships between staff members and management were particularly good as a result of the good support mechanisms in place within the service. However, all agreed that supervision, recording and case management need to be formalised. It was also agreed that team meetings need to be scheduled in advance, run on a more regular basis, and should be more formal and structured. Both management and staff believed that the Project Workers' relationships with service users were appropriate and that the level of contact was adequate. While noted as an issue, dependency was seen to be dealt with on a regular basis in supervision.

While the Lír service is well known to the HSE services, the Project Workers questioned whether the project is known outside of the HSE and felt that more could be done in relation to publicity. The Project Workers also felt that although the Lír has a good relationship with the services to whom it links young people, more clarity is required in relation to its role when initially making contact with a new service.

Referrers and Linked Services

The initial expectations of the services which refer to Lír were the provision of an alternative to detention for young people in the community, the alleviation of crises for families, the development of structure in young peoples lives and the provision of an 'out of office hours' outreach service to young people and families. All six 'referrer' interviewees believed that their expectations were being met. The expectations of the services to which Lír link young people were limited. One respondent stated that it was difficult to develop any expectations as the Lír's role was not adequately explained prior to commencement.

Overall the services held different understandings of the project's aims and objectives. Although it was evident that individuals held general ideas about the projects aims and objectives, the specific focus of the project was not fully

understood. The HSE Midlands Director of Childcare Services had the greatest knowledge regarding the aims and objectives. He understood the key objective of the service was to provide a community-based, high-support alternative to residential detention. The following is a list of the remaining interviewees' understandings of the project aims and objectives:

1. A service which works with children and young people who are actively participating in anti-social behaviour with the aim of preventing their entering secure care.
2. The provision of support to young people who are already in care (be it friend, relative or foster care).
3. Maintenance of the family unit by working on familial relationships, which in turn will prevent an escalation of involvement in crime/with the Gardaí.

All services felt that the aims of the Lír project are realistic and relevant to the service users. However, one respondent felt that the Lír project encourages dependency amongst the service user's family. The same respondent felt that one of the aims of Lír should be the encouragement of independence and empowerment, rather than dependency, that is encouraging both service users and their families to draw on their own network of family and friends for various forms of social support. All six respondents were very positive in their descriptions of the Lír project staff, describing the staff as professional, flexible and open.

In relation to aspects of the service that could be changed, two of the referrers (including the Director of Childcare Services, HSE Midlands) felt that the issue of accommodation of the service rapidly needs to be addressed. One respondent felt that Lír should accept direct referrals from all professional services, that the day-to-day delivery of the service should be clarified to other services, and that speedy responses to young people's needs were required to improve the quality of the service. A fourth respondent felt that the establishment of a Lír 'drop-in' centre in Mullingar town centre would greatly benefit the young people in the area. A fifth respondent felt that the young people would benefit if the capacity of Lír was increased by employing additional Project Workers. Reflecting the point

made in relation to the project aims, one respondent felt that the issue of dependency should be stressed to Project Workers, with families working towards independence and developing a sense of responsibility from the beginning of the intervention.

In relation to the services to which Lír link young people, two of the respondents felt that there should be more frequent and open communication between all professionals working with young children. For this respondent, at times the Lír project seemed to be working in isolation. A third respondent felt that the amount of time spent with the young person per week should be increased as some young people find it difficult to build solid relationships. A fourth respondent felt the service should become more active in both primary and second level schools and education centres, and the final respondent suggested that the referral process should be more open and straightforward.

6.3.4 Outcomes for Service Users

Staff and Management

Some of the outcomes for service users as outlined by both management and staff included young people returning to the family home; Lír staff members building relationships with young people where other services failed to do so; young people returning to / starting education; increased empowerment, self-esteem; enhanced coping and problem-solving skills and more positive family relationships. Both management and staff agreed that the service is effective in meeting the needs of its service users, mainly because it regularly reviews what it is aiming to achieve with the young people and their families. The Project Leader noted that in the past Lír was not effective, when it was not working with young people from the target group.

Lír management and staff were offered the opportunity to express anything else they felt appropriate at the end of the interview. Responses included:
- *'In general I am happy with the service, however there are bound to be areas for improvement. The present evaluation is very timely as it runs in line with the recent launch of the new Barnardos Strategy Document – we hope the evaluation will feed into that'* (Regional Assistant Director).

- *'We're aware that there are things that need to be changed, but we're quite unique and we are very open to suggestions'* (Project Worker).

Referrers and Linked Services

All respondents felt that although there is difficulty in quantifying outcomes for service users, the project has improved the lives of some service users. Some of the respondents felt that the outcomes for service users would not be evident for a number of years. Three of the services to which Lír links young people stated that the service users with whom they were involved had increased attendance and stabilised at school, training centres and social clubs – which they solely attributed to Lír's process of intervention. One particular respondent stated that, without Lír's intervention, the young person would not have been registered with his particular education centre.

