



A Needs Analysis for Service Needs of Vulnerable Young People in Waterford



Interagency working to
improve the lives of children,
young people and families.

FOCUS
Ireland

Challenging
homelessness.
Changing lives.



A Needs Analysis for Service Needs of Vulnerable Young People in Waterford

Aoife Dowling · Independent Research Consultant

November 2020



Interagency working to
improve the lives of children,
young people and families.

FOCUS
Ireland

Challenging
homelessness.
Changing lives.

Contents

	Acknowledgements	1
	Executive Summary	3
Section 1	Background to the Research	5
Section 2	Methodology	7
Section 3	Literature Findings	11
Section 4	Research Findings	16
	4.1 Health and Well-Being: Mental Health	17
	4.2 Health and Well-Being: Disabilities	20
	4.3 Health and Well-Being: Substance Misuse	23
	4.4 Economic Security	25
	4.5 Connected and Respected	27
	4.6 Safe and Protected	30
	4.7 Education and Learning	33
Section 5	Conclusions	36
Section 6	Recommendations	37
	References	38
List of tables		
Table 2.2.1	Summary of participants of primary research	7
Table 2.2.2	List of organisations that took part in the consultations and interviews	8
Table 2.3	Overview of participants of the focus groups	9

© Focus Ireland and Children and Young People's Services Committees (CYPSC)

Published by Focus Ireland

ISBN 978-1-9996896-5-0

The views expressed in this report are those of the author and do not necessarily reflect those of the funders, Focus Ireland and Children and Young People's Services Committees (CYPSC).

Acknowledgements

Thank you to Focus Ireland and the Waterford Children's and Young Persons Services Committee (CYPSC) for commissioning and overseeing this project. Thanks to the members of the CYPSC group, including representatives from Tusla, Waterford South Tipperary Community Youth Services, Treo, Waterford Area Partnership, HSE Substance Misuse Team, Waterford and Wexford Education and Training Board, Department of Employment Affairs and Social Protection, Focus Ireland and HSE Adult Mental Health Services for their support throughout the research project. Most importantly, thanks to the young people who took part in the consultation as well as the interviewees for giving up their time to share their views.

Executive Summary

The availability of funds from CYPSC enabled Focus Ireland, on behalf of partner agencies; to commission this needs analysis, fulfilling one of the actions of the CYPSC Children and Young Peoples Plan. The purpose of the work was to identify the service needs of vulnerable young people and in particular unmet needs, with a view to informing the development of initiatives and supports in Waterford.

The analysis was carried out over a 12-week period, from October to December 2019. The approach used was a mixed methods qualitative approach, encompassing interviews, focus groups and a stakeholder roundtable event. A literature review was also carried out on the services needs of vulnerable young people. Those included in the research were service providers (N=27), youth workers and interviewees (youth workers and service providers) (N=16) and young people (N=34).

Vulnerable young people can be defined as those that 'are more exposed to risks than their peers' (Arora et al. 2015). They describe vulnerable young people as those from ethnic minorities, refugees and asylum seekers, with a learning difficulty, with a physical or sensory difficulty, currently or had been in foster care, identifying as LGBT, early school leavers and young offenders. Evidence demonstrates that vulnerable young people are more likely to be exposed to marginalisation and require additional supports.

Evidence from the research showed that **Mental Health Services** had responded to the needs of young people who took part in the focus group when they accessed them and that the young people had a positive experience. Despite this the research also showed there was a significant need for an accessible counselling service for young people. A bridging service between the Child and Adult Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) and a dedicated Young Persons Community Mental Health Team were identified as important service requirements. Findings showed that young people were less likely to engage with AMHS as they found the service off-putting.

A number of **Disability Services** are being offered in Waterford through statutory and community agencies. These include local training initiatives to encourage young people with disabilities into further education or to move into employment. Findings showed a significant service gap in the HSE Disability Services due to a lack of a dedicated mental health service for disabled young people. Research shows that young people with a disability are more likely to require additional mental health services. The lack of

a dedicated mental health service results in young people with disabilities not being able to access an appropriate service. Of further note was a lack of social activities dedicated to disabled young people.

Treatment for **Substance Misuse** is disseminated throughout the county through outreach and Community Based Drugs Initiatives (CBDI). A 'wrap-around' team is available in Waterford City Centre where service users can avail of substance misuse treatment, housing tenancy support and mental health services from the same team. Despite this findings showed that there is still a need for more outreach particularly to young people as well as a dedicated young person's drop-in addiction service.

Amongst other services **Economic Supports** are provided to young people of Waterford through a number of successful local training initiatives (LTI). Findings showed that young people require additional support from the social welfare system in terms of accessing available supports and benefits. A need was also highlighted for a peer-led information service in order for young people to access information. Findings and other research shows that young people are more likely to access information from friends and family instead of a third party.

In terms of young people in Waterford being **Connected and Respected**, those that took part in the research from an ethnic minority all noted Waterford as a very good place to live. However, there is a need for more spaces for young people to spend their free time especially in rural areas. There are little or no targeted services for young Traveller people. Findings showed that outreach and targeted services are required to engage young Traveller people. Waterford has a significant young population residing in direct provision centres where there is a distinct need for more outreach. Finally research, specifically from the youth groups, identified a need for more rural transport.

Regarding young people feeling **Safe and Protected**, most that took part in the focus groups identified feeling safe and that there were services available if they had concerns. Despite this, evidence showed that there are additional supports required by young care-leavers, to assist them in the difficult transition when leaving care. The research carried out also identified a lack of secure and affordable housing not only as a concern for young care-leavers, but also many of the young people in Waterford. The lack of a family mediation service was noted by a number of interviewees as a significant gap.

The research demonstrated that regarding **Education and Learning**, there are an abundance of further education options in Waterford. A direct result of this is the high progression rates from post-primary schools in Waterford to third level. Despite this, the research showed that there are still significant inequalities regarding access to education in Waterford due to financial barriers. Furthermore, some young people are not aware of educational supports available to them.

Section 1

Background to the Research

Introduction

Young people aged 18 to 24 years are in a transitional period in their lives. This period requires necessary support and services to respond to their needs. Those that have significant needs are, amongst others, young people that have mental health issues, suffer from substance misuse, with disabilities, are from a disadvantaged household, are from an ethnic minority, are care-leavers and have low levels of education and are deemed vulnerable.

A ‘need’ can be assumed to be what is absent and what is required for a desired outcome. In order to best deliver services that are required by those most in need, it is necessary to examine current services, profile those most in need and identify barriers that are preventing access to services.

Waterford CYPSC

Established in 2012, the Waterford Children’s and Young Person’s Services Committee (CYPSC) is leading on from the work conducted by West Waterford Forum that initiated the development of interagency planning and delivery of children’s services in the Dungarvan / West Waterford area. The function of the CYPSC is to guarantee better outcomes for children and young people through more effective integration of existing services and interventions at local level.

In the development of its Children and Young People’s Plan, the CYPSC has identified the **needs of vulnerable young people** as a priority for Waterford. The availability of funds from CYPSC enabled Focus Ireland, on behalf of partner agencies, to commission this needs analysis, fulfilling one of the actions of the CYPSC Children and Young People’s Plan.

Who are the vulnerable young people?

