

Coiste Gairmoideachais Chontae Dhún na nGall
Co Donegal Vocational Education Committee

Adult Education Services

YOUTHREACH & STTC Programmes

Developing a Strategy for Crisis Intervention in YOUTHREACH

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EU Programme
for Peace and Reconciliation

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Executive Summary

Background to Project

The after-care/crisis management support project was funded by the ADM/CPA Programme for Peace and Reconciliation and was piloted by Youthreach, County Donegal in response to a perceived need to develop a strategy to support trainees in crisis situations. Workers were appointed in two centres, Buncrana/Glengad and Lifford. In the Lifford centre, the project ran for a year with a fulltime worker supporting trainees. In Buncrana/Glengad, the project was extended to eighteen months with the worker providing direct crisis intervention support to trainees while simultaneously engaged in an action research study identifying type, level and extent of crises experienced by trainees, their support needs and models of best practice.

Resource Staff Team

This pilot project was a ground breaking venture, raising awareness and addressing tensions within both centres. Support provision and crisis intervention already feature as central roles for Youthreach resource staff in addition to instructing trainees to FETAC competency and qualifications. This research initiative highlights this work, the components of which include active listening, emotional support, mentoring, referring on to appropriate agencies and much day-to-day practical support. The research indicates how trainees appreciate the time, compassion and enthusiastic optimism staff provide. However, staff acknowledge there are significant limits to their ad hoc crisis intervention strategies, including timetable constraints, managing groups of young people amongst whom acute individual needs surface, problems with continuity, a reported sense of inadequate skills and resources for effective crisis intervention and consequent high levels of stress for staff. As the project evolved responding to staff and trainee need assessment, resource staff came to regard the crisis intervention worker as an additional core team member, available to provide a comprehensive support service to individual trainee crises.

Support Needs of Trainees

Youthreach attracts a core group of trainees experiencing high levels of crisis requiring intensive individual, on-going support. This group of trainees have poor coping skills and are often disinclined to seek effective support. Developing individual relationships with trainees was found to be a valuable way to gain trust and facilitate access to support in times of crises. Individual and group sessions, practical help and support, home visits, worker availability outside work hours through telephone contact were interventions used to initiate and maintain relationships.

At the outset, trainees would access support in obtuse ways using a variety of requests in order to check out this new resource, sampling and testing it for themselves. Some trainees now use the crisis support service in highly effective ways. Strong differences between the young men and women emerged in readiness to avail of support, while the girls were much less reticent in connecting with the service. This trend has slowly altered recently and young men are beginning to approach the worker for specific on-going support.

Relationships with External Agencies

One aspect of the crisis intervention worker role, particularly developed within the Lifford project, was the establishment of clear points of contact with statutory and voluntary support agencies.

Operational alliances with partner agencies are vital to ground an integrated, systemic support service to young people in crisis. The support worker was experienced as an ally or advocate to access systems and processes within which young people feel under-confident, unseen and unheard. The research explored other models of good practice and it would be useful to follow some of these up for networking and information sharing opportunities.

The 'Out of Hours' Dimension

It is interesting to note that the project was originally envisioned to provide crisis support to trainees after hours when other staff were not available. However, it has emerged that trainees mostly use this resource during centre hours. The commitment to be available after hours has given the project a versatility to provide comprehensive support service continuity as trainee needs arise. Work with trainees off-site has also provided a key element to the post enabling home visits and the opportunity to establish relationships with young people and their families.

Endings and Beginnings

Although this initiative is nearing the end of its eighteen month contract in Buncrana/Glengad and is complete at the Lifford centre, it still feels like a work in progress. The resource staff and the crisis intervention worker are continually co-creating effective working practices. A strong basis in a proactive, swift response, team-based, needs-led approach, has evolved over the life of this action research initiative. This is supporting trainees to mature somewhat, to be able to leave the programme with an enhanced sense of self-esteem and more effective coping and relationship building skills, in addition to a range of essential, vocational FETAC qualifications.

Conclusion

There is no doubt that the best possible support for a young person in crisis is to have someone to turn to that they can trust. If Youthreach can provide trainees with the confidence that they will receive support in a non-judgemental empathetic way, in depth and until such time that they are able to cope we will have succeeded in bringing about a fundamental change to the service. If this confidence can be created amongst the body of trainees, especially the confidence that it is good to trust someone in a support capacity with your problem(s) because you know you will receive immediate and continuous support, then a new positive life experience which is different to many Youthreach trainees' experience to date will have been created.

The model required to provide the service, firstly to support trainees and secondly to support staff, is one which is based on the role of a crisis intervention worker as a person rather than a role or function provided by various people. It seems clear from the research/action research that the types and extent of the support required must be embodied in the role of one person. It must be a role and a person that is readily identifiable. What distinguishes this role from the other roles within Youthreach is the capacity to intervene quickly and to follow through until the problems are resolved. It is also distinguished by the capacity to focus on the issues presented by individuals and the over arching capacity to liaise with staff and external supports as required. It is a role which focuses on the human, emotional, social, behavioural, domestic, financial and familial issues in the lives of trainees which can impinge on their capacity to learn.

The capacity to provide such a person in this role for Youthreach trainees who are variously described as disadvantaged, marginalised, at risk, priority groups, early school leavers, is a measure of the programme's ability to respond in a meaningful way.

By not doing so is there a suggestion that the programme is currently failing its young clients? Absolutely not! This research has shown that trainees do feel supported by staff and that staff are using a wide variety of support mechanisms. It also has shown, however, that Youthreach staff who are involved in tutoring often feel at a loss when it comes to dealing with personal problems presented by trainees. Staff members feel that their training and experience is inadequate especially when a serious issue arises. Even though it may be seen that Youthreach by its nature or ethos is more than just an education/training programme many people working in it see their role primarily as educators. However, the increasing burden of non-learning related issues as outlined in this document is proving to be a barrier to staff effectiveness in their day to day work with trainees. This burden is also a constant source of stress for staff in that there appears to be a consequent conflict around issues such as; how much time should be given to dealing with these human issues? Should an individual instructor/tutor be dealing with these issues at all? How can an instructor/tutor push a trainee to complete a project or portfolio when they know that this young person is in the midst of a personal crisis?

Staff members also know that they are limited by time in their capacity to respond to the needs of a trainee who is in a crisis situation. Many of the issues facing trainees (Appendix 3) cannot be resolved within a working day. Staff members are aware that a trainee may be leaving the centre on any given day to face difficult situations. The action research has also shown that when a serious crisis arises for one or two trainees a great deal of time is often required to support these individuals which may stretch over days or even weeks.

At a programmatic level there are very proactive initiatives for crisis prevention either through frontline counselling or personal development training or issue based training. (Sexuality & Relationship programme – ‘Don’t Find out by Accident!’ or drug and alcohol abuse programmes, anger management etc.) However, the research has shown that because of the concentration of individuals in Youthreach who have a history of problems in their lives, it is inevitable that critical situations will continue to arise on a regular basis.

Many of these issues affecting the lives of trainees could not be dealt with in schools or by other feeder organisations. Schools in particular do not have the resources to intervene effectively leading to drop out or disaffection. If Youthreach cannot intervene effectively and decisively the potential for alienation of the individual, in spite of the best efforts of programme personnel, remains as a consequence.

Recommendations (A Framework for Service Delivery)

1. *A crisis intervention strategy should be formalised for the programme as a whole.*

A strategy for providing meaningful support and interventions for young people in crisis which is resourced and enables continuity and follow through should be devised by Youthreach personnel. Such a strategy would help staff by clarifying their role in dealing with the myriad of human/non-formal issues and problems they are facing on a day to day basis. It would help trainees by providing a way for them to work through their problems, knowing who to turn to and without feeling judged or threatened.

2. *The crisis intervention strategy should be centred around a crisis intervention worker available to all trainees.*

The effectiveness of the crisis intervention strategy can only be assured by vesting the responsibility for it in an ex-quota worker who has the time to build the trust necessary for positive engagement, especially with disaffected trainees, and who will ensure continuity in crisis resolution strategies. The crisis intervention worker cannot work in isolation from the rest of the Youthreach staff nor can any strategy be effective that is not fully integrated within centre policy.

Flexibility in approach in order to intervene with a trainee, sometimes beyond scheduled hours, without the burden of a rigid teaching schedule is a core tenet of an effective strategy. The crisis intervention worker who has built relationships with trainees and has engendered the trust for disclosure to take place in the first place can ensure that centre strategy is invoked in each case. Interventions can be clearly communicated to the staff team and staff members involved according to their capacities to help ensure a resolution of the crisis for the individual trainee.

3. *Crisis intervention strategies should inform and shape crisis prevention measures and policies.*

An overarching strategy for intervening with a trainee must be in place in order to provide for consistency of approach. The strategy will dictate methodologies and outline the policies for crisis intervention and must fully comply with welfare legislation.

4. *Youthreach staff should have the opportunity to define their role more clearly in relation to crisis intervention.*

Clearly if a crisis intervention worker is made available to Youthreach centres the need arises to re-define the role of the staff team. In drafting these recommendations the authors/advisory committee is well aware that there will be considerable resource implications especially in relation to recommendation number 2 above. Nevertheless, the research has shown that there is considerable and unresolved debate among the staff body surrounding their role in dealing with crisis situations and disclosures. Meaningful opportunities must be given to staff to try to reconcile their primary role as educators/trainers with their role in the crisis intervention strategy.

5. *The strategy for crisis intervention within Youthreach must be communicated and agreed with external support agencies.*

It is not only essential but also desirable that the strategy is based upon sound working relationships with other support agencies. This approach should also be a core principle of the strategy. The expertise, and in some instances, the statutory role of organisations such as the Health Service Executive will form the basis of moving forward with many crisis interventions. Clear points of contact and effective referral at local level should be established and maintained with all statutory and voluntary support agencies. Such operational alliances with partner agencies will best support an integrated, systematic support service to young people in crisis situations and ideally enhance inter-agency co-operation and targeted support service provision at the earliest point in an emerging crisis situation.

6. *Strategies for supporting trainees should be developed using positive methodologies.*

To address the young people we work with through Youthreach as potential crises in the making risks a number of unintentional but inevitable consequences. In striving to identify pending crises and developing intervention strategies, we risk encouraging the manufacture of crises in order to attain special attention and access to additional resources. A further difficulty this emphasis on crisis intervention raises is the alienation of already fully committed staff to address an area of practice they may feel disinclined to develop, due to lack of skill, already hard pressed timetables or resentment derived from a sense that crisis management work was always a core part of Youthreach instructor's role but is only now attracting special status. Any development must address these potential situations with openness and clarity. Methodologies such as appreciative enquiry could be explored as a way of developing a crisis intervention strategy or other collaborative, system wide approaches building the overall organisational capacity of Youthreach.