The following are some additional responses from the participants:

- *'I would like to thank them [Lír] for the service they are providing and the fashion in which they provide it. They have a very approachable manner'*.
- *'I would just like to say that the service [Lír] is a very important service and that the professionalism and dedication of the staff is outstanding. I would welcome separate services being developed specifically to Mullingar and Longford which would mean the project might be less crisis driven'*.
- *I hope it* [Lír] *continues the way it is'*.
- *'This evaluation will make an already great service even better'*.
- *'The Project Worker is a hell of a nice guy who is thoroughly professional and most importantly gets on well with the kids'*.
- *'I would just like to thank them* [Lír] *for their work'*.

6.4 Chapter Summary

As with service users and their parents, staff and management, and referrer and linked services stakeholders all held positive views of the operation of Lír, its staff, and its value to participating young people and their families. One area of concern is the extent to which some of the stakeholders are not fully clear about basic aspects of the project, for example, its target group,

aims and objectives. Other significant issues identified included the possibility of dependency among service users and the importance of communication among all services working with young people and their families.

Chapter 7

Conclusions and Recommendations

7.1 Introduction

The Lír Youth and Family Project was established in late 2001 on a pilot basis. Its aim is to address the needs of 'high risk' young people residing in the Co. Westmeath area who are experiencing significant difficulties in their lives such that a secure placement is being considered or likely to be considered in the future. Such young people are experiencing serious dysfunction, risk of family breakdown and run the ultimate risk of being placed in residential care outside the family home. From the perspective of the HSE, their needs make this a high risk target group.

As a pilot project, its originators agreed that Lír would be evaluated in order to inform decisions as to its future operation and development. After submitting a successful research proposal to Barnardos and the HSE, the Child and Family Research and Policy Unit began evaluating the project in late 2004. The main research methods adopted in the evaluation were:

1. A review of relevant research and policy literature alongside documentary analysis on the services' and geographical context within which the project operates
2. An examination of the project model and its theoretical methods of intervention
3. An analysis of service users' case files including an examination of whether set objectives were being achieved, and
4. Interviews with all relevant stakeholders to establish their perspectives on the service.

This chapter focuses on the main conclusions which can be drawn from the evaluation, as well as providing a set of recommendations in relation to the project's future operation. The chapter is in four sections. The first covers the implementation of the Lír project, while the second section draws together key conclusions in relation to outcomes for the participating young people and their families. The third section of the chapter revisits the evaluation

objectives in reaching an overall evaluation conclusion, while a set of recommendations regarding the project's future constitutes the chapter's fourth and last section.

7.2   Implementation of the Model

Delivery of the Lír service is primarily based on an individualised, strength-based, young person-centred approach that mainly draws on two models of intervention: the Multisystemic Therapy model and the Solution Focused Brief Therapy model.   The methods of intervention employed by the service (comprising of an agreement meeting, individualised work plans, on-going review and assessment of progression leading to 'wind-down') is uniquely tailored to each individual service user and is based on that individual's declared needs and personal goals.   All interventions occur in the local community and draw on existing relationships and networks, therefore aiming to empower the individual to create change for him/herself.   Overall the evaluation has demonstrated that Lír staff have successfully implemented a project built around these approaches.

A major conclusion to the evaluation is that the Lír service is extremely flexible and appropriate to the service user group.   It provides an 'out-of-hours' community-based service which actively works in the service users' homes at times appropriate to the particular family and tailored to suit the individual service users' needs.   Overall, the evaluation identified a number of positive dimensions to the implementation of the project:

- Flexible operation, particularly in respect of timing of service delivery, appropriate to the needs of its service user group.
- Supportive, non-judgemental, non-patronising, open, frequent and appropriate communication with families.
- Continuous consultation with young people and their families in respect of individual goals and work plans that both gives them a voice and respects their opinions and thoughts.
- Provision of a supportive and non-judgemental service.
- Participation in activities as chosen by the respective service users.
- Operation of a genuinely strengths-based approach.

- Appropriate level and amount of contact between Lír Project Workers and service users that does not intrude on young peoples' privacy.

Also significant is the fact that the project has established good relationships with young people and their families, referrer and linked services. Similarly, positive relationships are evident between the project team and management.

As with any project, there are a number of implementation related issues arising for Lír. These are outlined briefly below:

Clarity on the Project Aims, Target Group, Referral Process and Agreement Meeting

There was a lack of awareness by some young people surrounding the overall aims and objectives of the project, and in relation to why the service became involved in their lives. Also, while services that refer young people to Lír and services to which Lír link young people were particularly positive regarding the projects, some were unclear about the overall aims and objectives of the project and unsure of the role of the Project Workers. These services identified a lack of clarity surrounding the role of the Project Worker and a more general issue for all services, the lack of communication between services involved in the young persons' lives. For these referring and linked services, open communication between all involved services is paramount to ensuring that there was no overlap in the provision of services to the young person and his/her family.

