

Evaluation of Focus Ireland Youth Family Mediation Service

FOCUS
Ireland

**Challenging
homelessness.
Changing lives.**

**Dr Sarah Sheridan
Independent Researcher**



April 2025

To cite this report:

Sheridan, S. (2025) Evaluation of Focus Ireland Youth Family Mediation Service. Dublin: Focus Ireland

ISBN 978-1-7399825-7-7

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Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CBA	Cost Benefit Analysis
CCA	Creative Community Alternatives (Tusla)
CIS	Crisis Intervention Service
COSS	Community of Schools and Services Model
CSO	Central Statistics Office
DHLGH	Department of Housing, Local Government and Heritage
EOHS	Emergency Out of Hours Service
HSE	Health Services Executive
NGO	Non-Governmental Organisation
NVR	Non-Violent Resistance
PPFS	Prevention, Partnership and Family Support Programme (Tusla)
Tusla	Tusla – The Child and Family Agency

Acknowledgments

The researcher would like to sincerely thank the parents and young people who took the time to share their views and experiences of the Focus Ireland Youth Family mediation service. This evaluation would not have been possible without their insights and honesty. Thanks also to the key stakeholders who participated in the study and provided essential feedback on its design and operational practices.

The researcher would also like to thank all members of the study's research advisory group for their expert guidance, feedback and reflections at all stages of this evaluation. These included (in alphabetical order):

- › Dr Eavan Brady, Assistant Professor, Trinity College Dublin
- › Paula Byrne, Principal Social Worker, Tusla
- › Noreen Fitzpatrick, Mediator and Conflict Resolution Specialist
- › Dr Kate Frazer, Associate Professor, University College Dublin
- › Dr Deirdre McGillicuddy, Assistant Professor, University College Dublin
- › Dearbhla Quinn, Administrative Officer, Department of Children, Equality, Disability, Integration and Youth
- › Nia Rees, PhD Candidate, Cardiff University
- › Dr Kathy Reilly, Lecturer in Geography, University of Galway

Many thanks also to Kristyna Alessandrini and Neil Forsyth of Focus Ireland in facilitating the data collection phase of this evaluation and to Daniel Hoey as Research Manager in Focus Ireland for support and guidance throughout. Special thanks also to Focus Ireland researcher Kathleena Twomey, for co-developing the research instruments for parents and young people, together with her feedback during the research design stage.

About the Author

Dr Sarah Sheridan is an Independent Researcher and Visiting Research Fellow in the School of Social Work and Social Policy, Trinity College Dublin.

Foreword

Focus Ireland commissioned Dr Sarah Sheridan to carry out an evaluation of its youth family mediation service to assess whether the service has been meeting the needs of young people and their families. We set up the service in 2016 to address what our experience and research had told us was a leading cause of youth homelessness – family conflict. The overarching aim of the evaluation was to find out if the service is an effective, efficient and cost-effective approach to addressing family conflict and thus prevent young people leaving home prematurely, being taken into the care of the state and subsequently being placed at-risk of homelessness. Focus Ireland has worked with young people and their families for many decades and has seen how family conflict, coupled with a lack of tailored support services, can have devastating consequences. It is our view that if the right interventions are used to support families who are experiencing conflict then youth homelessness can be greatly reduced. And it is not just our view. As this evaluation report demonstrates, national and international research studies have shown consistently that family conflict is a key trigger of homelessness among young people. Moreover, it also has been acknowledged in numerous homeless strategies published in this country over the past 20 years. But sadly, not nearly enough has been done to implement policies and practices to address it and consequently youth homelessness has been steadily increasing in Ireland over the past decade.

What this evaluation report highlights, and what we have long suspected, is that by supporting young people and their families who are experiencing conflict to engage in mediation, crisis situations can be averted, damaged relationships can be repaired and the potential risk of homelessness greatly reduced. This is very positive news and points to the need to invest more in such services so that the worrying trend of increasing youth homelessness can be halted. It is encouraging that homeless prevention interventions, such as mediation, are emphasised in the government's current youth homelessness strategy. However, with less than one year left to implement the strategy there have been no concrete commitments made by the government to invest in prevention services.

One thing we must not forget is that youth homelessness is different from adult homelessness. To state the obvious, young people are not adults, even if they are legally so at 18 years of age. They have not acquired the personal, social and life skills that make independent living possible or even appropriate. Young adulthood is a time of great developmental change – cognitive, social and emotional – and it is imperative that this

developmental process is not jeopardised by the traumatic experience of homelessness. As such, youth homelessness is not just about a loss of stable housing, rather it is the loss of a home in which young people were embedded in dependent relationships, relationships they need to make a successful transition to adulthood. When young people are cut off from natural supports and social relations with caregivers, family, friends, and community, their experience of adolescence is interrupted. As a result, young people who are homeless face barriers to transitioning into adulthood in a secure and supported way. It adversely affects their educational outcomes, their employment prospects, their access to housing and, most importantly, their relationships and social networks. This is why prevention measures, such as mediation, are so critical. We must do all we can to support families so that young people can remain at home for as long as possible, if this is at all possible.

As mentioned, in recent years, the number of young people accessing homeless services has been increasing at an alarming rate. In the most recent homelessness data published by the Department of Housing, Local Government and Heritage, young people between the age of 18–24 accounted for 17% (1,810) of all adults accessing emergency accommodation. This data does not include young people under the age of 18 years nor does it include the significant number of young people who are homeless but are not accessing adult homeless services out of fear. Unless a concerted effort is made to direct resources towards youth homeless prevention services, it seems highly likely that this worsening trend will continue and more young people will be subjected to the trauma of homelessness.

Of course, family conflict is not the only factor leading to youth homelessness and mediation is certainly not a panacea. As this evaluation makes clear, the broader legislative and policy paradigm within which the mediation service sits is inadequate and much more needs to be done to address wider systemic and structural factors, such as poverty, social exclusion and a lack of coordination between the state actors who are tasked with supporting young people and families who are struggling. This evaluation report includes wide-ranging recommendations. Perhaps the most critical recommendation is that government substantially increase investment and resources to support initiatives, such as mediation services and family support services, which are in line with the already stated priority objectives in the current Youth Homelessness Strategy. Failure to do so would represent a missed opportunity. Youth homelessness is a solvable problem. And as this evaluation report makes clear, mediation is part of the solution.

We are very thankful to the funders of the youth mediation service, including Horizon Therapeutics, O’Flaherty Foundation and Tusla. Special thanks to Audrey Warren and Paula Byrne in Tulsa for their support of the service since inception. Thanks also to Dr Sarah Sheridan for producing an excellent report and Focus Ireland Mediators Kristyna Alessandrini and Erin O’Brien for their support of the evaluation process and the great work they do with young people and their families. And lastly, but most importantly, we are very grateful to every young person and their family members who participated in this evaluation and who so generously gave their time and shared their experiences.

Neil Forsyth

Head of Youth Services, Focus Ireland



Executive summary

This evaluation aimed to assess whether the Focus Ireland Youth Family Mediation service meets the needs of young people and their families, has a positive impact, achieves its original objectives, operates efficiently and cost-effectively, and adds value to the broader service landscape.

Background

Family conflict has been consistently identified in both national and international research studies as one of the leading causes of homelessness for young people (Mayock *et al.*, 2014; Gaetz *et al.*, 2016; Mayock and Parker, 2017; Maphosa and Mayock, 2025). This conflict is often compounded or exacerbated by structural disadvantages, such as family unemployment or underemployment, neighbourhood deprivation, trauma, experiences of care or residential instability, discrimination, early disengagement from education and unmet support needs, including mental health issues (Gaetz, 2014; Watts *et al.*, 2015; Mayock and Parker, 2017). Additionally, when a young person becomes homeless at a young age, their support needs are likely to intensify as they face compounded trauma, victimisation, worsening health and mental health challenges, and in some cases, these adverse experiences can lead to prolonged and unresolved homelessness that persists into adulthood (Mayock and Parker, 2017).

Youth family mediation services aim to prevent homelessness by addressing family conflict and discord, providing a structured environment where disputes can be resolved quickly and amicably, allowing the young person to stay in the family home (MacKenzie, 2018; Sohn and Gaetz, 2020; FEANTSA, 2021). While there is limited examples and research evidence on the impact of youth family mediation services in preventing youth homelessness, initial results are compelling. For example, the Geelong Project in Australia has seen a 40 percent reduction in young people entering homelessness and 20 percent reduction in early school leaving (MacKenzie, 2018). This has inspired other mediation services such as Upstream Cymru in Wales (Mackie *et al.*, 2021b) and Upstream Canada (Sohn and Gaetz, 2020) both of which are demonstrating positive early results. These services work closely with the school system and other service partners through

a ‘Community of Schools and Youth Services’ (COSS) model, which brings together multiple services under a shared vision to achieve collective impact (Kania and Cramer, 2011; MacKenzie, 2018).

Youth homelessness in Ireland: data and policy context

Youth homelessness has increased significantly in recent years in Ireland. According to monthly homelessness data published by the Department of Housing, Local Government and Heritage, the number of young people aged between 18 and 24 years residing in Section-10 funded emergency accommodation has increased by 330 percent across the last decade – from 418 young people in June 2014 to 1,798 in January 2025 (DHLGH, various years). These increases are related to the high numbers of young people entering homelessness combined with the relatively low rates of exits into housing (Maphosa and Mayock, 2025).

Ireland’s *2023–2025 Youth Homelessness Strategy* marks a renewed government commitment to addressing the housing and support needs of young people, following a prolonged policy gap (Government of Ireland, 2022). The strategy highlights the importance of homelessness prevention, and sets out “to strengthen support structures for young people and families who are experiencing domestic conflict and breakdown” (Government of Ireland, 2022: 61). The strategy also promotes inter-agency collaboration to support young people, including “enhanced connectivity” between local authorities and Tusla – The Child and Family Agency (*ibid.*, 2022: 61). Similarly, early intervention is a cornerstone of Tusla’s recent strategic and organisational objectives including in its *2024–2026 Corporate Plan* (Tusla, 2023).

Despite these policy commitments to prevention and early intervention, investment in homelessness prevention in Ireland is deemed “insufficient” by international experts (Baptista and Marlier, 2019: 117) and does not have a legislative footing as seen in the UK. For example, prevention services only accounted for 5 per cent of overall homelessness services expenditure in 2024 (O’Sullivan et al., 2025). Rather than resourcing and expanding targeted prevention efforts, a crisis-led service response to homelessness has continued.

Focus Ireland Youth Family Mediation service overview

Focus Ireland launched its Youth Family Mediation service in Dublin in 2016, with initial funding from philanthropic sources. The service was established in response to a research recommendation from a study on youth homelessness commissioned by Focus Ireland (Mayock et al., 2014). Since 2018, Tusla has funded a mediator position, utilising social work referral channels with the goal of preventing young people from entering the care system. In 2023, Focus Ireland added two additional mediator positions, responding to referrals from the community and youth service systems to support young people at risk of homelessness or entering care due to family conflict.

The service's referral channels have evolved over time, influenced by funding sources and service need. Initially, it was designed to address family conflict at a crisis stage, responding to referrals from crisis intervention services working with young people already experiencing homelessness. However, as referrals began to come through community social work channels, the service adapted to incorporate early intervention alongside crisis intervention, depending on the specific needs of each case. Since the COVID-19 pandemic, a growing number of referrals have come through the Tusla Education Support Services (TESS) in response to reports of school absenteeism.

Focus Ireland uses a facilitative mediation model, which differs from legal mediation models used in court settings (such as those for access or maintenance). This approach guides parties through structured dialogue, utilising open-ended questions, clarifying issues, summarising key points, and generating potential solutions for families. Participation in the mediation process is voluntary, and all individuals must choose to engage willingly. The family is viewed as a unit, with the underlying cause of conflict seen not as the fault of any one individual but as a dynamic within the family system. A non-judgmental approach is maintained throughout the intervention process.

Between 2016 and late 2024, the service supported **148 young people** and their families across the Dublin region, including surrounding counties such as Kildare and Wicklow. The majority of young people involved were aged between 15 and 17 years.

Methodology

The methodology for this evaluation was primarily qualitative, involving semi-structured interviews with six parents, two young people, and six key stakeholders – all of whom played a significant role in the design and delivery of the service, representing both Focus Ireland and Tusla. The evaluation also included a quantitative analysis of service-level data from 2016 to 2022 (n=114), examining age of young person, case duration, primary reasons for referral, living situations, and recorded outcomes. Throughout all stages of the research, a dedicated, multi-disciplinary research advisory committee provided guidance and feedback to the researcher. This committee included experts in social work, social policy, child-centred methodology, and an international researcher.

A strict research ethical protocol was implemented and maintained across each stage of the study, which prioritised and safeguarded the needs of the research subjects above all else. Enhanced safeguards were implemented for the participating young people. All interviews were transcribed, anonymised and systematically analysed using NVivo software. It was challenging to recruit families into the study – perhaps because they did wish to revisit the conflict or young people had entered adulthood and therefore less likely to engage. However among the families who did participate, the information they shared was extremely rich, detailed and insightful.

Key findings

Across the primary data collection with both families and stakeholders, a number of overlapping themes emerged. While the stakeholders and family data are treated separately in the full report to offer detailed insight into each cohort, the findings in this executive summary are combined for conciseness.

1 Positive impact of service on families

The evaluation finds that the service has had a uniquely positive impact on the families it supported. Through ongoing engagement with the mediator, family communication improved and conflict significantly decreased. This was achieved through structured dialogue and tailored strategies or techniques provided by the mediator. Families cited several effective examples, including fostering empathy and compassion among family members, encouraging kind gestures, ensuring all family members operated under a shared agreement on how to interact, utilising strategies for de-escalating conflict, and align parents / guardians in their messaging, among others.

While both families and key stakeholders recognise that improvements in family conflict are not always linear (with one mother describing it as “one step forward, two steps back”), the mediation process was found to contribute to greater harmony within the family home. Specific conflict points, such as drug and alcohol use, staying out late, and non-school attendance, were addressed and explored during the sessions.

“Like, I am not joking, that women [the mediator] had a profound effect on my life, she really did, and there’s very few people...there’s very few people that I have had during my life who have made an impression.” – Mother No. 4

In terms of homelessness prevention outcomes, stakeholders noted that the service had helped prevent some young people from leaving home prematurely and/or avoided the breakdown of care placements. Among the six families interviewed, one young person who was at high risk of leaving home due to escalating family conflict was, according to his interview, happily remaining in the family home beyond his final school exams. This outcome was attributed directly to the mediator’s work.

However, when it comes to preventing homelessness on a larger scale, the lack of comprehensive service-level data makes it difficult to definitively claim that the service prevents homelessness for all the families it has worked with. This challenge is compounded by the difficulty in measuring what constitutes ‘success,’ as this can vary from family to family. Additionally, the baseline service-level data did not clearly indicate how many of the young people were at heightened risk of homelessness or entering care when they first engaged in the mediation process.

What became more evident in the interview data was that the mediation process helped prevent some young people at risk of school expulsion from disengaging, with the mediator sometimes liaising directly with the school principal. For other young people, the mediator facilitated transitions to alternative forms of education or training. This focus on education is likely to have a positive impact on the young person’s future education and employment prospects as well as residential stability.

2 Non-judgemental, impartial approach yielded a unique service offering

Families described the Youth Family Mediation service as more effective than other services they had engaged with, many of which spanned social work, youth work, and mental health services. Specifically, the Youth Family Mediation service was seen as more flexible and empathetic, offering an impartial approach that included the voices of all family members (and occasionally extended relatives, when appropriate). It was also viewed as less intimidating than interventions from other services, such as social work. The delivery of mediation in the family home was particularly appreciated, as it allowed the service to meet families in their own environment, which was perceived as more comfortable and less clinical compared to office settings.

The young people valued that the intervention was not framed as an attempt to “fix” them or label them as “the black sheep.” Similarly, parents appreciated not being stigmatised as “bad parents” and valued the opportunity to be heard, with the mediator meeting families “where they were at.” The mediator tailored strategies and solutions to the unique circumstances and dynamics of each family, rather than applying a generic, “one-size-fits-all” approach. As one mother shared, the mediator “had no agenda but to listen to us and help.” The strategies proposed to families were often a process of trial and error, based on their feedback, with the mediator helping each family find their own resolution to the conflict.

3 Effective interagency collaboration

The evaluation found there to be effective and productive collaboration and cooperation between Focus Ireland and Tusla. This was not just based on the funding partnership of one mediator position which involved regular meetings to review referrals and service throughput, but it also extended to strong cooperation between all mediators and community social work channels. This allowed, for example, the mediator and the local Tusla Child and Family Network Support Coordinator to coordinate service interventions, ensuring the best possible outcomes for the family.

There were instances where mediators actively engaged with schools to negotiate potential suspensions or expulsions, or, if all other options were exhausted, to help secure alternative education or training opportunities, with some success. Further, mediators often became the “go to” professional supporting families and helped coordinate different services that were already engaging with the family. In other cases, the mediator served as a gateway to other essential support services, such as family therapy in the case of families dealing with complex trauma.

4 Early intervention or crisis intervention?

This evaluation identified two distinct pathways into the Youth Family Mediation service: early prevention and crisis intervention. These pathways reflect the evolution of the service and the changing referral channels linked to different funding streams.

Early prevention typically involves a younger age cohort and connects mediation support with families before a crisis escalates, while crisis intervention tends to address young people on the brink of entering care or homelessness, where family dynamics are already in severe crisis. Both families and stakeholders agreed that mediation is most effective when provided early, when communication is more open, and when trauma

has not yet compounded. Additionally, early intervention tends to result in shorter case duration, allowing the mediator to move through more cases in a given year, which is crucial given the high demand for the service. In early intervention cases, it was found that there is less of a need to engage in pre-mediation engagement to establish trust and rapport, making the overall process more efficient.

However, the evaluation found that, likely due to the high demand for social work and other services for older teenagers in crisis, mediators often receive cases that could be characterised as *crisis intervention*. These cases tend to involve high-conflict situations with older teens, where mediation is frequently seen by stakeholders as a last resort and typically implemented after other service interventions have been unsuccessful.

International research highlights the effectiveness of ‘Upstream’ prevention to prevent homelessness at scale, particularly when services target those most at risk at an early stage. Programs like the Geelong Project and Upstream Cymru, which implement screening tools in school systems to identify at-risk youth before crises deepen, have proven successful in this regard (MacKenzie, 2018; Mackie, 2021b).

5 Limited reach and operational challenges

Interviewed stakeholders openly discussed the various challenges facing the service. One key issue highlighted was that the Youth Family Mediation service remains a niche offering within the broader context of steadily rising youth homelessness rates, which has significantly limited its scope and impact. As a result, growing waiting lists have become a concern, with the potential for conflict to escalate during the wait or for families to disengage before the process even begins. Both stakeholders and families emphasised the added difficulties of carrying out mediation after communication has broken down or trauma has been compounded, making it particularly challenging for the service to operate effectively.

Secondly, the limited availability of mediation training in Ireland and the corresponding shortage of skilled staff for recruitment have led to service gaps and potential staff burnout. To address these challenges, Focus Ireland provides training for newly recruited staff in collaboration with experienced mediators, allowing them to shadow until they acquire the necessary skills and experience to work independently. While this approach helps manage job vacancies, it does impact the efficiency of the service, particularly in the early stages. This issue may also pose a challenge to scaling up the program.

A third challenge reported by families was the branding of the mediation service under Focus Ireland, a well-known homelessness service provider. This association caused confusion and potentially contributed to a sense of stigma when accessing the service. However, once families met with the mediator, they gained a clearer understanding of the process, and this concern was quickly alleviated.

Lastly, as previously mentioned, there were issues with data collection practices within the service, which were linked to staff changes and inconsistent or missing data, particularly when tracking outcomes. Additionally, measuring success in a service like this can be inherently difficult, as what constitutes success in mediation can vary significantly from one family to another, with improvements often not being linear or clear-cut. This challenge is compounded by the fact that early intervention and crisis intervention likely require different metrics for success.

6 Mediation as a cost-saving service

There are concerted efforts at policy-making level to ensure the efficient, effective, and evidence-based use of public funds, as outlined in publications like the 2012 *Public Spending Code* (DPER, 2012). Given the exceptionally high costs of both homelessness and care provision in Ireland – especially for children’s residential care – the question of whether services such as this can save money for the exchequer becomes even more significant (not overlooking the trauma and distress homelessness or care placements can inflict on the lives of young people and their families).

Focus Ireland estimates the annual cost of employing a family mediator to be around **€81,000**. This total includes the mediator’s salary, travel expenses, organisational costs, training, supervision, administrative expenses, and premises costs. Based on service-level data, each mediator handles an average of **13.8 cases** per year, meaning the cost per case is approximately **€5,869.56**, with each case typically concluding within a 12-month period.

There is limited and up-to-date published data on the costs of care per child in Ireland, with the most recent figures on residential care costs being from a 2019 Tusla Spending Review (Branigan and Madden, 2020). According to this report, the weekly cost per child in Tusla-owned residential care is **€7,511** (Branigan and Madden, 2020: 52). The report also provides weekly averages of €6,469 for private residential care and €4,599 for voluntary-run care services. Taking an average across these three categories, the weekly cost per child in residential care comes to **€6,193**, which amounts to an annual cost of **€322,921.60 per child**. At the time of writing, no figures were available for the costs of foster care or relative foster care placements.

If a mediator were able to prevent just one young person on their caseload from entering residential care, **this could potentially save the state €317,052 annually**. However, this saving does not account for the additional costs of other services that may be required if the young person does not enter care, such as youth work, community services, or mental health supports. Of course these estimates are both simplified and limited due to lack of available costing figures and the use of hypothetical scenarios but nonetheless, it is highly likely substantial savings would be made.

Conclusion

The Focus Ireland Youth Family Mediation service has proven effective in reducing family conflict, improving communication, and repairing relationships – leading to long-term, meaningful benefits for family life, as highlighted by interviews conducted for this evaluation. Both parents and young people described mediation as unique compared to other services, offering impartial, empathetic, and non-judgmental support that is tailored to the specific dynamics and circumstances of each family. Crucially, families expressed feeling heard and understood, sometimes for the first time.

In some cases, the mediation support has successfully prevented young people from experiencing homelessness, entering care, or facing other unstable housing situations. There is also evidence that mediation helped some young people stay in school, while for others, it facilitated a transition to alternative education or training. However, due to a lack of comprehensive data, it is not possible to draw definitive conclusions, especially when compared to initiatives like the Geelong Project in Australia, which incorporates rigorous data collection throughout its operations.

The collaboration between Focus Ireland and Tusla has proven to be effective and productive, with the mediator playing a key role in connecting families to additional support services when needed. While the mediation service provides significant value to those it serves, its overall scope and impact remain limited, as it operates as a small, niche service offering, and is dwarfed by the wider scale of youth homelessness.

Additionally, the service's evolution and the shifting funding streams for each mediator's role have led to two distant strands of *early intervention* and *crisis intervention*. While both approaches are valuable and address important needs, if the service aims to position itself as a homelessness prevention initiative, focusing on early intervention would likely prove to be a more effective, efficient, and impactful future direction.

Recommendations

A detailed list of recommendations, along with the identification of relevant stakeholders, can be found at the end of this report. A summary of these recommendations is provided below.

In the **short term**, it is recommended that:

- › Focus Ireland (and Tusla) conduct a workshop to clarify the service's **core priorities or theory of change**, determining whether it should focus on early intervention or crisis intervention.
- › **Data collection practices** within the service be **overhauled, expanded, and standardised** to ensure accurate monitoring and outcomes tracking, demonstrating the service's effectiveness.
- › For tracking outcomes and measuring success, mediators should conduct a **dedicated post-mediation feedback session** when a case is closing to capture softer outcomes, or follow up with families who disengaged early.
- › Provide **clear and accessible information** on the nature of the service at the point of referral to demystify the process for families and encourage continued engagement.

In the **medium term**, it is recommended that:

- › Focus Ireland invest in **upskilling a cohort of staff** with relevant mediation qualifications to build a future pipeline of qualified mediators within the organisation, ensuring a skilled workforce is available when vacancies in the mediation service arise, while also integrating mediation practices into other areas of the organisation.
- › Focus Ireland provide existing mediators with additional tools and training on managing **stress and self-care** strategies.
- › Focus Ireland **strengthen international partnerships** and connections with mediation services, potentially informing the development of a future 'Upstream Ireland', potentially with mediation supports integrated into school systems targeting the most at-risk cohorts (see Mackie *et al.*, 2021b).
- › While mediation in the home is ideal (and should continue), if families choose to engage in neutral locations, the space should be modified to feel less clinical and more informal.

In the **long term**, it is recommended:

- › To prevent youth homelessness on the scale needed, the government **should significantly scale up investment and resources** directed towards initiatives like Focus Ireland Youth Family Mediation, in line with the prevention priority actions in the *2023–2025 Youth Homelessness Strategy*.
- › A **greater allocation of budgetary resources within Tusla** should be directed toward targeted family mediation supports under its Prevention, Partnership, and Family Support (PPFS) services, enabling this and similar initiatives to expand and be more widespread and embedded within community social work channels.
- › If the youth family mediation service is to be scaled up, it is recommended that a version of **‘Upstream Ireland’ be developed**. This could expand and deepen cross-sectoral collaboration to better meet the needs of at risk young people and their families. Screening initiatives could facilitate early intervention for young people identified as being at the highest risk of homelessness, helping to directly address the ongoing rise in youth homelessness.
- › That the government and state agencies **invest in data initiatives** to enhance and integrate large data sets to inform homelessness prevention, such as official homelessness data (Department of Housing and Dublin Region Homeless Executive), small area population statistics and Pobal HP Deprivation Index (Central Statistics Office), education data (Department of Education), and other relevant data sources. This could aid in targeting specific schools or areas, as demonstrated in Upstream Cymru, for example.

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Chapter One – Introduction

Family conflict is widely recognised across research literature as a key cause of youth homelessness (Mayock *et al.*, 2014; Gaetz *et al.*, 2016; Mayock and Parker, 2017; Maphosa and Mayock, 2025). Conflict in the home can also be associated with or exacerbated by poverty, wider neighbourhood deprivation, parental unemployment, trauma, experiences of care, early school disengagement and leaving home or care placement at a young age (Gaetz, 2014; Schwan *et al.*, 2018). Experiences of homelessness early in life can also lead to further trauma, victimisation, worsening support needs and in some cases, unresolved homelessness extending into adulthood (Mayock and Parker, 2017).