7. *Practical measures to address homelessness or unsuitable accommodation for young adults should be investigated.*

Whilst a trainee might have a roof over their head which excludes them from qualifying for help and support, they may be living in a situation which accentuates their vulnerability and which they find difficult to manage and maintain. Rented accommodation is widely available – this is not the problem. Many young people who live away from home in rented accommodation are essentially homeless. They are not at the stage where they can manage alone for themselves. They have had to move away from home prematurely, maybe due to lack of parental care, supervision, stability, boundaries etc. Unless there is an intervention, situations can escalate out of control e.g. hygiene, being imposed on by friends to stay, parties, unhealthy eating etc.

So what is required? A housing system based on schemes such as the Foyer System (see Appendix 8) which is aimed primarily at younger, homeless clients. Ideally it would be located in three or four local communities throughout the county. Referrals could be made by Youthreach or other organisations that work with vulnerable young people. In practical terms these 'home from homes' could be run on a day-to-day basis through the use of rent allowance schemes. The initial outlay would have to be sourced as would funding for personnel costs.

8. *Networking, training and on-going supervision must be at the heart of good practice for all staff that support trainees.*

Ongoing training and effective supervision should be made available for crisis intervention workers as well as for resource staff who feel they would benefit in techniques such as the Therapeutic Crisis Intervention programme, for example. Visits to other relevant organisations to explore and develop good practice and networks as well as investigating innovative resources for trainees and staff would establish the post as a dynamic and proactive resource to the staff team and to trainees. An example of this could be to employ critical incident stress debriefing for centres in the case of a critical incident such as a suicide.

9. *Effective training packages must be continually sourced and developed and used regularly as on-going feature of a crisis intervention strategy.*

Effective training packages like the crisis pregnancy pack (Don't Find Out By Accident!) and others mentioned in this research could be developed or sourced for trainees and delivered on a regular basis (which could involve relevant outside agencies). Areas like Social, Personal and Health Education (SPHE) programmes, e.g. positive thinking, health promotion, anger management and self-awareness could be covered. This is already being done in many centres but the research indicates a need for innovative resources, links with outside agencies and regular delivery.

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Glossary of Abbreviations

ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactive Disorder
ADM	Area Development Management
AEO	Adult Education Organiser
ANOVA	Analysis of Variance Procedures
CISD	Critical Incident Stress Debriefing
CPA	Combat Poverty Agency
NEPS	National Educational Psychological Service
NIACRO	Northern Ireland Association for the Care and Resettlement of Offenders
NWHB	North Western Health Board (now the Health Service Executive)
ODPM	Office of the Deputy Prime Minister, UK
SPSS	Statistical Package for the Social Sciences
SRC	Self-Reported Coping
STDs	Sexually Transmitted Diseases
STTC	Senior Traveller Training Centre
SVP	St Vincent de Paul
TCI	Therapeutic Crisis Intervention
VEC	Vocational Education Committee
VOYPIC	Voice of Young People in Care
YMCA	Young Men's Catholic Association
YWCA	Young Women's Catholic Association

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1. Introduction

Youthreach is part of a national programme of second-chance education and training. It is specifically aimed at early school leavers who have left school without attaining formal qualifications. There are six Youthreach centres and one Senior Traveller Training Centre (STTC) in Co. Donegal located in Buncrana, Glengad, Gortahork, Lifford, Letterkenny (Youthreach and STTC), South Donegal (Ballyshannon) and these are managed by County Donegal Vocational Education Committee (VEC).

The aim of the Youthreach programme is ‘to provide trainees with the knowledge, skills and attitudes required to make the transition to work and adult life and to participate fully in their communities’.¹ Centres offer a range of core subjects and qualifications based on FETAC accredited courses. In addition to the subjects provided, trainees participate in other activities to develop self-confidence and the skills and competencies essential for further learning, employment and adult life.

Although Youthreach is primarily an education and training programme, trainees often need extra support. The resource staff (full-time staff) have to take on many roles including instructing trainees through project and folder work to attain accreditation and supporting trainees in a wide range of issues on both a formal and informal basis. They also have supervisory and disciplinary roles and are supported in this work through a counselling service (all centres) and advocacy service (three centres on a part-time basis) that assists trainees in their transition from Youthreach to further training and employment.

This pilot project, funded by the ADM/CPA Programme for Peace and Reconciliation was initiated to respond to a perceived need for developing a strategy to support trainees in crisis situations. This report will look at the background to the project, the context of crisis for the trainees within Youthreach and crises management models. This is followed by the research aims and objectives of the project, the methods and results of the research, a discussion of the results and recommendations.

¹ Co Donegal Vocational Education Committee. *Programmatic Procedures In Respect of YOUTHREACH & Senior Traveller Training Centre*. 2004, p.3

2. Project Background

2.1 Overview

This project came about through consultation with staff in six Youthreach Centres and one Senior Traveller Training Centre. Staff felt that there was a need for an out-of-hours support service for trainees where a support worker could intervene, providing back-up and help for trainees in crisis situations, as well as playing a role in continuing support and guidance aimed at crisis prevention or recurrence. Funding was secured from the EU Programme for Peace and Reconciliation to provide an after-care/crisis management support programme for marginalized young people in the Youthreach programme in Co. Donegal and has been piloted at two of the centres, i.e. Lifford and Buncrana/Glengad.

The aim of the project was to provide crisis intervention support to those young people who come up against a major personal crisis in their lives (e.g. homelessness, eviction, drugs/alcohol or other abuse, depression, suicide etc) either on a prolonged or occasional basis and who were potentially at risk of dropping out of the programme and ultimately out of the education system. Two support workers were placed in the two centres. The worker in Lifford carried out this support on a full-time basis for a year. The worker in Buncrana/Glengad provided support on a part-time basis with the rest of the time spent carrying out research. The post in Buncrana/Glengad was extended for six months to complete the research and disseminate the findings to relevant organisations and agencies.

The main aim of this project was to ensure the continued inclusion of marginalized young people within education and training through the provision of a dedicated crisis intervention / after-care support service.

The project aimed to empower these young people to become more proactive in their lives and subsequently in their own communities, in the long-term enhancing their employability thus allowing them to overcome the economic and social deprivation and poverty that they currently experience.

This project was agreed through consultation with staff in six Youthreach centres and one Senior Traveller Training Centre providing frontline services to these young people on a day-to-day basis. Staff were of the firm belief, based on their extensive experience that the underlying need for this project was that young people, particularly early school leavers cannot be expected to participate and stay in training with insufficient support to manage their own personal and domestic situations. This project targeted those young people at the margins of an already marginalized group – the most disadvantaged of early school leavers who, due to the complexity of their every day family lives and community context, suffer from major life crises in their lives on an occasional or prolonged basis.

2.2 The Aftercare/Crisis Management Support Programme

The Aftercare/Crisis Management Support Programme was a pilot project with no similar programmes operating locally or regionally. This meant the support workers had to break new ground and the project was needs led with trainees, staff, management committee and an advisory group guiding the process.

The project was originally envisioned as an after-hours/crisis support project, where trainees could phone if they found themselves in a crisis situation in the evenings or at weekends, or to continue

supporting trainees in crisis after hours when other staff were not available. Interestingly, there has been less uptake of this out-of-hours support in crisis situations as there seems to be a culture amongst the majority of trainees not to ask for help when in crisis (there have been some exceptions). Trainees typically seek support for practical needs like making an appointment, being an advocate for trainee (e.g. with the Co-ordinator), help with finding accommodation and so on. This request can be a gateway for the kind of support identified by Smith and Leon in their research on young people in crisis i.e. someone to talk to and listen, emotional support, practical help and support, advice and being respectful of their situation.² This in turn leads to the opportunity to develop a relationship between the support worker and the young person identified by Brown as crucial.³ Although there have not been many out-of-hours calls in crisis situations, there has been a lot of out-of-centre contact and support including phone calls and texts, home visits, sorting out financial and accommodation problems and accompanying trainees to hospital clinics, community welfare, social workers, court etc.

The key element of this post has been the development of the relationship with the trainee. Engaging proactively with trainees can build the relationship which may enable a trainee to accept or seek support. This has certainly been the experience of the support workers. Being able to build up and maintain a strong relationship where the trainee trusts, feels accepted/not judged, listened to/heard and that someone accepts them for who they are, have been essential elements in enabling the trainee to approach the workers for support of any kind. Building trust and friendship is an ongoing process, (particularly with 20-35 trainees) as is developing the role of such a support worker and a one year project is, by its nature, limited. The methods used were individual contact, home visits, phone calls and texts, paired and small group work, accompanying to appointments (if requested) and consultation.

Another key area for the crisis support worker post was the young people's health, social and personal development through group work. These included days out and visits to various service providers and organisations, formal and informal sessions on topics such as anger management, alcohol and drug use, health, stress management, positive thinking, goal setting, assertiveness, team building both on site and on residential learning events. Such content and process were all useful in developing trainee self-awareness, exposing them to new and stretching learning experiences. Developing relationships with others who were in contact with trainees including families, social workers, probation officers and other agencies and service providers, as the need arose, was felt to be helpful in providing the best overall support for trainees

The amount of contact the support workers have with trainees as well as types of intervention is explored in part of the methodology and results of this project.

² Smith, Karen and Leon Lucy. *Turned Upside Down: Developing Community-based Crisis Services for 16-25 year olds Experiencing a Mental Health Crisis*. The Mental Health Foundation, London 2001

³ Brown, Monica. *Helping Children Feel They Belong*. Trinity College Dublin, 2001. This research is discussed in Section 5 - Crisis Models and Good Practice, p.25

3. Research Terms Of Reference *(as submitted to ADM/CPA Programme for Peace & Reconciliation)*

3.1 Research Aims

1. To carry out research into the extent and level of crises within the overall Youthreach programme
2. To establish the level of supports needs
3. To identify best practice and potential models for dealing with same

3.2 Research Objectives

1. Formal documentation of all crises (type, level, extent) experienced by young people participating in the Youthreach programme in Co Donegal (six Youthreach centres and one Senior Traveller Training Centre)
2. Formal identification of the type and level of supports needed to overcome/deal with these crises
3. Identification of best practice in dealing with these type of crises
4. Identification of (a) potential model(s) for dealing with these type of crises in Co Donegal's Youthreach programme
5. Recommendations for implementing this model(s) based on evidence presented

3.3 Research Outcomes

1. A clear picture will be presented of the problems and crises faced by Youthreach participants and staff on a day-to-day basis
2. The level of support(s) needed to deal with these problems/crises will be identified
3. A model(s) will be identified for providing this support
4. Recommendations will be made on the implementation of this model(s)
5. Use of the findings for securing mainstream funding for this project

4. Defining Crisis

4.1 Overview

What is a crisis? A crisis can be defined as a crucial or decisive moment: a turning point: a time of difficulty or distress: an emergency.