To date, the Social Work Departments of both the Mullingar and Athlone regions have first preference for referring a prospective client when a space is due to arise. This arrangement is seen to have worked well by both Lír and the Social Work team. However, other services external to the Social Work Department within the geographical catchment area are unsure about the referral process and, indeed, their right to refer young people to the Lír service. A question arises as to Lír's role in relation to taking referrals from non-social work and indeed non-HSE sources. Although in its initial stages Lír accepted referrals outside of the defined target group, the project quickly moved to a stricter adherence to the referral criteria. However, there still

exists a degree of confusion regarding the target age group among project stakeholders.

An initial aspect of interaction with prospective service users is a sequence of meetings designed to agree on the terms and goals of the intervention process. At the end of this period an agreement meeting is held between the assigned Project Worker, the Project Leader, the young person referred and his/her parents/carers and (on occasion) a representative of the referring service. The meeting is designed to offer the family unit an opportunity to express the strengths and positive characteristics of the young person. The evaluation process has established that many of the young people interviewed were confused about the sequence of work and when asked about the agreement meeting a majority referred to HSE Case Conferences rather than the meeting under review. There exists, within the delivery of the Lír service, a lack of clarity/communication surrounding the sequence of service delivery, as well as regarding the objectives of each stage.

Dependency

The project aims to empower the service users to draw on existing supports within their own community. However, one stakeholder has raised the issue that the service runs the risk of encouraging dependency by 'over-supporting' service-users in relation to meeting practical needs in particular. In the context of the models being adopted, it is paramount that service users are encouraged to review existing networks in search of supports rather than becoming dependent on Project Workers.

Perceptions of Non Follow-up

A number of parents and young people placed an emphasis on the benefits of attending training and parenting courses. However, it came to the attention of the evaluator that certain families and service users felt that Project Workers had not followed through on outlined parenting courses and courses for young people. Even if no agreements had been made in relation to such courses, staff need to be cautious of raising expectations and rigorous in ensuring that service-users are fully aware of why certain things do not happen.

Formalising Project Processes

The evaluation identified an informality regarding certain aspects of the project's work, for example, case management and team meetings. Staff and management agree that a greater degree of formality is required in these areas. Related to this general point is the issue of recording. The evaluation process identified gaps in information across service users' files. Again greater formality in this area is necessary.

7.3   Outcomes, Costs and Benefits

The fundamental purpose of any service evaluation is to enquire as to whether or not the service successfully accomplishes its core role. In this case, the evaluation sought to discover whether Lír prevents young people aged 12-17 years of age who are involved with or in danger of becoming involved with the juvenile justice system from being prosecuted and/or entering secure care. Lír attempts to prevent such occurrences by actively involving / re-involving the young person with education centres, training courses, clubs and his/her community and by supporting the young person's family. Therefore, the outcomes for young people include re/integration into education centres, training courses, clubs and other community groups, increased familial bonds, increased self-esteem, self-confidence and problem-solving skills.

Lír's success therefore depends on the presence of successful outcomes for service users. As outlined, assessing the project's achievement in this area required the evaluator to examine project files to establish outcomes for service users and their families. The analysis of service users' files highlighted distinct positive outcomes in relation to family relationships, education, training and employment issues, social behaviour and peer interaction, and social and emotional issues. While other services may have played their part in achieving these outcomes, the documentary analysis clearly demonstrates the central role of Lír in the achievement of these outcomes.

From the perspective of its stakeholders, Lír has achieved positive outcomes. Service users outlined such outcomes as an increased awareness in relation to the consequences of actions and an overall change in their lives as a result of Lír intervention. Parents and families outlined improved familial relations both as a result of the intervention process itself, but also as a result of attendance on parenting courses organised by Project Workers. Linked services believed that young peoples' attendance at educational courses, training and clubs increased subsequent to Lír intervention. Improvements in self-esteem, coping and problem-solving skills in relation to the young people were identified by both project staff and external stakeholders.

Taking the objective information documented in the case files and the perspectives of the stakeholders, it is possible to conclude that Lír has contributed to the generation of positive outcomes for young people and their families. While a full-cost benefit analysis is beyond the scope of this evaluation, it is apparent that Lír is far less costly than other provision most often considered for young people in its target group.

7.4 Conclusion

This evaluation has worked towards the achievement of a number of objectives:

1) Ascertain if the project has met its objectives.
2) Document what has worked, what has not, and why.
3) Document any unanticipated outcomes.
4) Clarify if the objectives meet the current needs of the client group i.e. are the objectives still relevant.
5) Consider what else the project could be doing to meet the needs of the client group.
6) Inform the practice of the project.

To the degree possible, the evaluation has demonstrated what has worked, what has not and why, and it has identified areas where the project could be doing more to meet the needs of the client group. It has not uncovered major unanticipated outcomes. Overall, the evaluation should inform the future practice of the project.