- According to the National Suicide Research Foundation (NSRF), Waterford had the third highest rate of females self-harming in the State, at 355.6 per 100,000 population aged under 25 years (NSRF 2019).
- In total 625 (or 10.2%) of the population aged 20 to 24 years in Waterford stated that they had an intellectual or physical disability. This was higher than the State average of 9.1% (Census 2016).
- In 2016, 107 young people aged between 18 and 24 accessed treatment for substance misuse in Waterford. This figure is significantly lower than the 175 young people that accessed treatment in 2010. (NDTRS 2020).
- According to the latest figures from the Pobal HP Deprivation Index, within the 32 most disadvantaged Small Areas in Waterford, nearly 8% (or 576) of the population was aged between 18 and 24 years (Pobal HP Dep Index 2017).
- According to the latest Census data from 2016; 8.5% (or 517) of the population aged 18 to 24 years are classified as 'Any Other White Background' 4.3% or (261) are 'Asian or Asian Irish', 2.4% (145) are 'Not Stated', 1.3% (or 78) are 'Black or Black Irish' and 0.5% (or 30) are White Irish Traveller (Census 2016).
- As of 2018, there were 131 young people on the Social Housing Waiting List. This figure equated to a rate of 14.6 per 1,000 population (Department of Housing and Local Government 2019)
- According to the latest retention rates released from the Department of Education, at 96.5% Waterford had the fifth lowest proportion of 2010 secondary school entrants completing their Junior Certificate (Department of Education 2018).

Aims, scope and research questions

The primary aim of this project is to conduct an accurate and timely needs analysis to identify the service need for the marginalized youth population of Waterford. A secondary aim is to conduct an updated audit of services, provide a profile of young people in Waterford and to identify barriers which hinder them from accessing services. This project was conducted through a combination of desk research, participatory research with young people and youth workers, as well as consultations with the project stakeholders. Themes covered will be in line with the broad set of outcomes as set out in the Better Outcomes, Brighter Futures framework and in the Waterford CYPSC Children and Young People's Plan.

Section 2

Methodology

2.1 Introduction

The needs analysis was conducted using a mixed methods qualitative approach. The 18–24 year old research subgroup comprising of representatives from various agencies guided the research process, and the Waterford CYPSC Coordinator was appointed to liaise with the researcher.

Primary Research included: a round table session held with project stakeholders; secondly, in compliance with Article 12 of the UN Convention on the Rights of the Child, young people were consulted with to get their views on their needs. Finally, interviews were conducted with those that were engaging directly with vulnerable young people. Secondary desktop research was conducted on current policy and previous studies on vulnerable young people.

2.2 Data collection

Primary data was collected via a roundtable stakeholder event, interviews with service providers and focus groups with young people. Table 2.2.1 provides a summary of participants of the primary research and Table 2.2.2 details the list of organisations that took place in the stakeholder event and interviews.

Stakeholder Event		Service Providers Interviews		Young people	
Organisations	People	Organisations	People	Males	Females
11	22	16	16	22	11

Table 2.2.1: Summary of participants of primary research

	Stakeholder Event	Interviews
Focus Ireland	Participated	Participated
HSE Mental Health	Participated	Participated
Healthy Waterford	Participated	
Foroige	Participated	
HSE Substance Misuse	Participated	Participated
Waterford Leader Partnership	Participated	
Library Service	Participated	
Tusla Aftercare	Participated	
Waterford and South Tipperary Community Youth Services	Participated	Participated
Waterford and Wexford Education and Training Board	Participated	Participated
School Completion Programme		Participated
Treo	Participated	Participated
Intercultural Health Project		Participated
CAMHS	Participated	Participated
Waterford Area Partnership	Participated	Participated
Youth Reach		Participated
CBDI		Participated
Tusla Community Services		Participated
Children's Grouplink		Participated

Table 2.2.2: List of organisations that took part in the consultations and interviews

A **round-table session** was hosted with service providers from statutory, community and voluntary bodies, who worked with vulnerable young people throughout Waterford. The event was structured around the Better Outcomes, Brighter Futures (2014) five national outcomes (Health and Well-Being, Economic Security, Connected and Respected, Education and Learning and Safe and Secure). The current level of service provision in Waterford was presented thematically as per the five national outcomes. This was accompanied by a series of indicators outlining the current situation relevant to that outcome. Service providers, in groups, were encouraged to discuss services relevant to the outcome not highlighted, barriers that young vulnerable people would face trying to access those services and finally possible gaps in the current level of service provision. The groups in this session filled in worksheets that were later analysed to identify emerging and common themes.

Sixteen **interviews** were held with youth workers and service-providers. As with the round table session it was of utmost importance that a wide sample of youth workers and service providers were interviewed. This was to ensure that it was an accurate reflection of the service needs of vulnerable young people in Waterford. The structure of the interview was as follows:

- An overview of what services they provided to 18 to 24 year olds,
- What was working well for services,
- Any barriers that faced young people accessing those services
- What possible service gaps there were?

Over 9 hours of interviews with 16 interviewees was recorded, transcribed and the data was organised into the most prominent themes.

Five focus groups with young people were carried out. Four focus groups took place in Waterford City and one in Dungarvan. Two of the four that took place in Waterford City were based in youth services with a county-wide remit and had young people travelling from rural-based areas to avail of services. The young people taking part in the focus groups were encouraged to discuss thematically; current service provision, what those services were doing well and what services they felt they were lacking. Seven hours of focus group sessions were recorded, transcribed and analysed to allow for the cross-referencing of emerging themes with the other information collected. A full overview of the participants in the focus groups can be seen in Table 2.3.

	Location	Profile of the youth group or school they attended	Number of participants	Profile of participants
Group 1	Waterford City	Participants in a youth training centre	13	All male, predominantly White Irish and all aged between 18 and 24 years
Group 2	Waterford City	Students in an alternative education centre	5	Three males, all White Irish and aged 18; two females, aged 18 and Black or Black Irish.
Group 3	Waterford City	Participants of a local training initiative	12	Five females and 7 males, white Irish, aged between 18 and 24 years
Group 4	Dungarvan	Participants in a local youth service	4	All white Irish females aged between 18 and 24 years
Total	Countywide		34	

Table 2.3: Overview of participants of the focus groups

2.3 Ethics

The research adhered closely to Focus Ireland Ethical Guidelines. All participants in each of the interviews and focus groups were assured of anonymity. As a consequence, it is not possible to identify the youth work service or the young people who took part. All participants provided written permission to be a part of this research, all acknowledged their participation was entirely voluntary and that it was possible to terminate their participation at any time. Participants were also informed that if they had any complaints, they could contact the CYPSC Coordinator. All participants in the youth focus groups were aged 18 years and over.

2.4 Limitations of the Research

It is not possible to claim that the groups and individuals interviewed represented a whole view of services for vulnerable young people in Waterford City and County. Five focus groups were carried out as part of the research. It was hoped that more participants from rural areas would partake in the focus groups; however, it was difficult to organise and recruit young people specifically from rural areas. Research was also limited to young people that were engaged in education or training. The researcher concentrated on taking the widest possible sample using a variety of methods of engagement.

Section 3

Literature Findings

3.1 Introduction

According to Arora et al. (2015) vulnerable young people can be defined as those that 'are more exposed to risks than their peers'. Risks include being exposed to disadvantage and poverty, engaging in substance misuses and not engaging in employment or education. Molcho (2018) concurs with the 'risks', as identified by Arora et al. He describes young people from ethnic minorities, refugees and asylum seekers, those with a learning difficulty, with a physical or sensory difficulty, currently or had been in foster care, identifying as LGBT, early school leavers and young offenders, as those that are most vulnerable. Molcho agrees that young people that are exposed to any of these circumstances are most likely to suffer from marginalisation. Marginalisation can be defined as individuals or groups that are separate to ordinary society and their prospects are not as promising as others. This is particularly in relation to education, healthcare, social opportunities and employment.

This section aims to discuss what inequalities affect young people, the consequences of these inequalities and the needs of vulnerable young people; care leavers, young people with disabilities, young immigrant people and young Traveller people.