Note on definition of ‘youth’ versus ‘child’

The terms ‘child’ and ‘young person’ are often used interchangeably across research, policy and practice in this space. Often these differences are related to particular service remits or disciplines. For example, Focus Ireland staff are more likely to use the term ‘young person’ in their work, while Tusla – whose remit comes specifically under the *Child Care Act 1991* – are more likely to use the term ‘children’. Even though the service itself supports under 18s, this evaluation will use the term ‘young people’ for consistency and to align with youth homelessness policy.

Youth family mediation services aim to reduce the overall severity of family conflict and discord, offering a structured environment where disputes can be resolved quickly and amicably to bridge and repair communication issues between family members (MacKenzie, 2018; Sohn and Gaetz, 2020). Mediation can also promote mutual understanding and collaborative problem-solving that can be maintained in the long-term (Morton *et al.*, 2020). Such services are increasingly recognised as an effective tool to keep at risk young people in the family home, thus reducing the risk of either entering care or homelessness (or both) (FEANTSA, 2021).

This report provides an independent evaluation of the Focus Ireland Youth Family Mediation service. This service was initially established by Focus Ireland in 2016 with one full-time mediator (the service was initially funded through philanthropic funds) and the organisation has since operated a mediation service in the Dublin area (fluctuating between one and three mediation posts during this time). At the time of the evaluation, Tusla the Child and Family Agency funds one mediator post (and works closely with this mediator on both referrals and service throughput). Subsequent to this, Focus Ireland funded an additional two mediator posts operating also in the Dublin region.

This evaluation begins with a review of the relevant literature and international examples of youth family mediation services, followed by an analysis of the available data on youth homelessness in Ireland and the current policy landscape. The methodology and research design are then described. Next, the report examines the origins and development of the service, including its funding and throughput, drawing on service-level administrative data. The primary research findings are presented, incorporating data from stakeholder interviews and the experiences of parents and young people. These findings highlight both the strengths and challenges of the service. Chapter Eight discusses the cost savings associated with the service, and the report concludes with key recommendations for future improvements or potential scaling up of the service.

Chapter Two – Literature review: mediation and youth homelessness prevention

2.1 Youth family mediation as a tool for homelessness prevention

Youth family mediation interventions that are explicitly set out to prevent homelessness remains a relatively niche service internationally, with a limited evidence base (FEANTSA, 2021). This could be considered surprising given that national and international research consistently identifies family conflict as being a major root cause of youth homelessness (Watts *et al.*, 2015; Mayock *et al.*, 2014; Gaetz *et al.*, 2016; Mayock and Parker, 2017; Bairead and Norris, 2020). Family conflict is typically interrelated to, and exacerbated by, poverty and structural inequalities such as parental unemployment, housing instability or inadequacy within the family, experiences of care, school disengagement, and wider neighbourhood deprivation (Gaetz, 2014; Schwan *et al.*, 2018). Longitudinal research has shown that early experiences of homelessness can often lead to long-term and unresolved homelessness – as the experience of homelessness itself can compound family discord, trauma, exploitation, victimisation – all of which are likely to worsen mental health, physical health and substance misuse issues over time (Mayock *et al.*, 2014; Mayock and Parker, 2017). Moreover, the chronic stress and deprivation associated with homelessness at a young age has also been found to have lasting effects on overall development and functioning (Edidin *et al.*, 2012).

While there are a small number of international examples of dedicated youth family mediation services set up to prevent youth homelessness, evidence pertaining to their effectiveness remains in its infancy (MacKenzie, 2018; Mackie, 2021; Mackie, 2023). Further, in a systematic review of studies appraising effectiveness of youth homelessness interventions, it was found that mediation services have been found to improve dynamics within the family home but “little is known about the direct effects of these interventions on preventing or reducing youth homelessness” (Horton *et al.*, 2020: 8). Notwithstanding this, there are some notable examples of dedicated mediation services from Australia and Wales, in particular, which have so far yielded positive results. These examples, and similar interventions, will now be discussed.

2.2 Geelong Project (Upstream Australia)

The Geelong Project was set up in 2010 in Victoria, Australia and serves as one of the first examples of a dedicated youth family mediation service in preventing youth homelessness. It was initially rolled out across three pilot schools that had already been identified as having high rates of early school leaving and homelessness. The objectives of the project were clearly established at the outset of the programme: to reduce disengagement from education and early school leaving; avoid family crises and; prevent homelessness.

The project incorporates a *two-stage population screening process* to identify young people at additional risk of homelessness and early school leaving. This screening process – developed by a Swinburne University team of researchers led by Professor David MacKenzie – was administered via a survey to pupils across the pilot schools. The three indicators used for this screening process consist of an ‘At risk of Homelessness’ indicator and ‘Disengagement from School’ indicator (bespoke items developed by The Geelong Project) and a Kessler K-10 tool measuring psychological distress (used widely across the health sector).

Objectives of the Geelong Project:

- › to reduce disengagement from education and early school leaving;
- › to avoid family crises, and;
- › to prevent homelessness.

(MacKenzie, 2018)

Once a cohort of young people was screened, a multi-stage process was actioned. This involved collecting information from both survey data *and* local knowledge through school staff and other relevant stakeholders (MacKenzie, 2018). Their process is outlined below.

Stage 1

- › Screening survey tool administered across an entire school population (schools with higher levels of homelessness were selected). Students with scores of 7–10 on ‘at risk of homelessness’ scale are selected for Stage 2 (see below). Other students selected for Stage 2 include:
 - › Students scoring 7–10 on the disengagement from school scale.
 - › Students in a homeless situation or staying temporarily with friends or relatives.
- › Additional screening actions include:
 - › Students who were absent on day of survey were followed up with (school staff attempt to follow-up with absentees on day of survey).
 - › Year coordinators or appropriate personnel in school asked to identify students they believed may be at risk.
- › Following this process, an initial list is drawn up by combining the survey scores and local school knowledge.

Stage 2

- › The Geelong Project team conducted short, structured interviews with students identified at risk in order to confirm level of risk of homelessness and to determine course of action and/or referral route.
- › The Geelong Project met with relevant staff to discuss final screening assessment and recommendations (noting Mackenzie and team emphasised the importance of community actors and local knowledge).
- › School sign-off for referral and consent from parent(s) and a young person were collated before being allocated a Geelong early intervention worker.

The process ensured that youth family mediation supports proactively targeted families before conflict became a crisis. Once the screening and referral processes were completed, The Geelong Project offered three types of supports: ‘active monitoring’, ‘short term support’, or ‘wrap around’ case management (for complex cases) – all delivered with the objective to prevent young people from leaving school early and/or entering homelessness. Case work is youth- and family-focused while the families, schools, and agencies worked together from the same care plan.

A ‘collective impact’ model contains five key elements (Kania and Kramer, 2011):

- 1 A common agenda or vision for change** – all stakeholders to operate under a shared vision for change, agreed-upon actions and a coordinated approach to problem-solving.
- 2 Shared measurement systems** – agreement on how service is measured and reported, including a harmonised shortlist of indicators. Examining data across multiple organisations can yield timely insights into service performance or emerging issues.
- 3 Mutually reinforcing activities** – to agree discrete responsibilities across stakeholders, in a supportive way. This also avoids service duplication across each of the stakeholder’s efforts.
- 4 Continuous communication** – to conduct regular meetings (ideally in-person) among organisations to enhance trust, share challenges and reflect on successes.
- 5 Backbone support organisation** – creating collective impact requires coordination and supporting infrastructure. Ideally, a dedicated staff member who is separate from the participating organisations who can plan, manage and support the initiative including technology, data collection and reporting, and administrative details.

The research team compared The Geelong Project participants with young people who did not receive the service (i.e. control group), drawing on data from both before and after the implementation of the project. The results were striking even after just one year. In 2016, the Geelong Project engaged with 185 students identified as being at risk of homelessness. By the end of the that year, there was a marked reduction in youth

homelessness in Geelong as well as a reduction in early school leaving in the pilot schools (MacKenzie, 2018). With regards to youth homelessness, seven out of 10 young people who were at risk of homelessness in 2016 were no longer at risk a year later (MacKenzie, 2018: 34). Similarly, four out of 10 young people at high risk of homelessness in 2016 were no longer at risk a year later. Of the young people who were deemed to have remained at risk of homelessness, all had remained in school. However, the topline findings which were perhaps the most striking were the recorded 40 percent reduction in the number of 12–18-year-olds entering homelessness over a three-year period and a 20 percent reduction in young people leaving school early. Further, homeless statistics during the same year of the Geelong Project pilot, revealed a notable reduction in the number of young people presenting as homeless who had attended the pilot schools, compared to previous annual statistics.

An important feature of the Geelong Project was that it was rolled out within a ‘Community of Schools and Youth Services’ (COSS) model (MacKenzie *et al.*, 2024). This place-based model is inspired by the work of Kania and Kramer (2011) in pursuing ‘collective impact’ (see text box).

These ‘collective impact’ elements helped to define, deliver and measure the Geelong Project across multiple local community stakeholders and researchers. The success of the Geelong Project is particularly noteworthy given that the project was implemented in the context of a wider youth service system which was, according to the researcher, “biased heavily towards crisis intervention” (MacKenzie, 2018: 17).

In endorsing the need for a screening tool in broader early intervention initiatives, MacKenzie (2018) notes that the identification of a single risk factors for homelessness is not always easily identified at an early stage – for example, many students at risk of homelessness are not necessarily failing at school, missing school or indeed presenting with behavioural problems. A screening tool enables effective early intervention, preventing issues from escalating and, in some cases, reaching a crisis stage.

2.3 Upstream Cymru (Wales)

Upstream Cymru is a recent example of a youth family mediation initiative aimed at preventing youth homelessness. This Welsh example was directly inspired by the Geelong project and adopts the same screening approach with selected schools identified as having higher rates of young people at risk of homelessness (either youth homelessness or with their families) (Mackie *et al.*, 2021a). The schools were targeted using multiple data sources, including youth homelessness application trend data, linking homelessness with aggregate school data, or if these data were not possible, free school meals data (used as a proxy for poverty and risk of homelessness) (see Mackie, 2022).

The service was operationalised in February 2020 – on the eve of the COVID-19 global pandemic. Four schools across two local authorities initially agreed to participate (see Mackie *et al.*, 2021a). However, the pandemic and rolling national and local lockdowns meant that for the first two years of the service, the screening tool was not administered to the full target number of students. Therefore, the youth family mediation supports operated via direct referrals (given the initial absence of the screening tool). Once the

tool was eventually administered,¹ early analysis of the first tranche of 833 pupil surveys showed that approximately 1 in 10 were at high or immediate risk of youth homelessness and more than 1 in 10 were at risk of family homelessness. Notably, researchers found that these young people and their families were not previously identified by schools or services, making the survey data a crucial entry point for targeted prevention efforts (Mackie, 2021). By Spring 2021, the screening tool was administered to approximately 1,200 young people and the service continues to develop.

At the time of writing, robust evidence on the effectiveness of Upstream Cymru is not yet published. However, these forthcoming findings are likely to be insightful. The intervention not only utilises data for effectively targeting services but also establishes a clear baseline for youth homelessness rates across different Welsh local authorities. As a result, forthcoming findings will help determine whether mediation services genuinely reduce youth homelessness rates in these schools and areas over time (Mackie, 2022; Thomas & Mackie, 2023).

It is important to note that this youth family mediation example in Wales comes under a backdrop of an internationally recognised paradigm shift in Welsh homelessness policy towards prevention, incorporating a Duty to Assist clause. This followed the introduction of the *Housing (Wales) Act 2014* providing for a statutory obligation or legal duty for local authorities to make reasonable efforts to end a person's homelessness and/or stabilise their housing. This means those who are at risk of becoming homeless or who are newly homeless must be given assistance by their local authority to end their homelessness as quickly as possible. If the person accepts this support, the legislation requires that their homelessness is resolved within two months. The legislation has been regarded as highly successful and has since been adopted by England and Scotland. Even within this strong prevention legislative backdrop, the inception of the Upstream Cymru programme still took considerable cross-sectoral advocacy, political lobbying and direct engagement between international researchers and local authorities to secure the necessary funding and political buy-in of the proposed intervention (Mackie *et al.*, 2021a). More recently, the Welsh government published their White Paper on Ending Homelessness in Wales and are currently preparing further legislative reform under key themes, including prevention (Welsh Government 2023).

2.4 Upstream Canada

Upstream Canada also emerged from cross-collaborative dialogue among international researchers. The project was established as part of the *Making the Shift Youth Homelessness Social Innovation Lab*. It set out to identify young people aged 12 to 18 who are at risk of both homelessness and school disengagement. Like Geelong Project and Upstream Cymru, a universal screening tool called the Student Needs Assessment (SNA) was rolled out in Kelowna, British Columbia and St John's Newfoundland to identify students "who do not display outward signs of risk and experience barriers to accessing help" (Sohn and Gaetz, 2020: 4). Young people identified at risk have the opportunity to

¹ The design and scoring of the Australian screening tool required some alterations to allow for speedier identification of at risk young people (Mackie *et al.* (2021b).

take part in what are known as ‘validation interviews’ with case managers. Once their needs are determined, a care plan is drawn up collaboratively and students are connected to relevant supports.

Schools are key partners in the Canadian model of early intervention, with community organisations also operating as “critical collaborators”, therefore “[l]everaging the strong professional capacities and resources in both arenas” to facilitate more effective interventions and better outcomes for young people (Sohn and Gaetz, 2020: 4). The intervention is grounded in the theory that youth homelessness is an educational issue, drawing on a pan-Canadian study of 1,103 young people with lived experience of homelessness. The study highlighted a correlation between homelessness and early school dropout, as well as factors such as bullying, learning disabilities, physical disabilities, ADHD, trauma, home instability, and low socioeconomic status (Gaetz, 2016). The study found that 50.5 percent of homeless youth in Canada are not in employment, education or training – in stark contrast to the general population of 12 to 14 percent (Gaetz, 2016).

While there are many parallels with the Australian and Welsh model – namely preventing homelessness and early school disengagement via a school screening tool – the aim of Upstream Canada is to plug young people into *an array of supports* and is not, therefore, a dedicated family conflict mediation service.

2.5 Other examples

As previously mentioned, there are only small number of examples and published findings on youth family mediation services internationally, and fewer still on dedicated services that exclusively seek to prevent youth homelessness. There are however earlier examples of family mediation provided within a broader package of supports in Scotland (Dore, 2011; Shelter 2005). For example, in a 2011 study there were an identified 43 self-defined mediation projects operating across Scottish community services, social work, homeless services and local authorities with an aim to prevent homelessness (Dore, 2011). However, only one service operated a dedicated, full-time mediator; the other services offered mediation supports as part of a wider service offering including homeless officers with mediation skills (Dore, 2011). The review found that early intervention is the most effective time to work with a family in conflict but, despite this, mediation supports across Scottish local authorities were more likely to be offered to young people at point of presenting as homeless or while in temporary accommodation. The review also recommended that there should be greater awareness of mediation supports in mainstream services such as schools.

“An answer must be made known to the cry of “Where are these young people? How do we find them?” Further investment should be made in developing processes and tools for identifying young people at risk.”
(Dore, 2011: 61).

It is worth noting that according to a 2005 report published by the homeless organisation Shelter found that access to broader family mediation services was “patchy” in Scotland, as not all councils offer these supports (Shelter, 2005: 16).

There are also other examples of mediation services which set out to not only prevent homelessness, but also resolve homelessness and promote healthy and positive relationships between young people out of home and their family members. For example, the *Family Reconnect Programme* in Canada offers two different service streams: 1) 14- to 24-year-olds for prevention-based mediation, and 2) targets 16 to 24-year-olds for those already homeless (Winland *et al.*, 2011; Eva’s, 2016). This service provides counselling for young people and family members, based on family systems theory. Positive outcomes from the service include: renewed contact between young people and family members; demonstrative improvement in relationship and reconciliation in the family; improved housing and material circumstances (including exits from homelessness; moving back home or independent living; and greater understanding of mental health issues and supports). Winland *et al.* (2011) also found that early intervention was most effective.

2.6 Conclusion

While there is limited research evidence on whether youth family mediation services effectively prevent youth homelessness, the emerging data on early intervention and the targeting of young people via school settings is compelling. In particular, when it comes to preventing youth homelessness with family mediation, interventions such as Geelong Project and Upstream Cymru highlight the potential of screening processes to identify at risk youth *who have not come to the attention of the youth support system*. This allows the mediators to access the young people who need the service most *and* to engage in early intervention.

As this chapter highlighted, the Geelong Project has already demonstrated persuasive results over a relatively short period of time, with a 40 percent reduction in young people entering homelessness and 20 percent reduction in early school leaving (MacKenzie, 2018). The three Upstream projects exemplified here (Australia, Wales and Canada) work closely with multiple community and school actors under a COSS model which brings together diverse stakeholders and encourages a shared vision to achieve collective impact (Kania and Cramer, 2011).

Importantly, these international examples prioritise education, not just in terms of striving to support young people to stay engaged with schooling or education, but also to harnesses the school space for identifying appropriate young people at an early intervention stage. This connection between education and homelessness prevention is important, particularly given the vast research evidence linking poor educational outcomes and housing instability. These points of discussion will be returned to in the conclusions and recommendations chapters of this report.

Chapter Three – Youth homelessness in Ireland: trends and policy context

3.1 Introduction: youth homelessness in Ireland

Youth homelessness has increased significantly in recent years in Ireland. According to monthly homelessness data published by the Department of Housing, Local Government and Heritage, the number of young people aged between 18 and 24 years residing in Section-10 funded emergency accommodation has increased by 330 percent across the last decade – from 418 young people in June 2014 to 1,798 in January 2025. These increases are related to the high numbers of young people entering homelessness, and also, high numbers who struggle to exit homeless emergency services due to the lack of affordable accommodation. Youth homelessness is not a homogenous group. These increases in youth homelessness have been particularly pronounced since the pandemic, as illustrated in Figure 1 below.

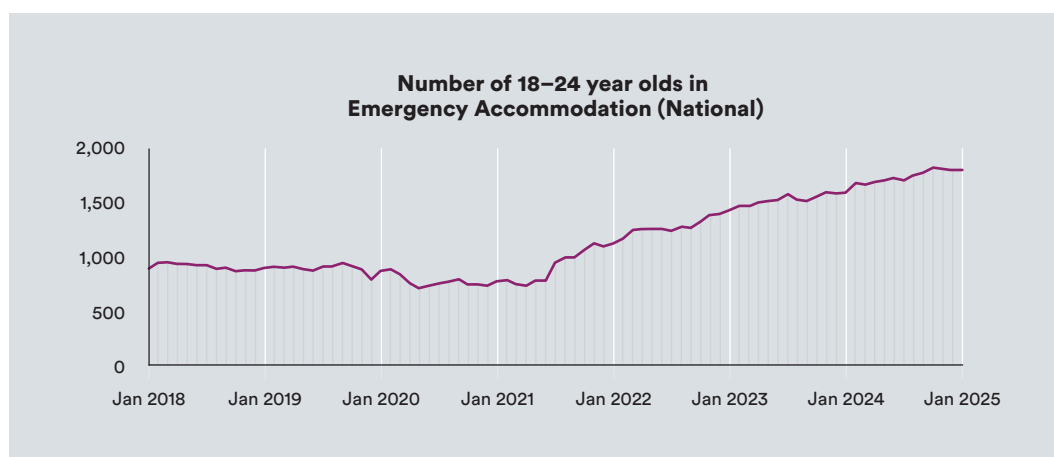


Figure 1: Number of young adults (18–24) who are homeless

Young people in emergency accommodation are not a homogenous group. In an analysis of PASS data of youth homelessness in the Dublin region in 2023,² approximately 49.2 percent of young people in emergency accommodation were single while 50.8 percent were within a family unit which consisted of both young parents *and* adult dependents living with a parent(s) (Maphosa and Mayock, 2025).

Among the singles cohort, 64.4 percent were male and 35.6 percent were female (this compared to 59.9 percent females among family homelessness cohort). Citizenship of single young homeless people found that 57.1 percent were Irish citizens, 25.8 were non-EU citizens while 16.9 percent were EU (EEA) or UK citizens (this compared to 48.8 percent Irish citizens among family homelessness cohort, together with 28.5 percent EU (EEA)/UK, and 22.7 percent non-EU).

Maphosa and Mayock (2025) also examined the recorded reasons for homelessness among young people who newly presented as homeless during 2023 and found that the leading cause of homelessness for young people was relationship breakdown with a parent (27.8 percent), which increased to 36.5 percent when conflict with other family members, partners and family circumstances was included. The higher number of young people reporting homelessness caused by ‘family circumstances’ compared to other age cohorts is reported elsewhere (Bairéad and Norris, 2020). Lambert *et al.* (2018) also found that family breakdown also triggered homelessness among young parents which was exacerbated by overcrowding in their family home. Maphosa and Mayock (2025) also found that among 18 to 19 year olds, leaving care was cited as the reason for homelessness among 20.2 percent, underscoring that “the association between leaving care and homelessness continues to endure” (Maphosa and Mayock, 2025: 43).

In a separate analysis of young people in PASS data in the Dublin region from 2016 to 2018, Bairéad and Norris (2020) noted high numbers of episodic homelessness among young people – defined as those who have been homeless for more than one month and have experienced one or more episodes of emergency accommodation over a 12-month period. The researchers calculated that 63 percent of young people reported episodic homeless histories compared to 28 percent short-term and 9 percent long-term. The report does not interrogate the causes behind these figures due to lack of data but other in-depth qualitative longitudinal research on homeless youth in Ireland reveals how young people often exit emergency accommodation into unsuitable, inadequate or overcrowded living situations, meaning some are at high risk of extended housing instability and, for some, repeated episodes of homelessness over time (Mayock and Corr, 2013; Mayock *et al.*, 2014; Mayock and Parker, 2017; Mayock *et al.*, 2021). There are currently no estimates on hidden homelessness among young people in Ireland, therefore the scope and scale of hidden homelessness is unknown.

In sum, the available data and existing research in Ireland repeatedly demonstrates the fact that family breakdown is a key driver of youth homelessness as well as the prevalence of episodic and unresolved homelessness and as broader housing precarity.

2 Pathway Accommodation and Support System (PASS) refers to the administrative data system managed by the Dublin Region Homeless Executive. It has been publishing monthly reports on homelessness since 2014.

3.2 Policy context for youth family mediation: Ireland

In October 2022, the Department of Housing, Local Government and Heritage published its *Youth Homelessness Strategy 2023–2025* (Government of Ireland, 2022). This followed a government commitment to its publication in the 2021 *Housing for All* plan, as well as the Irish government's signed commitment to the *Lisbon Declaration on the European Platform on Combatting Homelessness by 2030*.³ It had been over twenty years since the previous *Youth Homelessness Strategy* was published by the Department of Children in 2001 (noting this early strategy was more focused on children under the age of 18 which was a significant problem at the time). In 2013, a *Review of the Youth Homelessness Strategy* evaluated and appraised the progress on the 2001 strategy, highlighting the progress made during the interim and areas requiring attention (Denyer et al. 2013).

The *Youth Homelessness Strategy 2023–2025* was developed via a consultation process with a range of stakeholders, including local authorities, government departments, Tusla, and the *Irish Coalition to End Youth Homelessness* (a coalition of NGOs which work with young people at risk, and those with lived experience of homelessness). It defines youth homelessness as those aged between 18–24 but incorporates under 18s in considerations to prevention. Its primary objectives includes:

- i) To **prevent** young people from entering homelessness.
 - ii) To improve the **experiences** of young people in accessing emergency accommodation; and
 - iii) To assist young people in **exiting** homelessness
- (Government of Ireland, 2022).

The first of the strategy's aims focusing on the prevention of young people from entering homelessness, was pitched as "an absolute priority" for the government (Government of Ireland, 2022: 60). In reviewing the diverse and overlapping causes of homelessness, the Strategy specifically references family conflict and lack of family support as key triggers to homelessness for young people. The Strategy also flags that these issues can occur before the age of 18, thus requiring inter-agency collaboration with relevant actors (Government of Ireland, 2022).

There are a number of actions that are relevant to services such as Focus Ireland's Youth Family Mediation. Firstly, Action No. 3 of the strategy's prevention pillar commits to the following:

³ The Lisbon Declaration on the European Platform on Combatting Homelessness commits all signatories, Ireland included, to work towards ending homelessness by 2030. See: <https://ec.europa.eu/social/BlobServlet?docId=24120&langId=en>

“2. Strengthen support structures for young people and families who are experiencing domestic conflict and breakdown. It is recognised that some young people, on turning 18, may lose the support of parents or guardians, who consider them to suddenly be an adult and entirely responsible for their own well-being. These young people may become pressured to leave the family home. Specific support should be provided to young people aged both under and over 18 and their families to assist, insofar as possible, in resolving differences that may result in the young person becoming at risk of homelessness.” (Government of Ireland, 2022: 61).

The strategy also notes “the capacity for familial support to help transitions out of homelessness” (Government of Ireland, 2022: 27).

Action No. 4 aims to promote inter-agency collaboration, with local authorities and Tusla both identified as key partners in this process:

“4. Enhance connectivity between local authorities and Tusla, to ensure that appropriate supports can be provided. Tusla’s family support services on early intervention aiming to promote and protect the health, wellbeing and rights of all children, young people and their families. If a young person is at risk of becoming homeless due to family reasons, enhancing connections between local authorities and Tusla, where appropriate, will help to ensure that those aged both under and over 18, and their families receive the appropriate support at the earliest possible stage.” (*ibid*: 61).

Finally, Action No. 5 also seeks to enhance family support, prevention and early intervention services (also included in *Housing for All*).⁴ The Strategy also tasked Tusla to align the *2023–2025 Tusla’s Strategic Plan for Aftercare* to commit to an integrated approach under Action 6 (subsequently published in 2023, see Tusla, 2023). There is also a strong emphasis on the need for greater focus on early intervention in Tusla’s *2024–2026 Corporate Plan* (Tusla, 2024b).