However, the key evaluation objective was to ascertain if the project has met its objectives. As outlined in Chapter one, the project's objectives can be inferred from what are documented in initial planning materials as its desired outcomes. In the context of the evaluation, these relate to the two areas just considered – project implementation and project outcomes. Based on the foregoing analysis, overall, it can be concluded that the project has met its objectives. More significantly for the future, while some work is required in revisiting aims and target group issues, the core project objectives in relation to achieving positive change for young people with specific needs and their families, remain highly relevant.

7.5   Recommendations

1. Revisit project aims, target group, objectives and referral processes to ensure that these are clear, consistent and known by all project stakeholders.

2. Develop appropriate material to publicise the service and to inform / remind young people and their families, and other stakeholders about the project and its role.

3. Formalise case management processes.

4. Formalise team meeting processes so that there is an agreed purpose, format and schedule in place.

5. Undertake an audit of existing records and recording processes leading to the development of a comprehensive, high quality system for the future, which in turn will support case management.

6. Audit planning and intervention processes:

   - to ensure that agreement meetings are more 'young person friendly'

   - to identify and eliminate risks of building dependent relationships with young people and their families .

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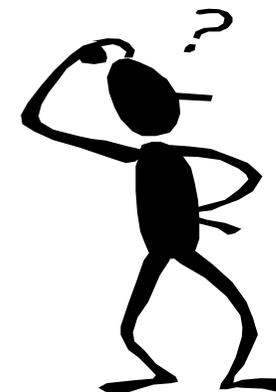
Appendices

What do you need to give consent for?
Any person who decides to take part in the research will be asked to sign a form to say that you want to be involved.

Giving your consent will mean the following:
There are two sections to the consent form - one relates to your case files and one relates to the discussions. You will be asked to decide whether you want to take part in one or both of the research sections. These are the two sections that you will be asked to decide on:

(i) That you give the researcher permission to review your client case file, which is the information Lír hold in relation to any meetings or telephone conversations they have had with you.

(ii) That you are willing to talk to the researcher and share any information that might help her with the research. This will mostly be about what you think of the Lír service.

How secure is the information that the researcher collects?
All information the researcher collects (through reading case files and discussions with young people, parent(s)/carers and staff) will be stored in a safe place. Only the researcher will have access to it.

Will the participants be able to see the results of the study?
Yes, the final report will be available to anyone who would like a copy.

What costs will I bear if I take part in the research?
There are **no costs** to you if you take part. The only thing we want from you is about 2 hours of your time.

How will I benefit by taking part in the project?
Taking part in the research may not benefit you directly. But it is hoped that Lír will benefit from this research, which will in turn benefit the families and young people using it.

What happens at the end of the research discussion?
At the end of the discussions, which take place between you and the researcher, the researcher will quickly run through the main things that were talked about. This will let you make any changes you think you need to make. The researcher will also check that you are feeling all right after the discussion and that it went all right.

What do I do now if I want to help out?
If you think you would like to be involved in the research, then you need to sign a form saying that you want to be involved. Graeme Moore (Lír

Project Leader) will have these forms and will help you fill one out.

Can I contact the Researcher if I have any questions?
Yes, the Researcher can be contacted at any time during the research. You can contact **Karen Mahony** on **(087) 684 0572**

LÍR YOUTH AND FAMILY PROJECT

MULLINGAR, CO. WESTMEATH

INFORMATION ABOUT HELPING OUT WITH THE LíR RESEARCH

What's the research about?
Lír was set up by Barnardos and the HSE Midlands Area to see if it could help young people in Co. Westmeath to get back on track by deciding for themselves what they think would make things better for them living at home. The first two years of the project have just passed, so Lír have now decided to check to see how the project has been getting on over all.

Why is it being done?
The research is being carried out so that Barnardos and the HSE Midlands Area can see what kind of job the Lír service is doing.

Who is it for?
The HSE Midlands Area and Barnardos pay for the running of the Lír service. This research will be used to let both of those bodies know if the service is a good one or a bad one, and if it should be changed in any way or if it works well the way it does.

Who is doing it?
Lír have asked an Independent Researcher (Karen Mahony) to do the work involved. Karen is a Researcher with lots of experience researching.

Is the information I give confidential?

All information that you talk to the researcher about is completely confidential and will not be discussed with anybody else. So, if you tell the researcher something about the Lír service or a Lír service staff member, the researcher can not and will not talk about that with anyone in Lír.

Is the information I give anonymous?
All information that you talk to the researcher about will be completely anonymous. The information in the final report will not include any names and nobody will know what you said or anything about you as an individual.

Is participation in the study voluntary?
All participation in the research study is completely voluntary. Only people who would like to take part should become involved in the research. You do not have to take part if you do not feel comfortable doing so.

Do I have a right to withdraw at any time?
Any person who takes part in the research can stop taking part at any time. You do not have to carry on with the research if you do not want to.