In Chinese, the word crisis is made up of two ideograms, Wei, meaning danger and Ji meaning opportunity. This highlights crisis as a turning point, reflecting the idea that experiencing crisis can allow an individual to face issues in their lives and make positive changes.

In social work practice a crisis is described as an upset in a steady state. Crises are self-limiting; they have a beginning, middle and end. In the initial phase there is a rise in tension as a reaction to the impact of stress and habitual ways of resolving the problem are called on. If this first effort fails, tension may rise even more. In the final phase new techniques may be used, the problem may be redefined as something less threatening or alternatively the problem is avoided. The emphasis for the individual is returning to a state of steadiness (or homeostasis to use the biological model).

In the Therapeutic Crisis Intervention (TCI) Model⁴ two common types of crisis are described:

1. **Situational Crisis** – that is events, everyday ones as well as major ones, which can trigger crises in young people. These could include a family row, being taken out of a sports team or new experiences such as starting a programme or having to find work experience. These can be stressful to young people but can often be anticipated so that intervention can take place and crises can be prevented.
2. **Maturation Crisis** – these crises can occur as young people move from one developmental stage to another. Difficulties with relationships, expectations and compliance with rules can be stressful, but can also be opportunities for workers to help young people to learn and grow.

Another common type of crisis is;

3. **Post Traumatic Crisis** – At times of transition in the lives of young people, unfinished traumatic events from the past can surface and bring with them a sense of panic, fear, alienation and acting out behaviour. Given that many Youthreach trainees have come from complex and marginalised educational, family and community contexts it can be anticipated that surfacing post-traumatic issues will feature as precipitants to crisis while with Youthreach and in the aftermath of coming through the programme.

As described above, crises are part of the human experience. They occur throughout life and are not illnesses or necessarily unusual or tragic events but can form a part of our natural development and maturation. We experience different crises at different times of our lives. The transition period teenagers find themselves in between childhood and adulthood is marked by strong fluctuating

⁴ The Family Life Development Centre. *Therapeutic Crisis Intervention – A Crisis and Management System Student Workbook*. Cornell University, 2001. The TCI model is described in more detail in Section 5 - Crisis Intervention Models and Good Practice, pp.15-16

emotions. Patel and Waters⁵ describe the ‘crisis of the teens’ as a desperate search for self-identity where self-esteem can become a big issue. Some Youthreach trainees have more than ‘normal’ teenage identity and self-esteem issues to deal with because of a lack of support networks or incapacity to use support networks. With the nature of the clientele (early school leavers), trainees often have additional difficulties which may have caused them to leave school early, experiences such as bullying, drink and drug abuse from their early teens and/or unstable family backgrounds for example.

A crisis for one person is not necessarily a crisis for another. Who defines what a crisis is? Whose crisis is it? In the Youthreach context would it be the trainees themselves? A personal crisis for a trainee might be that their girlfriend/boyfriend has cheated on them. But staff may see this not as a crisis but simply part of growing up. How would staff identify crisis? For example, a teenager might be delighted to be pregnant but a staff member may regard a teen pregnancy as a crisis. What about society? A quick trawl on the internet on crisis and young people brings up articles on HIV and AIDS, homelessness, drugs and alcohol, teenage pregnancies and violence. But any or some of these conditions might simply be day to day living for an individual and there may be no awareness that this is a crisis at all. How crisis is identified and responded to within Youthreach is often dependant on the perspectives of staff. In the context of this research, crises will be explored recognising the validity of the trainees’ capacity to determine their own definitions of crisis and perspectives on negotiating effective intervention strategies with the staff, the trainee and the crisis support workers point of view.

4.2 When is a Crisis not a Crisis? The Youthreach Context

Although there are many predicaments in the life of any individual that could be described as a crisis, it will be useful at this stage to carry out a brief analysis of the types of situations and their degree of severity that may face trainees, bearing in mind that each proposed classification is overwhelmingly affected by each individual young person’s which in turn are determined by access to effective support systems and personal resilience. Other factors seem to have a bearing on the impact of any type of trauma or disruption. These include:

- a) the young person’s life experience to date
 - b) their own support network
 - c) their capacity to ask for help/seek advice
 - d) their capacity to confide in others/discuss problems
 - e) their involvement in alienated peer youth networks
 - f) their own personal circumstances
- (a) Many Youthreach trainees have come through childhood with chronic deficits in effective support and guidance. In many cases boundaries and limitations for behaviour have not been clearly set. Parental, educational and health & safety support have been minimal with regard to the emotional, social and intellectual life of the child. In stark terms this is exemplified by the simple fact that trainees are all young people who have been allowed to leave formal education before their needs were met and often self-identify and are labelled by others as failures. In too many cases also, Youthreach trainees become homeless at a very early age.

⁵ Patel, Dr Mansuth and Waters, Dr Helena. *Crisis and the Miracle of Love – Mastering Change and Adversity at Any Age*. Life Foundation Publications 1997

Trainees often present with a profound sense of rejection, alienation, low self esteem and behavioural problems.

Some trainees come from backgrounds of parental alcohol abuse, poverty, parental abandonment, intergenerational unemployment, domestic violence and emotional deprivation. A significant number of current trainees have come through a process of being uprooted from the communities where they spent their early years having been brought to live in the original home of one parent, often their mother. Many trainees come from complex socially disadvantaged home situations exacerbated by the impact of intergenerational unresolved trauma.

While it is all too easy to blame poor life experience on poor parenting it should be pointed out that many parents are responding to difficult situations themselves and may have come through similar experiences as children and adolescents. So in some cases there appears to be an intergenerational cyclical mechanism at work.

- (b)** The presence of a good support network is a critical factor in the capacity of trainees to deal with difficult situations. Where parents are understanding and are prepared to give their children time to help resolve issues as they come along it seems clear that crisis situations will tend to develop less, and frequently be better dealt with when there is consistent, supportive parental involvement. A positive network of extended family and friends also has a vital role to play in helping trainees cope well with difficult situations.

In a situation where there is little or no understanding from a parent or parents and where there has been very little contact with extended family it will prove very difficult for a trainee to resolve issues for themselves in a satisfactory way. Coupled with the impact of social exclusion, the lack of a good positive support network contributes to the number of crisis situations that trainees find themselves in and their inability to cope.

- (c)** If one's lesson in life is that there are few reliable support resources available and crisis is the norm for problem resolution, then the tendency to avoid help and treat its availability with contempt may be better understood. Support in this context may well be regarded as an alien relatively middle class concept and practice. Many young people are also carers, they may have quasi-parenting roles at home due to parental absence, illness or the pressing needs of several siblings. Where there has been a lack of understanding and emotional support in the past, the tendency may be to internalise issues leaving them unresolved with the inevitable consequence of disruptive acting out behaviour.
- d)** Clearly if you don't know how to ask for help and have no role modelling for effective problem resolution and you don't have the experience of an understanding ear then you may not be so confident in how to confide in others. What is the point in discussing issues with others if you *know* you won't get help, or you may risk humiliation and rejection? If you have not developed the capacity to trust in others to help or advise, particularly adults, you cannot suddenly begin to trust that you will get the help you need when a situation emerges that causes distress.
- (e)** This cycle often results in trainees turning to alienated peer networks of equally needy young people. If a young person is finding it difficult to cope, they sometimes turn to their peers who are no better equipped than themselves for dealing with difficult situations. In some

cases this destructive network may encourage a trainee to use alcohol or drugs as a means of coping or forgetting their problems. There is no doubt that such networks exist within the culture of Youthreach trainees and within the community contexts they live.

Another manifestation may be the use of violent acting out behaviour as a method for dealing with issues. A young person who is confronted by difficulties may try to use violence as a strategy. Reared in a context of emotional deficit, poverty, social exclusion, abandonment, lack of hope for the future, violence all too readily becomes a legitimate currency to communicate distress in the immediacy of hopelessness.

- (f) This is distinguished from their life experience referred to at (a) above in that it refers to the current circumstances that a trainee finds themselves in. In reality, one of the most difficult and pervading circumstances for female trainees is being a single mother. All the attendant issues of finance, care, accommodation, etc. can mean that trainees who are single parents can find themselves stumbling from one potential crisis to another. Paradoxically, lone parenthood for a teenage girl may be experienced as an escape route from the chaotic isolation of rejection, homelessness and substance abuse.

There are other circumstances like foster care, poor social skills, psychiatric problems, learning difficulties, poor self-image, homelessness etc. that have far reaching effects on the ability of individuals to cope.

4.3 The Building Blocks of Crisis

Many of the influences on the ability of trainees to cope with difficulties in their lives can be seen as the building blocks of crisis. Where relatively minor issues or difficulties are not resolved satisfactorily they remain as a source of tension. For example, a teenage trainee, living alone in a flat may miss one month's rent. Their method of dealing with this is simply to let it lapse and avoid the landlord. After six months the issue has become a crisis as they may be threatened with eviction. This is a fairly simple example of how unresolved issues can build into crisis situations. In order to relieve the tension a trainee may turn to alcohol or drugs. If they cannot seek help within an effective, caring and competent support network they may turn to equally needy peers to help relieve the tension or distress the original issue caused.

It would appear there is a process at work in which, through the effect of one or several of the factors described above, crises can build up over time or simply by the influence of such a range of unresolved issues in the life of a vulnerable young person.

This **Building Blocks of Crises Model** categorises the degree of impact or the level of distress resulting from an issue in a trainee's life (see below). In considering it in the light of the foregoing it seems clear that the impact or the degree of distress felt will vary widely from one young person to the next. Their capacity to cope and resolve issues in a satisfactory way will determine whether a practical issue for one trainee becomes a serious crisis for another.

- 1) Issues which Cause Tension: These are the initial building blocks of crises. They are resolvable but they cause tension in the moment. If they are not resolved they can escalate e.g. a fall out with a friend.

- 2) Minor Crises: These are on-going crises that are not solvable that day or week but the trainee has to live with e.g. on-going financial problems.
- 3) Critical Situations: These are events which can affect continuity and can be part of a destructive cycle e.g. being arrested for fighting.
- 4) Crises: These are events where a trainee is unable to cope. It may cause severe disruption to a routine and could have potential long term effects e.g. a crisis pregnancy.
- 5) Severe Crises: This causes complete disruption to life/family and well-being e.g. suicide of close friend.