3.2 How do inequalities affect vulnerable young people?

Countless studies have been conducted documenting how inequalities of children and young people marginalized from mainstream society impacts them later on in life. Woodhead et al. (2004) state that 'inequalities rapidly undermine the development of human potential' and those inequalities can be intrinsically linked to transitional periods in a young person's life such as leaving school and working. Devlin (2006) stresses how certain young people can be negatively stereotyped and this in turn also leads to further inequalities and marginalization.

Duchak (2014) argues that the marginalization of young people 'requires immediate interference from state policy and government' in order to reduce inequalities amongst vulnerable and marginalised young people. Shevlin (2017) expresses that Irish policies have advanced in recent years to include marginalised young people from socio-economically disadvantaged areas.

3.3 What are the consequences of marginalisation?

A disadvantaged youth can be defined as a young person who has fewer opportunities than other young people around them (Bendit and Stokes, 2003). It is extensively discussed that disadvantaged young people are more likely to have low education levels, low possibility of employment and mental health and substance misuse problems (Buzzeo, 2016; Maycock 2008; Kennedy 2012).

O'Connor (2010) identifies a number of factors that lead to the long-term unemployment of young people. These predominantly are a lack of literacy and numeracy skills and low levels of education. Recent findings from Kelly and McGuinness (2014) found that a majority of unemployed youths were more likely to be from households where there is a history of unemployment. Utilising the information from the Pobal HP Deprivation Index they found that high levels of unemployment were consistent with areas that were most deprived and had low levels of education.

Homelessness in young people can be caused for a variety of reasons. Maycock et al. (2008) discusses how research has shown that 'conflict within family environments' can be a contributing factor for a young person to leave their home. They describe conflict as struggles between the young people and their parents. The conflict can be centred on disagreements, substance misuse, violence or trauma. Lambert et al. (2018) agree with this noting family conflict as a contributing reason for youth homelessness. They suggest that in selected situations mediation services can act as a preventative measure to a young person becoming homeless.

Mental health issues are strongly correlated with young people from disadvantaged backgrounds. The My World Survey identified that substance misuse and financial stress were significant factors for young people's mental health issues. These issues were more likely to come to the fore during late teens and early twenties (Headstrong 2012). According to Vision for Change, young people state that they are least likely to approach adults or professionals when they have problems and are more likely to depend on their peers (2006). In order to best serve young people that do not feel comfortable accessing Adult Mental Health Services (AMHS), the My World survey recommended that there be a bridging service between CAMHS and AMHS. This service would allow for this difficult transition period in a young person's life.


3.4 What are the needs of care-leavers?

Hayes (2013) maintains that young people leaving care and moving into self-supporting living are the most vulnerable. Kelleher et al. (2000) states that young people who have been in care in their childhood are more likely as an adult to belong to disadvantaged groups such as unemployed, homeless, prisoners and/or drug and alcohol problems. Research has shown that the transition from care to independent living is difficult (Furlong et al. 2003) and that each individual care leaver has unique needs that need to be supported.

According to Section 45 of the Child Care Act 1991 (the 'Child Care Act') 'young people leaving care need ongoing support in order to achieve their potential'. The Child Care Act identified support as 'advice, guidance and practical support'. Doyle et al. (2012) argues that unlike other young people in the general population, it is not possible for a young person leaving care to return to a home environment should they need it. In its place they are

offered ‘advice and guidance’. The Children First Act (2015) recognises the individual needs of a young person leaving care and states that Tusla (the Child and Family Agency) has a commitment to prepare an aftercare plan for each child in care before their 18th birthday.

In 2019, the Irish Aftercare Network strongly stated that more support was required for those leaving care. They stated that:

 There are feelings of fear, rejection and powerlessness that often emerge for some young people once they turn 18 and are forced to leave care and live on their own. The professionals who work with care leavers need to adopt trauma-informed practice methods that acknowledge and respond to the effects of trauma.’

The Irish Aftercare Network argues that additional supports are required by aftercare teams in order to successfully transition this extremely vulnerable group into adulthood.

3.5 What are the needs of disabled young people?

Frawley et al. (2016) state that people with a disability are likely to have ‘few friends and experience social exclusion’. The National Rehabilitation Board (1999) agrees with this stating that ‘For many people with disabilities, taking an active part in community life is difficult if not impossible, and often times they are socially excluded and isolated’. Evidence has shown that when a person with disabilities takes part in community events or activities it has an exponential constructive effect on their lives (Stancliffe et al. 2014; Wilson et al. 2016). Social activities are integral for the inclusion of disabled young people.

It has also been widely studied that those with an intellectual or physical disability are more likely to also suffer from a mental health issue (National Disability Authority 2017, National Guideline Alliance 2016, and Watson 2014). A study carried out by Genio (2009), stated that many services for disabled people are separate and this is to the detriment of the people accessing these services. They recommend that in order for people with disabilities to ‘participate in society’ in a significant way, services should work together and ‘take a person-centred approach’.

According to the National Disability Inclusion Strategy, in order to assist those with a disability and suffering from mental health issues, they ‘will develop and implement effective national joint working protocols between Child and Adolescent Mental Health Services (CAMHS), disability services and education to ensure children and young people with disabilities can access CAMHS’ (2017).

3.6 What are the needs of young Immigrants and Asylum Seekers?

According to the Immigrant Council of Ireland (2016), research has shown that there are significant gaps in information provided to immigrants. Gaps of information are in ‘clarity around the immigration systems’ and ‘accurate information’. Anderson et al. (2014) state that ‘good quality early advice....shapes people’s experiences’ when dealing with migration issues. Asylum seekers are a particularly vulnerable sub group. Asylum seekers are housed in direct provision centres for the duration of their asylum status applications. As of 2018, there were 406 people residing in the four direct provision centres in Waterford.

In 2016, consultations were carried out by the DCYA with children and young people living in direct provision centres. The consultations clearly showed that young people residing in these centres were deeply unhappy and their ‘personal well-being, family life, private life and social life were adversely affected’ by having to reside in the centres. The research showed that young people living in the Direct Provision Centres felt isolated and segregated.

The Department of Justice and Equality (2019) published a new set of national standards for Direct Provision Centres. The aim of these standards is to guarantee uniformity amongst the centres in Ireland. Standard 7.2 states that the service provider should ensure ‘that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport system.’ By providing adequate transport young people would have an opportunity to spend time in their local community and avoid isolation and segregation.

3.7 What are the needs of Young Traveller People?

Young Traveller people deal with discrimination at multiple levels, according to Loftus et al. (2018). This leads young Traveller people to feel isolated and more protective of their own community. Research has shown that certain service types appeal to young Traveller people. The relaxed, non-conventional settings of youth services are the types of services that attract young Traveller people.

Pavee Point (2019) identified the methods they used to successfully engage with young Traveller people. The first method was conducting outreach. This encouraged young Traveller people to integrate with existing youth work services as well as acting as an information point for other existing services. This was then followed by 'detached work'. Detached work allowed for engagement within their own environment. The young Traveller people were more comfortable with this process and engage more with the outreach workers. This gave the outreach workers a clearer grasp of the challenges the young Traveller people were facing. Finally, activities were carried out in a dedicated space.

Loftus et al. (2018) would agree with the methodology as outlined above on how to engage with young Traveller people. The methodology recognises the Traveller culture and also takes into account the needs of Traveller people. Loftus et al. (2012) detail the steps required to engage with young Traveller people. The first phase utilises readily available Census figures to identify the number of young Traveller people in the youth work catchment area. Traveller representation groups, such as Pavee Point, would dispute the accuracy of figures published in previous censuses as they feel the number is underrepresented. Work has been completed by Pavee Point and the Census to provide a more accurate representation of the number of Traveller people in Census 2021. The results will be seen in summer 2022.