How will the information be recorded?
The researcher hopes to look at your case files and take down some information from these; she also hopes to talk to the young people to make sure Lír are doing what they are supposed to be doing. Karen Mahony will also be talking to the young people and their parent(s)/carers as well as the staff workers at Lír. The discussions with the researcher will be recorded (with your permission) so she can listen to the tapes later and take down anything important that was said.

What will happen to the information?
All the information collected during the research will be held by the researcher.

What will happen to the information the researcher gathers?

The information the researcher collects will be used to help write up a final report, which will be given to Lír, Barnardos and the HSE Midlands Area.

What will the research be used for?
The final research report will be used by HSE Midlands Area and Barnardos to decide whether or not they think the Lír service should carry on as it is, or whether changes need to be made to it.

Parental Consent Form

LíR YOUTH AND FAMILY PROJECT
BARNARDOS, MULLINGAR

CONSENT FORM

SIGNING THE SECTIONS BELOW WILL STATE THAT YOU HAVE DECIDED TO VOLUNTEER AND TAKE PART IN THE RESEARCH AND THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION LEAFLET. YOU WILL BE GIVEN A SIGNED AND DATED COPY OF THIS FORM TO KEEP.

HOW TO FILL IN THE NEXT PAGE:
1. If you want the researcher to meet you to talk about what you think about Lír, then you should sign 'Section 1'.
2. If you are happy for the researcher to look at your case files (to make sure Lír are doing what they are supposed to be doing) you should sign 'Section 2'.
3. If you are happy for your child(ren) to meet the researcher to talk about what they thought of Lír then you should sign 'Section 3'.

Section 1 (Discussion with Researcher):

Name (BLOCK CAPITALS): _____

Signature: _____   **Date:** _____

Section 2 (Researcher Reading Case Files):

Name (BLOCK CAPITALS): _____

Signature: _____   **Date:** _____

Section 3 (Discussion with your child(ren)):

Names of Children (BLOCK CAPITALS):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature of Parent: _____   **Date:** _____

Name of Researcher: _____
(BLOCK CAPITALS)

Signature of Researcher: _____   **Date:** _____

Young Persons' Consent Form

**LíR YOUTH AND FAMILY PROJECT
BARNARDOS, MULLINGAR**

CONSENT FORM

SIGNING THE SECTIONS BELOW WILL SAY THAT YOU WANT TO TAKE PART IN THE RESEARCH AND THAT YOU HAVE READ THE INFORMATION LEAFLET. YOU WILL BE GIVEN A SIGNED AND DATED COPY OF THIS FORM TO KEEP.

HOW TO FILL IN THE NEXT SECTION:

1. If you want to meet the researcher to talk about what you thought of Lír you should sign 'Section 1'.
2. If you are happy for the researcher to look at your case file (so she can make sure Lír are doing what they are supposed to be doing) then you should sign 'Section 2'.

Section 1 (Discussion with Researcher):

Name (BLOCK CAPITALS): _____

Signature: _____ **Date:** _____

Section 2 (Researcher Reading Case Files):

Name (BLOCK CAPITALS): _____

Signature: _____ **Date:** _____

Name of Researcher: _____
(BLOCK CAPITALS)

Signature of Researcher:_____ **Date:** _____

Appendix 4

Young People's Interview Schedule

Interview Questions for Young People

1. How did you get involved with Lír in the first place?
2. Do you know why you were linked in with the service in the first place? Who was involved in linking you in with the service?
3. Did you know anything about Lír before you became involved with it? Was Lír explained to you before you began the programme?
   a. If Yes, how did you feel about getting involved with the service?
   b. How did you feel about being involved with the Lír staff?

First Lír Meeting:
4. Do you remember your very first meeting with the Lír project worker? What was it about? What did you think of that first meeting?
5. When Lír were first contacted about working with you, they would have been told what you were having trouble with; did the Lír staff ask for your input in solving that?
   a. If Yes, did they ask you what you are good at, and what you are bad at?
   b. What you like / dislike?
6. Did you find it easy to talk about matters concerning you at this meeting?
7. After the first meeting did you follow the plan that was designed for you?
   a. If Yes, Was it hard to stick to?
   b. If Yes, has the plan changed the way you live in any way?
   c. If Yes, now that you have finished the programme, do you continue to follow the plan?
8. Did your family/carers attend the first meeting?
   a. If Yes, did your family help in making the individualised plan?
   b. Did your family have different ideas about what your goals should be to you? If Yes, how did you come to a compromise?

Questions about the Lír Staff:
9. What was the relationship like between you and the project worker?
10. How often do/did you see the worker [when you were on the programme]?
11. What did you do when you met the project worker?
12. Do you like spending time with the project worker? Why [not]?
13. Do you feel the project worker has helped you with the trouble you were having?
14. Do you feel the project worker has taught you anything?
15. Did the project worker help you to attend other services which you were asked to attend as part of your individualised plan? E.g. FÁS, School, Parenting Course, Training Course, Recreational Club, a Job, Copping-On Programme etc.
16. Was the project worker always available when you needed them?
17. Did you feel the project worker interfered with your private life? Did they respect your privacy?