This model is used later in the body of the report to categorise crises presented at Youthreach centres and the STTC.

5. Crisis Intervention Models and Good Practice

Throughout the duration of this project, research explored how other organisations respond to young people in crisis, different crisis intervention models, and good practice in working with young people at risk. Below are examples of some of the more interesting research, models and organisational practices that are relevant to this project.

5.1 The Mental Health Foundation

The Mental Health Foundation is the UK's leading charity working for the needs of people with mental health problems and those with learning disabilities. They fund research and develop community services as well as providing information to professionals and the general public. They aim to maximise expertise and resources by creating partnerships between themselves, services users, Government, health and social services.

The Mental Health Foundation has done research into specific kinds of services used by young people (16-25 years old) in crisis.⁶ The services that users found most beneficial included the following:

- someone to talk to and listen
- emotional support
- practical help and support
- someone who can understand their situation

The research concluded that whatever service is provided for young people in crisis, it must be able to

- listen to and support young people
- allow and encourage young people to talk and explain their situation
- provide help and advice
- be respectful of their situation

This indicates the kind of support Youthreach trainees might also need.

5.2 Children's Research Centre

The Children's Research Centre, Trinity College, Dublin undertook research looking at good practice in programmes and services for young people 'at risk' due to (for example) socio-economic, educational, familial and personal issues.⁷ This research highlighted a model emphasising the need to help children and young people feel they belong. It was found that the development of a relationship between support workers and young people was the critical element of their success. The model for the developing relationship is through the actions of Targeting, Engaging, Caring, Supporting and Strengthening. Targeting acknowledges need, engaging facilitates the relationship, caring provides attention and guidance, support can be practical, emotional and can enable coping

⁶ Smith, Karen and Leon Lucy. *Turned Upside Down: Developing Community-based Crisis Services for 16-25 year olds Experiencing a Mental Health Crisis*. The Mental Health Foundation, London 2001

⁷ Brown, Monica. Op. cit. Dublin, 2001

and growth and strengthening helps develop esteem through providing opportunities to develop, contribute etc.

This model emphasises that to ensure effective community based support to children and young people at risk, projects needed to make three fundamental commitments:

- A commitment to genuinely caring and supportive relationships that help young people feel they belong;
- A commitment to partnerships that involve projects working with families, schools and other services in the wider community, so as to maximise the benefit to children and young people at risk;
- A commitment to building clear, trusting and supportive relationships with these other players – so as to ensure a true partnership approach to working together.

This research may be a useful approach for supporting trainees in Youthreach.

5.3 Partnership

Developing partnerships and relationships with these players is seen to be a useful approach. Partnership (or having an interagency approach) has been highly valued by various organisations and cited as reasons for their success.

The Edge⁸ is a drop in centre set up in Ballynahinch, Northern Ireland as a response to the high suicide rate in the area. In *Turning the Tide*, a television programme featuring The Edge, the success of the project was attributed to the partnerships between the churches, the community and statutory sectors and their young clients.

Opportunity Youth⁹ is an award winning programme based in Belfast which has a multi-disciplinary team delivering a health, social and personal development and community relations programme to young people (16 -18 year olds). They offer group work through peer education, counselling and an information service on a referral or opportunistic basis as well as organising residential courses, field trips and activities. They work with disadvantaged young people, the majority of whom are habitual risk-takers in the areas of sexual activity, drug and substance abuse, petty crime, joy-riding and gambling. As identified by a needs assessment exercise, many of their clientele have a heightened sense of apathy and low self-esteem and self-confidence. They have found an interagency approach, with statutory, voluntary, and community sectors working together in partnership with their young clients has been highly effective in raising esteem and lowering risk taking behaviours.

5.4 Therapeutic Crisis Intervention (TCI)

Therapeutic Crisis Intervention (TCI) is a crisis prevention and intervention model for residential childcare facilities developed by Cornell University in the early 1980s. It trains organisations in its model to prevent crises from occurring, de-escalating potential crises, managing acute physical behaviour, reducing potential and actual injury to children and staff and teaching young people

⁸ www.edgeyc.co.uk

⁹ www.opportunity-youth.org

adaptive coping skills. This training also gives organisations a framework for implementing a crisis prevention and management system that reduces the need to rely on high risk interventions.

It claims to provide direct care staff and workers with the skills, knowledge and attitudes to help children and young people when they are at their most destructive as well as with an appreciation of the influence that adults have with children who are troubled and the sensitivity to respond to both the feelings and behaviour of an upset young person in crisis.

The rationale behind TCI is that the worker is the most important tool in helping young people change, grow and develop into well adjusted members of society. Their ability to relate to the young person in an open, sensitive, consistent and caring way is the single most important contribution.

Ginnott¹⁰ summarises this idea;

“I have come to a frightening conclusion. I am the decisive element in the juvenile [treatment] centers. It is my personal approach that creates the climate. It is my daily mood that makes the weather. As a teacher [counsellor], I possess tremendous power to make youth’s life miserable or joyous. I can humiliate, humor, hurt or heal. In all situations it is my response that decides whether a crisis will be escalated, and the youth humanised or dehumanised.”

This has implications for how important it can be for staff at Youthreach to ensure that they are able to maintain a mood of health, well-being and self-respect in order to be able to nurture the trainee’s potential most effectively.

The training programme for TCI is usually 5 days and covers a variety of information, activities, issues and interventions including:

- **Stress Model of Crisis**
- **Goals of Crisis Intervention** : a) To help the young person through the crisis safely and supportively
b) To teach the young person better, more constructive ways to deal with stress or painful feelings
- **The Importance of Self-Awareness**
- **Intervention Approaches** including Structuring, Listening, Teaching, Relating and Directing.
- **Behaviour Management Techniques**
- **Anger and the Crisis Cycle**
- **Protective Interventions**
- **Restraints**
- **Safety Issues**
- **Implementation of TCI**

There are training providers of TCI in Ireland such as Refraction Training and Consultancy.¹¹

¹⁰ Ginnott, Haim G. *Between Teacher and Child: A Book for Parents and Teachers*. Macmillan. New York, 1972

¹¹ www.refraction.ie

Agencies such as the Bryn Melyn Group¹² in the UK are advocates for TCI. They use a mentor approach (called Mentors), which provides an immediate, round the clock response in situations where a young person experiences a level of crisis in which he or she loses control over behavioural and emotional responses. They work with young people, who may be trapped in a fixed pattern of repeated crises often as a result of trauma and loss experienced in their early years.

For such young people crisis can escalate and with each eruption they can become plunged more deeply into despair, tethered within a spiral of destructiveness and helplessness. They are often beyond the reach of sympathy but Mentors has established an impressive record of achievement in helping the most profoundly affected young people in the 10-18 age group understand and acknowledge their situation and develop coping skills to break out of the negative cycle. The Bryn Melyn Group acknowledge that the cornerstone of their success is TCI saying that “it has proved itself time and again as a method of empowering young people to identify, realise and maximise the opportunities for change.”

5.5 Non-Violent Crisis Intervention

TCI is not the only training package for handling crisis. The Crisis Prevention Institute¹³ has been delivering the Non-Violent Crisis Intervention training programme for over 20 years in countries throughout the world including Ireland. It teaches behavioural management techniques to respond to challenging behaviour and potentially dangerous situations to clients such as frontline mental health advisors, bus drivers and facility administrators.

The programme is based on violence protection and intervention training. It teaches staff to respond effectively to warning signs that some-one is beginning to lose control and also addresses how staff can deal with their own stress, anxieties and emotions when they are confronted with these crises.

5.6 Critical Incident Stress Debriefing

Therapeutic Crisis Intervention and Non-Violent Crisis Intervention are programmes developed to help a staff member work with individuals who are in crisis and with critical situations. A different approach suitable for individuals or groups who have experienced a crisis is the Critical Incident Stress Debriefing (CISD).¹⁴ This is based on the work of Geoffrey Mitchell (a fireman who worked in New York city in the 1970s) and it offers a focussed opportunity, in a limited amount of time for people who have experienced trauma, to clarify facts, thoughts, emotions and symptoms thereby finding some way to normalise the abnormal and to begin recovery. Critical incidents can be caused by violent incidents, sexual assault, natural disasters, sudden death or it could include “man” made events e.g. bullying. Both one off incidents and a build up of stressors where there is sufficient emotional stress to overcome an individuals usual coping skills can be worked with. CISD is a formalised group process where those involved get support to put structure to the incident exploring what actually happened, acknowledging feelings, reactions and thoughts leading to acceptance of what happened and recovery. This approach could be useful for trainees in the event of an incident happening at Youthreach or with their families or community for events such as car accident deaths, suicides etc but would need to be facilitated by a counsellor with some training in this area.

¹² www.brynmelyngroup.com

¹³ www.crisisprevention.com

¹⁴ Friel, Breda. *Critical Incident Stress Debriefing and the Probation and Welfare Service – Planning a Crisis Management Policy for an Organisation*. 2003 (unpublished paper)

5.7 National Educational Psychological Service (NEPS)

The National Educational Psychological Service (NEPS) has put together advice and information packs¹⁵ on responding to critical incidents for schools as well as an information pack for psychologists based on the CISD model. Advice for schools includes developing a critical incident management plan, procedures to be followed in the event of a critical incident and available resource documents. These documents are currently available on the internet through the education website.¹⁶

5.8 Egan's Skilled Helper Model¹⁷

This model is used in counselling and involves a problem solving framework. It helps people manage problems, live more effectively and develop unused opportunities more fully as well as helping people become better at helping themselves in their everyday life. There is an emphasis on empowerment, as the person's own agenda is central and the model seeks to move the person towards action leading to outcomes which they choose and value. A skilled helper works with an individual to address 3 main questions.

1. "What is going on?"
2. "What do I want instead?"
3. "How might I get to what I want?"

The model works best if attention is paid to Rogers' "core conditions", i.e. the helpers approach to the speaker being based on genuineness, respect and empathy, and if principles of good active listening are used. Not every-one needs to address all three questions and it is OK to move between the stages when appropriate. It is best used in working on issues in the recent past and the present.

5.9 Contact Youth Counselling Services¹⁸

Contact Youth is the major independent Youth Counselling service provider in NI. Through their Youthline telephone counselling service they provide cover from 4-9 pm every weekday night of the year across the North. They also have counsellors placed in more than forty post-primary schools and have a community site counselling service in every Education and Library Board area. Contact Youth also offer the Chill drugs and alcohol project in the greater Derry and Belfast regions addressing the counselling and mentoring needs of young people affected by these issues.

5.10 NIACRO¹⁹

Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) has many projects working with children and young people at risk of offending. These include mentoring and befriending projects, independent visitors and youth employability schemes.