The implementation of the *2023–2025 Youth Homelessness Strategy* is currently being monitored by a steering group, established under the auspices of the National Homeless Action Committee (NHAC). This group is chaired by Dr Paula Mayock of Trinity College Dublin who published a progress report to mark the halfway point in the strategy (Government of Ireland, 2024). A subgroup of NHAC was also established to examine additional measures and improvements to early intervention services for children and families, to include Tusla, HSE, and NGO partners.

This array of policy commitments and strategic goals across government departments and state agencies offers a clear underpinning for a service such as Focus Ireland Youth Family Mediation. All of these planned actions promote deeper interagency connectivity and collaboration across relevant stakeholders. An appraisal of the inter-agency work between Focus Ireland and Tusla within this service will be returned to in the findings chapter.

4 Under Action 3.16 of *Housing for All* (Government of Ireland, 2022: 8), the government commits “To enhance family support and prevention and early intervention services for children and their families through a multiagency and co-ordinated response and disseminate innovative practice.”

3.3 Mediation within a homelessness prevention policy paradigm

The debate surrounding effective strategies and mechanisms for preventing homelessness is continually gaining momentum in international research (Pleace, 2019). This includes youth homelessness prevention. Gaetz *et al.*, (2018) published a *Roadmap for the Prevention on Youth Homelessness* which contains a typology of youth homelessness that include: structural prevention; systems prevention; early intervention; eviction prevention; and housing stabilisation. Early intervention strategies are characterised by the authors as interventions that “strengthen protective factors amongst adolescents by enhancing engagement with school, nurturing family and natural supports, and building their problem-solving and conflict resolution skills” (Gaetz *et al.*, 2018: 7). This, the authors argue, must be underpinned by a rights-based approach or a ‘Duty to Assist’ which combines a statutory responsibility to help at risk youth to ensure that they – or their parents or guardians – are directed to services and supports. At time of writing, this is not yet in existence in Canada but “it is a model that should be aspired to” (Gaetz *et al.*, 2018: 10).

More recently, there have been attempts to conceptualise and categorise broader homelessness prevention interventions, identifying either population groups and temporal dimensions in risk to homelessness (or a mix of both) (Shinn *et al.*, 2001; Gaetz and DeJ, 2017; Fitzpatrick *et al.*, 2021; Mackie, 2023).

Fitzpatrick *et al.*’s (2021) typology which focuses more exclusively on the temporary dimensions of ‘risk’ is perhaps most relevant in conceptualising early intervention efforts like youth family mediation (see text box below). In particular, Type 2 or ‘Upstream Prevention’ seeks to both identify *and* support individuals by targeting appropriate services to particular groups such as those leaving care, leaving institutions, of experiencing family conflict (Mackie, 2023).

Typology of homelessness prevention (Fitzpatrick *et al.*, 2021).

- 1** *Universal* – preventing or minimising homelessness risks across population at large
- 2** *Upstream* – early-stage intervention focused on high-risk groups, such as vulnerable young people and risk transitions such as leaving care or institutions
- 3** *Crisis* – preventing homelessness that is likely to occur within a period of time
- 4** *Emergency* – support for those at immediate risk of homelessness, especially rough sleeping
- 5** *Repeat categories* – preventing recurrent homelessness, especially rough sleeping.

(Fitzpatrick *et al.*, 2021: 81).

To date, targeted intervention in accessing and preventing homelessness among at risk groups, as well as evidence pertaining to ‘what works’, are underdeveloped and data is sparse (Mackie, 2023). Therefore to expand and evolve ‘Upstream Prevention’ services, administrative data analysis, data gathering and screening, statistical modelling, and data merging/sharing should be harnessed to identify individuals or groups at a heightened risk, as well as being able to monitor both effectiveness and impact of these services (Fitzpatrick *et al.*, 2021; Mackie, 2023).

Performance on prevention efforts across Europe is currently mixed, but in an overall sense, “early opportunities to intervene, provide support, and ultimately prevent the harms of homelessness, are too often missed” (Mackie, 2023: 26). According to a synthesis report on homelessness policies and strategies, countries such as Austria, Belgium, Germany, Denmark, Finland, the Netherlands, Sweden, Slovenia, the UK are all considered to have comprehensive system of homelessness prevention, at least relative to others (Baptista and Marlier, 2019). Despite the emphasis on prevention and early intervention across housing, homelessness and social policies in Ireland (already detailed in this report), the implementation, scaling up and funding of homelessness prevention services are regarded as lacking (Baptista and Marlier, 2019). In 2024, only 5 per cent of the homeless expenditure budget is allocated to prevention and resettlement services in Ireland (this compares to the still low 10 per cent of the budget in 2013) (O’Sullivan *et al.*, 2025). This raises possible challenges in embedding and expanding a programme like Youth Family Mediation to the scale required, particularly with the absence of sufficient funding.

3.4 Conclusion

The *2023–2025 Youth Homelessness Strategy* marks a renewed government commitment to addressing homelessness and also sets out to prioritise more targeted prevention efforts. This echoes broader housing policies and government commitments such as *Housing for All* and the *Lisbon Declaration on the European Platform on Combatting Homelessness* respectively. Further, Tusla’s strategic policies and plans consistently emphasise the importance of early intervention and across all of these policy outputs, the importance of inter-agency work is continually emphasised. These policy frameworks – while not necessarily going as far as the Welsh ‘Duty to Assist’ enshrined in law – do nonetheless provide a clear policy footing for services such as the Focus Ireland Youth Family Mediation service.

Despite the policy support, homelessness prevention in Ireland has been identified by international experts as lacking (Baptista and Marlier, 2019) while youth homelessness is increasing rapidly with family conflict consistently shown as a key cause (Bairéad and Norris, 2020; Maphosa and Mayock, 2025). Perhaps in response to these rising numbers, a crisis-led policy and service response has been seen rather than resourcing and investing in targeted prevention efforts – or ‘Upstream Prevention’. International advancements in homelessness prevention has demonstrated that strengthening or expanding statistical data infrastructure can play a vital role in both enhancing and monitoring prevention efforts (Fitzpatrick *et al.*, 2021; Mackie, 2023).

Chapter Four – Methodology

4.1 Introduction

The primary objective of this study is to assess the effectiveness and impact of the Focus Ireland Youth Family Mediation service on young people and their parents/guardians. Given that this is a new service innovation with a limited international evidence base, the evaluation primarily used a qualitative approach to explore these questions. The findings aim to: 1) refine the service design and delivery, and 2) support evidence-based expansion of the service in the future. This chapter will outline the study's overall objectives and methodology, the research ethics protocol, the research design, the study sample, and the limitations of the evaluation.

4.2 Research aims and methodology

The evaluation was guided by the following overarching research questions and selected research methods.

Research question	Method
1 To what extent does the Youth Family Mediation service meet the needs of young people and their families?	<ul style="list-style-type: none"> ➤ Parent Interviews ➤ Young people interviews
2 Does the intervention add value to the existing service landscape and is it well targeted to those who need it most?	<ul style="list-style-type: none"> ➤ Stakeholder interviews
3 To what extent has the intervention achieved , or is expected to achieve, its objectives and its results , including any differential results across groups? What learnings can be applied to future iterations of the service?	<ul style="list-style-type: none"> ➤ Service level data ➤ Parent interviews ➤ Young people interviews
4 To what extent has the intervention generated, or is expected to generate, significant positive or negative, intended or unintended, higher-level effects on young people and their families?	<ul style="list-style-type: none"> ➤ Service level data ➤ Stakeholder interviews ➤ Parent interviews ➤ Young people interview
5 To what extent does the intervention deliver, or likely to deliver, results in an economic and timely way ? How do the inputs of the service (funds, staff, time, etc) compare to a young person who enters homelessness? (i.e. a cost-benefit analysis)	<ul style="list-style-type: none"> ➤ Service level data ➤ Desk-based research

Table 1: Research questions and proposed methods

As already outlined, the methodology of this evaluation is primarily qualitative but also involves a quantitative analysis of service-level data (see Table 1). Service level data included the age of the young person, date of initiation and closure of case, primary reason for initial referral to service, living situation, and recorded outcomes of case when case is closed. Some of the limitations pertaining to ‘measuring success’ in the context of youth family mediation service will be returned to at different junctures across this report.

Qualitative semi-structured interviews were carried out with key stakeholders and staff who were closely involved in the service. This included senior staff from both Focus Ireland and Tusla who closely worked on either the design and delivery of the service. This included both the current mediator and a former mediator that worked in the service. The questions asked in each interview were distinct, depending on the participant role and personal involvement. These interviews also informed the design of research instruments and recruitment strategy for engaging with young people and their parents.

Finally, parents and young people were interviewed to capture the personal lived experience of those who engaged in the youth family mediation service. Parents and young people were interviewed separately. A robust research ethical protocol guided all aspects of this phase of the research to ensure that the study was carried out sensitively. The research instrument for both the young people and their parents were co-developed with the support of a skilled and care-experienced peer researcher, which greatly enhanced the way in which the interviews were administered with families (specifically – the peer

researcher ensured optimum clarity, coherency and sensitivity for the participants – see appendix B and C for relevant research instruments). This researcher also provided feedback to the ethical protocol on the research with families. The methods used, rationale and sample size are outlined in Table 2.

Stage	Group	Sample	Research method	Objective
1	Analysis of internal data	114	Secondary analysis of service-level data	To capture the input, throughput and outcomes of service.
2	Focus Ireland staff and key stakeholders	6	Semi-structured interviews (online or in-person)	To understand and appraise service design and delivery.
3	Parents/guardians	6	Semi-structured interviews (online or in person)	To capture the views and experiences of parents who experienced the mediation service.
	Young people	2	In-depth interviews and creative methods (timeline) (in person)	To capture the personal views and experiences of the mediation service from the perspective of young people. Integration of creative methods to enhance in-depth interview, in a way that is pitched appropriately to young people.

Table 2: Proposed research methods and rationale

The following inclusion criteria were used to identify families for participation in this study:

- Mediation has been completed with the family and the case *has been closed* or, if the case is still open, the young person and their family have been engaged in the process for *at least 12 months*;
- For those whose cases have been closed, a family must have engaged with mediation service for *at least 3 months*;
- Young people aged between 16–26 years old (i.e. under 16s were not included; u/18s required parental consent for participating).

By including only those whose cases had been successfully closed or who had been engaged for 12 months, it was deemed less likely that the family was currently in crisis or active conflict. This approach was aligned with the ethical protocol, which prioritised the needs and well-being of families at all stages of the evaluation. However, this also meant that the evaluation was less likely to capture families who had suddenly disengaged from the process or who were referred but never started mediation at all.

4.3 Research ethical protocol

A strict research ethical protocol was designed and upheld at all times over the course of this evaluation, which complied with the European Code of Conduct for Research Integrity (ALLEA, 2017). Given the nature of the service intervention, a protocol was also established to manage sensitive topics with care and consideration. If the researcher had any concerns for the well-being of the participant, she would engage immediately with the Focus Ireland mediator and Service Manager to discuss further and offer follow up support. With regards to sensitive topics and minimising risk for participants, the focus of the interview schedules was confined to participants' experiences in the Youth Family Mediation Service itself, as opposed to wider discussions on family conflict, trauma or topics which may be perceived as intrusive. Though it was common for the circumstances of the family conflict to be referenced during the interview this was introduced if the family members wished to discuss themselves.

The Focus Ireland mediators were the principal recruiters or gatekeepers for this evaluation and it was agreed that they contact the parents/guardians of families as a first port-of-call to explain the purpose of the study over the telephone. If the family was agreeable, the researcher then contacted the parent over the telephone to explain the study further.

All efforts were made to ensure the confidentiality of all research participants. Interviews were audio recorded but subsequently deleted once the transcript was generated. All transcripts were anonymised – identifiable details were removed, including names, place names, or other information that could potentially reveal the identity of the research subject. Limitations of confidentiality were made clear to all research participants, to ensure that they are aware that if it is disclosed that there may be a risk of harm to them or someone else that this will be reported to Focus Ireland first and if required, to relevant authorities, under Focus Ireland Child Protection policies and procedures.

This study was overseen by a dedicated research advisory committee which consisted of experts in youth research, policy and services. The group assembled on four separate occasions offering expert advice and feedback on all stages of the evaluation – including the aims and objectives of the evaluation, research methods, ethics, data collection, analysis, and feedback to written drafts.

4.4 Qualitative interviews

The stakeholder interview schedule was grounded in the research objectives focusing on their perceptions of the relevance, effectiveness, efficiency, impact and sustainability of the service (see Appendix A). As already referenced, the questions posed in each of these interviews were adjusted depending on role and responsibility of each stakeholder. These interviews also informed the research approach in engaging with young people and their families.

For both the parents/guardians and the young people, the interview focused on the period of the service intervention itself – exploring how things were in the family home at the point of being referred to the service, their views of the mediation process itself, aspects of the supports that worked especially well or that were more challenging, and ending with how things felt at the end of the process (see Appendix B and C). The interview also invited parents/guardians and young people to share their thoughts for the future with regards to family dynamics.

Interviews with parents and young people also incorporated a visual ‘timeline’ in an attempt to make the interview more engaging and grounded in their views on the mediation intervention itself (see Appendix B and C). This method aims to capture a visual, temporal depiction of the point of contact with the mediation service, the events leading up to the intervention, the possible changes that occurred afterwards, the circumstances of the young person when the case was closed, and the possible change that took place subsequent to the mediation process. The interview for the young person was pitched and worded in a more accessible way (Appendix C).

All interviews were carried out either in person or via Zoom, depending on the preference of the participants. Interviews lasted between 30 and 60 minutes. Interviews were transcribed, anonymised and systematically analysed thematically using NVivo Software. These themes were initially analysed as three separate cohorts (stakeholders, parents and young people) but learnings were also integrated together to build out the analysis across the report.

4.5 Sample

Service level data

A total of 114 cases were analysed from the service level data spanning 2016 to 2022. The data analysis was carried out in 2023 and later updated in May 2024 to incorporate any relevant updates in case outcomes.

Stakeholders

As already referenced, all six stakeholders were closely involved in either the funding, design or delivery of the service. Three stakeholders were from Tusla – The Child and Family Agency (senior manager Tusla, Principal Social Worker and a Child and Family Support Network Coordinator), while three were from Focus Ireland (senior service manager, mediator, and former mediator). All interviews were conducted over Zoom. Interviews were transcribed and systematically analysed.

Parents and young people

A total of seven families agreed with the mediator to take part in the study initially and of these, six participated in the study, while the seventh parent did not answer communication attempts from researcher (a total of three attempts were made to contact the family but no further attempts were made as per study's ethical protocol). Of these six families, six parents and two young people participated in the study. The other four eligible young people declined participation. All interviews were carried out in person (in their home) or via Zoom. All parents were mothers and among those who were interviewed, three were Irish-born and three were originally born outside of Ireland (see Table 3 below). Four parents who were interviewed had more than one child involved in the mediation process to some degree. The participating young people included a 16-year-old female and an 18-year-old male.

Parents	Young person
Mother – migrant-born 1 child engaged in mediation	<i>Young person declined to participate</i>
Mother – migrant-born 1 child engaged in mediation	Interviewed son (18 years old)
Mother – Irish-born 1 child engaged in mediation	<i>Young person declined to participate</i>
Mother – Irish-born 2 children engaged in mediation	<i>Both young people declined to participate</i>
Mother – Irish-born 2 children engaged in mediation	<i>Both young people declined to participate</i>
Mother – Irish-born 2 children engaged in mediation	Interviewed daughter (16 years old) Other young person not eligible to participate due to age (14 years old)

Table 3: Sample profile of parents and young people

In early 2024, in an effort to boost the sample, a letter and accompanying information sheet detailing the study was mailed by post from Focus Ireland to an additional 5 families who had previously worked with a Focus Ireland mediator. Of these 5 letters, there was only one response when the researcher received a phone call from one mother who was in a personal crisis. She was referred to an experienced Focus Ireland staff member who supported her and she was not interviewed for the evaluation in light of her personal circumstances. A decision was therefore made to cease any further 'cold' attempts to recruit more families.

4.6 Research limitations

A limitation of this evaluation was the small sample size of families participating in the qualitative interviews. Six parents and two young people was lower than originally anticipated (the original aim was to interview eight young people and eight parents). Firstly, due to the robust ethical protocol, eligibility criteria was restricted (as already specified). Therefore, the mediator only operated from a restricted list of potential participants. She telephoned as many families as she could to invite them to participate in the study but from these efforts, only seven families agreed to be contacted by the researcher. Of these, six families agreed to participate in the study and among these six families, only two young people chose to participate, the other young people declined or did not respond. It was also hoped that fathers and guardians / other relatives could be interviewed but this was not possible due to broader recruitment restrictions in line with ethical protocol. As the recruitment was facilitated by the mediators in the service, the evaluation was also less likely to have contact with families who may have disengaged suddenly from the process. Notwithstanding these limitations, the families that did participate provided exceptionally honest and open accounts of their experiences yielding data that was both rich and insightful (as will be expanded upon in detail in Chapter Seven).

Separately, the administrative data collected within this service was deemed to be limited which restricted broader understanding of the effectiveness and outcomes of the service to date. The challenges in capturing outcomes given the nature of the service were unanimously acknowledged by the stakeholders.

**“Families are complex, that’s the challenge [with data collection].” –
Social Worker No. 2, Tusla**

These limitations are noted across the report and feed into the data recommendations emerging from this evaluation.

Chapter Five – Overview of Focus Ireland Youth Family Mediation service

5.1 Introduction

The Focus Ireland Youth Family mediation service targets families in which a young person might be at risk of becoming homeless due to conflict or discord (Focus Ireland, 2022). It also assists young people at risk of foster care placement breakdowns caused by conflict. The service provides intensive support to a small number of young people and their parents or guardians, aiming to prevent or resolve homelessness by strengthening family relationships. Referrals into the service are typically through Tusla or local community organisations. Designed for individuals aged 12 to 18, the mediation process typically lasts several months to a year and is conducted in the family home or, during the pandemic, via Zoom.

Focus Ireland operates a facilitative mediation model, as distinct to legal mediation models determined by the courts (such as access or maintenance etc.). This involves guiding the parties through structured dialogue, asking open-ended questions, clarifying issues, summarising points and generating options. Mediation is voluntary and all participants must want to engage voluntarily. The family is regarded as a unit and the ‘problem’, or root cause of the conflict, is not located in any individual, but rather a dynamic within a wider family system. A non-judgemental approach is incorporated at all stages of intervention.

This chapter will give a detailed overview of the origins, funding model, throughput of the service and some information on the families it has supported to date. It will also examine the service-level data and considers the inherent challenges in measuring ‘success’ in a service focused on resolving complex human dynamics. Qualitative data from interviews will also be integrated in this discussion to illustrate key points.

5.2 Origins and funding model of service

Focus Ireland initially set up their Youth Family Mediation service in 2016 with private philanthropic funding (Human Dignity Foundation). The service was originally established in response to a recommendation from a longitudinal youth homelessness research report, commissioned and published by Focus Ireland (Mayock *et al.*, 2014). Furthermore, as outlined in Chapter Two, family mediation services are increasingly recognised as an effective homelessness prevention measure across other jurisdictions, including Wales, Scotland, Australia, Canada and USA (as examined in the literature review of this evaluation). The original rationale for the service was referenced across several stakeholder interviews.

“The rationale for the service is very sound and there is international research to back this up – as a homelessness prevention measure, an early intervention measure – it just stands to reason that it’s a good way to go.” – Senior Manager, Focus Ireland

The service capacity has ranged from one mediator to three mediators, depending on funding availability. When the service was first established, it sought referrals through the Crisis Intervention Service (CIS)⁵ and the Emergency Out of Hours Service (EOHS)⁶ to facilitate returning already-homeless young people back to their family home. In other words, the service originally sought to swiftly resolve homelessness when young people were already in a crisis situation. Before long, however, referrals began to come through community social work services. While this shift was largely unintended, it was agreed by Focus Ireland management and service partners that community social work referrals were preferable as it theoretically meant that referrals could come through at an earlier point, before a young person entered the care or homeless service system, rather than when a crisis has already occurred.

Since 2018, Tusla has funded a dedicated mediator position through the *Creative Community Alternatives Scheme*, established in response to an identified need for diverting young people from the care system toward early intervention services. Over time, the Tusla-funded mediator remit expanded to include young people already in care settings at risk of placement breakdown. Tusla manages referrals to this mediator, in close collaboration Focus Ireland. This partnership ensures regular communication and coordinated service delivery. The Tusla-funded mediator and the Tusla gatekeeper meet approximately every six weeks to review service throughput, discuss case updates, track closed cases, and assess new referrals from social workers. These referrals come through various channels, including cases of school non-attendance and older teenagers in crisis who are being diverted from the care system.

5 The Crisis Intervention Service (‘CIS’) offers young people who are at immediate risk of out of home placement, a rapid response to support them in an emergency.

6 Tusla established the Emergency Out of Hours Service (‘EOHS’) in 2015. The key objective of the service is to cooperate with and support the Garda Síochána in the execution of their duties and responsibilities under Section 12(3) of the Child Care Act, 1991. The EOHS provides An Garda Síochána (Irish police service) with access to an on-call social worker to support the child into a suitable placement and supports.

Focus Ireland Youth Family Mediation service does not work with families who have active child protection or abuse reports, as formal social work intervention is deemed more suitable for these cases (this point will be returned to in Chapter Six). Further, both the young person and the parent must be willing to engage in the mediation process and ideally, they should all have the capacity to engage in the process too. Family members should have some basic communication skills to be able to engage with one another, and with the guidance of the mediator, to build on these skills to repair complex, fraught or fragile family ties.

At the time the evaluation took place, there was one Tusla-funded Focus Ireland mediator covering Dublin South-West, Kildare and West Wicklow as well as the Tallaght/Crumlin areas – areas of high demand for social work services generally. In 2023, two mediators were recruited with Focus Ireland funding (one Focus Ireland-funded mediator had recently left their post, leaving one vacancy, while funding for a second mediator was secured). These posts took time to fill given the specialist skills and training required. Once the roles were filled, the mediators operate across the mid-Leinster and North Dublin region. Focus Ireland has sought funding from Tusla for other mediators to operate in other regions but to date no further funding has yet been secured.

“We have written to all of the [Tusla] leads and area managers in the entire country, trying to demonstrate the efficacy of this service and the cost benefit of this and having such a service ... it’s not as if it’s a radical proposal because social workers on the ground know it’s good in stopping families breaking down.” – Senior Manager, Focus Ireland

Between November 2022 and June 2023, during the course of this evaluation, only a single mediator was in operation. This significantly affected the service’s capacity and overall impact. For instance, as of the time of writing, there was a substantial waiting list of approximately 2 to 3 months. The mediator faced pressure to close cases quickly to accommodate new referrals, making it more challenging to respond promptly to crisis situations.

“The issues coming up is more in terms of the capacity of the mediator and she is caught working with the families and the throughput is sometimes not as quick as we would want it to but that’s the nature of the intervention, and so she wouldn’t have capacity if an emergency did arise today from the intake team or one of our children in care teams, she might not have the capacity to respond.” – Senior Manager, Tusla

Moreover, due to the delays in cases being taken on, conflict within a home may have deteriorated during the intervening period, resulting in the need for lengthier interventions. These challenges will be returned to later.

5.3 Service-level data

This evaluation analysed service level data of the Youth Family Mediation service between 2016 and 2022. This administrative analysis took place in 2023 and therefore this year was not included as most of the cases were live. The researcher requested the mediator to update the spreadsheet in May 2024, and to verify also when 2022 cases were closed. The data presented here therefore presents information on the 114 cases that the service supported between 2016 and 2022, the age of young people who were accepted to the programme, the gender breakdown, the duration of the cases, the reason for referral, the young people's living situation at referral and the recorded outcomes. There were some limitations to the outcome data which will be expanded upon.

Between 2016 and end of 2022, the service supported a **total of 114 young people**. The number assisted each year varied between 10 and 27, depending on available staff resources, with an average of 16.28 per year (see Figure 2 below). This figure includes unique young people which, in some cases includes siblings (e.g. there were three sets of siblings participating in the mediation process in 2020 and two sets in 2022). Since January 2023, the Focus Ireland Youth Family Mediation service has worked with an additional **34 young people**, bringing the **total number to 148 young people** (until October 2024). This number was greatly enhanced with the recruitment of two extra mediators who started in 2023.

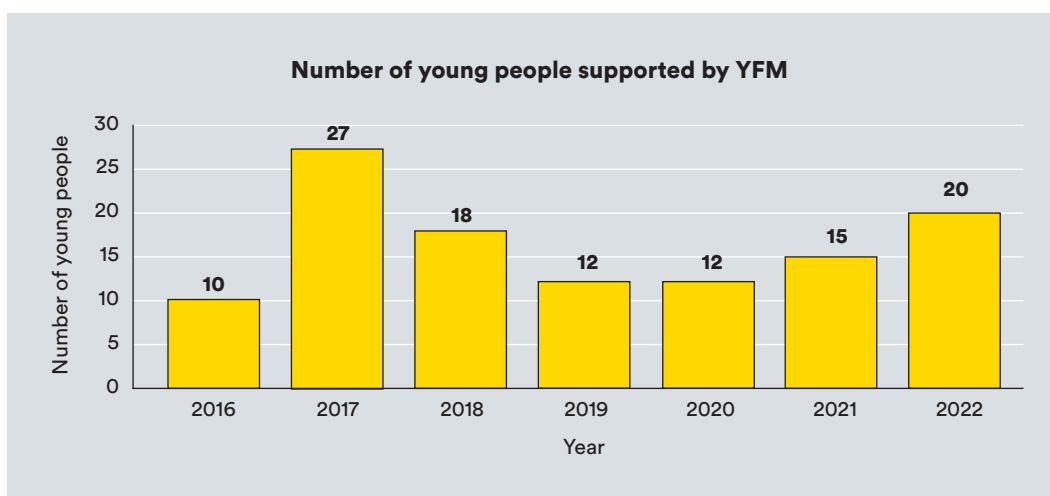


Figure 2: Number of young people supported by YFM by year

The figures above represent young people who received active casework from Focus Ireland mediators and do not include those who were referred but did not engage or were later deemed unsuitable for the service (e.g., their needs were too complex for the program). Data on these cases has been recorded only since 2018 and was stored in the service's main spreadsheets. To ensure accuracy, a thorough data-cleaning process was conducted, ensuring that only those who participated in formal casework were included in the throughput figures.