Section 4

Research Findings

Findings from the research have been sorted according to the **Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014–2020**.

Health and Well-Being: Mental Health

Health and Well-Being: Disabilities

Health and Well-Being: Substance Misuse

Economic Security

Connected and Respected

Safe and Protected

Education and Learning

4.1 Health and Well-Being: Mental Health

I. Setting the Context

According to the NSRF, Waterford had the third highest rate of females self-harming in the State, at 355.6 per 100,000 population aged less than 25 years (NSRF 2019).

At a rate of 23.0 per 100,000 males, between 2014 and 2016 Waterford County had the fourth highest rate of male suicides in the country (NSRF 2019).

II. Current service provision

HSE: Staffed community residence, Advocacy and Information, Approved Centre, Continuing Care Unit, Counselling / Psychotherapy, Day Centre and Hospitals, Family Suicide Bereavement Liaison Service, General Adult Community Mental Health Teams and General Adult Care.

Tusla: Therapeutic Services and Tusla Community Services.

Community: Pieta House, Shine, Sacred Heart Family Resource Centre Waterford Social Prescribing Service and Saint Brigid's Family Resource Centre Counselling Service.

III. What is working well?

Findings showed that Adult Mental Health Services (AMHS) in Waterford are engaging in a meaningful way with vulnerable young people resulting in positive outcomes through a number of treatments. Access to HSE AMHS is primarily through GPs and findings noted that they were responsive to the needs of young people they are working with.

4.1.1 Need for Accessible and Affordable Counselling Services


A significant challenge that was identified at the stakeholder event was the lack of access to available and affordable counselling. This was emphasized in the interviews with service providers, with 8 out of 16 interviewees noting the absence of affordable and accessible counselling as a significant need in Waterford. The lack of affordable and accessible counselling was also a significant theme in 3 of the 5 focus groups with young people. Barriers identified by the young people to attend counselling included:

- Having to visit a GP first
- Cost
- Having to travel to services
- Reluctance to attend Adult Mental Health Services.

When asked what services they were happy with attending, voluntary services such as Pieta House were noted as welcoming and helpful. Some young people had access to counselling services as part of their education programmes or services they were already attending. The young people that were accessing mental health services in this setting agreed that it provided them with adequate services. The young people explained how they had accessed mental health services through their tutors or youth workers, and that the benefits of this method was that there had been an existing relationship and trust built with the tutor or youth worker. The young people also stated they were more comfortable with this than accessing treatment through a GP.


In the past year, Squashy Couch, an adolescent health and information project based in Waterford city, has changed and drop-in counselling services are no longer available. It is the location of Tusla Community Services and the base for the Tusla Prevention Partnership and Family support Programme (PPFS). The Tusla PPFS is 'a comprehensive programme of early intervention and preventative work' (Tusla, 2020). There are a number of different elements of the PPFS programme including the Meitheal process. To avail of counselling through the PPFS programme, parents or guardians of the child or young person must engage in Meitheal. This provides a possible barrier to young people trying to access counselling as they may not want to access them through a parent. Based on findings from the My World survey, researchers found that young people were less likely to access mental health services through a parent or GP. Youth workers interviewed concurred with this sentiment.

Squashy Couch was noted by a number of interviewees as an accessible service in previous years. The service fulfilled the remit of providing accessible counselling to all young people that presented.

 When it comes to young people they don't want to go to a gp and they want to be able to just have a conversation like this, just sit down in a nice room and talk. That's where we are lacking.' (Interview 1)

Youth Workers interviewed for the project all agreed that the previous service was more accessible to young people and feel the service that is currently available is not.


 For the older ones squashy couch provided a useful role to them.' (Interview 15)


 There are services there but it's not as accessible as it was... That was a big strength of squashy couch because they could access it themselves.' (Interview 6)

In the absence of accessible counselling, youth workers were being asked by parents to provide help and assistance. The youth workers interviewed felt that they were not qualified or suitably trained for this role. They felt their role was to guide the young person to the services that were available rather than to provide the service to them.

4.1.2 Need for a bridging service between CAMHS and AMHS and a Targeted young adult community mental health team

The Child and Adolescent Mental Health Service (CAMHS) team provides a mental health service for young people up to 18 years of age. Once a young person reaches the age of 18 they are then seen by the Adult Mental Health Service (AMHS). The AMHS comprises of a separate team and a different location. The dramatic change in environment and approach was described as off-putting to a young person by four of the interviewees.

 If there is a young person going out to that type of setting it can just put them off' (Interview 12)

 It can be very intimidating to access mental health services. So very often they won't keep appointments, or if there is not a welcoming face they don't feel, they want to be there. And the more they need it, the more they won't attend' (Interview 11)

Young people accessing mental health services through CAMHS, stated that there was a significant difference between the adult and children's services. This was in line with points raised by interviewees and research from the My World Survey. Differences they noted were that less time was given to them, they felt appointments were rushed and there was a fear of older adults with complex mental health issues. AMHS were less forgiving if appointments were missed and young people were less likely to want to continue engagement with the service if they felt unwelcome or pressured.

Currently in Waterford, there are six Community Mental Health Teams. Five of the teams are dedicated to adults and one is for children and adolescents. The aim of the team is to treat a person, if possible, in their own home or community. Some of those interviewed stated that there is a strong need for a bridging service between AMHS and CAMHS, as well as a complimenting Young Adult Community Mental Health Team.

4. 2 Health and Well-Being: Disabilities

I. Setting the Context

In total 625 (or 10.2%) of the population aged 20 to 24 years in Waterford stated that they had an intellectual or physical disability. This was higher than the State average of 9.1% (Census 2016).

Of the total young people aged 20 to 24 in Waterford, 214 (or 3.5%) identified as having a disability of a 'psychological or emotional condition' (Census 2016).

II. Current service provision

Statutory: HSE Disability service delivered through Local Health Services.

Community: Camphill, Connect, Employability, Brothers of Charity, DEAF/HEAR, National Learning Network, National Council for the Blind and various support groups.

III. What is working well?


Amongst disability services being offered by the HSE were a number of local training initiatives established to support those with intellectual and physical disabilities gain a Level 5 qualification. This qualification enables them to either seek employment or go on to further education.

4.2.1 Need for mental health services in disability services


The research process highlighted there are currently no mental health services within the disability services in Waterford. Two of the interviewees emphasized that clients of the disability services are being referred into CAMHS or AMHS and most are not being accepted as they are unsuitable for the services. Those working with young people with disabilities stated that there are higher numbers of young people seeking mental health services than are currently available.




Psychology in disability services is the biggest gap.'
(Interview 6)

 There is no individual support, there is no group support, there seems to be stuff around but there is no proactive support. We have gotten our students to Pieta House or Brook House, but you need to be in crisis.’ (Interview 5)

Interviewees concurred that inappropriate referrals to CAMHs and AMHS caused confusion and frustration for young people with disabilities.


 We get a lot of parents that are trying to access Meitheal and it’s about the CAMHS services, the disability services and the early intervention services. ... we try to link parents in with appropriate services in their communities, we find some of those services are referring back into us.’ (Interview 8)

 Lets say we have a teenager with ASD, they also have anxiety – because they have no one to treat them for the ASD their anxiety gets worse. Then it might get to the point it does merit a CAMHs referral...’ (Interview 6)

As a result of a lack of psychology services in disability services, young people with disabilities who should be seen by a mental health team in disability services are being referred to CAMHS or AMHS. According to service providers interviewed, they are being referred onto psychology services within the primary care teams. One interviewee described it as young people being ‘bounced around’ from service to service without actually accessing a mental health team.