¹⁵ NEPS. *Responding to Critical Incidents – Advice and Information Pack for Schools*. Dublin, 2004

NEPS. *Responding to Critical Incidents Information Pack for Psychologists*. Dublin, 2004

¹⁶ www.education.ie/servlet/blobServlet/neps_critical_incidents_psy.pdf

¹⁷ Egan's skilled helper model (www.gp-training.net/training/mentor/egan.htm)

¹⁸ From telephone conversation with Denise Andrews, Youth Counsellor with Contact Youth

¹⁹ www.niacro.co.uk

5.11 Mind Out Programme – Resilience Factors

The ‘Mind Out’ programme²⁰ promotes positive mental health in schools. The teachers manual refers to factors which enhance a person’s capacity to cope with the changes and challenges they encounter. These include:

Individual Factors Enhancing Resilience	Environmental Factors Enhancing Resilience
<ul style="list-style-type: none"> ▪ ability to connect ▪ coping/problem solving skills ▪ easy temperament ▪ realistic appraisal of the environment ▪ capacity for humour ▪ sense of purpose or mission in life ▪ intelligence ▪ sense of personal efficacy ▪ capacity for empathy ▪ capacity to self-monitor ▪ ability to learn from mistakes ▪ hobbies/creative interests/talents ▪ spiritual beliefs/spirituality 	<ul style="list-style-type: none"> ▪ a warm, positive relationship with an adult ▪ high (but not unrealistic) parental/school expectations ▪ having family responsibilities ▪ family traditions/rituals ▪ adequate parenting and supervision ▪ a caring and supportive school environment ▪ positive community norms and a sense of caring, commitment and mutual protection ▪ opportunities for involvement ▪ access to resources (people or things) ▪ extended family support

These factors raise awareness of the kind of opportunities Youthreach strives to provide for trainees, (as well as, of course, qualifications and work experience). Personal development is high on the agenda as well as providing a supportive and (for some of the trainees) a familial type environment to enable them to learn coping skills as they mature into young adults. Resources, such as this manual, are useful tools for social, health and personal skill development for trainees. Examples of other training materials can be found on the internet.²¹

5.12 VOYPIC²²

The Voice of Young People in Care (VOYPIC) also runs many programmes including connecting peers and mentoring. It also runs an advocacy service which provides services such as information and advice, some-one to attend a meeting with a young person and help and support for young people in negotiating, asking for services or making a complaint. Young people can use the service to support them to speak out themselves or to speak for them but the emphasis is that the young person is in control.

These models and organisations give some idea of the kinds of services, (out-of hours counselling phone-lines, mentoring schemes and advocacy facilities) that could be developed or made available to young people at risk, whether they attend Youthreach or not.

²⁰ Byrne, Mary and Barry, Margaret. *Mind Out – Promoting Positive Mental Health. A Programme for Post-Primary Schools*. Centre for Health Promotion Studies, NUI, Galway in collaboration with the Health Promotion Department of the North Western Health Board, 2002

²¹ See for example www.sphe.ie/additres.htm

²² www.voypic.org

6. Research Methodologies

6.1 Overview

The research methodologies used for this project were developed through consultation with many sources including the project's advisory committee (in particular Monica Brown); the management group; Youthreach Co-ordinators, staff and trainees in Donegal; Janet Gaynor, Health Promotion Manager, North Western Health Board; Mary Gordon, the National Educational Psychological Service (NEPS) and Dr Imelda McCarthy, Senior Lecturer, Department of Social Policy and Social Work, University College Dublin.

Data was collected in a variety of ways. The crisis management support workers monitored contact with trainees, focus groups of trainees were interviewed, a self reported coping survey was devised and completed by trainees and staff were asked to complete a questionnaire and an informal interview. Absenteeism figures were also collated in the Buncrana/Glengad centre to assess if the crisis management support worker had any impact. The methodology was based on fulfilling the research objectives described below.

6.2 Research Objectives

1. Formal documentation of all crises (type, level, extent) experienced by young people participating in the Youthreach programme in Co Donegal (six Youthreach centres and one Senior Traveller Training Centre)

The following methodologies have been used to document crises experienced by trainees:

- Contact with trainees has been monitored by the support workers. Tables based on the *Building Blocks of Crises Model* of issues presenting to the workers have been prepared, along with tables on contact hours with trainees and specific individual crises experienced. Other centres have been asked to provide data on trainees based on the *Building Blocks of Crises Model*
- Focus groups were held with trainees to provide qualitative data on how trainees perceive crises
- A self-reported coping survey was devised and filled in by the trainees to provide quantitative data including whether they felt they had problems and how they coped with these
- Staff questionnaires were completed which included a question identifying what crisis/problems the trainees were presenting to the staff

2. Formal identification of the type and level of supports needed to overcome/deal with these crises

The following methodologies have been used to identify the types and levels of support trainees need to overcome/deal with these crises:

- Case studies illustrating the type and level of interventions used to support individual trainees were provided from the worker in Buncrana/Glengad

- The self-reported coping survey included measuring supports currently used/not used by trainees in dealing with crises
- The trainees interviewed in the focus groups were asked to reflect on and identify support needs
- Staff were asked (through the questionnaire) to reflect on and identify support needs for trainees and themselves

3. Identification of best practice in dealing with these type of crises

- In the focus groups, trainees were asked what Youthreach did that was supportive
- In the staff questionnaire, staff were asked what they found to be most supportive for the trainees
- Research was undertaken on crisis intervention models and good practice (see previous section) for young people at risk

4. Identification of (a) potential model(s) for dealing with these type of crises in Co Donegal's Youthreach programme

- In focus groups trainees were asked what Youthreach could do that would be most useful/supportive for trainees in difficult situations/crises
- The data gathered from the trainees self-reported coping survey was explored to identify factors that might influence possible models e.g. gender differences
- In their questionnaire, staff were asked for their thoughts/ideas on possible support structures

5. Recommendations for implementing this model(s) based on evidence presented

- Recommendations were made based on the results of the project and research

6.3 Individual Methodologies

6.3.1 Contact with Trainees

Throughout the project, the two crisis management support workers (Buncrana/Glengad and Lifford) have kept daily records of their contact and interactions with trainees. This data has been condensed into tables (see appendix 3) to categorise and reflect the types of crises the trainees presented over a year period. This table was based on the building blocks of crises model (see Section 4.2).

Donegal Youthreach centres at Ballyshannon, Gortahork, Letterkenny and the STTC were also asked to provide data of crises presented at their centres. The crises have been categorised by how the worker has judged the degree of impact or the level of distress it has had on a trainee's life. This data is summarised in the Section 7 - Findings.

As well as the types of crises being presented, tables were also prepared indicating the level of support given overall to the trainees as well as tables to show levels of the presentation of specific issues/problems for the Lifford and Buncrana/Glengad centres.

Case studies were prepared for individual trainees from the Buncrana/Glengad Centre to give a flavour of the work of the support worker and to illustrate how interventions were tailored depending on what was being presented. The types and numbers of contact for these individuals are also given.

6.3.2 Focus Groups

i. Methodology Development

The initial idea of fulfilling the quantitative aspect of the research was to simply ask trainees to identify specific crises they had experienced. A database questionnaire was devised to reflect what trainee's experience of crisis might be, including questions on alcohol and drug problems, mental health issues, family difficulties, legal problems etc. were trainees would tick a box if they had experienced a particular crisis. Throughout this process there was continuous consultation with members of the advisory group, Youthreach Co-ordinators and staff and the trainees themselves. It was felt that this data would be extremely useful to have. However, various concerns were raised about whether this was indeed the best way to obtain this information. There were worries about the responsibility of Youthreach staff particularly in terms of the legal position with regard to disclosure as well as accountability if there was a trainee suicide after completing the database. There were also reservations about the effects of filling in such a pessimistic questionnaire and discussions on the best way to support trainees after they had done so.

These issues were raised with the management group who suggested meeting up with Mary Gordon currently on secondment from the National Educational Psychological Service (NEPS) to Youthreach. She felt that the database was problematic for various reasons - tick lists are never straightforward, e.g. answering a question such as "Have you ever been in trouble with the police?" will not necessarily measure crises. Also, in using databases, the researcher is imposing language, problems and setting up expectations of problems. As all research is an intervention and crisis is not easy to define, a more positive way was suggested to ascertain trainees' thinking with regard to this area by consulting with the trainees and using them as 'experts' on what kind of crises they might experience without using their own personal stories.

Dr Imelda McCarthy, Senior Lecturer with the Department of Social Policy and Social Work at University College Dublin was approached to explore methods of working with trainees in this way. She concurred with Mary Gordon and referred to David Cooperrider's work on Appreciative Inquiry²³ as a more empowering approach. She suggested focus groups as a method of exploring

²³ Appreciative Inquiry is a principle based methodology which differs from the more usual problem solving approach. Traditional problem solving involves understanding the current state, identifying problems and gaps, brainstorming solutions, selecting and testing a solution and analysing the results. This approach is especially effective with low level, bounded, mechanistic problems and has provided progress for centuries. What problem solving also does is focus on what is wrong or broken. It has been proven that this approach lowers individual's energy. Appreciative Inquiry is a strength based whole system approach, which has had success working collaboratively, system wide, to build organisational capacity. It works from the following assumptions:

- In every organisation, group or individual something works and can be valued.
- What we focus on becomes the reality we create.
- The language we use creates our reality
- The act of asking a question begins the change.
- People have more confidence to journey to the future when they carry forward the best parts of the past.

ways to see how trainees view crises, as well as exploring supports and coping skills they already have and the kinds of support mechanisms they might use.

ii. Methodologies Used

Trainees at Youthreach Centres throughout the county, as well as young people at the STTC in Letterkenny were interviewed in small focus groups at their centres. They were consulted as experts (by asking questions developed using the principles of appreciative inquiry) on the most difficult crises that young people might experience, the causes of these crises, what resources and coping strategies are used and what Youthreach staff can do (or not do) to support trainees in crises. Trainees from all centres took part as well as an ex-trainee from the STTC. Trainees self-selected into the process, encouraged by staff members at times. The focus group began with the following explanation.

Youthreach wants to find out how it can best support trainees who experience crises. So, we thought we would ask the people who know – you, the trainees. This group session is part of a research project on support and crises management. It is general information we are interested in so please do not mention individual names or personal details. Thank you for agreeing to take part.

Each question was then asked several times, being repeated when the trainees dried up. The questions were as follows:

1. What would you see as the most difficult situations/crises that trainees might experience?
2. What, would you say could be the causes of these situations/crises?
3. What supports/resources do trainees use/ have to cope with these situations/crises?
4. Which of these strategies would make trainees feel good /most proud of themselves?
5. What do Youthreach staff members do that is helpful for trainees in these situations?
6. What do Youthreach staff members do that is not helpful in these situations?
7. What could Youthreach do that would be most useful/supportive to trainees who are in these difficult situations/crises?