	2018	2019	2020	2021	2022	Total
Deemed unsuitable	3	2	6	6	8	25
Not interested/not engaging	6	5	5	13	9	38

Figure 3: Number of young people who did not participate in YFM case work

The increase in the number of young people (or their parents) not interested or engaging in the mediation process from 2021 is possibly linked to the waiting lists associated with the service and the growing gap between referral and service initiation. This is reflected in the stakeholder data and will be returned to in Chapter Six. It is not known what happened to families who were not interested in engaging when the mediator made contact.

In terms of the age breakdown, the majority (69 percent) of the young people were between 15 and 17 years old when they were first referred into the programme. There was one young person who was 19 when first engaged with the service but this occurred in the early iterations of the service (2017) (now only U/18s are received into the service). Only 4 young people were between 11 and 12 years.

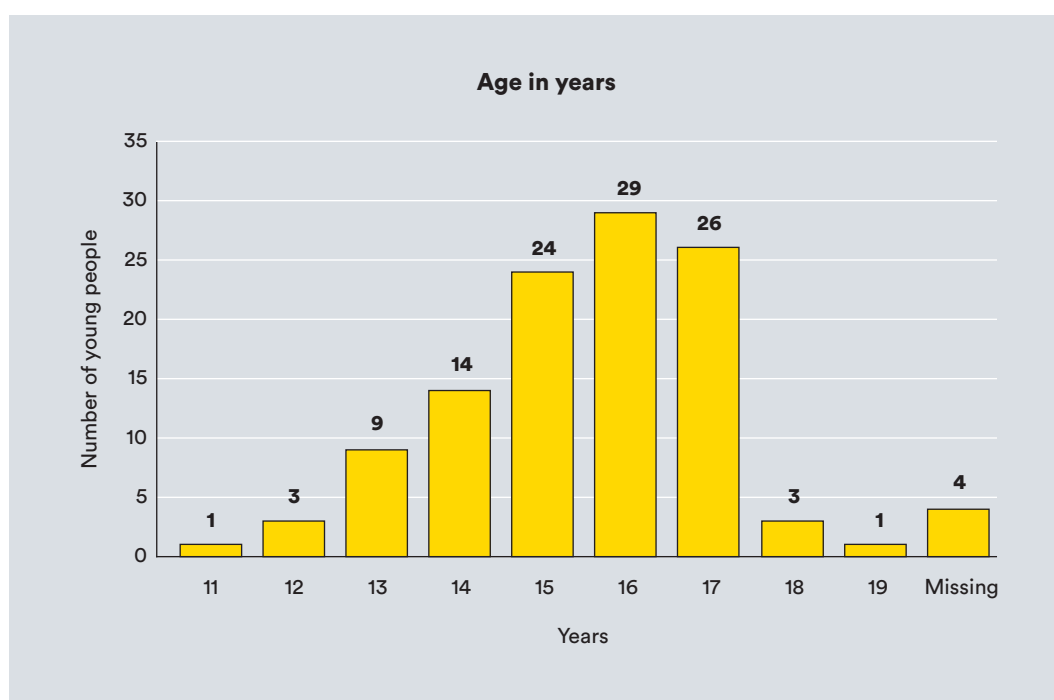


Figure 4: Age of young people when first referred to the programme

In terms of gender breakdown, there were slightly more young men than young women who used the service (60 males compared to 54 females).

Service spreadsheets included the dates mediation was initiated and when the case was closed (presented in both table and bar chart form below). As Table 4 demonstrates, 61 percent of all mediation cases since 2016 were six months or less. A further 18 percent were between 7 and 12 months, while 6 percent had engaged with the mediator for more than 13 months. There was a sizeable amount of missing data, particularly from 2017 and 2018 when spreadsheets were not updated.

	2016	2017	2018	2019	2020	2021	2022	Total	%
0–6 months	6	19	9	6	7	7	16	69	61%
7–12 months	3	1	1	1	4	7	3	20	18%
13–18 months	1	1	1	2	1	0	1	7	6%
Missing	0	6	7	3	0	1	0	17	15%
Number of young people	10	27	18	12	12	15	20	114	

Table 4: Duration of mediation cases – by year

Using a stacked bar chart, it is possible to visualise the length of cases per year and how the 2021 cases which lasted 7 to 12 months had increased compared to previous years. This is likely to be related to the impact of the pandemic on the service operations which meant that some cases took longer periods of time to close off.

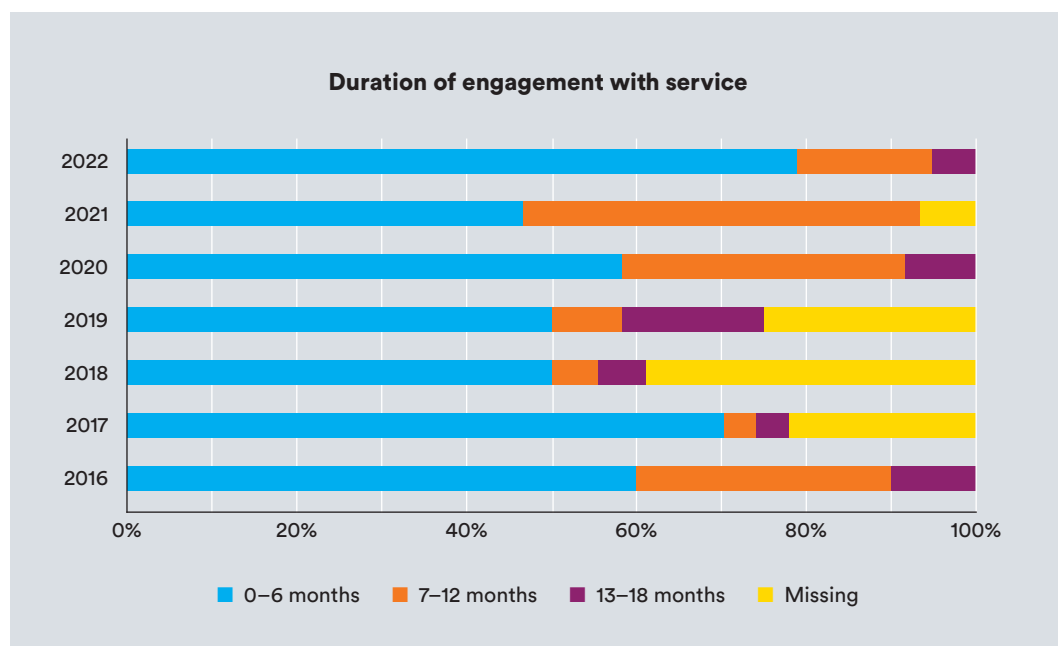


Figure 5: Duration of engagement with service

In terms of reason for referral, the data collected was vague and limited in terms of capturing the specific problems in the family home. 'FRB' was recorded in the service data which indicates 'Family Relationship Breakdown' and also indicated whether conflict was in the family home, foster care, residential care, care or relative, child welfare or protection, or adult homelessness.

As can be seen in Figure 6 below, the vast majority of referrals were recorded as 'FRB Family Home', indicating that the conflict was occurring in the family setting. The majority of 'FRB residential' and 'Adult Homelessness' cases were recorded in the early iterations of the service which targeted different channels of young people with a view to support a transition from homelessness back into their family home. By contrast, the Tusla-funded mediator which came on stream later in the service was mostly likely to work with young people who are still residing in the family home.

The recorded 'living situation' is distinct to the referral reason as it indicates where young people are residing at the point of referral as opposed to the reason for referral (e.g. referral reason might be 'FRB Family' but they are living with an aunt and hoping to return home).

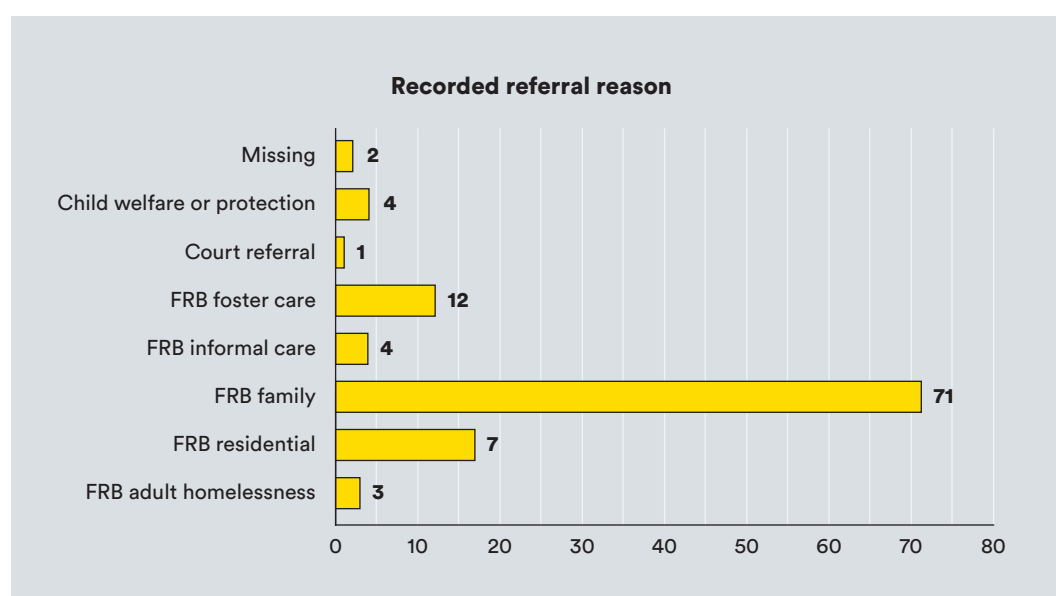


Figure 6: Recorded referral reason for service

Figure 7 charts the living situation at point of referral. Of the total 114 young people who engaged with the service, 53 young people (46 percent of total) were residing in the family home. An additional 21 young people (18 percent) were living in residential care, 14 in a foster family (12 percent), and 13 in informal care with a relative (11 percent). Two young people were living with their other parent (in both cases their father), and a small number were moving in and out of home and homelessness, home and respite or home and care.

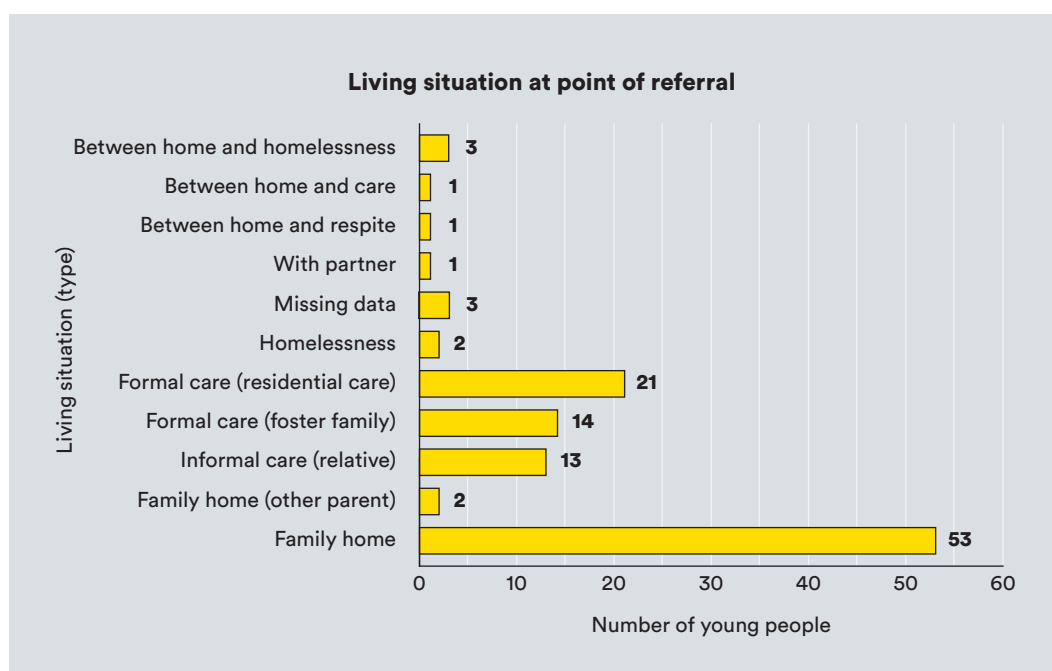


Figure 7: Living situation at point of referral

Finally, there were recorded outcomes logged across the young people's mediation cases, though unfortunately there was a high number of missing data also. Moreover, recorded outcomes that lack sufficient detail are limited in terms of interpreting whether the outcome was a marker for success. Therefore this information is not presented here as it offers little insight into meaningful outcomes. There was some data on the changes (or lack thereof) to living situations for young people but this also offered inadequate understanding into the health of the family dynamic or service outcome. For example, a young person may have moved from living in the family home and experiencing high levels of conflict and then moved in with a relative which has eased the family conflict and relationships have improved. Equally, a young person may remain in the family home but the relationships have deteriorated. The need for more meaningful tracking of outcomes will be returned to in Chapter Six and again in the Conclusions and Recommendations chapters.

5.4 Conclusion

The Focus Ireland Youth Family Mediation service has been running since 2016 and has supported a total of 148 young people over this time (until October 2024). The nature of the service, and the types of young people it has targeted has shifted and changed over time. This is influenced by the different funding sources for mediation staff posts and corresponding referral channels (the impact of which will be explored in the following chapter). The service level data offers us a degree of understanding on the age and living situation of these young people, and where they were living at point of referral. However, it does not offer a robust insight into the effectiveness or impact of the service. There are difficulties monitoring family mediation services given the complex family dynamics and how success can vary significantly from one family to another, especially when it is working with different stages of family crises. Furthermore, the service engagement may not always be linear and, as one mother shared in the evaluation interview, “sometimes it is one step forward and two steps back” in resolving conflict. These points will be returned to later.

Chapter Six – Stakeholder data

6.1 Introduction

This chapter outlines the key themes that emerged from the key stakeholder interviews with Focus Ireland and Tusla staff members – all of whom were closely involved in the design and/or operational delivery of the Youth Family Mediation service. The chapter firstly examines the perceived benefit and impact of the service among stakeholders and considers whether the service adds value to the existing youth service system. The chapter will then outline and assess the distinct referral routes currently operational in the service, distinguishing between early intervention and crisis intervention pathways. Following this, some of the operational challenges of the service are discussed, including recruitment and training gaps which was seen to negatively impact the throughput of the service. Finally, the discussion turns to data management and some of the challenges around effectively measuring success.

6.2 Perceived benefit and impact of service

Stakeholders deemed the Focus Ireland Youth Family Mediation service as being an impactful, innovative and “one-of-a-kind” service offering for young people and their families. All of the interviewed stakeholders were experienced professionals with extensive work experience in youth, child protection or social care sectors and all stated that such a youth mediation service added significant value to the existing service landscape. Specific characteristics of the service that were regarded as being particularly impactful will now be expanded upon.

Benefits of Youth Family Mediation (stakeholders):

- › Bringing stability to a family
- › Offered within family home
- › Emphasis not on ‘fixing’ young person
- › Mediators seen as less of a ‘threat’ compared to other services

6.2.1 Bringing stability to a family

Mediation was recognised by all stakeholders as bringing a sense of stability to families, which in many cases brought families back from a crisis point and reducing the risk of a young person leaving home prematurely. A Tusla staff member discussed how mediation brought a degree of stability to families who worked with the mediator and for some prevented homelessness.

“In the cases I worked with it did [prevent homelessness]. There were a small number of incidents where if that mediator wasn’t in place, the parents wouldn’t have had the young person back but with the supports she put in place and the bits [Tusla] was doing on the side. It empowered them but also, they could ring us and we could talk with them. I think even of one young person, her behaviours remained but they were far less extreme and that would have been the mediator’s work.” – Social Worker No. 1, Tusla

Mediation work allowed a potentially volatile situation to “settle” and bring things to a calmer place. It opened up channels of communication which otherwise may have remained impenetrable, thus avoiding growing resentment and entrenched problems between family members. The two Focus Ireland mediators’ interviews reflected on how mediation can, for example, unlock particular point of conflict within a family – such as school attendance – yielding a solutions-focused discussion between parents and young people.

“So if the parent was at the beginning of the process – on top of their child, lecturing, pressuring them to go to school and they’re able, through the mediation process, to step back a bit and see if there’s any other way they can approach this ... or sometimes there’s possibility then to have discussions around why they can’t go to school for instance and are there any other alternatives to school attendance, or to mainstream schools. And that has happened a lot. Sometimes parents realise – I can’t control this, I can’t force them, I can’t drag them to school so can we have other conversations that kind of open it up a little bit more and that has an impact on the child because they feel heard, they can relax a bit, they can explore other options for themselves.” – Mediator No. 2, Focus Ireland

“From the cases that I am thinking of what the family would say was that conflict decreased in the home because they started to listen to each other, or we would do is de-escalation techniques, with parents and with young people. In general, conflict decreased and relationships increased. Sometimes you’d get children back to school, sometimes not, but you might find an alternative.” – Mediator No. 1, Focus Ireland

6.2.2 Mediation offered within the family home

By carrying out mediation work within the family home, the mediators were not only more likely to successfully engage with family members at their convenience (particularly the young people), but it was also regarded as enhancing the potential for trust and rapport to build between the mediator and family members.

The following examples from one Tusla staff member describe how home-based visits were particularly effective in demystifying the mediation process, allowed trust to build over time and – in the case of one family – even young people who were reluctant at first eventually engaged as the mediation as it was going on downstairs.

“I don’t think I’ve ever had a teenager with behavioural issues come and sit in my office. They’re just not going to do it! They don’t want to see me at all! But there’s far more chances if I’m hanging around chatting to Mam and Dad in their space. They feel more comfortable there. It’s more safe to them, than coming to a Tusla office or a Focus Ireland office. We have to look at it from their perspective, they are already made to feel that they’re ‘the problem’ so if you cart them into a car and drive them to a place, they think they’re going to get into trouble. You’re not going to get them there and if you do get them there, they’re not going to engage well.” – Social Worker No. 1, Tusla

“But when they [the young people] heard this lady is coming to our house, she’s going to be in the sitting room, you can come if you if you want but you don’t have to, but they trickled down the stairs over the weeks and Mum had told me that it was life-changing for them. Because it was non-intrusive, the mediator was there, with Mam, and the sons trickled downstairs over the weeks. But the Mum said if you tried to bring any of those boys to a therapy session in the car? Forget about it!” – Social Worker No. 1, Tusla

This positive feedback relating to home-based visits was also reflected in the accounts of the families, which will be discussed in the next chapter.

6.2.3 Emphasis in mediation not about ‘fixing’ the young person

A key principle of mediation practice is to reconcile and repair relationships by listening to *all* voices involved, including that of the young person. According to the interviewed mediators in this evaluation, the mediation facilitative model used ensures that ‘nobody is to blame’. This was another characteristic of the mediation service that set it apart from other available services – particularly for young people who may be accustomed to being blamed by others (including family members, school, police) for ‘bad behaviour’ or a perceived refusal to comply to rules or expectations.

“It’s always a family issue it’s never just a young person being a ‘black sheep’... but I think with the family mediator, it shows the young person that ‘I’m not the only problem, or the cause of all the problems, and Mam and Dad have to come in and talk themselves’. And through the mediation, the parent might have said something to the young person that they would have never admitted without the mediation and all of that in the comfort and safety of their own home – and that can have a lasting impact on the young person and the relationship with their families.” – Social Worker No. 1, Tusla

6.2.4 Mediators regarded by families as less of a ‘threat’ than social work services

According to both Tusla and Focus Ireland stakeholder interviewees, the mediation service offering was regarded as being distinct to social work services and for this reason was more positively received as the mediator was regarded as less of a ‘threat’ – particularly for parents. This was acknowledged by both Focus Ireland and Tusla staff.

“Social workers would say to me ‘Wow! The family won’t let me in the door of the house’. There’s something about mediation, they [families] don’t see it as a government-run thing, we are not telling them what to do, even though we are clear of the child protection piece ... There’s a cultural piece and an understanding. And as mediators that’s what we do, it’s different when you’re a social worker, and you have a different role and a different set of outcomes as well... It was very interesting, whatever it did around the space ... because we are skilled at controlling the conversation, it allows that space for everybody to be heard – which is very hard in high conflict situations.” – Mediator No. 1, Focus Ireland

“Social workers are trained to offer solutions and try to fix people. Mediation is all about ‘what’s going to work for you?’.” When a social worker goes in, they’re trying to solve the problems but a mediator is trying to listen more fairly to each person.” – Social Worker No. 2, Tusla

Conversely, a homeless organisation such as Focus Ireland also has associations with the term ‘homelessness’ which can “jar” with families – due to the wider stigma of homelessness and homeless service systems. This was reflected in the stakeholder data and is the case for other Focus Ireland aftercare services operating across the organisation and will be returned to in the family data.

“Some of the services that Focus Ireland operates – like aftercare – these services are being operated by an organisation that’s well known as a homeless service, and you don’t want to scare young people and often young people don’t want to be associated with an organisation like Focus Ireland ... They still make sense from a strategic perspective, but it does jar a bit with families and young people and we are a well-known organisation. But if we weren’t, a lot of these services wouldn’t be there and they’re effective....” – Senior Manager, Focus Ireland

This distinct service offering provided by the mediator and the necessary skills and training required for the role was therefore seen by stakeholders to set it apart from other forms of service interventions

6.2.5 Mediation can incorporate all voices in the family

Family conflict can impact relatives beyond the participating family members – for example other siblings, stepparents, aunts, uncles, grandparents. This service also worked with other family members as appropriate for the particular circumstances of the conflict and living situations. These complex family circumstances are considered at each stage of the mediation process. Such inclusivity and flexibility in service delivery was regarded as being a positive and another novel characteristic of the service, which would not be available in many other interventions.

“Because we are taking into account all voices in the family home, it also goes beyond the focus of the referrals, so we include the parents, the child, siblings, we may include grandparents, aunts and uncles and whoever else wants to participate. I don’t think family therapy would include many family members for instance. But it’s similar to family therapy because they would work from a [family] systemic perspective and they would want to have the whole family in the room. But in general you wouldn’t have this wider embrace of all people and all voices in the room.” – Mediator No.2, Focus Ireland

6.2.6 Mediator can enhance collaboration and cooperation across services supports

While the mediator role does not have a service coordination remit, the holistic and flexible nature of the role can lend itself naturally to collaboration with other services, including community social work teams, schools, family therapy services, youth work services and mental health supports who are linking in directly with the same families.

“Sometimes professionals are working with families but they are not talking to each other, they are not collaborating, so there’s a sense of disjointedness and they don’t know what the other professional is doing so there have been cases where I have contacted all the professionals involved in the child’s care and sometimes, I push for professional meetings to be held so that everybody knows what everyone is doing. And that can be a function of the mediator, is to mediate between services so we all know what we are doing.”
– Mediator No.2, Focus Ireland

Some of the interviewed stakeholders characterised the collaboration between the mediators and social work teams in highly positive terms, which facilitated cross-agency alignment of actions that are both mutually beneficial for both families and services. These reflections all chimes with the need for strong prevention-led policy and service collaborations, all working under a shared vision for change – such as seen under the COSS model utilised in the Geelong Project discussed in Chapter Two (MacKenzie, 2018). The Tusla staff member below described how this service coordination and communication greatly enhanced the outcomes for families they were working with.

“The mediator’s approach was fantastic, she was open to engaging with me, and working together and to find the most appropriate thing for the family and when I would refer a family in [to mediation], she would call me and there was an eagerness to use my knowledge to make sure she’d take the right approach and she helped me with families too to make sure I was going in the right direction. The collaboration piece was fantastic! And then when she had built up trust with the family and I had suggested something, she could encourage it because they trusted her more than they trusted me as they knew her longer and better. She could come in behind me because of A, B, C, and D. You always have to use the person who is the most trusted. For one family it was the mediator who was most trusted so we used her and the second family I was more trusted, so we used me. So that was really valuable.” – Social Worker No. 1, Tusla

In some cases, the mediator referred a family on to more intensive family therapy. A number of stakeholders reflected that some of these families may not have linked in with these more intensive therapeutic supports had the mediator not provided that ‘bridging’ service intervention beforehand.

6.3 Referral process

There is no singular referral route for accessing the Focus Ireland Youth Family Mediation service. As already outlined in the previous chapter, for the original Focus Ireland-funded mediators, the referrals to the mediator was aimed to be through the Crisis Intervention Service (CIS),⁷ the Emergency Out of Hours Service (EOHS) but increasingly referrals came through community social work channels.

For the Tusla-funded mediator, referrals were managed via the Tusla Principal Social Worker (who operates as the gatekeeper of the mediation service). The Tusla staff who were interviewed in the evaluation discussed how the mediation service was situated within their wider Tusla referral system,⁸ following a screening of relevant information of the child's needs (Tusla's referral channel is expanded upon in the adjacent text box).

Tusla's Child Protection and Welfare Referral Pathways (Tusla, 2017):

- 1 Early intervention** – This includes Tusla's national practice model Meitheal which responds to behavioural or relationship issues among children and their families. This is achieved through a multi-agency response led by a Lead Practitioner to ensure the needs and strengths of children and their families are identified and responded to quickly and at an early stage. The Prevention, Partnership and Family Support (PPFS) Service also comes under this early intervention remit.
- 2 Child welfare** – These are cases where concerns have met the threshold for 'reasonable grounds for concern' under Children First: National Guidance but after an assessment deems the child has not been abused, the team must provide a welfare response involving a number of agencies led by Tusla social worker or social care worker. The aim is to develop a plan with the child, their parents, the family and professional network to help the family overcome difficulties and keep child safe from future harm or abuse.
- 3 Child protection** – In cases where abuse is suspected and therefore matters are referred to the Gardaí, and a Child Protection Conference must take place. The aim of this is to develop a plan with the child, their parents, family and professional network to prevent future harm or abuse.
- 4 Alternative care** – Children may need to be placed in care to ensure their immediate or ongoing safety. Tusla seek to work with families and professionals to try and return children to their care of their parents and family as soon as it is safe to do so.