4.2.2 Need for suitable social activities for young people with disabilities

Two of the interviewees identified a lack of social activities for young people with disabilities as well as it being identified as a need at the stakeholder event. Social activities are a necessity for those with a disability to ensure they are engaged with local communities and activities. One interviewee argued that;

 There are no youth clubs, there are no mental health services, they are getting nothing to help support them.’ (Interview 5)

The interviewees maintained that once social activities and interaction with other young people is provided, a significant development can be seen. It was stressed that particularly in rural areas and outside of Waterford City there was a lack of service provision.

Some youth groups in Waterford City were trying to facilitate some young people with disabilities. Due to the nature of the group activities it was not always possible to include young persons with disabilities.

 We include people with disabilities in youth work but we don't have the skill set when it reaches that level. We know we want to include them we just don't know how to.' (Interview 1)

Due to a lack of training and suitable volunteers it is not always possible to ensure full inclusivity. One interviewee noted how funding received for youth services was targeted and there was little or no flexibility in this funding to react to local need when it was required. As a result, it is difficult for youth workers to avail of training that would enable them to facilitate groups targeted at disabled young people.

4.3 Health and Well-Being: Substance Misuse

I. Setting the Context

In 2016, 107 young people aged between 18 and 24 accessed treatment for substance misuse in Waterford. This figure is significantly lower than the 175 young people that accessed treatment in 2010. (NDTRS 2020).

II. Current service provision

Statutory: HSE Substance Misuse Clinic and Dual-Diagnosis Clinic.

Community: CBDI (various teams throughout the county), Alcoholics Anonymous Ireland, Narcotics Anonymous, WSTCYS Frontline and Foroige Ferrybank Drug Prevention Project.

III. What is working well?

In Waterford City the Substance Misuse Outreach Worker operates as a first point of contact to a multi-disciplinary team, offering those seeking the services access to mental health services, substance misuse treatment and a tenancy support service to name but a few. This service provides them with a 'wrap-around team' as well as a dual-diagnosis drop-in clinic if required.

Barriers and Issues

4.3.1 Need for youth specific drop-in addiction service

Despite access to a multi-disciplinary team, four interviewees were of the view that the current adult substance misuse service is primarily targeted at adults and not suitable for young adults.



There is either a child service or an adult service and there is no youth service. That is huge gap.' (Interview 11).



A drop-in addiction service is missing – a lot of the youth workers do a lot of addiction work.' (Interview 8)

According to interviewees, despite a successful adult service, a youth specific service would be deemed as more targeted towards young people and the support they require.

4.3.2 Need for more rural outreach services

Interviewees agreed that there were many addiction services in Waterford City and that they were being utilised. However, interviewees based in rural areas highlighted a need for more substance misuse outreach workers in rural areas.



It covers west Waterford, but it's hard to reach the outskirts of the community.' (Interview 3)

It was stressed that a lack of outreach was predominantly in rural areas, away from major towns and villages. Young people in the Dungarvan focus groups described severe drugs problem in the locality and noted that they felt it was a direct result of limited access to safe places to spend their free time. In the focus groups young people were all aware of how to access the local CBDI and treatment services; however some felt there was still a need for more community-based recovery services.

4.4 Economic Security

I. Setting the Context

According to the latest figures from the Pobal HP Deprivation Index, within the 32 most disadvantaged Small Areas in Waterford, nearly 8% (or 576) of the population was aged between 18 and 24 years (Pobal HP Dep Index 2017).

At a rate of 86.6 per 1,000 population aged 18 to 24 years, Waterford had the sixth highest rate of youth unemployment in the State (Department of Social Protection 2019).

II. Current service provision

Statutory: Department of Employment Affairs and Social Protection, MABs, Intreo and Local Training Initiatives.

Voluntary: Free Legal Advice.

Community: LEADER, Waterford Area Partnership.

III. What is working well?

In line with the Youth Guarantee Scheme, a number of local training initiatives are available in Waterford. They provide young people with practical skills and work experience. In these courses there are smaller numbers, incentivised payments and they are targeted while also being inclusive. These courses provide vulnerable young people with the opportunity to transition from second level education to either further education or paid employment.

4.4.1 Need for more support from welfare services

Young people that took part in the focus groups strongly noted how they felt stigmatisation from state services, this included second level education and social welfare services. Those that highlighted stigmatisation by social services noted that:

- They felt unwelcome.
- There was not adequate information on available supports.
- There was no information on courses and programmes that they could avail of.

Interviewees agreed with this stating young people trying to access social welfare services face numerous barriers, including feeling stigmatised or unwelcome. Young people in the focus groups outlined how they often felt upset, confused and stressed over the negativity they felt they received when trying to access the social welfare system. Five interviewees also expressed similar sentiments.



The whole experience is really stressful for them. It happens a lot to them. It generates fear and they don't want to go back.' (Interview 1)

Interviewees noted that as a consequence of negative experiences young people feel unable to access these services and do not feel encouraged to access other training, learning or employment initiatives.

Other interviewees, whose role was to provide guidance and assistance to young people, discussed how they would either accompany a young person to dedicated social welfare appointments, or had already built up a relationship with a key person in the Department of Employment Affairs and Social Protection. These interviewees discussed how they and the young people had a far greater positive experience of the same service.

4.4.2 Need for a peer-led information service

A recurring theme throughout the focus groups with young people was the lack of information they felt was provided to them. Young people commonly accessed information on a range of services, benefits and educational courses from peers or relatives. Young people felt that information provided to them by those in an authoritative position was not always complete or thorough. For example, one group in a local training initiative (LTI) stated that they found out about the courses from peers whilst another group insisted that guidance counsellors in second-level schools were not providing them with information on financial supports or possible access routes to further education.

An interviewee reiterated these findings stating that;



They find out everything from one another. That peer support is what they need sometimes, they only trust one another.' (Interview 14)

Young people in a vulnerable position or from a disadvantaged background are less likely to have trust in statutory agencies. Some young people in the focus groups discussed how they were told about schemes that could be available to them by peers, yet they were not empowered to seek additional information themselves. There are currently two Youth Information Centres in Waterford, one in Dungarvan and one in Waterford City. Both are operated by the Waterford and South Tipperary Community Youth Service and are staffed by one worker.

4.5. Connected and Respected

I. Setting the context

As of April 2016, there were 8,998 young people living in Waterford. This figure equated to 7.7% of the population and was higher than the South-Eastern average of 7.5%. The areas with the highest proportions of young people were; Kilmacthomas (9.5% or 79), Waterford City (8.9% or 4,772), Portlaw (8.0% or 140), Cheekpoint (7.9% or 25), Ardmore (7.8% or 32) and Lismore (7.4% or 101) (Census 2016).

According to the latest Census data from 2016; 8.5% (or 517 of the population aged 18 to 24 years are classified as 'Any Other White Background', 4.3% or 261 are 'Asian or Asian Irish', 2.4% (or 145) are 'Not Stated', 1.3% (or 78) are 'Black or Black Irish' and 0.5% (or 30) are White Irish Traveller (Census 2016).

II. Current service provision

- Statutory: Libraries.
- Community: Youth Services, Foroige, Community Centres, Sports Clubs, LGBTQ Groups, Mens Sheds, Traveller services and the Intercultural Health Hub.
- Private: Leisure Centres.

III. What is working well?

Young people from ethnic minorities that participated in the youth focus groups all felt extremely positive about service provision and felt Waterford was a good place to live.

Some of the young people who took part in this research had experience of engaging with targeted youth services. They identified them as good places to spend their free time and noted positive experiences.