The answers were written up and themes pulled from the raw data.

6.3.3 Self-Reported Coping Survey

A questionnaire (Appendix 1) was developed for the purposes of;

- i. Gaining insight, and quantitative data, into how trainees self-reported problem management, coping strategies and social, emotional and life skills; and
- ii. To take a first step towards creating a tool which might be further developed for use within the Youthreach setting (e.g. to aid in diagnosing whether trainees needed extra support).

The survey had twenty questions (see Table 1) which trainees responded to by circling one of the following answers: Always, Often, Sometimes, Occasionally, Never.

Table 1 – Self-Reported Coping Survey Questions

1	I have a lot of problems in my life
2	I can handle problems in my life!
3	I hide my problems from others!
4	I ask for help when I have a problem!
5	I can rely on my family and/or friends to help me when I have a problem!
6	I would be happy to talk problems through with professional e.g. counsellor, tutor!
7	I enjoy meeting new people!
8	I feel pressurised by other people!
9	I get on well with others!
10	I enjoy time on my own!
11	I have a lot of bad feelings!
12	I find it hard to forgive others!
13	I lose my temper easily!
14	I feel controlled by my feelings!
15	I can get out of a bad mood easily!
16	I am a happy person!
17	I worry about the past/future!
18	I know that things will not work out for me!
19	I take time out just to chill!
20	I have a regular hobby/interest (sport/music etc) I enjoy!

Each question was devised to measure a particular aspect of how a trainee responded to, or had a propensity to, crisis (see Table 2).

Table 2 – Measuring Survey Question Responses

Trainees Self-Reporting	Question Number
Having a lot of problems	Q.1
Can handle problems	Q.2
Using Coping Strategies	Q.3, Q.4, Q.5, Q.6
Use of Support Networks	Q.5, Q.6
Relationship/Social Skills	Q.7, Q.8, Q.9, Q.10
Emotional Intelligence	Q.11, Q.12, Q.13, Q.14, Q.15
Mental Health/Life Skills	Q.7, Q.9, Q.10, Q.16, Q.19, Q.20
Poor Mental Health /Hopelessness	Q.17, Q.18*

* Question 18 is a key question put in specifically to measure the hopelessness that might alert to a suicidal tendency.

These twenty questions had both positive and negative questions to protect against response set bias and to ensure that the survey did not reflect a solely negative world view for trainees. ‘Summary scores’ of all the questions as well as the positive and negatively worded ones were used to analyse the data further.

Scores of 1, 2, 3, 4, or 5 were assigned to each question, with higher scores being given for more positive coping strategies and life skills.

The data from this survey was statistically analysed using SPSS to provide an overall picture of how Youthreach trainees feel they cope with crisis.

6.3.4 Youthreach Staff Questionnaire

Members of staff representing each of the Youthreach centres in Co. Donegal were asked to complete a questionnaire (see Appendix 2). The questionnaire was devised to:

- Identify what crisis/problems the trainees were presenting to the staff (Q1)
- Establish how staff handled these and how effective they found these coping strategies (Q 2 - 3)
- Identify internal and external supports for trainees and staff (Q 4-7)
- Identify possible support structures and needs with regard to crises/problem management (Q 8-9)
- Establish whether staff currently support trainees out-of-hours and whether they felt there is a need for an out-of-hours service (Q 10-11)

6.3.5 Informal Staff Interviews

When visiting centres (to interview trainees for focus groups and completing self-reported coping surveys with the trainees), informal interviews took place with staff, if they were available, where they were asked about what kind of support they felt they needed.

6.3.6 Absenteeism Figures

Average weekly absence per week of trainees over three six month periods from January 2003 to June 2004 in the Bunrana/Glengad centres, to measure if having a support worker had any impact on absenteeism.

7. Findings

The findings of the research are presented below:

7.1 Contact with Trainees

7.1.1 Summary of Problems / Issues Presented - Overview

Tables of Crises (see Appendix 3) presented by trainees were prepared by six Youthreach centres and by the STTC. The centres include Bunrana/Glengad, Lifford, Letterkenny, South Donegal (Ballyshannon) and Gortahork.

These tables show the wide variety and amount of crises that are being presented to Youthreach staff throughout the year. The tables of crises for each centre are categorised within the five building blocks of crises (i.e. 1-issues that cause tension, 2-minor crises, 3-critical situations, 4-crises and 5-severe crises.) As the tables were prepared by individuals within their own centres and about different trainees, there are of course differences in where crisis are placed within the table. However, overall the tables reflect the reality of the wide range of issues and difficulties trainees and staff (working within a training context), have to deal with. It is interesting but perhaps not surprising to note that these tables show that there are far more issues causing tension and minor crisis and comparatively much fewer crises and severe crises. However, the more major the crises are, then the greater the effects might be and the more support the trainee might need.

The crises presented can be summarised under the following headings:

- **Family:** If a family member has problems these can affect the trainee. Other crises include being apart from or rejected by family
- **Relationships:** This covers a wide range of crises from minor fall-outs, new trainees having to fit in, personality clashes etc, to more serious crises like severe bullying, lack of social skills, separation and loss
- **Work:** Finding and attending work experience can be difficult for some trainees as can routine that is needed for work such as getting up in time, motivation etc.
- **Education:** Difficulties with reading and writing, dyslexia etc. can be a source of frustration and low self-esteem. In Bunrana a trainee who had rarely attended school was happy to be on work placement but had to be constantly supported and encouraged to attend the centre to complete course work.
- **Physical Health:** Having an illness themselves or dealing with a sick parent or child can be a source of crisis for trainees. A crisis could be an ongoing condition such as lupus, a sexually transmitted disease or something more transitory such as a hangover or a child with croup
- **Mental Health:** Fears, anxieties, shyness all featured in the tables as did specific problems such as eating disorders, panic attacks, depression, suicidal thoughts, overdose etc.
- **Handling Emotions:** Aggressiveness and anger management were problem areas as was disruptive behaviour for staff
- **Risk-taking Behaviour:** Heavy drinking, drug taking and associated behaviours and consequences such as fighting, drunk driving and unprotected sex
- **Pregnancy/Childbirth:** Issues could range from pregnancy scares, teen pregnancies, miscarriages, fears about childbirth and parenting as well as all the physical and emotional changes that take place during a pregnancy

- **Parenting:** Childcare issues, not having much support, not having good role models to be a parent, feeling overwhelmed etc.
- **Financial:** This could be an ongoing worry about lack of money to a crisis where a trainee was in a car crash and had no source of income
- **Housing:** Not being settled, problems paying rent, problems with landlords, finding somewhere suitable, having to leave home etc.
- **Life Events:** Minor issues include starting school or pressure at Christmas and more difficult crises include rape, having a baby or having to move to a new area
- **Legal Problems:** Crisis could include worry about court appearances, having no lawyer, being on probation, being fined etc.
- **Abuse:** An ongoing crisis may be neglect and an example of a critical incident was being beaten up by a boyfriend
- **Death/Suicide:** There have been several road deaths in the Buncrana area of young people this year which affected the trainees. Suicides and suicide attempts also featured in the tables

These headings give an overview of the type of crisis experienced by some of the Youthreach trainees that may affect their training in some way (be it attendance, concentration, motivation, mood etc). As these tables were compiled by staff, it shows that staff members know about these crises and must be supporting the trainees in some way whether by listening, giving advice, allowing time off for appointments or putting down boundaries etc.

These headings were selected as representative of the crises in the tables. However, some of the crises could be included in more than one area. For example a severe crisis for a trainee in Buncrana was an involvement in a car accident where injuries were sustained due to drinking and driving. Someone was killed in the accident. This can be categorised in most of the themes mentioned below. For example it is a life event which led to physical and perhaps mental health problems. It included risk-taking behaviour and led to financial and housing, parenting and legal problems as well as affecting education and work experience, relationships and family. This highlights the knock-on effect that crises can have for individuals.

7.1.2 Levels of Crises

Some trainees have higher levels of crises and thus require a great deal more support than others. In particular single parents, trainees with mental health issues, and trainees with little family support. Other trainees do not present with issues at all but might be high risk-takers and so a crisis could happen at any time. The tables below show the level of contact trainees have had with the support workers to date, with a high level of contact equating to the amount of time spent with the trainee which reflects the number of issues being presented. Trainees in this category need a lot of support both emotional and practical with the support worker having spent over 30 hours in personal support for one individual trainee in this category in the year. A high/medium level of support equates to over 20 hours of support with each trainee. A medium/low level of support equates to over 10 hours of support and low level are trainees that have asked for help for specific issues at least once. The last level of support equates to trainees that have not presented or asked for specific support. Contact was established with this final trainee category to build relationships, including at least one individual session, casual chat, personal development groups, walks, classes, trips and visits, but no issues have been formally presented to the support workers.

Table 3 - Level of Support Provided to Individual Trainees in Buncrana/Glengad

Level of Support	No. of Trainees	Male	Female	Single Parent or Pregnant	At Centre for 3 months or less
High (over 30 hours personal support)	9	0	9	5	0
High/Medium (over 20 hours)	8	1	7	0	1
Medium/Low (over 10 hours)	6	0	6	2	0
Low (at least one request for support)	10	5	5	1	3
Contact (no specific support)	19	11	8	0	8
Total	51	17	34	6	12

This table reflects the fact that trainees who are single parents or have a teen pregnancy need a lot of support. Certain support is needed during pregnancy but there was also a tendency that some of the female trainees who needed a lot of support became pregnant. Maybe there is a tendency for risk-taking behaviour in general or perhaps girls hope a baby will fulfil a gap that they experience in their lives.

As the programme is of a roll on/roll off nature some of the low/medium/low trainees are getting a lot of support but have only joined Youthreach in the last few months. Twelve of the trainees were only at the centre for three months or less during the year of the project, either because they finished shortly after the project started, they had started recently or they did not stay at Youthreach for long. As the relationship of trust and acceptance develops between the support worker and the trainee, the more likely that support is sought or accepted.