7 The Crisis Intervention Service ('CIS') offers young people who are at immediate risk of out of home placement, a rapid response to support them in an emergency.

8 Tusla (2017) A guide for the reporting of Child Protection and Welfare Concerns. Available at: https://www.tusla.ie/uploads/content/4214-TUSLA_Guide_to_Reporters_Guide_A4_v3.pdf

According to the Tusla staff interviewed, the Focus Ireland Youth Family Mediation Service is intended to come via layer 1 referrals, or *early intervention pathway*, but the reality is that referrals can come to the mediator to work with young people who are already out of home and their situation is therefore more crisis-driven. Many of the referrals for family mediation can come through, for example, Tusla Education Support Services (TESS) as a result of school absenteeism.⁹

Both Focus Ireland and Tusla acknowledged the increase in demand for social work intervention in recent years, and this puts significant pressure on social workers to secure a suitable intervention in a crisis situation. Mediation, therefore, can often be seen by social workers as a possible intervention for the family in an overburdened service system.

“The preference is the earlier we get it, the better. The mediator would much prefer getting referrals from Prevention, Partnership and Family Support Programme (PPFS) and she does get most of her referrals from this, but the urgency would be where teams would find a young person out of home and the social worker wants the mediator to meet the family as soon as possible.”
– Social Worker No. 2, Tusla

“Social workers are often operating in crisis ...they’re desperate to make some sort of intervention and they may be in court or under pressure so a service like mediation is a Godsend for some social work departments ... but at times we got cases that were entirely unsuitable. They had a lot of mental health problems, violence...there could be drugs and alcohol in the mix. It’s very difficult for people in these chaotic scenarios to engage in a relatively structured process like mediation.” – Senior Manager, Focus Ireland

It can be summarised therefore that across the different mediator and funding streams, two typical pathways into the service emerge. These can be characterised under two general pathways or strands:

- 1 Early intervention mediation** (11–14-year-olds) – conflict emerging in the family home at a relatively early point.
- 2 Crisis point** (15–18-year-olds) – conflict has escalated in the family home and young person is perhaps already spending time outside of the family home or foster care family.

These referral channels will now be examined in detail, as they play a significant role in shaping the characteristics of the service.

⁹ Under the Education (Welfare) Act, 2000 schools are obliged to submit a number of reports and notifications that relate to poor school attendance to the Tusla Education Support Services (TESS). See: <https://www.tusla.ie/tess/tess-ews/reporting-absenteeism/>

6.3.1 Early intervention pathway

The early intervention is more often, but not always, targeting young people at a younger age – around 11 to 14 years old. The early intervention pathway was regarded by both Tusla and Focus Ireland as being a more appropriate juncture for successful and efficient family mediation. Mediation during early adolescence is, according to stakeholders, more likely to prevent further fracture of relationships, trauma, and long-term discord within the family unit. It was also seen to be a more effective method in ultimately preventing future homelessness and housing instability for the young person.

“When the problems are not that great and where the conflict is not that high. The younger the child is, the more likelihood that it [mediation] will be successful.” – Social Worker No.2, Tusla

“Once it comes to the attention of Tusla, it’s already escalated... If a 15-year-old had someone to talk through this stuff at 11 or 12, things might have been a bit different.” – Mediator No. 2, Focus Ireland

Schools were referenced by a number of stakeholders as being an ideal route to catch pre-crisis cases, as has been seen in Wales, Australia and Canadian youth mediation models (MacKenzie, 2018; Mackie, 2021). These international examples were acknowledged by one of the interviewed mediators.

“So there’s a bit of – let’s throw everything at this because it’s reached a crisis point. And if we could move a little bit away from that and read the signs earlier. And that comes through the schools. ... if they could have a mediator in the schools for half a day a week, I know the UK and Welsh model has that model where they have a mediator two days a week in schools.” – Mediator No. 2, Focus Ireland

6.3.2 Crisis intervention pathway

The second pathway, typically taking place in later teenage years after 15 or 16 seeks to alleviate a conflict that has perhaps already deteriorated within a family home (or care setting). These young people are perceived at high risk of entering a homeless, care or an unstable housing situation (or for some families this has already occurred). Young people who enter this system during later adolescence are not typically eligible for aftercare support beyond the age of 18,¹⁰ so in cases where young people are approaching this age, they are routed towards mediation with hope that they can continue to receive supports after they cross the threshold into adulthood.

¹⁰ Aftercare services are provided to all young people that are between 16–21 years old and have spent at least 12 months in the care of the state with either Tusla or the HSE, between the ages 13–18.

“For 17- to 18-year-olds, the relationships have completely broken down at home. So we try and prioritise them because they’re nearly 18 and they’ll no longer be part of the service and we can’t offer them an intervention and we know that 16/17-year-olds coming into care, there’s very little success stories from kids coming into care at that age. They might be in emergency accommodation, they don’t receive Aftercare, so the prognosis isn’t hugely positive for children coming into care that late.” – Social Worker No. 2, Tusla

Therefore this emerging reliance on mediation at crisis point was described by service partners as being a case of last resort – that there is very little else that can be offered to a 17-year-old in high conflict with family members – and often young people can (according to one stakeholder) end up “bouncing around special arrangement residential placements” which compounds trauma for young people.

“We would often be asking the mediator to prioritise the most risky kids even though they’re possibly the least likely successful intervention. If you think of like what works well for a family, I doubt the mediator is going to be saying it’s those child protection ones, it’s probably going to be the ones that came to her earlier. That both parent and child are saying, ‘That was useful.’ Coming in later? It’s like a plaster on a big wound, it might work for a while, but it’s not sustainable.” – Social Worker No. 2, Tusla

“The problems are entrenched then [when young people are older] and parents and children are really fed up.” – Social Worker No. 1, Tusla

Notwithstanding this, the Focus Ireland manager also highlighted that, as a homelessness prevention service, the severely at risk young people who come through Out of Hours Service for Crisis Intervention Services should not be forgotten or overlooked. By channelling intensive and targeted mediation supports to young people who have come into the homeless services system, as the service was originally set up to do, could potentially avoid permanent rupture of family bonds and could prevent young people languishing in homeless services without any family supports as they enter into adulthood. For example, existing research in Ireland has already highlighted how family support can also enable residential stability in the long-term (Mayock *et al.*, 2011), therefore reconciliation can be beneficial no matter when it is provided along a pathway into or through homelessness.

Notwithstanding the above point and recognising that no young person should be left behind in an overburdened service system, this tension between the distinct service offerings are presenting operational challenges for this service. Crisis-driven cases can delay the throughput of the services as they tend to be lengthier for the mediator and more complex, perhaps involving other services too. Moreover, crisis intervention work is likely to require some pre-mediation efforts before trust and rapport is established and communication channels opened.

“They’re really high crisis cases so you’re looking at a lot of steps you have to take before they can actually sit down to mediation...The higher the conflict the more you spend with them. But two cases come to mind and they were really high conflict and the children were at home: one had ran away from foster placement and there was a lot of trauma and conflict; and another case had a lot of conflict at home and that was a case that took two years. The higher the conflict the more entrenched it was. In those cases the mediator would do a lot of coaching on communication, it would take a lot longer to set the ground rules, you would have the young person walking out, that would happen and you would regroup to bring them back in ... The families would say, you’re three years too late.” – Mediator No. 1, Focus Ireland

Above all, clarity is needed on the core objectives of the service, which would provide clarity for referral channels and the work of the mediator, and establish precise measures for success. These questions will be returned to again in the next section focusing on operational challenges.

6.4 Operational challenges identified by stakeholders

There were a number of specific challenges cited by the stakeholders which will now be addressed and expanded upon.

6.4.1 Recruitment of staff and gaps in training (incl. burnout)

One of the most significant challenges cited was the difficulties in recruiting appropriately skilled staff, and perhaps related to this, wider gaps in formal training qualifications in family mediation. In the case of the latter, there is a wider emphasis on mediation in family law or workplace settings rather than in social care work. While there are common characteristics to these mediation theories and practices, applying them to a complex family settings – often in the context of poverty and trauma – are not always straightforward. There is only one relevant course in Northern Ireland which was completed by the mediators who have worked in the service to date.

Operational challenges of service:

- › Recruitment of staff
- › Gaps in training
- › Long waiting list for service
- › Trauma in families
- › Early intervention or crisis intervention?
- › Data management gaps and inconsistencies

This training gap has led to delays in recruitment. For example, when the north Dublin mediator stepped down, a new mediator had not yet been recruited after six months of recruitment efforts. The initial job advertisement stipulated a formal mediation qualification, however following failure to recruit, the subsequent job advert was advertised internally to existing Focus Ireland staff with the option of completing a mediation qualification within the role. At time of writing, this post was filled and until they are qualified with the relevant mediation qualification, they must engage in on-the-job training shadowing the existing mediator before being allocated a separate caseload. A third mediator was subsequently hired.

Emotional intelligence is also considered a vital personality trait required for effective mediators but staff burnout was regarded by the interviewed mediators as an issue as they must absorb trauma and family discord on a daily basis.

“I think I always say it’s one of those jobs that you can do for a few years but you’ll have to move on, unless you’re extremely passionate about it ... Sometimes it’s rewarding and other times you can experience fatigue and a bit of helplessness, you’re absorbing that from the parents themselves – there’s a lot of hopelessness and helplessness and you’re trying to support that all the time and that’s not easy.” – Mediator No.2, Focus Ireland

“It’s a hugely difficult job. They can’t fill the post. Most mediators don’t want to work with under 18s because it comes with a whole other level of safeguarding. Mediators tend to work in homes. There’s unsociable hours....” – Mediator No. 1, Focus Ireland

However, the mediators who have worked in the service to date have remained in their roles for a relatively lengthy period of time, and high staff turnover is not a particular feature of the service relative to other social care roles. This point is nonetheless important given it was raised by the mediators themselves and could be a potential issue if the service is scaled up.

Given the fact that mediators work alone, it was suggested by certain stakeholders that an additional benefit of expanding the service is having multiple mediators which could allow for peer learning support and/or co-mediation models (i.e. two mediators working on cases together). A co-mediation approach may also reduce the likelihood of burnout as it would provide a supportive environment to the mediators and build out a successful youth homelessness prevention mediation model.

“There’s no support network in terms of your practice. There’s supervision, there’s the service manager, there’s the other mediator, you need other mediators though. It’s the only service of its kind in the country, really, so you had to go outside of the country to get some type of support to understand are we doing the right thing here.” – Mediator No. 1, Focus Ireland

6.4.2 Long waiting lists for service

At time of writing, the current wait list is 2 to 2.5 months for a mediator to formally engage with a referred case. This was likely due to the fact that the evaluation took place when there was only a single mediator in the role, the continued impact of the pandemic and complex cases took longer to close. A waiting list can cause challenges because parents or young people may have changed their mind and choose not to engage by the time the mediator is ready to work with the family.

“Every time we meet, there’s at least one case where a parent doesn’t want to engage. Even though, they would have had to have agreed to it before the referral was sent.” – Social Worker No. 2, Tusla

Furthermore, family conflict may have escalated during the intervening period making it more difficult to repair fraught ties. It is also possible the young person has gone into care or an unstable living situation (there was no data indicating what happened to those who did not engage after referral). This waiting list also puts pressure on the mediator to speed conflict resolution along in the current caseload, which can cause work-place stress echoing the point on potential staff burnout.

“She [the mediator] doesn’t want to rush the work she’s doing with the families but she’s under pressure to get through the waiting list.” – Social Worker No. 2, Tusla

While there was not necessarily a defined optimum case duration for mediation, it was generally felt that cases should not exceed one year. According to Focus Ireland management, the service itself was originally designed to provide an intervention for approximately eight sessions across a three-month period. However, the mediators reported that case duration varies considerably and should the window for intervention be strictly upheld, it may reduce the quality of the service.

Moreover, effective mediation may require some time for relationship-building to establish rapport and trust, and the general consensus among the mediators was that service itself should be flexibly delivered and tailored to the needs of each family. For example, some young people may have additional support needs such as ADHD, autism, mental health issues and may be actively engaging with other services such as CAMHS, so the mediator needs to adapt to a complex and changing circumstances. Other issues which may delay the engagement period include school exams, and it is deemed appropriate to avoid putting additional pressure on a young person during a stressful period. Indeed, flexibility and tailored supports were characteristics which are greatly valued by families; the balancing act between service quality and service efficiency will be returned to in Chapter Seven with consideration to the views of families themselves.

6.4.3 Trauma in families and complexity of cases

As already referenced, it is preferable when families have some communication skills to begin with. Without this, the mediator will have to engage in some preparation work with both young people and parents before the formal mediation process can begin. This can take anywhere from a number of weeks to a number of months.

“Unfortunately a lot of families have lost, or don’t have communication skills, a lot of the young people are not able to express themselves so they are really struggling to put feelings into words, thoughts into words, and relate to adults so that makes mediation more complex and difficult.” – Mediator No.2, Focus Ireland

In more complex cases, some of the stakeholders expressed concern around additional challenges, support needs and the impact of trauma, including intergenerational trauma. In these cases, the families may require more intensive therapeutic work, however they may be reluctant to engage in this type of intervention and there is often waiting lists to access such services.

“Trauma in parents and kids [is a challenge]. So sometimes a young person would have been sexually assaulted, that makes things really complicated, I myself do not feel fully comfortable having a lot of sessions with them until a service is working with them therapeutically because that needs to be addressed and that could be at the bottom of what’s going on with them emotionally, that they might be emotionally dysregulated and they’re not following instructions of their parents and it’s part of a more complex dynamic and relationship with parents – it goes beyond rules and chores – those are the most difficult cases I find.” – Mediator No. 2, Focus Ireland

In other cases, the use of specific training such as Non-Violence-Resistance (NVR) programmes were seen to support and/or bolster the mediation process. This was also flagged as helpful by some of the interviewed parents.

Stakeholders also reflected on how support needs for families have increased since the COVID-19 pandemic and national lockdowns, during which time family relationships became increasingly fraught and strained. The presenting issues include school-related anxiety and absenteeism, family violence – particularly a rise in child-to-parent violence – trauma or abuse, and prolonged, unresolved conflict, often leading to highly challenging family dynamics. Stakeholders described many families are increasingly overwhelmed due to these many stressors.

“There’s a lot of exhaustion on the part of the parents. They just don’t know what else they can do and they’re really stuck in a cycle of conflict where all they can see is the bad things that the young person is doing, rather than being able to step back and see all the good things that the young person is still. So there’s a ‘stuckness’ and a brokenness that has been building up.” – Mediator No. 2, Focus Ireland

These compounding issues are seen to be generating a strain in the service system and is exacerbated by broader problems in recruitment for social workers and social care workers.

6.5 Data management gaps and inherent challenges in measuring ‘success’

Stakeholders all recognised the inherent difficulties in capturing data for such a service – specifically in relation to establishing standardised measures that might constitute ‘success’ in a youth family mediation case given the vastly different starting points of each family. This can be captured in the quote below from one of the mediators.

“Measuring success is very hard. I would have had a bunch of cases which are clear and you can say ‘the young person has returned home from care’ or the situation has really calmed down and things are settled. They’re never perfect. I have never left a family with them saying ‘we are great now, we can move on!’ we have all these skills and we feel very empowered and we love them so much’. It’s what do we measure it against? The reality is that success is where you can settle things down a little bit. They may acquire some skills, they might hear each other a bit better, parents might feel more empowered, they have may reached some insights into why they are the way they are or the other person’s intention when they say or do something. So that’s the success. It’s very soft and airy fairy.” – Mediator No. 2, Focus Ireland

Yet evidencing the service and demonstrating its impact is vital to monitor the service, to ensure it is running effectively and also for funders to justify continuation (or expansion) of such a service.

“The mediation service comes from a particular budget and so for us to justify continuing to fund it, we need more information as to whether or not it’s actually benefiting the service users. We know social workers are referring to it and families are saying it’s helpful but if we had more clearer data, it would be easier to evidence.” – Mediator No. 2, Tusla

The above point is important and signals a need for Focus Ireland to overhaul its service data collection practices in the mediation service to capture outcomes such as housing stability, school engagement, reduction in family conflict, improved mental health and well-being (perhaps through pre/post intervention surveys) and also that a post-mediation feedback is carried out to collect softer outcomes and potential change that has occurred among young people, parents and the broader family dynamic. This could not only deliver relevant information to funders but equally it could yield service enhancements.

In other words, it is necessary to strike a balance between capturing the work of the mediators in a more consistent and meaningful way whilst also acknowledging the inevitable limitations of the data from a service which has different starting points and complex human interactions at the core of its work.

6.5 Conclusion

The interviewed stakeholders all identified significant benefits to the Focus Ireland Youth Family Mediation Service as a service innovation and has achieved what it has set out to do – improving family dynamics and preventing homelessness among many of the young people it supports. It offers a unique service offering that adds value to the current system of youth services. Some of these unique features includes the home-based visits, listening to all voices, adopting a non-judgemental approach and coming up with solutions that are based on the particular dynamics and needs of the family unit. It is not about ‘fixing’ people but rather reconciling and repairing frayed family relationships. The service was also found to naturally foster cross-agency collaboration and cooperation and can assist in plugging young people in with appropriate supports, which might not have occurred without the mediation.

As it stands, there are two types of pathways that have emerged in the service: *early prevention* and *crisis intervention* pathways. The stakeholders signalled that mediation is most effective and efficient at early intervention stage. However, given high risk situations emerging from older teenagers in crisis, and the well-meaning desire to divert them from care or unstable living situations, mediation can serve as a last resort to stabilise the situation and perhaps keep them at home. For some of these crisis intervention cases, mediation is offered after multiple other services were not effective. However, it is important to recognise that crisis intervention is more likely to require pre-mediation engagement work and the cases are likely to be longer. This presents operational challenges to the service in terms of delayed throughput. Therefore it is important for Focus Ireland (and Tusla) to reappraise and justify its primary target group and referral channel in light of these considerations.

Despite the service’s perceived success and added value, stakeholders identified several operational challenges. The small scale of the service places significant pressure on mediators’ caseloads, a challenge further compounded by difficulties in recruiting professionals with the necessary specialist skillset and the lack of available training in the Republic of Ireland. Mediators themselves highlighted the risk of burnout, emphasising the emotional toll of the work and the need for greater support, both formally and through peer networks. Data management was another key issue raised by both Tusla and Focus Ireland. The complexity of measuring success across diverse family situations makes it difficult to systematically capture the nuanced dynamics of mediation. However, robust data collection is essential for assessing the service’s effectiveness, particularly for funders. This highlights the need for an improved and more structured approach to data collection within the service.

Chapter Seven – Experience of families

7.1 Introduction

This chapter considers the key findings from the qualitative interviews with six parents and two young people. It will be divided into three overarching sections – 1) receiving the service; 2) reflections on the process; and 3) the perceived impact of the service.

7.2 Receiving the service

7.2.1 Referral pathway

All of the *interviewed* families were initially referred to the service through Tusla via the school system – due to persistent school absences or related child welfare concerns (noting all families were recruited through the Tusla-funded mediator). These school absences were linked to school-based anxiety which, according to some parents, worsened following the COVID-19 pandemic and extended school closures.¹¹ In these cases, resistance in attending school was a source of family conflict, as described in the excerpt below from one mother.

11 CSO data published in 2025 – five years on from the COVID-19 pandemic – found there to be considerable negative impact periodic school closures had on children and young people (CSO, 2025). Their data shows that 75 percent of parents with a child attending secondary school reported negative impact on their child's social development. Further, 70 percent of the same group of parents reported their children's education had been negatively impacted (this rose to 78 percent among parents who rated their financial situation in March 2020 as 'bad') (*ibid.*, 2020).

“The issue started with her constant absence from school after COVID. She started to really close herself in the room, she didn’t want to socialise with anybody and it was so worrying and also the school was concerned about her absences and they raised this concern. [The school said] ‘Ok we have to communicate this absence’ [to social services] ... so I said, ‘OK, it’s not that I don’t want her to go to school but she’s a big girl, so I can’t force her to go to school’, because I did that in the past and basically she did go to school but she left and went elsewhere so that was more unsafe for her, I prefer she stayed at home and at least I know where she is. So I started to ask maybe there’s some service that’s not therapy because she didn’t want to go the therapy so a lady from Tusla gave me a call and she gave me details on different services available [including Focus Ireland youth family mediation].” – Mother No. 4

Young people were not always aware *why* their family was referred to the mediation service and described how mediation was one of many services they interacted with in recent years, as described by this young person below.

“I have been through so many services. I don’t even keep track of it. I don’t know where I’ve been. I wasn’t aware it would be mediation. I just thought ‘I’m seeing another person.’” – Young Person No. 1

Indeed, almost all of the interviewed families had experienced many other services prior to their referral to the mediation service, without significant success, according to the families. This included interaction with the Child and Adolescence Mental Health Services (CAMHS).

One family was referred to the youth family mediation service following a period of living in homeless emergency accommodation. After the family secured housing, they struggled to adjust to normal daily life after the distress and lack of routine they experienced whilst homeless. This mother below describes the dynamics at home after she and her teenagers transitioned to housing. They were referred to the Youth Family Mediation via social work services through the school.

“To be honest it was after we had been in the homeless shelter, there was issues with the children settling down after, the acclimatisation to normality, and I was letting them away with so much [when homeless] – and [when housed] I was slightly stricter with them – they wanted to be on their phones all the time, I had given them a free pass when we were in the homeless shelter pretty much and they expected that to continue when they got a new house and I wasn’t having it, things were removed, phones were removed, laptops were removed – the kids didn’t like it. That’s why they went into school saying Mammy lost her rag with me last week, and that was pretty much it.” – Mother No. 6

The young people who participated in interviews described the overall resentment and tension in the family home which had led to their participation in the service.

“Me and my family were just at odds. I didn’t like them. And we just didn’t know how to deal with each other or cooperate with each other. We couldn’t accept each other and who we are. That’s where we were when it started.” – Young Person No. 1

For two families who participated in the study, the initial referral was for one child but a younger sibling ended up being involved in the process instead. In this case, the child who was initially referred did not wish to continue engagement but the other child was willing (also suggesting that early intervention before a conflict becomes entrenched is optimal).

“He [son] did engage with him at the start but his motivation and willingness to engage went, but he is like that with every service, he won’t do counselling, he won’t go to his *Meitheal*¹² meetings, there was just non-engagement but there was a few sessions and then erm, the mediator was still having sessions with just myself even when he wasn’t engaging, so I was expressing the difficulties with my [younger] daughter and I asked could the mediation be facilitated for her, and then yeah – the mediator started straight away with my daughter and myself.” – Mother No. 5

Most of the parents described that they did not have to wait long to hear from the mediator once the referral was in place. While school absence was the primary trigger for referral, there were other overlapping issues which families also reported. These are outlined in the text box below.

Presenting needs of interviewed families:

- › severe difficulties in communication;
- › child -to-parent physical aggression and violence;
- › self-harm and suicidal ideation;
- › rage;
- › sleep issues;
- › behavioural issues in school;
- › social isolation from peers and/or shifting social networks;
- › sexuality and gender identity issues;
- › perceived compulsive lying.

¹² *Meitheal* is a Tusla-led early intervention, case co-ordination process for families with additional needs who require multi-agency intervention but who do not meet the threshold for referral to the Social Work Department. Practitioners in different agencies can use and lead on *Meitheal* so that they can communicate and work together more effectively to bring together a range of expertise, knowledge and skills to meet the needs of the child and family within their community.

Sometimes, the source of conflict might not be across all family members, but rather between one parent and one child, while other members of the family are indirectly affected.

Families described that communication difficulties as being the *most common cross-cutting obstacle* to harmony in the home. Once this element was improved, other issues were often unblocked. This focus on communication be returned to in a later section.

7.2.2 Expectations and first impressions

Families were not always sure what to expect from the service at first. Some assumed that the mediation service was offering “tips and advice” to families in conflict while others felt that it would be “just another service”. The following quote illustrates the type of service fatigue that many of these families experience and related to this, their expectations of the mediation service were low.

“When she first came along, I didn’t expect anything. I will meet this person. I will talk to them for three times and I will never see them again.

[Interviewer: That was your expectation?] Yeah.” – Young Person No. 1

“I didn’t really have expectations. Because I didn’t know what the service was about, so I didn’t have any expectations.” – Mother No. 5

Upon engagement with the mediator, the first impressions reported by both parents and young people was how warm and kind the mediator was and “easy to talk to” (Mother No. 1). This enabled families to trust, express vulnerability, and share their honest views and experiences, yielding a more fruitful mediation process.

“My first impression was straight away how nice and kind and how well [name of mediator] came across, that she was so easy to talk to, which made the process easier because you are thinking – we were pouring our heart out to a stranger and she was lovely. She was very easy to deal with from the get-go.” – Mother No. 1

“It felt like I could trust her. I don’t think me or [son] were hiding anything from her at that stage, we put everything open for her to see.” – Mother No. 2

“She’s lovely. Very kind. I liked at the beginning that she felt a very familiar person, very available, so it was a very positive impression.” – Mother No. 3

The Focus Ireland mediator was compared positively to other services, specifying the informal approach adopted and that the mediator presented herself in “a very relaxed way” (Mother No. 3). This meant that parents were less defensive in comparison to social work intervention (for many parents, social work intervention was perceived as a threat, at least initially).

“Her [the mediator] whole demeanour... she wasn’t ditzy but she was relaxed, she had no agenda but to hear us and to help. But when you have a social worker at your door, you’re automatically on the defence immediately, it’s like a midwife who hasn’t had a child telling you stop panting when you’re in labour. ... It was totally different with [name of mediator]. That’s why it worked.” – Mother No. 4

“I found her very relaxed and comfortable you know? Because if you’re thinking you’re dealing with professionals or the social work department you can get fearful but I didn’t feel that at all, so I felt very relaxed and the mediator made me feel comfortable.” – Mother No. 5

Another mother described how her child got along very well with their mediator as they shared a common cultural background (this particular mediator was not originally from Ireland).