4.5.1 Need for youth services in rural areas

Most young people taking part in the focus groups noted that there were few places to spend their free time. Young people agreed that there were some spaces to spend their free time; however they were financially restrictive or unsuitable for their needs. Research carried out by the Waterford and South Tipperary Community Youth Service¹ outlined how young people need services in the evening times during the week in order to have an inclusive and safe place to spend their free time.

¹ Report on the Needs of 18 to 24-year-old Young People in Waterford City completed by Waterford and South Tipperary Community Youth Service – not yet published

One group stated that there was a severe lack of dedicated youth services in rural areas. Of those interviewed in Dungarvan, they noted the lack of youth services specifically in rural North West areas of Waterford. Children and teenagers from these areas were successfully engaged in youth clubs and initiatives; however there were no targeted services for young people. It was highlighted that young people required a local service in the area as they were not likely to travel to larger towns to avail of similar services.



People here are very clannish – they don't want to be coming into the town.' (Interview 3)

Those interviewed stressed that extremely vulnerable young people were falling between services as a consequence of a lack of youth services.

4.5.2 Need for targeted services for Traveller people

Currently there is a lack of services targeted towards young Traveller people. Those interviewed stated that in order to engage the young Traveller community the necessary outreach must take place, as well as the availability of a dedicated program which would appeal to them. Those that raised concerns about the lack of services for young Traveller people said it was particularly difficult to engage with young Traveller women. This was as a result of cultural differences and what was traditionally expected of them.



You are dealing with a culture where a lot of things are black and white. Your mother, father did it this way, now you have to do the same.' (Interview 7)



Women passed 18, they are disengaged from myself (service), even the mothers and sisters, there is nothing for them to do.' (Interview 3)

A lack of outreach, engagement and targeted youth services resulted in a low number of young Traveller women wishing to engage with services according to interviewees.

Two of the interviewees disputed the official Census figures of the number of young Traveller people stating that they were not an accurate reflection of the actual number in Waterford City and County. Two interviewees were of the view that the number of young Traveller people in Waterford was greater than the Census figure.

4.5.3 Need for service outreach in direct provision centres

It was highlighted in the interview process that there was a severe lack of targeted immigrant services in Waterford despite the high number of residents residing in Direct Provision Centres throughout the county. One interviewee highlighted a severe lack of targeted organisations, translation services and social activities.



They don't really know how the system works in Ireland. And unfortunately there is no organisation to support them.' (Interview 13)

With little information or dedicated services, this resulted in limited knowledge on available services and social activities which directly resulted in their health and well-being suffering.

4.5.4 Need for more rural transport

A lack of rural transport was noted from the stakeholder event and the youth focus groups as a significant barrier to young people accessing services, as well as places to spend their free time. Young people from urban areas were able to avail of local services independently by walking, cycling or using public transport. Young people from rural areas spoke about their reliance on limited public transport and lifts from other young people or parents.

Young people affected by limited public transport noted how it had a significant impact on other services available to them. It limited their educational opportunities and amounted to an additional barrier. Some major bus routes were available to them, however student discounts were not offered on these routes.

Those affected by limited transport discussed rural transport alternatives, stating that if services such as Local Link (a demand led rural transport service operating on local routes) were available to them they would use the service.

4.6. Safe and Protected

I. Setting the context

As of 2018, there were 131 young people on the Social Housing Waiting List. This figure equated to a rate of 14.6 per 1,000 population (Department of Housing and Local Government 2019).

In Q3 2019, 152 young people in Aftercare Services had an aftercare plan. This represented 87% of the total young people availing of Aftercare (Tusla 2020).

II. Current service provision

Housing: Waterford City and Council, Focus Ireland, Maguire House, Simon, Tintean, Threshold, Cluid, Respond, Saint Vincent De Paul, Respond Housing, Integrated Homeless Hub and Ceim Eile.

Family Supports: Oasis, Barnardo's, Focus Ireland, Tusla, and Family Resource Centres.

Aftercare: Focus Ireland and Tusla Aftercare Services.

Ex-Offenders: Probation Service and U-Casadh.

III. What is working well?

Most young people agreed that there were services in place and available if they did not feel safe. Some young people did not place a significant amount of trust in State providers, but they felt that there were people they could confide in if they did have concerns.


4.6.1 Need for additional supports and trauma informed practitioners for care-leavers

Those interviewed that were working with young care-leavers noted the additional supports care-leavers require. Currently there is an Aftercare team in Tusla who work in conjunction with the Aftercare service in Focus Ireland. On-going support is provided to young people who are in the Aftercare service regarding their current needs. Young people leaving the care system are viewed as being particularly vulnerable. Some interviewees noted the difficult transition young people face when leaving the care system.

One guy is in care – in residential care and he has to leave the care system, get an apartment and he is really worried about it. He doesn't think he can do it, he is really worried about it.' (Interview 15)

Those interviewed agreed that young people preparing to leave care had great apprehension about their future when preparing to leave care.

Upon leaving care, young people move from working with an extensive multi-faceted team with a variety of beneficial services to working with the Aftercare team and having to navigate the AMHS.

 The residential ones, the ones with the most chaotic lifestyle, they have had this multi-disciplinary team around them – including trained residential staff, social work department, therapeutic staff, then at 18 all that is gone.’ (Interview 12)


According to three interviewees, despite the supports they do receive it does not compensate for the highly specialised and dedicated services which they received prior to leaving care.

4.6.2 Need for more suitable housing

Most of the young people involved in the research consistently agreed that there was a lack of suitable and affordable housing in Waterford. A majority of young people attending the focus groups were primarily still living at home, despite hoping to move out to begin independent living. The most significant barrier to them leaving home and living independently was financial barriers and lack of housing.

Young people stated that they were seen as unfavourable candidates when searching for houses when compared to other people and professionals. Further barriers identified were a lack of rental references and financial means.


The limited availability of suitable housing was a primary concern for the young people in the focus groups, especially young people that are preparing to leave care. A number of interviewees highlighted the lack of access to suitable and affordable accommodation as a barrier for young people leaving care. Due to a lack of suitable housing young people leaving care are relying on the private rental market which can be difficult for them to access.

 The main issue is usually around accommodation – they are trying to get on the housing list. Or maybe they are trying to engage with the council and they are asking one of our lads to go with them to an appointment. Or maybe they are trying to access the private rented market, it is a huge battle for them at the moment cause of their age profile. Landlords don’t really want to take a chance if there is no rental reference.’ (Interview 12)

With increased competition and limited properties in the private rental market those leaving care are not given priority to access suitable housing.

4.6.3 Need for a family mediation service

The need for a family mediation service in Waterford was noted by a number of interviewees. With this service being unavailable in the region this role fell on social workers and therapeutic teams. Of those interviewed, three interviewees felt they did not have adequate qualifications or skills to mediate between young people and their families.

 A lot of my work is going out to separated families, and you end up going out to them and you go lads, I would do it if I was any good at it, but it's a specialised area.' (Interview 8)

As a result of a lack of a suitable mediation service, young people were likely to leave the family home due to lack of communication and disagreements. These young people were subsequently unable to find appropriate housing situations for them, putting further pressure on services.

4.7 Education and Learning

I. Setting the context

At 85.6%, Waterford had the third highest progression rate of students progressing to third level in the State in 2018 (Irish Times, 2018).

According to the latest retention rates released from the Department of Education, at 96.5% Waterford had the fifth lowest proportion of 2010 secondary school entrants completing their Junior Certificate (Department of Education 2018).

II. Current service provision

Education and Training Board: Alternative Education (Youth Reach), Adult Education, Further Education and Training Centres.

Community: Ballybeg Community Education Programme, XLc Project and local training initiatives.

Third Level: Waterford Institute of Technology.

III. What is working well?

Young people taking part in the focus groups were primarily involved in alternative education programs or local training initiatives. Most noted how they enjoyed the training and courses, stating that the payment was a clear incentive. They also enjoyed the smaller groups, a good relationship with tutors and clear lines of progression to employment.