Wind-Down Questions:

18. How did your involvement with the project end? How much notice did you get to let you know that your involvement would be ending? Did you think you got enough warning?
19. What happened at your very last meeting with the project worker?
20. Did you miss seeing the project worker once the programme ended?

Involvement with other services:

21. Were you involved with any other services while you were involved with Lír?
22. Do you know why you were involved with those other services?
23. What type of work did those services do with you [and your family]?
24. Did those services set any goals for you [and your family]? Did you reach your goals?
25. Do you think those services helped you in any way?

Final Questions:

26. When you think about the reasons you got involved with Lír, do you know what those reasons are? Do you think you have changed in any way since you got involved with Lír?
27. Do you think Lír have helped you and your family? How has it helped you and your family?
28. Were you involved with any other services before Lír? If Yes, how does Lír compare to the other services you were involved with?
29. What do you think is the best thing about Lír?
30. What do you think is the worst thing about Lír?
31. Have the hopes/expectations you had about the service been met?
32. Would you recommend the Lír service to other young people who are in a similar position to yourself?
33. How do you feel your life is going at the moment? What are you doing at the moment? If you compare your life now with how it was before you started working with Lír, is it better or worse?

Appendix 5

Parental Interview Schedule

Interview Questions for Parents / Carers

34. How did you get involved with Lír in the first place?
35. Do you know why your son/daughter was linked in with the service in the first place? Who was involved in linking him/her in with the service?
36. Did you know anything about Lír before your son/daughter became involved with it? Was Lír explained to you before s/he began the programme?
    a. If Yes, how did you feel about letting your son/daughter get involved with the service? How did you feel about him/her being involved with the Lír staff?
    b. What did you expect from the programme?
    c. Did your son/daughter want to become involved with the programme?

First Lír Meeting:
37. Did you attend the very first meeting between the Lír project worker and your son/daughter?
    If Yes, what did you think of it?
38. What did you think of the work plan that was designed for your son/daughter? Who decided on the work plan? Were you involved in what was decided? Did you feel you were listened to when deciding on it?
39. Did your son/daughter follow the plan that was designed for him/her?
    a. If Yes, has the plan changed the way your son/daughter lives his/her life in any way?
    b. Did the project worker support him/her in sticking to the terms of the plan?

Questions about the Lír Staff:
40. What was the relationship like between your son/daughter and the project worker?
41. What was your relationship like with the project worker?
42. Do you feel the relationship with the project worker has had a positive effect on your son/daughter? In what way? How?
43. Do you feel the project worker has helped your family in any way?
44. Did the project help you personally in any way? E.g. to attend other services like FÁS, School, Parenting Course, Training Course, Recreational Club, a Job, Copping-On Programme etc.
45. Did it help your child to attend any services like FÁS, School, Training Courses etc?
46. Was the project worker always available when your family needed them?
47. Was your child involved with any other services while he/she was involved with Lír?
    a. If yes, what was the basis of that services work?
    b. If yes, do you think those services had any positive impact[s] on your son/daughter?

Wind-Down Questions:

48. How did your families' involvement with the project end? Do you think you got enough fore-warning?
49. Did you feel able to manage without Lír involvement?

Final Questions:

50. Do you think your family has changed in any way since participating in the programme? Give details.
51. Do you think your son/daughter was in need of the Lír intervention programme? Why [not]?
52. In general has the programme done anything for your family? Give details.
53. Was your family involved with any other services prior to becoming involved with Lír?
    a. If Yes, how does Lír compare to the other services you were involved with?
    b. Do you think Lír provides a service which other services do not provide?
54. What are the positive aspects of Lír?
55. What are the negative aspects of Lír?
56. Have your expectations of Lír been met?
57. In general, are you in favour of Lír?
58. Would you recommend Lír to another parent in a similar position?
59. Have you anything else you would like to add?

Appendix 6

Management Interview Schedule

Interview Questions for Lír Managers/Leader

1. How did you first hear about Lír?
2. When did you begin your work as the programme manager/leader? What were the main motivating factors in your decision to work with Lír? Does your experience of working with Lír match any initial expectations you had?
3. What was your career background prior to Lír?
4. What aspects of your role as manager/leader do you enjoy most?
5. Which aspects to you enjoy least?

Service Questions:
6. Who are the target group of the programme?
   a. Are Lír very specific about their target group?
   b. Do you think Lír has accessed its intended target group?
   c. Do you think the young people engaged with through Lír are the most 'in need' of Lír intervention? If Yes, what other young people should be engaged with?
7. Can you provide a description of the referral process employed by the service?
   a. Who decides which referred service users are accepted?
   b. Who do Lír mainly receive their referrals from?
8. Can you describe briefly the models of intervention and different stages involved in the programme?
9. How do you think the young people involved with Lír [and their families] view the service?
10. Are there any specific needs of young people/families which influence the success of Lír intervention?