“I am not sure if it is because the nature of the service itself or was it because of [name of mediator] herself as she’s a very sweet person. We have a common background as well and also my daughter felt specifically, she was close to her culture Because [name of mediator] is originally from [name of country] so that was something like, sometimes daughter would share with her things like holidays in [country], because she’s raised in [name of country] and born in [name of country] so sometimes these things they speak, so she felt that she is close, she understands her culture, I thought that was helpful for her [daughter].” – Mother No. 3

This point above signals the importance of diversity hiring for future mediation service recruitment to align to the demographic profile of the families in need. Shared migrant or cultural background can enhance trust and rapport.

7.3 Reflections on the process

This section will outline the families’ views of the *process* of the service, first focusing on frequency and nature of contact between the family and mediator, the most helpful aspects of the service as well as the most challenging aspects before offering some reflections on closing a case.

7.3.1 Frequency and nature of contact

The frequency and type of contact families had with the mediator varied, according to need and preference of the family. This could also shift and change over time, and the mediator would adapt according to these changing needs. The data clearly reveals that the service is delivered flexibly and each Focus Ireland mediator responds accordingly to these changing needs and preferences.

Types of mediation engagement reported:

- › meetings with mother (or mother and father) *separate* to young person/people;
- › meetings with mother *and* young person together;
- › meeting with *significant relatives* involved the family dynamic;
- › meetings with school staff.

The approach and nature of contact could change over time. Sometimes a mediator would work with a young person alone and then for the last fifteen minutes the parent would join, so that the young person had space with the mediator but, equally, some dedicated time for the parent too also facilitated to communication strategies, for example. In general, the families reported that the sessions present with young people are perhaps most productive; but the importance of that young people having a dedicated time with the mediator was also noted by parents, as it could serve as an outlet for young people to express themselves. As one mother reflected: “there’s pros and cons of each”:

“The pros of together? If she’s with me, and we do the sessions all the time together, she can’t make up something that’s not true if there’s two people there to discuss it, so that would be a pro. But the con is that she’s not getting her own space to express herself with me being there and a mutual party. So there’s pros and cons of each. A bit of both works best.” – Mother No. 5

The young people interviewed acknowledged that it could be difficult with parents present due to “tension in the air” and wanting an open channel of communication with the mediator – but having a parent present could also yield progress in conflict resolution. These young people offered their views on this question:

“Usually [mediation happened] with me and my Mum in the same room. Sometimes with me separately. [What was more useful for you?] Talking with my Mum there ... I was talking separately but to figure out where we are. But when we were together that’s when we were working on stuff... My Dad did it a few times but my Dad isn’t a very Freudian person or psychology person, he is just ‘I like to work, I like to eat, I like to watch TV’. My mother is more like emotional.” – Young person No. 1

“More things happened – bad things and good things – with my Mum there with us and in school it was less charged because we were on our own. [What worked better?] I personally prefer one-on-one conversations [with mediator], but that’s just how I work. It’s not about one is more superior, but maybe there’s less sort of [pause] just, like tension in the air.” – Young person No. 2

Sometimes when working with a parent and young person together, there may be times when one party was asked to leave the room for the conflict to de-escalate. This was all managed by the mediator.

“I think the three of us [her and two children] because then the other person had to listen ... they would get more aggressive towards me ... and the mediator would say ‘Hold on, calm down’, now she has told me walk away or ask my daughter to leave the room.” – Mother No. 6

Some families met the mediator once a week, or once or twice a month, for varying lengths of time. Of the interviewed families, duration of contact varied from three months to over a year. Sometimes frequency of contact was greater at the beginning and then eased off over time (families were always informed that their participation was completely voluntary at all times).

“Yeah, yeah and she said whenever you want to stop, it’s not something you have to start and not able to finish, if you feel at any point it’s not helping.... so yeah.” – Mother No. 3

Most families liked that the mediation process happened in the family home space, especially for sessions that were more challenging or emotionally heightened. This home-based support set the mediation service apart from other services. It allowed for more meaningful discussions in a home environment that was familiar and comfortable, especially when opening up difficult conversations. For example in the quote below, this mother described how travelling home together after an appointment in an office would be extremely challenging.

“But I was so open to mediation but I liked more in my house because there wasn’t a fear or the anxiety of having to get on a bus, and go somewhere ... and also, when you leave a place like that, you still have to travel home on the bus, and that’s hard if you’re not getting on, even with family. So it was nice for her [mediator] to do it at home, in our surroundings, for good or for bad, because it wasn’t involving someone else and it was kept within the confines of the home as opposed to the town centre.” – Mother No. 4

One of the families did their mediation session in Focus Ireland offices. This was based on the family’s own wishes to not have the sessions at home. The young person quoted below described how having sessions in the home might feel intrusive but that it would have been easier on a practical level. This view was an outlier of the interviewed families, with most preferring mediation at home.

“Home? No. We went to her, I’d say if she went to our home it would have been a bit good in some aspects and bad in other aspects, like you are coming into our home and you are investigating us and that’s not something we would want. But at the same time, then it wouldn’t be our responsibility to go to you.” – Young person No. 2

This young person quoted above also described during the interview that the family often missed sessions, and that this negatively impacted on their rate of progress with the mediator. Therefore frequency of contact may be higher had the sessions been in the home, signalling that home-based visits may yield higher levels of consistency of mediation intervention.

While a majority of the families received support in their home and in-person, there were times during the pandemic where social distancing was required where Zoom was used. Only one family preferred sessions on Zoom during the pandemic (due to convenience). The rest always preferred in-person sessions.

“It wasn’t a good time, it was during COVID-19, luckily it was the 2nd or 3rd phase of COVID, I hate doing Zoom calls and it doesn’t work for me. I think we did a few Zoom sessions when we did calls with school. But for the rest, she came over here. We had to sit at a distance with masks on and all that. It was nice to have her over here to have a face-to-face conversation rather than Zoom calls. I don’t think it would have worked over Zoom for me.” – Mother No. 1

Among three of the interviewed families, the mediator was also interacting with the school. In one case, a young person was at risk of being expelled (and the school wanted the mediator’s perspective). The mediator had therefore facilitated discussions between the school and the parents, advocating for reduced hours with the school to avoid him leaving school altogether and to sit the Leaving Certificate (this was seen as a compromise with the school also who wanted to expel the young person). This was agreed with the school who kept him enrolled and the young person attended during mornings and was preparing to sit his Leaving Certificate exams months after the research interview. Another family described how the mediator met with the principal sometimes and attends *Meitheal* meetings to support that process.

Only one family that was interviewed had other relatives involved in the mediation service: a grandparent with whom a young person had moved in (as a result of the conflict).

“She would have been asking us at the start, who in the family can you talk to and look to for support and we had said my father-in-law so she always knew his name but not for months and months did she get to speak to him herself.” – Mother No. 1

Therefore the mediator became more embedded in the emerging and changing issues within the family and the young person, and always sought to mitigate the worsening of problems across an array of areas.

7.3.2 Comparisons with other services

Families who had participated in the evaluation had previous contact with an array of services, including social work, youth services, mental health services (including CAMHS), and in one case, homeless services. As already referenced, mediation was suggested for them after an array of other services had not resolved their issues. One mother described how the frustration she felt in trying to access services for her children which greatly exacerbated conflict within the family.

“I was constantly fighting everybody [services] for my kids but fighting with my kids too. It was constant. Because I have to protect my kids too. But as soon as I’d be with my kids, I’d be fighting with them.” – Mother No. 4

Families reported that for them, there was no designated “go-to” person in the event of a crisis. The mediation service, however, offered a swift response during these critical moments.

“There was no help. Absolutely! Especially [name of service], they were discharging us, I understand they have much more severe cases with disabled people but he had a massive problem inside [himself], he had suicidal thoughts and we were tossed from one service to the next – ‘Try this, try this’ – but there was no one solid person where he can go or I can call and say ‘Listen – this is happening.’” – Mother No. 2

Most of the families positively compared the mediation service to previous services, particularly in terms of how the young people experienced the service, as they found the mediation service to be a more informal, “relaxed”, and young people “respected” the mediator, who showed compassion and warmth in a way that they had not experienced beforehand. This was apparent across the interviews, both among parents and young people.

“It [mediation service] was actually useful. Everything else was piss poor. Everything else. I have a lot of friends who have done the same kind of things, nobody liked them [other service], but mediation was the only thing that worked.” – Young person No. 1

“[Other services] that was a bit of a shit show kids don’t really respect anything like that, but they did respect [name of mediator].” – Mother No. 4

“I would find it more relaxed I suppose. Because some of them it can be more formal. So, I do find with the mediation that it would be more in the sense that it’s more relaxed and more comfortable.” – Mother no. 5

“There’s no comparison with [mental health service], the compassionate, non-judgemental and kindness that we would have felt from the mediator is nothing like [mental health service].” – Mother No. 6

7.3.3 Most helpful aspects of service

While there were specific practices which were found to assist families, such as teaching Non-Violent Responses (NVR) to parents. The following section focuses on the broader styles of practice on what worked best for families. These included the non-judgmental approach, the principle of impartiality, the feeling of ‘being heard’ and the flexible and holistic service delivery.

Non-judgemental approach

Across all interviews, the non-judgemental approach operated within the mediation service was considered one of its most helpful features. This allowed families not to feel scrutinised. The mediator recognised the challenges of both parenthood *and* life as a young person and tried to apply some tools and strategies for families to negotiate these daily challenges and meet each other half-way. This approach also allowed for parents and young people to “open up”.

Most valued aspects of the service (families):

- › Non-judgemental
- › Impartial
- › Feeling of being heard
- › Flexible

“She [the mediator] respected me as a mother and we got on well as women. There was a rapport there. So I would give her an update or if things got a bit heated, she would see me after for a while and let the kids have a chat. I followed everything she said, ‘cos I trusted her.” – Mother No. 4

“[Name of other service] was always blaming it on us. There was another person coming in saying we were horrible parents, I can’t remember who that person was, I basically told her to leave and told her ‘We are trying our best’. [Son] was in a very bad state, he was taking all the drugs, he was drinking, and she said I was a bad parent because I don’t let him out. I don’t need to be judged here, I am doing my best in the way I know and the way I can. I don’t need someone to come and tell me I am a shitty mother. So after all that, when [name of mediator] came in I was like, oh whatever let’s try it again. [So the mediator was different to that?] She was different. She was warm. You know what I mean?” – Mother No. 2

“I think it’s important that the people are like the way [the mediator] was – that’s going to make people feel comfortable. To have somebody who is open, and non-judgemental, makes a whole lot of a difference. Makes things easier and you’re going to open up.” – Mother No. 1

Interestingly, one young person described how the mediator was in fact “more judgemental” than other services but in a way that encouraged him to take ownership of his actions and also the consequence of his actions.

“I think it mediation service] was more judgemental [than other service] actually. A lot of the other therapies was all like ‘love yourself’ and all this, but [name of mediator] had a very healthy balance of that. [Interviewer: Can you explain this more?] It wasn’t judgemental, like being mean at all – it was just being honest.” – Young person No. 1

Impartiality

The principle of impartiality – which is integral to any mediation process – was greatly valued by both parents and young people. This offered space for both sides of conflict to be seen and heard, but also, encouraging each party to extend empathy to other perspectives and points of view. A common theme that emerged across the interviews was that parents sought to understand the difficulties of being a young person and, equally, for young people to understand the stress parents endure in trying to keep young people safe and for them to succeed in life.

“In all fairness, with [name of mediator], I felt I had a bit of that support, if I would call or text her, she would always answer my phone or always answer my texts, maybe not with advice but a bit of support. [You could count on a response from her?] Yes, from my side. I don’t think [son] did that, but she never took anybody’s side. She was always in the middle, which I appreciate.” – Mother No. 2

“It was a relief talking to someone who was totally impartial and who was sensitive to the issues that were thrown at me as a mother. What I liked was that she didn’t allow the kids to be rude or patronising or anything – she gave them a platform to speak but she wouldn’t let them away if they were disrespecting me and not accepting what I was saying. And that was important to me because the dynamics were so different in my house, the personalities are so different and yet very the same in different ways. There’s nothing I could say bad about her [mediator], she’s such a nice person.” – Mother No. 4

This empathy for the other family member was strengthened when an outsider perspective (i.e. the mediator) is shown to endorse a perspective, as can be seen in the two quotes below.

“The mediator would be telling her, your mum has a right to make rules and it’s helping her from another perspective, to see outside the box, because she’s [daughter] just thinking, I don’t want any rules, my Mum doesn’t have the right to give me any rules, or take my phone, so it’s giving her an insight into that. We have put stuff on the wall to bring some structure into the home, so it’s been very good.” – Mother No. 5

“[What type of strategies do you think may have helped?] My mother is [other nationality], so she needed to be taught what it’s like for someone to be brought up in Ireland their whole life, there’s a cultural difference. Because both my parents grew up with strict backgrounds I’m not that. But they couldn’t understand but [mediator] helped them to understand.... And having an adult tell them about myself, I think they listened more.” – Young person No. 1

The mother to the young person quoted above offered a similar perspective in this regard (noting both mother and son were interviewed separately).

“She was [mediator] understanding. She didn’t take anybody’s side. And yet she was trying to show both our sides to us and what can be changed. She didn’t say we were strict parents, and we are a little bit, but that’s how it is... but she said to let go of a couple of things and let him [have a] messy room like. I’ve got a little bit of OCD, so for me, that explosion in the room and finding things that are absolutely not supposed to be there for me it was a big no-no, she said ‘Just let it be, give him his own space’, things like this – she was giving little tips to us, to the both of us, and she said to [son] put yourself in your parents shoes and see how would that feel.” – Mother No. 2

These impartial listening and communication then led to mutually-agreed decisions which would later be applied to daily routines and family life. This often assisted in establishing new norms and arrangements that would, it was hoped, reduce the likelihood of conflict.

“We had agreements in place and I had to sign one and the kids had to sign one. And we had the agreement, either would say I have to draw your attention to what you signed, so if I lost the plot they would say – Mam out here please [pointing to agreement]. So if I didn’t respect it, I would follow through as well. Because we need to earn kids’ trust too.” – Mother No. 4

The impartial approach taken by the mediator, therefore, reduced the tension and volatility within the family home.

Feeling of 'being heard'

Related to the principle of impartiality is the feeling of 'being heard' in the mediation service which was also particularly valued by families. The mediator listened to all family members, allowing them to express themselves in their own words, and in their own time. Again, this combined with the concept of non-judgemental approach of the mediator assisted in generating meaningful and honest communication from all family members. This concept is also something that is not always experienced in other services which operate strict and arbitrary eligibility criteria thus blocking progress. This feeling of 'being heard' was emphasised in the quote below from one of the mothers.

"I was so glad that the [name of mediator] you felt like you say anything to her. So, in that way, it was so good that she had such an openness or an awareness or an easy approach that erm -, you didn't know what you were expecting but you felt listened to and you felt heard and you felt that you were going to get somewhere. Yeah. [Interviewer: Did you experience that before with a service?] No. I don't think I have experienced it. We have been reaching out to [mental health service] for a long time and you'd probably hear in the media and how you feel so dismissed and these are the people you are meant to reach out to and that your expectations are that that is the – that's the route to go, they're the people that are going to help you. And they say, 'You do not meet the criteria' and you tell them everything and they say 'No you still don't meet the criteria' – that it was so nice to be heard and you felt valued in what you were saying." – Mother No. 1

Flexibility of supports

As already referenced, the delivery of the service was flexibly applied in terms of frequency and duration of contact, according to the needs of the family. However, this flexibility was also applied in relation to applying strategies according to unique family dynamics. For example, if the mediator suggested that the family experiment with a particular communication strategy and either it did not work or the family were not ready, the mediator would adapt and adjust accordingly. This approach was extremely valued by families:

"We would have put plans in place, and if we didn't reach the goal she would say, 'That's OK, we will try again next week'. And because if we said we tried to do such a thing and there wasn't a great reaction so we are not ready to do this particular thing and she would say 'Right we will keep working through it.'" – Mother No.1

Some families were recommended strategies that did not always work, according to some families. For example, the mediator recommended to one family to spend more time together as a family outside the house. This family attempted it a few times but it always ended up fighting. The mediator that was interviewed as one of the stakeholders also described this constant "juggling" of different techniques that work for one family but not necessarily another.

7.3.4 Most challenging aspects of service

In terms of how the service itself was delivered, feedback from families was overall very positive. While all the families did mention that, by and large, the service was impartial and considered the needs of all parties, three mothers described that their perspective at times felt secondary to young people. They acknowledged that this was the nature of such a youth-centred service but it did, on occasion, evoke frustration— especially if they believed that young people were engaging in, from the parent’s perspective “manipulation tactics” or “compulsive lying”.

“She uses this [mediation and other support services] as a tool to meet her demands, ‘If you don’t do this, I’ll say this’, or ‘I told the mediator something and I’m not going to tell you what it is’. So it’s a battle, even though I got her the support services.” – Mother No. 5

“My youngest manipulates everyone and I have said to the mediator, you have listened to my daughter but you haven’t listened to me.... but as a general thing that people aren’t listening to me as a parent but rather listening to the child. But it’s true, Tusla is the same. It’s great that they all listen to the kids, but they don’t listen to me. Yes, I have lost my rag and I admit that, but I have gone to services for help but you have been pushed so far all the time.” – Mother No. 6

Two mothers described how they wanted the mediator to fully endorse or support their views on drugs, alcohol, staying out with friends or going away, for example. As can be seen in the quote below, through the mediator listening openly and responding to the young person talking about drug use, it provoked apprehension for one mother, who was concerned that open conversations would normalise drug use.

“Like you can’t say to a girl of 16 that it’s [drugs is] normal, like many teenagers try, and I know this is the reality but if you normalise this thing ... But I expected her [the mediator] to be on the same page, and if you give her the impression this is normal behaviour, she would think I am wrong and she would not trust for your safety that she will not trust this because she will have this idea that my mum is controlling, she’s overreacting. That was the only thing I found.... like I would have preferred to have said ‘Ok your mum is worried because there are other bad people and she’s not trusting you but you’re 16....’ – Mother No. 3

7.3.5 ‘Closing the case’

Decisions to close a case with the mediation service was made by both the families and the mediator. Even after a case was closed, families understood that they could contact the mediator again if required. The young person quoted below describes his apprehension when their time with the mediator was soon coming to an end; that he had felt somewhat dependent on the mediation supports within the family dynamic. But he also acknowledged it was “the right time to end.”

“[Interviewer: How did you feel when it to come to an end?] I was a little bit scared. But I think it was the right time to end ... it has made my life so much better what will I do without it? But going without it felt fine. [Why do you think it was the right time to end?] It just was the right time to end. There wasn’t things happening that weren’t old problems. And lots of problems, but you used to do this, you used to that, looking to the past, that’s where all our arguments came on. And we talked about most things and then had a deal with them and there wasn’t nothing that was coming up that wasn’t rehashing hold things. At least that’s what I think. [So, the original problems had been addressed you think?] Yeah.” – Young person No. 1

Closing a case therefore requires mediators to strike a sensitive and tailored ‘balancing act’ to ensure that the service offered was both time-bound *and* sufficient so that mediation is not concluded prematurely. For example, it is important that the mediator does not become then a generalised ‘family support worker’ of sorts, particularly in cases where other supports in the community supports are not readily available. As already referenced, more complex cases tend to necessitate a longer duration of support.

7.4 Impact of the service

It is challenging to easily capture the impact of the youth family mediation service in light of the differing starting points across each family, as well as the inherent complexities of family dynamics. Among the families who were interviewed, all had regarded the mediation service to have positively impacted their life in certain ways. While none of the families are living in total harmony or familial bliss when mediation was concluded (conflict continues to permeate the family homes to some extent), five of the six families reported less discord and conflict since their work with the mediator. One family reported that they still managed significant conflict within the home space. It is worth noting that this particular family described their contact with the mediator as being sporadic and was held in Focus Ireland offices, at the family’s own request. The young person reflects on the process below.

“It wasn’t that they were bad at their job, it [mediation] just didn’t work for us – and our personal circumstances ... More so I think partly our fault – we didn’t attend as often as we probably should have if it in order for it to work, so that’s more on our behalf. It was a good service. But it wasn’t what we needed. It was just something else that we did to try and fix the problem... It’s not them it’s just how we dealt with it, we took the advice, we did it for a week, and then we forgot about it for two months and then we went back and did the same thing again.” – Young person No. 2

In some cases, parents self-described having benefited more from the mediation intervention and in other cases, young people did. Below are two quotes from mothers, each detailing different ways either parents or young people benefited.

Impact of the service (families):

- Conflict de-escalated
- Communication improved
- Improved schooling
- Gateway to other services
- Preventing family breakdown; preventing homelessness.

“I think I probably got more out of it than anybody because I wanted more out of it. My kids were just struggling. I was actively looking for help. They didn’t know how to get help. They were expecting me to sort everything so I think I took more from it. And maybe they followed by example I don’t know. We are a very open to sitting down as a family and talking ... She [the mediator] left an impression on my life, she genuinely did.” – Mother No. 4

“I saw a difference in the mediation meeting. I think she helped [son] more than she helped us [mother and father] showing him a different perspective, I am too stubborn, I listen but I am an adult and it’s harder for me to open than for what he was 16 or 17 to but he did listen to her advice, he did respect her and there was not once when he said ‘I don’t want to see her’, he was always very open to her. She always said that he’s always open, he never hides anything, so.... yeah. [Interviewer: But for you less helpful?] For me, less helpful.” – Mother No. 2

Even in cases whereby two family members participated in the mediation activities, the mediation also had an indirect positive impact on other family members, for example another parent or a sibling.

Importantly, families described that change was not linear, and positive changes often took time and conflict could still flare up.

“It would have taken a bit of time to see positive changes.” – Mother No. 1

“The mediation definitely opened different perspectives to both of us. We were going one step forward, one step back, two steps forward and two steps back.” – Mother No. 2

Among the five families that saw improvements, the intensity of the conflict had reportedly been eased.

“[Did you notice change over time?] Yes, it took time and there was a lot of ups and downs. Lots of ups and down. But this was the first thing I have ever been left off-, I have done lots of therapies but this was the first thing that I was left off where my life was better afterwards.” – Young Person No. 1

For some families, mediation was more effective with one child compared to another child. A one mother commented: “It’s not cut and dry that mediation is going to work for everyone”. From the data collected here, it appeared that the more open an individual is to the mediation process at the outset, the greater the impact the service tends to have. This again emphasises the need for early intervention, which will be returned to again later in the chapter.

7.4.1 Improved communication

The most common outcome reported across the interviews was improved communication which contributed to greater harmony in family life. Prior to mediation, there were significant blocks in communication, with resentment and sometimes contempt setting in, which escalated conflict significantly. This can be seen in this series of connected quotes below from one of the interviewed mothers.

“As I said the thing that improved really well over time was the communication between me and my daughter. So [name of mediator] for example pointed out things in my communication and I welcomed her feedback ... I tried to change my tone, certain words, and from her side [daughter] she shared more with me. There’s more trust. She [daughter] understood my intention is not just being controlling. There was more understanding of how I feel...”

This led to greater harmony in another family home, because –

“...she was getting less aggressive ...and she is calmer, sometimes she has her moments but that’s normal for a teenager and her personality...And when you have less violence, even verbal or physical, this is good...”

And by consequence of this: -

“...communication is much better now ... we learned a lot about communication and improving our skills and understanding each other ...”

This mother believes that her improved ability to “control reactions” has had a profoundly positive impact on their family life.

“I learned how to control my reactions because one of the things that contributed to the worsening situation was my reaction. I am patient but when I explode, I really ruin everything so I wanted to work on this – so how to act in this issue if she has this behaviour so I don’t need to wait that long until things become really worse, and that was helpful for me more than her.”
– Mother No. 3

Similarly, another mother said that the element of “blame” in the family home is reduced and there is an appetite in the home to open up communication channels, which had not been the case previously.

“As a service I’d say [the mediation] it’s vital. Because the biggest thing I find as a mother of teenagers is – and I have always tried to have a very strong line of communication but even at that, when things break down, there is no communication and I think the mediator is vital because too many people don’t know what their kids are doing these days and if we just give up at the first hurdle and we just say ‘That’s his fault, he did that’, as the adult, we can’t – we have to say, let’s open the door and say ‘We have to talk’ and if we can’t do that, we have to reach out to the services and ask for the help and not ignore it because then that’s when our kids end up doing what they want.”
Mother No. 4

The mediation service was also found to encourage the young people to share their thoughts, feelings and personal challenges. As outlined already, for most of these interviewed families the initial referral to the service was due to school absence but it was decided after some sessions with the mediator that communication was the primary problem they needed to focus on. The mother quoted below describes how by addressing communication problems, other issues were improved – such as school absenteeism.

“My daughter doesn’t communicate at all she doesn’t speak so, [name of mediator] noticed that the main issue was communication and that was really, really helpful. So we left the school thing and focused more on communication. But I think at the end it helped in her absence from school because I started to talk to her about why I am concerned about this, it’s not because I am overprotective or controlling, also communication is something that helped. And she started to open more, to trust more and [name of mediator] noticed that she was sharing more details and information in sessions.” – Mother No. 3

7.4.2 De-escalation strategies

Related to the point above on improvements to communication, parents and young people both described having acquired de-escalation strategies. For example, for parents to acknowledge the frustrations of young people when managing conversation about boundaries or rules.

“The mediation has helped me communicate effectively and be aware of how to communicate. It’s helped me connect better with my daughter, we did some things around empathetic connection and being aware that like I can be empathetic at the same time, to say I understand how you feel but you can’t have this, or I understand how you feel but....so it’s kind of understanding how to have that empathetic connection but be able to say ‘No, you’re not able to have such and such but I can understand how you feel’ and it brings stuff down from a 10 to a 1 so it de-escalates the situation, so just managing situations to kind of manage the situation better ... I think my daughter is getting the chance to express herself, having that one-to-one support, getting stuff off her chest, it’s beneficial in that way and the same with myself so yeah.” – Mother No. 5

Another mother described how the mediator had advised that de-escalation can come from a parent and also aligned messaging between two parents can also assist.