4.7.1 Need for more educational support

Two interviewees concurred that young people not completing secondary education was becoming an increasing issue. In recent years, higher numbers of young people are not reaching the Junior Certificate;



We have always had a high rate of kids doing the junior cert and for the first time we are seeing a drop-off.' (Interview 9)



More and more I am seeing with the boys, as they reach second year, they get in to messing and drugs.' (Interview 8)

Recent rates of Junior Certificate retention, as released from the Department of Education would concur with this, highlighting Waterford as having the fifth lowest Junior Certificate retention rate in recent years. Other interviewees agreed with this, stressing that young people that attended the alternative education programmes required significant encouragement to attend regularly. Non-attendance was deemed as a 'habit' that they had entered into and was detrimental to their academic ability. Interviewees noted that a habit of non-attendance built up in second level continued into their further education or training initiatives, unless a financial incentive was in place.

Without adequate support, interviewees also concurred that young people were less likely to remain in further education or training initiatives.



There is a lot of bouncing around and every time they have a setback their confidence takes a huge blow.' (Interview 1)

With a cycle of setbacks it grows more difficult to engage with subsequent programmes. Those that discussed significant non-attendance and low levels of school completion identified mental health issues as a consequence for young people not completing or attending education;



We see non-school attendance. It is based on anxiety.' (Interview 8)



Maybe stress, anxiety is huge. We are seeing anxiety is what is stopping them.' (Interview 9)

One interviewee stressed how non-attendance affected young people academically as well as emotionally. A lot of the young people from the focus groups were not aware of the various supports available to them in their respective education centres. These included counselling and guidance. A lack of knowledge of available supports resulted in students being more likely to drop out of further education as they were not aware of resources available to them at times of crisis.

4.7.2 Need for more financial support

Young people availing of further education all noted the significant financial barriers that they had to address. Besides registration and module costs, significant costs included accommodation, travel and food. One student had been using public transport from a national provider and a student discount was not offered. Other barriers identified were lack of information on the SUSI (Student Universal Support Ireland) grant. Young people felt adequate information was not provided to them from guidance counsellors or secondary schools on necessary deadline dates. Young people were also not empowered to seek this information from reliable sources, instead relying on peers, whose information may not be accurate.

Three interviewees noted financial means as a significant barrier for young people progressing from secondary school to third level education. Despite having the ability and the adequate points to attend third level education, they were constrained financially due to the significant costs involved.



It's about equality of opportunity....not everyone can afford it.'
(Interview 8)

Young people in two of the five focus groups noted how they felt limited financial support was available to them on completion of second level education to attend third level. Despite the availability of the SUSI grant, not all students are entitled to the financial supports it offers. As mature students over the age of 23 years they would be automatically provided with the full grant. It was the preference of some young people from the focus groups to wait until the age of 23 before beginning their third level education.

One of the interviewees concurred with this stating that the money required for lunch and travel put pressure on students, as well as rising course fees.



**Even in terms of cost of buses, lunches..... it's all over that age group.
That's the kind of costs that are going through their minds all the time.'**
(Interview 1)

Limited financial support impeded young people's ability or motivation to remain in education post Leaving Cert. Young people in the Dungarvan focus group noted how a student discount was not available on the Dungarvan to Waterford Expressway Bus. One participant noted how this put added financial strain on her personally and was a factor in her not completing the first year of her course.

Section 5

Conclusions

While the research identified that there were a number of interventions that were working, it also identified ways in which these could be more effective through greater accessibility (in terms of transport, outreach, information and self-referral) as well as areas where additional services were needed. These are as follows:

- There is a lack of affordable and accessible counselling available to young people and there is a significant need for a bridging service between CAMHS and AMHS.
- For those currently accessing disability services, they are concerned about the lack of a designated mental health service available within the disability services and the lack of appropriate social activities for young people with disabilities.
- There are limited dedicated substance misuse services targeted at young adults and there is a need for more outreach in rural areas of the county.
- Young people feel stigmatised and unwelcome when trying to access social welfare services; they are wary of information from statutory bodies and rely consistently on information sourced from peers.
- There is a severe lack of youth services in rural areas, lack of targeted services for young Traveller people and need for more rural transport.
- Young care-leavers require additional and specialised supports.
- There is little suitable or affordable housing available in Waterford for young people.
- Some young people have limited awareness of educational supports available to them and there are significant financial barriers that affect young people trying to further their education.

Section 6

Recommendations

This research includes the following recommendations²:

- › An accessible and affordable counselling service should be available that can be accessed by young people without attending a GP.
- › A bridging service to be established between CAMHS and AMHS.
- › Psychology/mental health services should be available as part of disability services.
- › Funding provided to adequately train youth workers to facilitate youth groups targeted at young people with disabilities.
- › There should be a targeted youth/young adult drop-in addiction service and more rural outreach.
- › The development of a young person-centred information point or service, together with a young person's liaison officer in the Department of Employment Affairs and Social Protection and the development of a young person-centred approach within the service.
- › A pilot project of a peer led information centre be launched.
- › Services to review their current engagement with young Traveller people and ensure provision of targeted services.
- › The establishment of a youth service in the north-west of the county.
- › Care leavers to be provided with additional supports required such as trauma informed practitioners and suitable housing.
- › Education programmes to provide thorough inductions to all students, as well as full descriptions of available supports (financial, guidance and counselling), at the beginning of the term and mid-way through.

² Waterford CYPSC is committed to working on the recommendations over the lifetime of the current Waterford Children and Young People's Plan 2019–2022.

References

- Arora SK, Shah D, Chaturvedi S, Gupta P. (2015) Defining and measuring vulnerability in young people. *Indian J Community Med* 40:193–7. Available at: <http://www.ijcm.org.in/text.asp?2015/40/3/193/158868> (Accessed 26 January 2020)
- Anderson, Conlon (2014) *Providing Protection Access to early legal advice for asylum seekers* Irish Refugee Council. Available at: https://www.irishrefugeecouncil.ie/wp-content/uploads/2014/09/Providing-Protection_Access-to-ELA-for-asylum-seekers.pdf (Accessed 26 January 2020)
- Bendit, R., Stokes, D. (2003) 'Disadvantage': transition policies between social construction and the needs of vulnerable youth *Policy Press* 10 (1332). Available at: https://www.researchgate.net/publication/300783920_'Disadvantage'_transition_policies_between_social_construction_and_the_needs_of_vulnerable_youth (Accessed 26 January 2020)
- Buzzeo J., Marvell R., Everett C., Newton B., (2016) Tackling unemployment among disadvantaged young people *Institute for Employment Studies*. Available at: <https://www.employment-studies.co.uk/resource/tackling-unemployment-among-disadvantaged-young-people> (Accessed 26 January 2020)
- Children First Act. (2015). Office of the Minister for Children and Youth Affairs, (DCYA): House of the Oireachtas, Dublin.
- Department of Health and Children (2006) Vision for Change *Dublin: The Stationery Office*. Available at: <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf> (Accessed 26 January 2020)
- Department of Children and Youth Affairs (DCYA) (2014) Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014–2020. *Dublin: The Stationery Office*
- Department of Children and Youth Affairs (DCYA) (2016) DCYA consultations with children and young people living in Direct Provision. *Dublin: The Stationery Office*. Available at: http://www.justice.ie/en/JELR/Report_of_DCYA_consultations_with_children_and_young_people_living_in_Direct_Provision.pdf/Files/Report_of_DCYA_consultations_with_children_and_young_people_living_in_Direct_Provision.pdf (Accessed 26 January 2020)
- Department of Justice and Equality (2019) Report on Direct Provision and the International Protection Application Process. Dublin: Department of Justice and Equality
- Devlin M. (2006) Inequality and the stereotyping of young people *The Equality Authority, 2 Clonmel Street, Dublin 2*
- Doyle, A., Mayock, P., Burns, K. (2012) Aftercare not Afterthought: Supporting Children in Care's Transition to Adulthood, In: Lynch, D. and Burns, K. (eds.), *Children's Rights and Child Protection: Critical Times, Critical Issues in Ireland*, Manchester, Manchester University Press