Work Plan / Initial Meeting:
11. What is the purpose of the initial planning meeting which is held between the project worker and the young person [and his/her family]?
12. In practice, how effective do you think this meeting is? Do you think it works as it is intended to?
13. Do you think this meeting motivates young people to change?
14. In general, do the young people and their families actively participate in the meeting? Are they listened to? Does this contribute to their goal setting?
15. In general, have the individualised plans developed for each service user been implemented adhered to by service users?
16. Have Lír been successful in creating useful support structures for service users?

Service Staff:
17. Are relationships good between the team members?
18. What are staff performance levels like?
19. Is there a strong skill base?
20. Are you happy that the team are properly able to carry out their roles?

21. Are there any particular qualifications which would be appropriate to staff?

Relationship with Staff:

22. How would you describe your relationship with the [project leader &] project workers?
23. [How would you describe the project leader's relationship with the project workers?] Do you feel the project workers are adequately supervised? Do you feel there should be less/more formality in relation to supervision/team meetings etc.
24. How would you describe the project workers relationships with their service users? Do you think they should have less/more contact with the service user group? Do you think the relationship could be improved in any way?
25. Do you think Lír are well known to other services in the town? How has it made itself known to date? Do you feel other services understand the role of Lír?
26. How would you describe Lír's relationship with the services from which they receive referrals? Do you think contact should be more/less frequent? Do you think the relationship could be improved in any way?
27. How would you describe the project workers relationship with the services to which the project workers refer service users / link service users in with? Do you think contact should be more/less frequent? Do you think the relationship could be improved in any way?

Initial Implementation/Establishment of the Project:

28. Were you involved in the initial establishment of the programme?
    a. If Yes, how was the target group decided on?
    b. If Yes, how were the methods of intervention decided on? What research were they based on?
    c. If Yes, how was the referral procedure decided on? Was it meeting any specific needs of any particular organisation? i.e. Child Care Act 1991 – Health Board have to link troubled children in with a community-type service.

Outcomes for Service Users:

29. Could you please outline some positive changes in service users which you are aware of, since participating in the programme (personally witnessed / been told about)?
30. Could you identify any other benefits which the programme has brought about for the young person?
31. Have you encountered any cases of over-dependency on the service users' behalf in relation to the programme?
    a. If Yes, how do you view this?
    b. How can this be prevented for future cases?
32. In general, how effective is Lír in meeting the needs of its service users?

Appendix 7

Project Workers Interview Schedule

Interview Questions for Project Staff

33. How did you first hear about Lír?
34. When did you begin working as a project worker? What were the main motivating factors in your decision to work with Lír? Did you have any initial expectations of working with Lír? Do they match your experience of the service?
35. What was your career background prior to Lír? And educational qualifications?
36. What aspects of your role as project worker do you enjoy most?
37. Which aspects to you enjoy least?

Personal Employment Experiences

38. What did you know about Lír's method of working before you started your role? Did you know anything about the models of intervention which the service employs? Did you know anything about the stages of intervention employed?
39. Did you receive any training prior to taking up your present role as project worker with Lír? Provide detail.
40. Do you feel that training was adequate? Would you change anything about the type / amount of training received?
41. Do you receive any on-going/booster training? Do you think it is beneficial? How would you improve that on-going training? Do you think you should receive more/less booster training?
42. Did you receive any other method of induction when you took up your role? Would you change anything about that induction?
43. Do you receive supervision from Lír senior management? Is it formal / informal? How often does it take place? Do you think it is adequate? Would you change anything about it?
44. Do you have regular team meetings with your colleagues at Lír? Are they formal / informal? How often do they take place? Do you think they are adequate? Would you change anything about them?
45. Do you receive any other support from your colleagues? E.g. Weekly collaborations with other therapists? Would you change this?

Professional Relationships

46. How would you describe your relationship with the project manager? And project leader?
47. How would you describe your relationship with the other project workers?
48. How would you describe your relationships with your service users? Do you think you should have less/more contact with the service user group? Do you think the relationship could be improved in any way?
49. Do you think Lír are well known to other services in the town? How has it made itself known to date? Do you feel other services understand the role of Lír?

50. How would you describe Lír's relationship with the services from which they receive referrals? Do you think contact should be more/less frequent? Do you think the relationship could be improved in any way?
51. How would you describe your [project worker's] relationship with the services to which you refer service users / link service users in with? Do you think contact should be more/less frequent? Do you think the relationship could be improved in any way?