“...the two of us [both parents] sticking to the same hymn sheet together and choosing the right time to say certain things and all those advice and tips that you think you are going to do, but if you think of any kind of smart teenager how they can be speaking to you and you might feel like saying ‘rah rah rah’ but try and remember you’re the adult, to keep the cool and to de-escalate. All those tips – they sound common sense but when you’re in the heat of the moment to just keep acknowledging what the person is saying and incorporate lots of strategies....” – Mother No. 1

Another parent shared a tip learned from the mediator to carry out a good gesture for your family member when tensions are running high, and for this mother, this provided an effective way to bring down tension.

“Some tips she gave were more helpful. I can’t think of the exact terminology that was used but if you’re having a bad vibe with somebody and then, out of nowhere, to surprise them with something that they would like, out of nowhere. Those kind of things. [That had a positive impact?] Yeah definitely. You might think the mood here is just dreadful, how are we going to lift it, but just like gestures...” – Mother No. 1

The young people interviewed described some of the strategies they had learned, like avoiding accusations or refrain from shouting (even when being shouted at), with one of the young people describing that the “air was cleared” after each mediation session.

“Just being nice to each other. When we are yelling, trying not to yell back. I was like always thinking, it’s only her, it’s only her, I’m not bad at all. But I was also a part of the problem. [So it was ways to not escalate the problem?] Yes!” – Young person No. 1

“I feel like I’m able to communicate with my Mum by using some of the techniques I was taught. But while they’re not as strong anymore, they still are there. Like, de-escalation or not saying, ‘You made me feel this way’, saying more ‘I felt this way because you said this’. Like, not putting the blame directly on them. [How did that impact the atmosphere at home?] Yeah. Uh, after every service there would be a bit of an air of, oh god we didn’t wanna go but it was good for us and it worked, so in the end we did want to go.” – Young person No. 2

7.4.3 Gateway to other services and interventions

Even though all families had experienced multiple services before mediation, and many were embedded in a service system for many years, for some families the mediation service also provided a gateway to other services – particularly family therapy which was considered by some of the interviewed stakeholders as a more intensive version of youth family mediation. This form of therapy would be useful for cases of complex trauma within the family. In some cases, the emotional work that is involved in youth family mediation demystified the idea of more intensive family therapy. The mother quoted below talked about this transition to family therapy “as a last resort” and how the family carried their learnings from family mediation as they moved into more intensive family therapy sessions.

“[Interviewer: So correct me if I’m wrong here, but you seem to describe it as though it mediation helped but it didn’t solve your issues?] It didn’t fix. [So in that context, how did you feel when it ended?] Actually I think we said, we don’t think it’s working for us because she was coming in here – one step forward, two steps back, few things did help and did bring us a little closer and I think at the end she suggested family therapy which was a last resort.... So when we started family therapy, we already had those tips, those points [the mediator] gave us to work with, so we were already on track so that helped but like I said, with mediation if it would have been a little earlier, it would have been a different ball game. But she came in, we were in a bad shape. There was massive damage.” – Mother No. 2

Again, the quote above reiterates the need for earlier intervention for this family.

7.4.4 Improved schooling

Families described some improvements in school participation as a result of the mediation process. For example, one mother described how her son, who was at high risk of expulsion, has remained in school awaiting final Leaving Certificate exams at the end of the year. He attends school through reduced hours and alternates this with part-time work. In this case, the mediator had negotiated with the school principal to try to keep the young person in school until such time as he could sit his Leaving Certificate exam, albeit on reduced hours.

“School wise, he’s in the last year of school – I am actually surprised he went as far as his last year in school. Because even last year we were discussing him dropping out. He does not attend. But when [name of mediator] was involved and all that, it’s not that he was not attending just, each time he goes to school, he creates drama, abuse, teachers, there was constant complaints from teachers and he was suspended a few times. He hates his principal. It was a lot going on. So now? All that calmed down. He just doesn’t attend. He comes to school whenever he pleases, or whenever he feels like, ok this teacher is ok with me so I’ll come in and sit for a few hours, but his attendance is not there. I don’t think anything will change it at this stage. At this stage, we just hope the school will leave him alone and let him sit his final exam because even at the end of the year.... But I think he realises now because [name of mediator] explained to him that you don’t need to be a professor or A student but you do need your Leaving Cert.” – Mother No. 2

In the case of another mother, the mediator sourced alternative online schooling so that the young person could complete their post-primary education.

“So, the initial thing that I reached out for was that I got support then and there at that time as in I got support from the social worker that I had requested that she speak to the school about the LCA [Leaving Certificate Applied] as I thought that would make things easier for the older kid and she did that. And then when it came to my younger boy, he was finding secondary school very difficult as well, that the help and support with [mediator] was that she supported me in an alternative in school. Her support there, actually supported his education because I got *l-scoil* like when you do schooling online and with her support, I got that.” – Mother No. 1.

And finally, one daughter’s attendance continues to be “poor” after mediation. However, non-attendance in school is no longer a source of conflict between her and her mother, rather, within the family they are working on “underlying issues” in order “to solve other issues.”

“After we finished the sessions, until now she’s starting to go back to school because she’s in Leaving Certificate cycle, but I didn’t see like a direct connection between the sessions and her attendance and school because her attendance continued to be poor after the sessions. I decided on my side to leave her and work on the underlying issues and hopefully when we solve other issues, things will be better and I think this is working. It’s a very slow process but it’s working.” – Mother No. 3

7.4.5 Preventing family breakdown; preventing homelessness

Finally, it is essential to consider the possible impact mediation has on the residential stability of families in conflict, particularly given that this is a fundamental objective of the service. The families believed that mediation prevented conflict from worsening and in the case of one family, it potentially prevented a young person from leaving the home prematurely.

“We said to him if you’re not happy here – pack and go. That’s where we were out. And I think that was one of his fears as well and he would end up living on the streets. It would have not happened but – there was a risk. We were like, we have had enough. [Interviewer: Is that risk there anymore?] No.” – Mother No. 2

“Yes, it’s [mediation] helped in a million ways. Before I couldn’t wait to get out of the house. And now, I could pay rent here. [You could stay living here after school?] Yes.” – Young person No. 1

This family below reported that their son had moved in with a grandparent for a period while the mediation was ongoing. The mediator worked with this grandparent which had assisted in the conflict resolution. The young person returned to the family home.

“She [the mediator] would have been asking us at the start, who in the family can you talk to and look to for support and we had said my father-in-law so she always knew his name but not for months and months did she get to speak to him herself.” – Mother No. 1

In the case of one other family, a mother reported that one of her four children entered into care at the age of 14, after the mediation case was closed. Of note, this child was not part of the mediation process but rather two of his older siblings were. The mother believes that if they had worked with the mediator again, that the child “probably” would not have gone into care.

“There could have been an extension [to mediation service] I am sure but at that stage, I think we went as far as we could have gone. But again, as they got older, that was when my son was just 11. But we could have done with her [mediator] again when he was 14. He probably wouldn’t have needed to go into care at all.” – Mother No. 4

For the remainder of the families, all young people remained in the family home at time of interview.

7.5 Recommendations from families

During the interview, both parents and young people were invited to offer their opinions on “If you had a magic wand, what you would change about the service?”. Some participants did not offer any suggestions, either because they could not think of anything on the spot or because they were satisfied with the service.

“I have nothing negative to say, only positive.” – Mother No. 1

However, there were some recommendations which they believe would make the service more effective, which will now be outlined.

7.5.1 Earlier intervention

Similar to the stakeholders who were interviewed, families also believed that earlier intervention with the mediator would have been better: the conflict experienced in some family homes had already escalated to aggression, emotional storms or outbursts and in some cases child-to-parent violence. This view was among families who became involved with mediation when young people were in their mid-teens.

Recommendations from families:

- › Earlier intervention
- › Enhance willingness of all family members to engage
- › More awareness of service
- › More funding for service
- › More homely space for office visits.

“I would have been an awful lot more receptive if I got the mediation before things got that big.” – Mother No. 4

Similarly, some families felt that mediation is best suited for “mild” conflict as opposed to extreme conflict involving aggression and violence.

“It’s very helpful, it really helped a lot. I would advise this service if it’s not a serious issue because if it’s not a serious issue, like sometimes I would talk about serious issues in other families to make me feel better. But I think it’s good for mild issues. When it’s serious I don’t think it would be helpful. Teenagers with an advanced level of violence wouldn’t take this.” – Mother No. 3

Another mother believes that having worked with a mediator first would have been more beneficial than social work intervention or mental health services followed by mediation, for example.

“If I had Focus Ireland first in my house, it would have been more beneficial than having other services. If I had Focus Ireland they could have mediated with the services and what we might need as a family.” – Mother No. 4

According to some parents, the problems started around 8 or 9 years old “when kids start finding their voice” and therefore mediation would be appropriate for this age and entering puberty.

“And I think – one thing I did want to say – when I say 8 to 14 it’s because in my experience, kids start finding their voice at 8 and they hit puberty straight after at 14 and you’re into it. So at 8 kids need to be heard and we need to give kids enough credit to listen to them. So I think from 8, kids should be listened to.” – Mother No. 4

Both young people agreed that they would have benefited from the support of a mediator earlier.

“Yes. It would have been helpful earlier. It’s not their fault though. It’s just – we probably should have gotten it earlier which they couldn’t have known that. We didn’t know that. Looking back, yeah.” – Young person No. 2

7.5.2 Family members have to be willing to engage

Many of the families identified the need for all participating family members to be open and willing to engage with the service and that this needs to be worked on from the outset. Of note, for some families, one sibling participated and others not. The quotes below are drawn from a mother and daughter who both discussed the non-engagement of a sibling, and for whom the mediation process was not effective. This can inform future mediation dynamics, whereby it may not work for the initial intended young person, but perhaps relevant for a sibling, which can then have an indirect but positive impact on the original young person. Further, the parent can apply similar strategies with all young people and in wider family life.

“It’s been good for my eldest but not my youngest.... Both were open to the process, but my youngest was only open as long as she got her own way. If she didn’t get her own way, she would question it.” – Mother No. 6

“But yeah, I wish he [sibling] would have participated more or just gave it a go. Because when we went in there, he was close minded and I was open minded so I wanted to try and my brother did not. My mother also didn’t wanna try it but she was also kind of open to it. So.... I think if people are open to it, it would work a lot better than people who are closed to it, because you dig yourself into the ground and you stick in your own place and mediation won’t really help ... it didn’t work as well as it could have but that’s also because we didn’t go as often and not everybody there was participating as they should have. [But you were?] Yes.” – Young person No. 2

7.5.3 More awareness of the service

A few parents believed that there should be more awareness of the service. In particular, they referenced the stigma of social work intervention to the families and the perceived threat of young people not being well looked after and this service offered an alternative pathway. However, as already referenced in Chapter Six, Focus Ireland was acknowledged by some parents as being synonymous with homeless populations which for them held an inherent stigma.

“I would have it [the service] more promoted and let others know that they can avail of this. If somebody saw the name Focus Ireland, they’re thinking that’s for homeless people and if someone see Tusla they think of something bad is going on there. But if it’s promoted in a family well-being way. So, a magic wand? That it is advertised in local areas as a way to help.” – Mother No. 1

All interviewed mothers expressed that they would recommend Focus Ireland Youth Family Mediation to others facing similar challenges, highlighting the need for greater awareness of the service.

“It’s fantastic and I would highly recommend it to any friend because you hear of so many people these days having issues that should be more, we should be more aware of these kind of things and people think oh you got that through Tusla and you think ‘Oh God there must be something terrible going on if you’re contacted by Tusla first’ but I don’t think school attendance is a terrible thing but people have this thing that they’re coming to take your kids away. There’s just not enough known about things like this and if it was, people would take it up and recommend it to others.” – Mother No. 4

When asking the two young people how they would describe the service to a friend, their answers captured their endorsement.

**“Do you want me actually to pretend like I’m talking to a friend?
[Interviewer: Yeah!] Dude you gotta f*cking try this, this actually work, f*ck
[name of state service], f*ck all that shit, this works [mediation service], this
actually makes life better, this is not a f*cking waste of time! [Did you think
this was a waste of time at first?] Yes. But I quickly realised it wasn’t a waste
of time.” – Young person No. 1**

**“Yes. And I would tell my friend to ask to go a bit more often.” –
Young person No. 2**

7.5.4 Funding for service (and for activities)

Two families recommended expansion of youth family mediation service.

**“I wish that there were a 100 [name of mediator] to be able to go around to
houses in crisis and help. Like, I am not joking, that woman had a profound effect
on my life, she really did, and there’s very few people...there’s very few people
that I have had during my life who have made an impression, and all the social
workers. But out of all the professionals I ever met – she [mediator] was the most
professional in the sense that she didn’t come into our house like a professional,
and I think that’s the best way someone like her should.” – Mother no. 4**

This same mother also recognised the cost-savings element of a service like mediation.

**“I hope that that sector gets funding because it’s vital and they spend less in
the long run if they sorted it out early.” – Mother No. 4**

7.5.5 More homely space (for office visits)

One young person recommended that for sessions in the office it would be better to have a
“more homely” space which, in her view, would be more conducive to productive sessions.

**“I think the service itself was good, probably yet again, my autism –
something I would have liked is the room to be more homely because the
room was a bit like an interrogation room and probably just because of
budget but eh, but it would just be a table and four chairs surround a table.
Hand sanitiser, bin, tissues and that was it. So it was very ...when I went to
[name of mental health support charity] a good few years ago, I loved it there
because in the waiting room they had squishy couches, a pretty painting, all
– things that make you feel more homely. Because in my experience, the more
homely or the more things there are there that make it feel lived in, compared
to an interrogation room, like a police station interrogation room. Not that I’m
saying it was like a police interrogation, no. Just saying the decor, there was
just not much – just the necessities.” – Young person No. 2**

And finally one family would have liked to mix home sessions with, for example, meeting in a coffee shop “to break up the whole setting”, or that “if there was funding available, once a year to do a trip.” (Parent No. 5)

7.6 Conclusion

Families viewed the service as effective, impartial, and non-judgmental, providing a space where both parents and young people felt genuinely heard in a meaningful and supportive way. Their mediator was described as warm, informal, and respectful of everyone’s perspective. Families also reported gaining valuable tips and strategies that continued to benefit them long after the mediation process had ended.

Most families emphasized the need for earlier intervention, believing it could have prevented conflicts from escalating within the home. However, two parents felt that while the service was strongly youth-centred, it did not place enough emphasis on deterring risky behaviours such as drug and alcohol use or staying out late.

The service had a profound impact on families, particularly in improving communication, de-escalating serious conflicts, and, for some, serving as a gateway to more intensive support services such as family therapy. Outcomes related to schooling – one of the primary reasons young people were referred to mediation – were mixed. While some continued to struggle with full engagement in the school system, cases of expulsion and early dropout were successfully prevented. In terms of preventing youth homelessness, the results are nuanced, as it is unclear whether the young people involved were definitively at risk of homelessness. That said, all but one of the children of the parents interviewed remained in the family home. Additionally, one young person likely avoided homelessness due to the mediation process, while another returned home after a period of living with a relative.

It would be an oversimplification to state definitively that the service is directly preventing youth homelessness among these six families. However, it is reasonable to conclude that the intervention has significantly reduced the risk of family breakdown, thereby decreasing the likelihood of young people leaving home prematurely. Incorporating a formal screening process, as seen in the Geelong Project and Upstream Cymru, could provide clearer evidence of homelessness prevention. By identifying high-risk families through a structured assessment, it would be possible to more confidently determine whether the service directly prevented homelessness.

Chapter Eight – Mediation and cost savings analysis

8.1 Introduction

Youth Family Mediation services are regarded as being far more cost-effective than alternative residential or care services (Dore, 2011; Winland *et al.*, 2011). Investing in early intervention helps strengthen and reinforce family bonds, enhancing the likelihood that young people will choose to remain in the family home. This not only prevents entry into care, residential care, or homelessness – experiences that can be deeply traumatic for both young people and their families – but also reduces the significant financial cost for the exchequer.

There is an increasing recognition among government departments and state agencies that public money should be spent efficiently, effectively and based on evidence. For example, the *2012 Public Spending Code* published by the Department of Public Expenditure and Reform (DPER) provides guidance to approving authorities (i.e. bodies funding projects/programmes such as government departments) on appraising new large-scale expenditure programs. This framework reinforces a broader commitment to making informed and strategic investment decisions around the spending of public money.¹³ These discussions have also entered the debate on costs of foster and residential care – for example with publications such as Tusla’s (2020) *Spending Review on Tusla Residential Care Costs* – which highlights a broader recognition of the high and rising costs of certain interventions such as residential care and the need for further analysis of cost-effective solutions that “would help contain residential care costs”, including preventative measures (Branigan and Madden, 2020: 85).

Mulreany (2004) defines a cost benefit analysis (CBA) as an attempt “to evaluate on a common monetary scale the costs and benefits of all the marketed and unmarketed consequences of projects and to estimate the net social benefits” (Mulreany, 2004: 1). In the private sector, the focus is primarily on financial costs and benefit – with the overarching aim to maximise profits. A cost benefit analysis within the public sector or

¹³ There were other DPER publications and circulars which highlight the public sector commitment to establishing standard rules and procedures including expenditure planning, appraisal, and evaluation of the Irish public service (DPER Circular 13/13, 2013; DPER Circular 24/2019, 2019).

social services must also consider social costs and benefits to society and its citizens. Carrying out a full cost-benefit analysis is beyond the scope of this evaluation and, in any case, the administrative data or published public spend are not comprehensive enough to arrive at any certain conclusions. This chapter provides therefore an *indicative commentary* of the total value of the project (both direct and indirect) against the benefits (both monetary and non-monetary). It does this by triangulating available service level data, primary research and available figures on costs of alternative service pathways, such as residential care.

8.2 Available figures: mediation versus residential care

According to Focus Ireland Finance Department (reported October 2024), the total cost for a youth family mediator per annum is approximately **€81,000**. This figure includes the following:

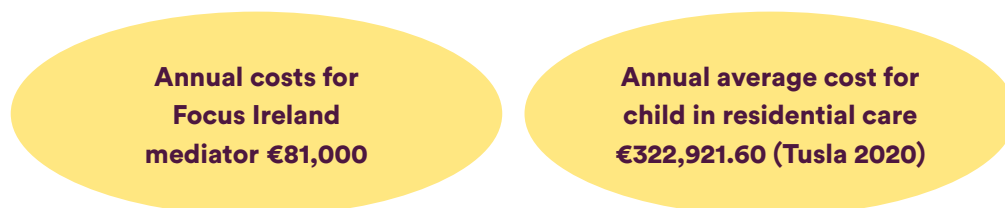
- › salary for mediator;
- › travel expenses (these are typically high as the service is home-based and mediators cover large areas);
- › shared services costs (i.e. organisational costs);
- › training (formal mediation training);
- › supervision (each mediator receives clinical supervision external to Focus Ireland);
- › administration costs;
- › premises costs.

When comparing costs of accommodating a child in the care system, there is limited, up-to-date published data on the costs of care per child in Ireland. The exception to this is the aforementioned *Tusla Spending Review* conducted by Branigan and Madden (2020) which details the costs for residential care in Ireland. According to these figures, the weekly cost per child / per week in Tusla-owned residential care is €7,511 (Branigan and Madden, 2020: 52). The report distinguishes the weekly averages of €6,469 to accommodate a child in private residential care and €4,599 in voluntary-run care services (*ibid.*, 2020). Based on these costs, the average across these three residential care categories amounts to **€6,193 per week per child** – or a yearly cost of **€322,921.60 per child** (using time value of 52.143 weeks per year) (*ibid.*, 2020).

The average annual cost of residential care is €322,921.60 per child (Branigan and Madden, 2020).

There were 5,759 children or young people in care (0–17 years) in August 2024 according to Tusla figures (Tusla, 2024a). This includes 87.5 percent (5,040 children) in foster care – either general or relative foster care, 8.7 percent (500 children) in residential care and 3.8 percent (219 children) in other placements. At the time of writing, there were no available figures on costs for a child in foster care or relative foster care placements.

While there are no available figures on residential care which are up-to-date (Branigan and Madden’s analysis refers to 2019 data), costs have likely increased in the last four years given overall inflation as well as rising referral rates into child protection services¹⁴ and therefore increased reliance on private residential care services (Tusla, 2021; Tusla 2024). For example, in Tusla’s *Alternative Care Strategy*, the “increased costs in service provision” are highlighted as a key challenge for provision of residential care, albeit between 2015 and 2021 (Tusla, 2021).¹⁵ Therefore, it can be assumed that the 2019 figure of an annual average cost of €322,921.60 per child is conservative.



8.3 A cost saving service

Drawing on the service level data presented in Chapter Five, the following conclusions can be made:

- › a Focus Ireland mediator manages an average of 13.8 cases per year;¹⁶
- › 79 percent of all young people started the service between the age of 15 and 17 years;
- › the average age of young person engaging in the service was 15 years;
- › 79 percent of all young people who engaged with the service were supported for 12 months or less.

The outcomes data collected in the service level data, or measures of success, are too tentative and lack specificity to make a conclusive estimate on how many young people were averted from the care or homeless system. Furthermore, there is no data on education completion rates which may also yield a cost benefit insight. But the qualitative data with both families and key staff personnel involved in the service do highlight some of the overarching benefits of the service which includes preventing family breakdown and young people remaining in the home, improved schooling and improved family dynamics. Stakeholders, including Tusla, repeatedly emphasised the cost-saving nature of the service.

“Overall, I think it’s very good value for money, it’s about 60K or 70K per year, so it’s excellent value for money in terms of the outputs we are getting from it. And we know mediation can work very well.” – Tusla

¹⁴ In January 2024, there were 7,592 referrals to child protection services, which was 17 percent (1,098) more than December 2023 (Tusla, 2024a).

¹⁵ The cost of delivering private residential care services rose by 21 percent (increase of 15.36m) between 2015 and 2021, while over the same time period, Tusla special care services and residential care services increased by 17 percent (increase of 2.17m) and 25 percent (increase of 10.23m) respectively (p.31, Tusla: 2021).

¹⁶ Based on averages during the years when there was a single mediator working in the service.

8.4 Quantifying costs and benefits

Considering these different aspects of costs and benefits of the service, it is possible to conduct a very crude and indicative “ex-ante” calculation of the Focus Ireland mediator cost versus the case load.

The scope of the service is currently in the Dublin region but with surrounding counties covered. The target group or referral channel varies according to the funding origins of the service: Focus Ireland referrals in the early iterations of the service were more likely to be through crisis teams or Out of Hours service. These young people are more likely to be at risk of care, particularly residential care if they are older in age, and perhaps homelessness upon turning 18. Whereas the Tusla-funded mediator is more likely to receive referrals through schools due to absenteeism concerns or other community social work channels who may or may not be at risk of care or homelessness.

The Focus Ireland youth family mediator work with an average of 13.8 cases per year for an overall cost of €81,000, therefore each case costs approximately €5,869.56 and is likely to be completed within a 12-month timeframe. Therefore a mediator with a caseload of young people who were *not currently in care*, if the mediator were to avert just one of those cases from residential care specifically, they would save the state €317,052 per year, based on current estimates. This does not include, however, the costs of other services if a young person does not enter care, for example in the form of youth work, community services, mental health supports. However, in the absence of relevant cost data, this remains a fairly rudimentary analysis.

Each Focus Ireland *mediation case costs approximately €5,869.56 and is likely to be completed within a 12-month timeframe.*

While it is possible to guesstimate some of the possible financial and non-financial benefits of an intervention in the short-term, the impact may include future benefits for the young person as they enter adulthood.

The financial savings for state and social services could include:

- › reduced use of social services;
- › improved performance in school and education and therefore in the future, enhanced education and employment prospects;
- › greater residential stability in the long-term;
- › less dependency on intensive or costly support services.

The non-financial (social) benefits include:

- › reduced family conflicts;
- › positive youth development;
- › better mental health and well-being for young people and all family members.

8.5 Prevention as cost-effective intervention

Mulreany (2004) highlights the need to identify alternatives to an intervention in a cost-benefit analysis, including ‘doing nothing’ or ‘minimal intervention’, but “the inclusion of the ‘do-nothing’ option requires care in drawing inferences”, because often ‘doing something’ is better than nothing (Mulreany, 2004: 3). This is particularly complex for the Youth Family Mediation service. For example, if a young person did not utilise the service, it is not known whether they would enter care / homelessness. However, judging by the findings of this evaluation, it’s highly likely that their family conflict would be worse than had the intervention not been provided. It is plausible that some of the young people would have fared worse in school and for some would have dropped out of school without the intervention. It is also plausible their mental health and well-being would have been worse without the intervention. All of these factors could potentially impact residential instability in the future, including into adulthood. However, these questions are hypothetical and there are so many factors which also play a part over time, not least the young person’s own resilience.

In the cost spending review of residential care published by Tusla (Branigan and Madden, 2020: 85), preventative interventions such as the Prevention, Partnership and Family Support Programmes (PPFS), Family Resource Centres, Creative Community Alternatives (CCA) and other community-based interventions “could help deepen understanding of how these interventions can help contain residential care costs.” Their review also specifically references the need to integrate young people into the community and building a family’s social support network, with initiatives such as the CCA serving as a cost-reducing mechanism for the State, as well as improving outcomes for young people.

Only 5 per cent of homelessness expenditure is spent on homelessness prevention and tenancy sustainment and resettlement supports (O’Sullivan et al., 2025).

Separately, in an analysis of homelessness expenditure under Section-10 of the Housing Act 1988, O’Sullivan et al., (2025) found that homelessness prevention and tenancy sustainment resettlement supports have decreased as a percentage of overall expenditure, from 10 percent to 5 percent. This reduction is closely related to the increase in the number of households in emergency accommodation, many of whom are residing in private emergency accommodation which is particularly costly for the state (O’Sullivan et al., 2023; *ibid.*, 2025). This apparent underspend on prevention services directly contradicts with the prevention commitments stated in the *2023–2025 Youth Homelessness Strategy* and also in *Housing for All: A New Housing Plan for Ireland* (Government of Ireland 2021) – the latter of which also includes a focus on prevention and housing-led solutions to all forms of homelessness.

As already discussed in the findings, both the stakeholders and the families interviewed for this study confirmed that the Youth Family Mediation service is most effective before a crisis deepens within the family home.