- Duchak, O. (2014) Marginalization of Young People in Society *International Letters of Social and Humanistic Sciences* 01 70-79. Available at: https://www.researchgate.net/publication/279742663_Marginalization_of_Young_People_in_Society (Accessed 26 January 2020)
- Furlong, A., Cartmel, F., Biggart, A., Sweeting, H., West. P. (2003) Youth Transitions: Patterns of Vulnerability and Process of Social Inclusion. *Edinburgh: The Stationary Office*.
- Frawley, P., and Wilson, N. J. (2016). Young people with intellectual disability talking about sexuality education and information. *Sexuality And Disability*, 34(4). Available at: <https://doi.org/doi:10.1007/s11195-016-9460-x> (Accessed 26 January 2020)
- Genio (2009) Disability and Mental Health in Ireland *Genio, Mullingar, Co. Westmeath*
Available at: https://www.genio.ie/system/files/publications/Genio_Report_2009_Disability_and_Mental_Health_in_Ireland.pdf (Accessed 26 January 2020)
- Government of Ireland, Child Care Act 1991 S.1, *Dublin: Dublin Stationery Office*. Available at: <http://revisedacts.lawreform.ie/eli/1991/act/17/front/revised/en/html> (Accessed 26 January 2020)
- Hayes, Jn (2013) An Exploratory Study into Care Leavers Transition into Adulthood *Critical Social Thinking: Policy and Practice*, Vol. 5. Available at: <https://www.ucc.ie/en/media/academic/appliedsocialstudies/docs/JoanneHayes.pdf> (Accessed 26 January 2020)
- Headstrong (2012) My World Survey *Headstrong – The National Centre for Youth Mental Health, Dublin*. Available at: <http://www.ucd.ie/t4cms/MyWorldSurvey.pdf> (Accessed 26 January 2020)
- Immigrant Council of Ireland (2017) Child Migration Matters *Immigrant Council of Ireland, Dublin Ireland*. Available at: <https://www.immigrantcouncil.ie/sites/default/files/201710/CMM%202016%20Child%20Migration%20Matters.pdf> (Accessed 26 January 2020)
- Irish Aftercare Network (2019) 'Working with Trauma' What Aftercare Workers need to know Irish Aftercare Network *Irish Aftercare Annual Conference*. Available at: <http://www.irishaftercare.com> (Accessed 26 January 2020)
- Kelleher, P., Kelleher C., Corbett M., (2000) Left out on their own Young People Leaving Care in Ireland *Oak Tree Press Dublin*
- Kelly E., McGuinness S., (2014) Impact of the Great Recession on unemployed and NEET individuals' labour market transitions in Ireland. *Economic Systems* 39 (1). Available at: <http://dx.doi.org/10.1016/j.ecosys.2014.06.004> (Accessed 26 January 2020)
- Lambert S., O'Callaghan D., Jump O., (2018) Young Families in the Homeless Crisis: Challenges and Solutions *Focus Ireland, Dublin Ireland*. Available at: <https://www.focusireland.ie/wp-content/uploads/2018/12/Lambert-et-al-2018-Young-Families-in-the-Homeless-Crisis-Full-Report.pdf> (Accessed 26 January 2020)
- Loftus L., Fitzpatrick M.,(2012) Working with Young Travellers Chapter in Access All Areas – a Diversity Toolkit for the Youth Work Sector *National Youth Council of Ireland and Youthnet*. Available at: https://www.youth.ie/wp-content/uploads/2018/11/Chapter-4-working-with-young-Travellers-all-Ireland_1.pdf (Accessed 26 January 2020)
- Mayock P., Corr ML., O'Sullivan E., (2008) Young people's homeless pathways *Homeless Agency*. Available at: https://www.drugsandalcohol.ie/4239/1/homeless_agency_Young-People-s-Homeless-Pathways.pdf (Accessed 26 January 2020)
- Molcho ML, MULLINS LS. (2018) Marginalised Children in Ireland: Addressing Their Needs Using An Asset-Based Approach [presentation] 2018. Available at: <https://socialcareireland.ie/wp-content/uploads/2018/01/Michal-Molcho-Molcho-M-Mullins-L-Marginalised-children-in-Ireland.pdf> (Accessed 26 January 2020)
- National Disability Authority (2018) A qualitative study of how well young people with disabilities are prepared for life after school *National Council for Special Education and the National Disability Authority*. Available at: <https://ncse.ie/wp-content/uploads/2018/05/NDA-NCSE-Appendices-for-Report-Qualitative-study-on-how-prepared-young-pwd.v-final-publication-20180523-Recovered.pdf> (Accessed 26 January 2020)

National Guideline Alliance (UK) (2016) Mental Health Problems in People with Learning Disabilities: Prevention, Assessment and Management *National Institute for Health and Care Excellence (UK)* Available at: <https://www.ncbi.nlm.nih.gov/books/NBK401811/> (Accessed 26 January 2020)

National Rehabilitation Board (1999) Leisure and recreation activities for people with disabilities. *Dublin: National Rehabilitation Board*. Available at: <https://www.lenus.ie/bitstream/handle/10147/345406/disabilityleisure%26recreationalactivities1999.pdf?sequence=1&isAllowed=y> (Accessed 26 January 2020)

O'Connor H., (2010) Youth Unemployment in Ireland *National Youth Council of Ireland, 3 Montague Street, Dublin 2*. Available at: https://www.youth.ie/wp-content/uploads/2018/11/Youth_Unemployment_in_Ireland_web.pdf (Accessed 26 January 2020)

Pavee Point (2019) Youth Work at Pavee Point *Pavee Point Dublin Ireland*. Available at: <https://www.paveepoint.ie/project/youth-work/> (Accessed 26 January 2020)

Shevlin ML., (2017) Addressing Marginalisation within Society — Establishing Inclusive Learning Environments *Research Case Studies 04 (8)*. Available at: <https://www.tcd.ie/provost/review/2017/research-case-study-addressing-marginalisation-within-society-establishing-inclusive-learning-environments.pdf> (Accessed 26 January 2020)

Watson D., Maïtr B., (2014) Understanding Emotional, Psychological and Mental Health (EPMH) disability in Ireland: Factors Facilitating Social Inclusion *Economic and Social Research Institute* Available at: <http://cdn.thejournal.ie/media/2014/07/bkmnext269.pdf> (Accessed 26 January 2020)

Wilson NJ., Hayden J., Johnson A., Brotherton ML., (2016) From Social Exclusion to Supported Inclusion: Adults with Intellectual Disability Discuss Their Lived Experiences of a Structured Social Group *Journal of Applied Research in Intellectual Disabilities 30 (5)*. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/jar.12275> (Accessed 26 January 2020)

Woodhead, M., Dornan, P., Murray, H. (2014) *What inequality means for children: evidence from Young Lives* *International Journal of Children's Rights 22 (3)* Available at: https://www.younglives.org.uk/sites/www.younglives.org.uk/files/2014_Woodhead_IJC_OA.pdf



Interagency working to
improve the lives of children,
young people and families.

www.cypsc.ie

FOCUS
Ireland

Challenging
homelessness.
Changing lives.

focusireland.ie