Service Questions:
52. Could you run through the different stages of intervention employed by Lír?
53. What do you think of the method of referral employed by Lír? Do you think it is appropriate / does it work? Would you change anything about it?
54. What do you think about the agreement meeting process employed by the service? Do you think it is appropriate / does it work? Is there anything you would change about it?
55. What do you think about the models of intervention employed by Lír i.e. the Multi-systemic-type Approach and the Solution-focused, Strength-based Approach? Do you think these models are suitable to the service user base of Lír? Have you experienced any difficulties with these particular models? Have you any good experiences of these models? What would you change about the models of intervention, if you could?
56. Are you accessible to your service users at all times during the day? Do you think this arrangement is suitable? Are you happy with this arrangement? Would you change anything about this arrangement?
57. Do you think the present method of 'winding-down' with service users is appropriate? Have you had any bad experiences of this process? Have you had any good experiences of this process? Is there anything you would change about this process?
58. How many service users do you work with at any given time? Do you think that is too much/too little? Would you change anything about that?
59. How many months do you work with any particular service user? Would you change anything about this?
60. Do you think any of the processes outlined above have a negative effect on the service users? Are there any which have a particularly positive effect on service users?

Outcomes for Service Users:
61. Could you please outline some positive changes in service users which you are aware of, since participating in the programme?
62. Could you identify any other benefits which the programme has brought about for the young person? And the family?
63. Have you encountered any cases of over-dependency on the service users' behalf in relation to the programme?
    a. If Yes, how do you view this?
    b. How can this be prevented for future cases?
64. In general, how effective is Lír in meeting the needs of its service users?
65. Is there anything else you would like to add?

Appendix 8

Referring Services Interview Schedule

Interview Questions for Services Referring to Lír

1. How did you first hear about the Lír service?
2. What were your initial expectations of the service? Were those expectations met by your experience of the service?
3. What do you know about the overall aims and objectives of the service? Do you think they are realistic aims? Do you think those aims and objectives are appropriate to the service users? Do you think they are achievable? Do you think Lír are achieving them?
4. Who are the target group of the Lír service? Do you think the service users are suitable to this service? Could you suggest any other possible group who should be targeted?
5. Why did you think Lír would suit those young people over other forms of intervention?
6. Do you think the programme did not suit any of the young people you referred?
7. Are there other young people with significant problems whom you did not refer to the Lír service?   What is their nature? How do they differ from those you did refer?
8. How often do you interact with Lír service staff? Why does interaction usually occur i.e. what is the anticipated outcome of the interaction?
9. How would you describe the Lír service staff with whom you have interacted? Do you think they are suitable to their roles? Are there any issues which you think need to be addressed? How do they relate to children?
10. What do you know about how the Lír programme works? Are they doing the things they should be doing? Is there anything different they could be doing?
11. What do you think of the referral/waiting process employed by Lír? Would you change anything about that process?
12. What do you know about how Lír deliver its programme? Do you think delivery is appropriate? Is there anything you would change about delivery?
13. Do you think Lír provide a valuable and/or effective service? Is there anything you would change about the service?
14. What are your overall experiences of the Lír service? In general, is there anything you would change about the service?
15. In general, has the programme benefited the individuals you referred?
16. Is there anything else you would like to add?

Appendix 9

Linked Services Interview Schedule

Interview Questions for Services to which Lír Refer

17. How did you first hear about the Lír service?
18. What were your initial expectations of the service? Were those expectations met by your experience of the service?
19. What do you know about the overall aims and objectives of the service? Do you think they are realistic aims? Do you think those aims and objectives are appropriate to the service users? Do you think they are achievable? Do you think Lír are achieving them?
20. Who are the target group of the Lír service? Do you think the service users are suitable to this service? Could you suggest any other possible group who should be targeted?
21. How often do you interact with Lír service staff? Why does interaction usually occur i.e. what is the anticipated outcome of the interaction? What is your understanding of the role of Lír staff? Do you think they are suitably qualified for their roles?
22. Have you had any bad experiences with Lír staff? Have you had any exceptionally good experiences with Lír staff which you would like to share?
23. What do you think of method of referral employed by Lír? Would you change anything about that process?
24. What do you know about how Lír deliver its programme? Do you think delivery is appropriate? Is there anything you would change about that delivery?
25. Do you think Lír provide a valuable and/or effective service? Is there anything you would change about the service?
26. Have you witnessed any changes in any of Lír's service users from the initial involvement of Lír to completion of their intervention? Do you feel those changes were solely as a result of Lír's intervention? What other interventions/experiences may have contributed to those changes?
27. [If the respondent felt Lír were contributor to change ask] Was the young person involved with any other services whilst involved with Lír? Do you think that/those service[s] had an impact on the young person? Do you think that/those services[s] contributed to any changes in the young person?
28. What are your overall experiences of the Lír service? In general, is there anything you would change about the service?
29. [If the child was referred to the service] Did you feel you could link in with Lír as problems arose for the young person?
30. Is there anything else you would like to add?