“If it had been offered to us earlier, we wouldn’t have gotten into that bad of a space.” – Mother No. 2

“When the problems are not that great and where the conflict is not that high. The younger the child is, the more likelihood that it [mediation] will be successful.” – Social Worker No. 2, Tusla

This strongly suggests that greater attention to early intervention is needed to reduce the crisis-based interventions. Furthermore, this goal aligns to both Tusla’s stated strategic direction as well as the government’s own *Youth Homelessness Strategy* policy actions.

8.6 Conclusion

“In a time of tight budgets, it is also prudent to consider the financial savings of mediation. Prevention of homelessness has been consistently demonstrated to save local authorities money, although estimates range widely.” (Dore, 2011: 17)

In considering the costs of the Focus Ireland Youth Family Mediation service of 81K per mediator, with an annual average caseload of 13.8 with a majority of these cases being completed within a year, the service can be considered a highly cost-effective service given the exceptionally high annual costs of residential care. Considering the age group served by the mediation service, these young people may be more likely to require residential care and, in some cases, enter homelessness as they transition into adulthood.

There are a multitude of other benefits to the service that have no immediate monetary equivalent such as improved family dynamics and communication and improved schooling. The service could be considered less cost-effective if it is working with young people already in care or homeless living situations. In other words, if Youth Family Mediation is offered within the prevention and community-based service system, it is more likely to both be effective in terms of best supporting the families, avoiding homelessness or entry into care, and therefore more cost-effective as case throughput can increase and expensive care placements can be avoided.

Chapter Nine – Conclusion

This evaluation aimed to determine whether the Focus Ireland Youth Family Mediation service effectively meets the needs of young people and their families, achieves its objectives by positively impacting those it supports, operates efficiently and cost-effectively, and contributes value to the broader service landscape. These questions were explored through qualitative interviews with stakeholders, parents, and young people, supplemented by an analysis of available service-level data.

Although recruitment proved more challenging than expected and the service data was inconsistent, the insights shared by participants were rich, detailed, and deeply reflective. Their thoughtful perspectives provided multiple, cross-cutting insights into the service, as outlined throughout this report.

This evaluation finds the Focus Ireland Youth Family Mediation service to be an innovative and unique service offering, distinct from other available services. Its tailored mediation approach effectively enhances communication within families while reducing the intensity and frequency of conflicts. Additionally, many families gained access to services they were previously unaware of or hesitant to engage with. Inter-agency collaboration – particularly between Focus Ireland and Tusla – was highlighted as a key strength, contributing to the service’s overall effectiveness and impact.

Stakeholders reported that mediation had a positive impact on preventing young people from experiencing homelessness. Among the families interviewed, one young person previously considered at high risk of homelessness was now willingly remaining in the family home. While some young people noted improvements in school attendance and engagement following mediation, these changes were not always significant. However, it is important to note that enhanced school engagement is not a primary objective of the service but rather a byproduct of the mediator’s work. Families highlighted several unique aspects of the service, including home visits, a non-judgmental and flexible approach, and the ability to listen to all perspectives. Additionally, mediators provided tailored strategies to repair relationships and foster greater harmony within the home.

This evaluation provides a detailed account of how the service has evolved over time. As it has developed, two distinct pathways into the service have emerged:

- 1 Early Intervention** – Typically involving younger participants (ages 11–14), these cases present lower levels of family conflict, with communication still largely intact. Mediation tends to be shorter in duration, as it occurs before conflicts escalate into a full-blown crisis.
- 2 Crisis Intervention** – Generally involving older young people (ages 15–17), these cases often involve higher levels of conflict, complex trauma, and instances where the young person has already spent time out of the home. Families in this pathway have often been engaged with services and mental health supports for a longer period. These cases require more extensive and lengthier mediation, often including pre-engagement work to build trust, establish rapport, and develop foundational communication skills.

These two pathways are intricately linked to referral channels – schools and social work prevention initiatives typically direct families into the early intervention stream, while emergency interventions and crisis services contribute to the crisis-based pathway.

Insights from stakeholder interviews, family experiences, and international research consistently highlight early intervention as the most effective stage for mediation. By addressing issues before they escalate, early intervention plays a crucial role in preventing young people from reaching a crisis point or experiences of homelessness.

“I don’t think it should be a crisis point where mediation belongs – the earlier it comes in, the less damage that’s done to the relationship and ultimately we need to repair the relationships for the family system to work.” – Social Worker No. 1, Tusla

This strongly indicates that there is a need for greater clarity in redefining the service’s objectives, identifying clearer target groups, and establishing well-justified referral routes. Providing this clarity would help define the referral system, which in turn would regulate the service’s throughput rate, potentially streamlining its operations for greater efficiency while standardising data collection efforts. Additionally, this would ensure that gatekeepers and mediators have a clear understanding of their core goals and priorities in their work.

If the service shifts to focus exclusively on early intervention, it becomes equally important to ensure that young people most at risk of homelessness are effectively targeted. International examples, such as the mediation models in Geelong (MacKenzie, 2018) and Upstream Cymru (Mackie, 2022), offer valuable insights into implementing targeted screening processes in settings like schools to achieve early intervention. These initiatives also emphasise the critical role of educational attainment and school completion in preventing homelessness both in the short and long term.

Should the service expand or scale up towards a potential ‘Upstream Ireland’ model, data – including administrative data analysis, data collection, screening, statistical modelling, and data sharing – should be utilised to identify individuals or groups at heightened risk. This would also allow for the monitoring of both the effectiveness and impact of mediation as an intervention (Fitzpatrick et al., 2021; Mackie, 2023). Ultimately, this would enable targeted prevention efforts for families who are currently out of sight of services and at a pre-crisis stage.

The *2023–2025 Youth Homelessness Strategy*, Tusla’s *Corporate Plan 2024–2026*, and *Tusla Strategic Plan for Aftercare* all provide a strong foundation for the Focus Ireland Youth Family Mediation service, particularly as both prevention and inter-agency collaboration are prioritised. However, these policies alone are not enough. Alongside these strategic intentions, a significant financial investment is essential. Research has already shown that spending on prevention in homelessness services is insufficient when compared to the substantial funds allocated to emergency-based homelessness services (O’Sullivan et al., 2023; O’Sullivan et al., 2025). While a comprehensive cost-benefit analysis (CBA) was not possible for this report, available data suggest that keeping a young person in their family home and engaged in school is far more cost-effective than placing them in residential care. Additionally, ensuring young people remain in the family home beyond the age of 18 reduces the likelihood of them entering the adult homelessness service system. Above all, early intervention helps to prevent the mental distress, compound trauma, and deteriorating mental health outcomes that often result from unresolved family conflict and youth homelessness.

Recommendations

This evaluation found that the Focus Ireland Youth Family Mediation service is an innovative, proactive, and holistic approach underpinned by a strong rationale. The service aligns well with emerging policy and strategic priorities that emphasise prevention within the youth and homelessness sectors. While it is making a significant impact on the small number of families it reaches, the report highlights the need for greater focus on clearly defining the target group and the rationale behind this choice.

For further expansion or scaling of these efforts, it is recommended that service partners reappraise the service's core objectives, refine the target group, and establish innovative methods to engage with this group. A robust data management plan should also be put in place to define success metrics from the outset. Inter-agency coordination across homelessness services, social work, schools, and health and mental health services is already a strength of the service, and this foundation can be further strengthened by incorporating Kania and Kramer's (2011) 'collective impact' approach, as seen in the Geelong Project. Above all, substantial additional funding and resources are essential to scale up mediation efforts and make a meaningful impact on the growing number of young people entering emergency services each month.

There are a number of specific recommendations flowing from the findings of this report – these span policy and funding allocation, service design and delivery, and data/measurement practices outlined below. These are divided into short-term, medium-term, and long-term recommendations and relevant stakeholders are identified.

Short-term recommendations

No.	Recommendation	Relevant stakeholders
1	It is recommended that Focus Ireland (and Tusla) reassess its service priorities , or theory of change, for the Youth Family Mediation service. Kania and Kramer's (2011) 'collective impact' model could be particularly useful in this process. This could be accomplished through staff workshops aimed at clarifying a shared agenda or vision for change , with a specific focus on defining the target group and the rationale behind it. Such a process would help determine whether the service should focus on early intervention, crisis intervention, or a combination of both . This clarification would guide the service's overarching objectives, identify the primary referral channels, and provide direction on the operational priorities for the mediators.	<ul style="list-style-type: none"> ➤ Focus Ireland ➤ Tusla
2	Flowing from the above action, it is recommended that data collection practices in the Youth Family Mediation service be overhauled, expanded and standardised to ensure accurate and efficient monitoring and tracking of outcomes. This clarity is particularly important now that multiple mediators are involved and a high volume of cases is being managed.	<ul style="list-style-type: none"> ➤ Focus Ireland
3	It is recommended that a dedicated post-mediation feedback session be conducted when a case is closing. This can be administered by the mediator through a semi-structured interview, designed to capture both the aspects of the mediation that worked well and those that were more challenging or unhelpful. The feedback session could also include the recording of softer outcomes, such as changes in family dynamics, relationship quality, personal confidence, behaviours and reactions, and future hopes. Both parents and young people's perspectives should be included. For families who disengaged from the mediation process, a follow-up phone call would provide an opportunity to gather feedback from them as well. These voices are equally important, as they can contribute to valuable service improvements.	<ul style="list-style-type: none"> ➤ Focus Ireland
4	It is recommended that families receive clear and accessible information about the objectives and nature of mediation at the point of referral. This would help demystify the service for families and may improve engagement, especially if there is a waiting period between referral and the first session with the mediator. It would also help address any perceived stigma associated with the service being part of a homelessness organisation.	<ul style="list-style-type: none"> ➤ Focus Ireland

Medium-term recommendations

No. Recommendation	Relevant stakeholders
<p>1 It is recommended that Focus Ireland invest in upskilling a pool of staff with relevant mediation qualifications. This approach could create a pipeline of qualified mediators within the organisation, helping to fill any gaps in the service when vacancies arise. Additionally, it would equip other front-line staff to integrate mediation practices into their work, thereby creating a culture of mediation practices across other services within the organisation. Increasing the number of mediators could also foster peer-to-peer learning and support, and facilitate co-mediation models of practice. Moreover, hiring mediators from diverse cultural backgrounds, reflecting the service's user base, could strengthen trust and rapport with service users from outside of Ireland.</p>	<p>➤ Focus Ireland</p>
<p>2 Focus Ireland mediators work alone in high conflict settings and often navigate turbulent family dynamics. Throughout this process, they maintain composure, empathy and neutrality, while also absorbing significant emotional intensity, which can lead to compassion fatigue or burnout. While it is clear that mediators already receive strong support by senior management in Focus Ireland, it is recommended that they be provided with additional tools and training for stress management and self-care strategies.</p>	<p>➤ Focus Ireland</p>
<p>3 To strengthen international partnerships and connections with dedicated youth family mediation services globally, Focus Ireland could formally engage in existing research and practice networks, attend relevant conferences, and host events and workshops focused on innovations in mediation to prevent youth homelessness. This would promote the exchange of evolving initiatives and foster learning among professionals working in this field within an Irish context. Additionally, it offers an opportunity to explore the potential development of 'Upstream Ireland' by integrating mediation into school systems and encouraging greater collaboration between the research community and data holders.</p>	<p>➤ Focus Ireland</p>
<p>4 Although most mediation sessions take place in the home, which was highly valued by the majority of families involved in this evaluation, it is recommended that any office-based mediation be held in an informal, welcoming environment with comfortable seating and soft furnishings. The space should be designed to feel less formal and "intimidating," helping young people, in particular, feel more at ease during the process.</p>	<p>➤ Focus Ireland</p>

Long-term recommendations

No.	Recommendation	Relevant stakeholders
1	To prevent youth homelessness on the scale needed, it is recommended that the government significantly increase investment and resources allocated to youth family mediation initiatives, such as Focus Ireland Youth Family Mediation, in alignment with the prevention priorities outlined in the <i>2023–2025 Youth Homelessness Strategy</i> . Given the high costs associated with homelessness services, this investment would ultimately result in substantial savings for the exchequer.	<ul style="list-style-type: none"> Department of Housing, Local Government and Heritage
2	It is recommended that a larger portion of budgetary resources within the child protection system be allocated to targeted family mediation supports, such as Focus Ireland Youth Family Mediation, in line with Tusla’s strategic priorities, including the Prevention, Partnership, and Family Support (PPFS) service system and Tusla’s <i>Corporate Plan 2024–2026</i> . Given the significant costs associated with young people in care, particularly in residential care, this investment would not only lead to substantial cost savings but also help prevent young people from entering expensive emergency accommodation as they age out of care and face the risk of homelessness.	<ul style="list-style-type: none"> Tusla – The Child and Family Agency

No. Recommendation	Relevant stakeholders
<p>3 If the youth family mediation service is to be scaled up, it is recommended that a version of ‘Upstream Ireland’ be developed. This could expand and deepen cross-sectoral collaboration to better meet the needs of at risk young people and their families. Screening initiatives could facilitate early intervention for young people identified as being at the highest risk of homelessness, helping to directly address the ongoing rise in youth homelessness.</p>	<ul style="list-style-type: none"> ➤ Focus Ireland and other youth work services ➤ Tusla – The Child and Family Agency (including Meitheal as a coordination mechanism) ➤ Participating schools ➤ Department of Housing, Local Government and Heritage and Department of Education ➤ Researchers to support screening initiatives (drawing on existing data and gathering new data) ➤ Child and Adolescent Mental Health Services (CAMHS)
<p>4 It is recommended that government and state agencies invest in data initiatives to enhance and integrate large datasets to inform homelessness prevention and early intervention programmes, such as official homelessness data (Department of Housing and Dublin Region Homeless Executive), small area population statistics, the Pobal HP Deprivation Index (Central Statistics Office), education data (Department of Education), and other relevant information. This could help target specific schools or areas, as demonstrated in the Upstream Cymru model, for example.</p>	<ul style="list-style-type: none"> ➤ Department of Housing, Local Government and Heritage and Department of Education ➤ Central Statistics Office (CSO) ➤ Dublin Region Homeless Executive ➤ Relevant research community

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Appendix A – Research instrument (stakeholders)

Youth Family Mediation service – interview schedule (stakeholders)

Thank you for agreeing to participate in the Focus Ireland Youth Family Mediation Evaluation as a key stakeholder. We are particularly interested in learning more about your views on: 1) the origins of the service; 2) the way in which the service may have evolved over time; 3) how effective you consider the service to be; and 4) reflections on the strengths and limitations of the service that could be applied in the future. We would also welcome you to share any reflections or key learnings that you consider to be important.

This interview will be semi-structured and take approximately 45 mins. Not all of the topics below will apply to you, and each interview will be tailored to each participant, depending on role and experience of the service.

Interview topic (longlist)

Introduction

- 1 Your contact with, or experience in, the Focus Ireland Youth Mediation service.

Relevance of the YFM service

- 2 Target group for YFM – who does the service target (initially and over time), different cohorts, presenting needs, any gaps/challenges?
- 3 Referrals – any learnings and challenges, waiting list, etc.
- 4 Assessing needs of participants – initially and over time.
- 5 How YFM service compares to other service offerings (e.g. community services, social work services, social care, other mediation services).
- 6 YFM service and how it ‘fits’ with other available services.

Effectiveness of YFM service

- 7 Partnership approach with Tusla – both from an operational and service design perspective, initially and over time.
- 8 Design of service – key considerations, early discussions, best practice, changes over time, practical considerations, length of intervention, etc.
- 9 Reflections on service processes, systems and operations of service.
- 10 Throughput of YFM service – reflections on pathways through and out of the service.
- 11 Data collection – initial assessment, baseline and follow up data.
- 12 Data collection management – including gaps or challenges.

Efficiency of YFM service

- 13 Activities of service – whether logical, sensible, based on participants' needs, alignment to best practice, etc.
- 14 Recruitment, training and requisite skills of mediators – opportunities and challenges.
- 15 Distinct roles of each partner – Focus Ireland and Tusla, and other actors etc.
- 16 Inputs – administration management training ongoing evaluation etc.
- 17 Budget, costs, resources – including staffing and unit costs, cost comparisons, to other programme, and whether there's a need to enhance efficiencies in terms of financial, personnel and other costs.
- 18 Comparisons to other mediation services, including international examples and best practice.

Impact of YFM

- 19 Impact on participants – school engagement, conflict resolution, family and personal relationships, health, mental health and well-being, interaction with peers, intimate/ romantic relationships, residential stability, etc.
- 20 Measuring success of the service – challenges and opportunities.
- 21 Strategies to incorporating views and experience of young people and their family members.
- 22 YFM service and addressing wider problem of youth homelessness.

Sustainability of YFM

- 23 Your views on the future of the service.
- 24 Sustainability of service – financial, practical, staff resources, etc.
- 25 Added value of YFM in context of existing service landscape.
- 26 Sustainability and partnership approach.
- 27 Considerations of macroeconomic factors such as housing crisis, cost-of-living crisis, post-pandemic world, etc.
- 28 Data collection going forward.
- 29 Other iterations or innovations of YFM.
- 30 Geographical spread.

Appendix B – Research instrument (parents/guardians)

Youth Family Mediation evaluation – interview schedule (parents/guardians)

Hello! Thanks for joining the Focus Ireland Youth Family Mediation Study. We're delighted to have you on board! This study is all about understanding your experiences so we can make our services even better for families. This interview is less so about your specific family conflict, but **more so focused on the service you received.**

There are no right or wrong answers here, just your own personal experiences and feedback, and in your own words. And if we missed something important, please let us know! If there's something you don't want to answer, that's no problem too!

Everything you share is strictly between us. **None of what you share will be disclosed to your children, with the mediator, with Focus Ireland or with social services.** The only time we may need to break confidentiality is if you or someone you know is at risk of harm. "Harm" here means any situation where you or someone else could get hurt physically, emotionally or mentally. Your safety and the safety of your family comes first!

If at any point during the interview, you feel uncomfortable or need emotional support, don't hesitate to let us know. We're here for you! There are counselling resources and helplines available, and we can help connect you with them if needed. Your well-being is our priority.

Remember, it's your interview, and you're in control. If you need a break, just say the word, and we can pause the interview. Remember you don't have to answer any questions you're not comfortable with. This is a safe space!

If you agree, we can record this interview to make sure we don't miss anything you share. But if you'd rather not, that's no problem. We want you to feel comfortable during the whole process. The interview will be around 30 minutes.

Also, if you forget something that you'd like to tell me after the interview, you can send me a WhatsApp audio note, we can set up a video call or just send me a text! Whatever works best for you.

Are you happy to go ahead with this interview?

OK! Let's get started....



Here's a 'timeline' which we are using across all interviews to capture the type of things going on in your family at the point you started engaging with the mediator, how you found the mediator during your sessions, and how you were feeling at the end of the process and whether there were any changes in your family life after.



Specific questions for parents/guardians

Point No. 1 – start of mediation process

Let's talk about your situation when you first came into contact with the Focus Ireland mediator....

- › How did you find out about the mediation service?
- › Who referred you to the service?
- › Were you waiting long for the mediator to contact you?
- › Do you think you could have benefited from the mediation service at an earlier point?
 - › Can you explain your answer further?
- › What were you expecting from the mediation service?
- › When you first started engaging with the mediator....
 - › What was your first impression?
 - › How was communication like with family members?
 - › How would you describe the atmosphere like at home?
 - › Was there trust and understanding between family members at that time?
 - › The general relationships within your family unit (siblings, stepparents, etc.)
 - › Were you feeling happy at home?
- › How were things at:
 - › ☐ School for your children
 - › ☐ Your children's friendship groups
 - › ☐ Your family housing situation

Process of mediation

Can we get more details on your specific experiences of your meetings with the mediator.

- › How often did you meet the mediator?
- › Was it with your children or separately? Or both?
 - › ☐ With children
 - › ☐ Separately
 - › ☐ Both
- › In general, how did you find the sessions?
 - › Can you explain your answer further?
- › Did you notice **any changes** in family life after meeting regularly with the mediator?
 - › Can you explain your answer further?

Point No. 2 – end of mediation process

Now, let's explore how you felt when you finished with the mediation process.

- › Did the service you received meet your original expectations of mediation?
- › When you first started engaging with the mediator....
 - › How was communication like with family members?
 - › How would you describe the atmosphere like at home?
 - › Was there trust and understanding between family members at that time?
 - › The general relationships within your family unit (siblings, stepparents, etc.)
 - › Were you feeling happy at home?
- › How were things at:
 - › School for your children
 - › Your children's friendship groups
 - › Your family housing situation
- › How would you describe the service to a friend?

And finally

- › Looking ahead to the future now, how would you describe how you feel about the relationships with your family?
- › Is there anything else you feel like you'd like to share? Perhaps something I didn't ask you about you but you think is important for me to know?

• • • • •

Follow up questions (questions below for immediately after interview)

- › Are you feeling OK after our interview?
- › Would you like to talk to the mediator about anything at all?

Researcher contact details

Sarah Sheridan
[Tel Number]
[Email]

Appendix C – Research instrument (young people)

Youth Family Mediation evaluation – interview schedule (young people)

October 2023 (final draft)

Hey there! Thanks for joining the Focus Ireland Youth Family Mediation Study. We're super excited to have you on board! This study is all about understanding your experiences so we can make our services even better for young people like you. You are one of eight families I am going to be talking to. There are other young people in similar situations who are taking part, so you are not alone!

There are no right or wrong answers here, just your thoughts and feelings, in your own words. And hey, if we missed something important, please let us know! We're all ears! No pressure at all, we just want you to feel comfortable throughout!

We've got your back! Everything you share is strictly between us. None of it will be shared with your family or the mediator. The only time we may need to break confidentiality is if you or someone you know is at risk of harm. "Harm" here means any situation where you or someone else could get hurt physically, emotionally or mentally. Your safety comes first!

If at any point during the interview, you feel uncomfortable or need emotional support, don't hesitate to let us know. We're here for you! There are counselling resources and helplines available, and we can help connect you with them if needed. Your well-being is our priority.

Remember, it's your interview, and you're in control. If you feel overwhelmed or need a break, just say the word, and we'll take a timeout. Remember you don't have to answer any questions you're not comfortable with. This is your safe space!

To make it more fun and interactive, we'll also use checkboxes to express your emotions visually! Just tick the boxes that match your feelings! And if you agree, we can record this interview to make sure we don't miss anything you share. But if you'd rather not, that's totally cool too. We want you to feel comfortable during the whole process. The interview will be a breeze around 30 minutes tops!

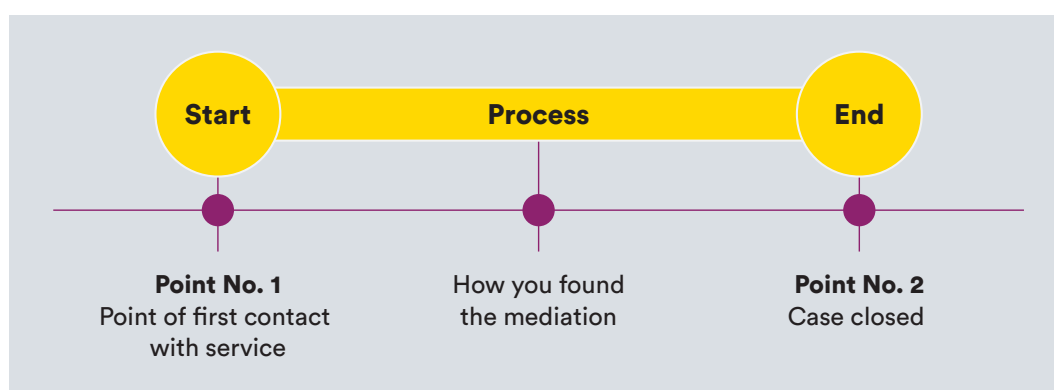
Also, if you forget something that you'd like to tell me after the interview, you can send me a WhatsApp audio note, we can set up a video call or just send me a text! Whatever works best for you. My number is [Tel No.] and my email is [email].

Are you happy to go ahead with this interview?

OK! Let's get started....



Here's a 'timeline' which we are using across all interviews to capture the type of things going on in your family at the point you started engaging with the mediator, how you found the mediator during your sessions, and how you were feeling at the end of the process and whether there were any changes in your family life after.



Using this timeline, let's think about how you were feeling at Point No. 1 and No. 2. And also, we can explore how you felt and what it was like when you would meet with the mediator during this time.

Specific questions for young person

Point No. 1 – start of mediation process

Let's talk about your situation when you first came into contact with the Focus Ireland mediator....

- › How were things at home?
- › What was communication like with family members?
- › What was the atmosphere like at home?
- › Was there trust and understanding between family members at that time?
- › Were you feeling happy at home?
- › What was your first impression of the mediator and the service?
- › How were things at:
 - › ☐ School
 - › ☐ With your friendships
 - › ☐ Where were you living

Process

Now let's get interactive and get more details on your experience of meeting the mediator.

- › How often did you meet the mediator?
- › Was it with your family or separately? Or both? Let's check the boxes!
 - › ☐ Family
 - › ☐ Separately
 - › ☐ Both
- › How did you find the sessions?
 - › Can you explain your answer further?
- › Did you notice any changes in family life after meeting regularly with the mediator?
Can you explain what you mean further?

Point No. 2 – end of mediation process

Now, let's explore how you felt when you finished with the mediation process.

After working with [insert name of mediator].....

- › How were things at home?
- › What was communication like with family members?
- › What was the atmosphere like at home?
- › Was there trust and understanding between family members at that time?
- › Were you feeling happy at home?
- › What was your first impression of the mediator and the service?
- › How were things at:
 - › ☐ School
 - › ☐ With your friendships
 - › ☐ Where you were living

And finally

- › Looking ahead to the future now, how would you describe how you feel about the relationships with your family?
- › Is there anything else you feel like you'd like to share? Perhaps something I didn't ask you about you but you think is important for me to know?

• • • • •

Follow up protocol for interview (questions below for immediately after interview)

- › Are you feeling OK after our interview?
- › Would you like to talk to the mediator about anything at all?
- › Would you like me to talk to your parent about anything at all?
- › Would you like a list of support services that are available to children and young people?

Researcher contact details

Sarah Sheridan
[Tel Number]
[Email]



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