Males in general did not been presenting for support. The one male that did have higher levels of support was not due to self-selection, but resulted from disruptive behaviour often necessitating meditative and monitoring interventions. Contact with the young men included one individual session, small group activities such as personal development, crisis management, team building, alcohol and drug awareness as well as taking them to football and chatting informally in the canteen. Young men on the programme have been to see the support worker e.g. after getting arrested for drinking and driving, after being in a fight etc, but on the whole these relationships have been slower to develop. Traditionally young women seem to build relationships more readily than young men but there may also be some structural factors involved. For example, the room the boys are usually taught in is at the other side of the building to the support workers room. There have been fewer young men attending Buncrana centre this year, so it has been easier to have access to the girls for small group work due to timetable constraints. Also, in the Buncrana/Glengad centre the female workers seem to be more understanding and accepting of the role of the support worker, making it both easier to access the girls and perhaps less of a stigma for the girls to access the support of the worker. Maybe concentrating on developing relationships with the boys, through timetabling more group activities with the support worker (especially without the female trainees), more individual and informal sessions as well as communicating the role of the support worker with male members of staff may address this imbalance. Relationships with the young men are developing and building

more as the project develops. More recently two young men have been coming to see the worker regularly for support.

Table 4 - Level of Support Provided to Individual Trainees in Lifford²⁴

Level of Support	No. of Trainees
High (up to 20 hours)	4
Medium (up to 10 hours)	3
Low (at least one request for support)	10
Contact	4
Total	21

7.1.3 Summary of Problems / Issues Presented

The following tables were created by the crisis management support workers in Lifford and the Buncrana/Glengad centres to highlight the number of trainees with particular crises/issues presented throughout the year.

Table 5 - Number of Trainees Presenting Problems/Issues to the Lifford Support Worker in the year (Sept 2003 – July 2004)

Problems / Issues	No. of Trainees
Pregnancy/Having a baby	3
Mother ill with cancer	1
Fear of abusive family member returning home	1
Parental problems	2
Accommodation issues	6
Parenting (lone parent)	1
Depression	1
Bullying	2
Difficult Behaviour	2

Table 6 - Number of Trainees Presenting Problems/Issues to the Buncrana/Glengad Support Worker in the year (Oct 2003 – Oct 2004)

Problems / Issues	No. of Trainees
Have been in physical fight (since Oct. 2003)	10
Mental health problems	13
Accommodation issues/problems	10
Serious alcohol abuse/problems caused by alcohol	11
Anger mgt (temper) problems(identified by trainees)	10
Attended court (as defendant or witness)	6
Single Parents (in Oct 2004)	3
Pregnancies (in Oct 2004)	5

²⁴ This table was prepared by Marie McLaughlin, Crises Support Worker at the Lifford YOUTHREACH Centre before the project ended there in August 2004. High level of support is up to 20 hours, medium level is up to ten hours and low level is at least one request for support.

Most of the trainees featured in this table fit into three or more of the categories. This would point towards there being a core group of trainees who have a range of behavioural concerns indicating some type of intervention, whether it is information, practical help, referring on, raising awareness of consequences and alternatives or personal development training such as anger management. This idea of a core group would fit in with the figures from the tables indicating levels of support to individuals in Bunrana/Glengad and Lifford. In both centres, one third of the trainees are receiving medium to high levels of support (7 out of 21 in Lifford and 17 out of 51 in Bunrana/Glengad). As the service develops more trainees are accessing the support worker more frequently.

For a full range of the crises/issues presenting throughout the centres see tables in Appendix Three.

7.1.4 Case Studies and Interventions

Three case studies were prepared. Names and some details have been changed to protect the identity of the trainees. Case studies have been prepared with the permission of the individual trainees.²⁵ The content of these was negotiated with each trainee individually and details removed on request.

i. Case Study 1

Z was 15 when the project started in October 2003. She was pregnant at 14 and had a miscarriage. She was born in Scotland. Her mum moved over with the family when she was younger. A few years ago she left Ireland to live with her dad for a month, but there were relationship problems so she moved back. Her dad followed later and now lives 20 miles away with her grandparents. She doesn't see him and says he is a heavy drinker. She is living in a flat in town with her boyfriend who is in his twenties. The stairs in the flat are often used as a hangout place by teenagers drinking and taking drugs. Her housing situation is never secure. Her mother had moved house and said she had no room for her. Occasionally she moves back home but it never works out. The landlord has threatened her with eviction as she is underage.

Z was a very poor attendee at Youthreach and has missed a lot of time. She does enjoy doing anything different e.g. trips away, focus groups etc and will attend if she knows something is on. She is highly intelligent but poor at applying herself. In some ways she is very mature and gives great commonsense advice to other trainees and does not get involved so much in conflicts within the centre and has taken a mediator role in resolving conflicts between others. She is excellent at personal development type work, always choosing to take part in sessions and is happy to stand alone in debates supporting controversial issues e.g. alcohol should be banned. She is also good at team work.

She has been in trouble with the law for fighting and has a bad reputation around the town. She was taken into a home for hitting a girl. She was in court this year for this offence and was bound over to keep the peace (case currently under appeal). She drank heavily when she was younger and her fighting was connected to this. Being in care gave her a fright and she cut down on her drinking. She is now a strong advocate for young people not needing to drink to enjoy themselves or have confidence. Her boyfriend also has a bad reputation and has been to court for violent offences. She is a caretaker and often misses days to look after her sister's children. She also feels responsible for her boyfriend and has said that she worries that he would drink more or get into trouble if she was not there.

²⁵ As per the YOUTHREACH and STTC Child Protection Policy, 2004

She was often absent in the past year, maybe staying off to baby-sit or window clean as she is always short of money with living out. She gets into lows where she becomes totally unmotivated to do anything, staying in the flat, watching TV or playing on the play station all night. The flat could get very dirty. She might be more cheerful and motivated another week.

She can be discouraged and take offence easily e.g. when she was doing some clay work the tutor said that the work was too intricate and would not survive baking and flattened it a bit. Z did not confront the tutor but was very angry and refused to do any more work on the piece. She can also be very stubborn. If she doesn't want to do something no amount of persuading will make her, although she is very willing to try new things.

She is very independent and will not ask for help. During sessions she can be quiet and withdrawn, yet she may be brighter and more upbeat after these.

Currently she is pregnant and wishes to move out of the flat without her boyfriend. Her mother and her siblings (who have their own accommodation) say she cannot stay with them and she cannot afford to move into her own place. The social workers have offered her a place in Strabane or Derry but she does not wish to be uprooted from her family. Her attendance has become more regular.

Interventions from Crisis Management Support Worker

1. **Building relationship:** e.g. took Z out for hot chocolate with her sister. Introductory group work sessions, supported her with work experience, visits to library etc
2. **Specific interventions:** e.g. went to see Z after her boyfriend had been arrested. Resource worker had seen her in town upset
3. **Visit over Christmas holidays**
4. **Individual sessions at Z's request:** talking about her life and times, and family history
5. **Contacting Z when absent from centre:** Tracking her down, being with her, encouraging her to come back
6. **Engaging Z's support in designing materials for research project:** Z very willing and able to engage
7. **Group sessions:** Z very keen to engage. Sessions on drug and alcohol use, relationships, team building, communication, assertiveness, relaxation and stress management etc. Sessions both in and out of centre including residential
8. **Informal group discussion of issues with Z and other trainees:** e.g. probation, revenge, bullying
9. **Accompanied to doctor/nurse etc:** Including reminding her of appointments
10. **Helped get and keep work experience:** Included negotiating placement and getting her up in the morning to take her in
11. **Listening ear:** At times Z would get very depressed about her living conditions and future
12. **Gave positive feedback:** Using every opportunity to encourage and reinforce Z's positive qualities
13. **Left messages and texts:** Often Z would be incommunicado
14. **Supported Z around accommodation crisis:** Listening, contacting C.W.O., exploring options. Contacting and liaising with social workers. encouraging Z to have a realistic view of the role of social workers
15. **Discussed Z's situation with Co-ordinator and other staff:** Regular contact and communication between team

The types and number of specific contacts with Z for the year is shown below. This does not include informal contact time e.g. chatting at breaks, short chats, meeting up town, making appointments etc

Type of contact	No. of contacts
Visited at home	15 times
Phone calls/texts	37
Group sessions*	24
Individual sessions **	15
Informal trips	8
Support with work experience	14

* Group sessions include informal sessions in the centre. External sessions include 2 residential:-

- 1) Personal Development Accredited Training
- 2) Outdoor pursuits.

External sessions include Assertiveness Training and Alcohol and Drug Awareness at the Youth Information Centre, Taking part in the Instinct Festival at the Nerve Centre, Team Building at Creggan Country Park, Arts identity Project at Tullyarven Mill. Young Women’s Inspirational Conference in Belfast.

** The individual sessions only include sessions in centre. Home visits often lasted an hour or more.

ii. Case Study 2

Y is female and 19. She has a child, who was born blind. When the project started Y’s daughter was not living with her as there had been a report about Y being unconscious on the sofa and her child crawling amongst alcohol cans and drug debris. Y has always denied that this was the case. The child was being looked after by Y’s mother when the project started. Y did not have a good relationship with her social worker and felt she was being judged as a bad mother. Y’s priority was to get her child back. She was living in unsuitable accommodation and had a history of moving house frequently. She was regularly absent from Youthreach.

She has many professionals supporting her child including physiotherapist, occupational therapist, council for the blind worker, social worker, counsellor for children with special needs, physical and sensory disability manager, public health nurse, and later on a special needs assistant at the centre’s crèche and a family support worker. The post of crisis support worker was the only support specifically intended for Y rather than for the child. Y at times seemed to feel invaded and overwhelmed by the amount of professionals she had to see and keep appointments with.

Y is very protective of her privacy but at times would open up and be very communicative and friendly – particularly if she wanted something. She can be proud at times and independent and though she will accept support if her back is against the wall, she will rarely ask for it directly. If she did want support she would more likely try to manipulate a situation than ask e.g. she asked the support worker to attend a meeting with her and her family support worker because she said the family support worker wanted crisis support worker there. On arrival it was found that was untrue

but Y had received a letter re. a child protection case conference and showed it to crisis support worker. When practical support was offered -in this case help with writing a report - she accepted.

Throughout the year Y had various life events.

- She moved four times, eventually settling into suitable accommodation
- She got her child back in her care and attained a place in the VEC crèche for the child
- Her child was the subject of a child protection case conference
- She was in a car crash which resulted in a smashed hip and facial disfigurement and has had ongoing medical interventions

She enjoys Youthreach and works well when she does attend (her attendance is erratic and she can be lenient with the truth around attendance). She is particularly gifted at art and design and once said she would like to work as a tattooist. She likes to keep fit, dancing, drinking and cars. She is funny, and can be charismatic at times. She is very good looking and was very upset about her face after the accident. She will talk about friends, stories about the past, where she lived, what she did, what she hopes to do in the future etc but is intensely private and guarded.

Interventions from Crisis Management Support Worker

1. **Attended meetings with:** Went with Y to meet social worker, family support worker, community welfare officer etc; attended case conferences
2. **Liaised with professionals:** Had meetings with individual professionals and joint meetings. Involved with sharing information with other workers and encouraging the sharing of information between professionals. Helped with tracking appointments, writing reports etc. Liaised with Co-ordinator and other staff members
3. **Helped access money:** After her car accident Y could not work and could not claim disability. She was earning no money and was worried she would lose her home and also her child. This was one time she specifically came to the crisis support worker for help. Arranged meeting with her with SVP. Also sourced and helped her apply for grant for lone parents in education
4. **Worked on parenting skills:** Child had difficulty with walking which was a major concern for the various professionals. Visited Y at home regularly during the summer to play with child modelling particular behaviours e.g. taking child outside, talking to child about noises, sounds, environment etc, walking child, reinforcing independent movement etc.
5. **Work experience:** Helped Y find suitable and fulfilling work experience
6. **Advocate:** Spoke to professionals on Y's behalf when requested individually and at meetings. Helped her write report for the child protection conference. Kept Y informed on what was being advised at meetings re her child
7. **Home visits:** To see why she was absent, to support her around work experience and parenting (see above)
8. **Telephone calls/texts** Re appointments, information, absenteeism, checking in etc.
9. **Group sessions:** Y took part in some group sessions and residentials. Intelligent and funny but not that engaged
10. **Relationship building:** Y's resistance to yet another support worker was big and she could be very defensive at times. Just kept plugging away, building trust etc. Working with her child helped a lot as did keeping her informed and feeling like she had an ally. Resistance comes and goes
11. **Practical help:** Form filling, lifts etc

Type of contact	No. of contacts
Visited at home	14 times
Phone calls/texts	13
Meetings with Professionals	12
Practical help	11
Support with work experience	11
Group sessions	4
Individual sessions	6
Sessions with friends	3

iii. Case Study 3

X is female and was 17 when the crisis project began (now 18). She isn't very assertive, gets embarrassed easily and has low self-esteem. She can be easily swayed by others. She has two aspects to her personality; a quick temper which gets her into trouble and a soft vulnerability with tears coming easily. She is a loyal friend and would stick her neck out to stand up for some-one, which gets her into trouble. She also has a steady boyfriend who she is very attached to, though she agrees with her friends that he does not treat her with respect. Another danger area for her temper is if she feels another girl is after her boyfriend.

X suffers from panic attacks and has strong fears, connected to these attacks. She is receiving medical treatment for these.

The relationship X had with the crisis support worker took a long time to develop. She had lived with her grandmother when younger and after she died returned to the family home but did not feel like she was wanted. There was an incident in the centre where she was suspended after swearing at a staff member when she was being reprimanded for bullying. That weekend she contacted the crisis support worker as she had been arrested for kicking a Garda. She realised her temper was getting her into trouble and wanted to get it sorted. Counselling sessions were arranged for when she returned to the centre. Her parents were angry at the Gardaí for coming around and asked her to leave home. When she went to court, her family did not accompany her.

Other crises/issues for X over the past year have included; being on probation, living out of home, witness in two court cases, pregnancy scare, bullying within centre, hitting a girl who 'went' with her boyfriend, supporting her 13 year old cousin who became pregnant and being in a car accident.

X has built up her trust with the crisis support worker slowly over the year. She has become more self-aware and can now identify with greater ease when she has a problem and needs support and is becoming better at accessing the support she needs (usually approaching the crisis support worker to talk or ask for help).

Interventions from Crisis Management Support Worker

1. **Building relationship:** Spent time getting to know X, talking to her in canteen, at gym etc.
2. **Pregnancy test:** Did test when X had scare and discussed contraceptive options.
3. **Work experience:** Supported X finding work experience after she walked out of her placement.

4. **Visits to the doctor/stress management:** X often had psycho symptomatic pains due to stress levels. Took her to Doctor, raised awareness of contributing factors, did relaxation and stress management sessions with her.
5. **Stayed with her:** X left the centre after an argument with Co-ordinator. There was a worry that she was going to physically attack a girl she had hit earlier. Stayed with X and let her talk
6. **Support after suspension:** Kept in contact with X after she had been suspended from centre. Liaised with Co-ordinator
7. **Counselling:** X asked for counselling to be arranged after she had got arrested for kicking a Garda as she wanted to stop her temper getting her into trouble
8. **Attended court:** X's parents did not attend court with her. X had no solicitor. Helped X to arrange one and legal aid
9. **Liaised with counsellor:** Supporting X to go on probation and carry on working with counsellor (also probation officer), rather than a getting a fine
10. **Mediation:** Mediated conflicts that X was involved in with other trainees
11. **Accommodation:** Supported X re. housing issues. Exploring her options, her relationships with her family, helping her find a suitable place, encouraging assertiveness with unwanted house mate, encouraging her to move back home etc. Also practical help re. sorting out deposit etc Has moved twice currently considering moving back home
12. **Listening ear:** X is now approaching support worker to discuss issues that are disturbing her mind, to try and avert panic attacks
13. **Advocate:** Making phone calls, e.g. sorting out national age card problems, talking to nurse re. Contraceptive problem, talking to landlady, town clerk etc

Type of contact	No. of contacts
Individual Sessions	32 times
Accompanied to Dr	15
Stress management sessions	14
Other group sessions	13
Texts/calls	6
Support with work experience	4
Visits at home	2

7.1.5 Summary

These case studies give a flavour of the type of interventions from the crisis support worker. Each trainee is unique and therefore the interventions are different for each one. Other specific interventions have included arranging and accompanying a girl with suicidal tendencies to see a psychiatrist, arranging individual sessions with 'Concerned Parents Against Bullying' for a trainee who had been traumatised by bullying, setting up sessions for a trainee with poor social skills to do crafts with a Downs Syndrome child at the local national school, and arranging ante-natal classes for trainees. Contacts with parents have been established in some cases. Mediation between trainees is also becoming more common as relationships grow between the worker and the trainees.

7.2 Focus Groups

7.2.1 Overview

A total of 23 young people took part in the focus groups (22 trainees and 1 ex-trainee). Groups consisted of 3/5 trainees and represented a variety of age groups between 15 -21 with both male and female trainees participating (9 females and 14 males). Appendix 4 shows the complete transcript of the trainees answers.

Question 1-2 look at how trainees identify the causes and the crises that young people face. Various themes can be identified, including;

- Adolescent Struggle. There is a theme that reflects the conflict and struggle of the transition of emerging from a dependent child to an independent adult.
- Pressure. The feeling of having to do things, feeling hassled, being pressurised by family and friends, other people's expectations, figuring out what to do.
- Difficulty with routine e.g. getting up early, don't let you do it in your own time.
- Interpersonal issues such as bullying, parents splitting up, problems with partner and friends
- Society issues such as violence, rows when you go out, drinking, drugs, heroin, suicide.
- Life events such as teen pregnancy, losing a family member
- Feelings of restriction
- Mental health issues such as depression, stress, bottling things up
- Feelings of lack; lack of money, not having enough work, not enough freedom, no social life
- Feeling disrespected, judged, harassed
- Accommodation and rent issues featured quite strongly for three of the groups
- There were issues of mental health bottling things up, stress, temper and self-esteem
- Resistance to/fear of change

It is also interesting to note what was not reported. In Buncrana, since the worker was in place, there have been at least seven deaths due to car crashes and two deaths due to suicide where the worker has known that trainees have had friendships with the victims (including ex-boyfriends, good friends, next door neighbours etc). Other trainees have been in car accidents themselves (one which involved a death of some-one in the other car involved), yet this was not mentioned in any group. This is not purely a Buncrana based problem as during an informal chat with a trainee in another centre, she revealed that she had 'wised up' with regard to a wild lifestyle after a serious car accident. Death, visiting local wakes as a core cultural norm, what the young people referred to bleakly as 'corpse houses' and attending funerals particularly of young friends and acquaintances, is part and parcel of the trainees' lives.

Questions 3-4 look at supports and strategies that are used for coping with crises. Again various themes emerge. These can be divided into positive coping strategies for handling crises and more destructive behaviour which would not help the situation.

i. Positive Coping Strategies

Themes include:

- **Self-expression:** Exploring the situation through talking to parent, professional, friends or diary and saying what you need to say out

- **Positive thinking:** Believing in yourself, focussing on good relationships, appreciating what you've got, knowing people care for you, love you, respect you etc.
- **Personal resources:** Being strong/brave, mediating, confidence, self-esteem, having ambition, prayer, take one thing at a time, motivation
- **Other resources:** Counselling, family, friends, resource staff, crisis support worker etc.
- **Chill out/get perspective/relax:** For the trainees this covers many activities from the listening to music, going into nature, playing computer games to being with friends, spending time on their own

ii. *Negative/Destructive Behaviours*

Themes include:

- **Avoidance Techniques** including not speaking, drinking and drugs and ignoring the situation
- **Negative Self-Expression.** Such as violent or physical expression e.g. busting knuckles, half wrecking the place, shouting at parents and punching something
- **Substance Abuse** Smoking fags, drinking beer and smoking dope

These answers are a good summary of the ways that trainees handle their crises and this information could be developed as a tool to use with trainees to explore coping strategies and their consequences. E.g. work could be done with trainees to develop a resource for teenagers e.g. video, leaflet, animation, poster exploring these strategies and their consequences.

Question 5 looks at what Youthreach staff does that is helpful for these difficult situations. The feedback presented a committed staff that helps and supports trainees throughout their training from settling in, to sorting out relationships, listening, providing information and help with moving on. There were also comments appreciating the structure of Youthreach. How attending can help with routine and getting a job. The ex-trainee from the S.T.T.C sums up the strengths of the Youthreach approach.

'Listen without jumping in, meet you half way, let you make your own decisions, good advice, helping out everyday, accepting you how you are, having time for you, understanding toward you, always some-one to chat to, taking you as you are, different personalities.'

Question 6 looks at what Youthreach staff does that is not so helpful. Issues that arise are of confidentiality, boundaries, expectations and respect. These can be complicated issues for individuals and they have started to be explored through initiatives such as the Youthreach child protection policy document and training and staff training on boundaries.

Question 7 asks trainees for ideas of how Youthreach could be more supportive. Ideas that emerge include:

- Group work on themes e.g. bullying, drugs, alcohol
- Meeting up with other centres to discuss issues.
- Some kind of support worker
- Travelling Youth Information
- A chill out space
- Time off (if needed)
- Fun activities

7.2.2 Summary

The trainees reflect an interesting picture of some of the difficulties facing young people as well as coping strategies – both positive and negative, an appreciation for the staff and structures of Youthreach and some useful ideas for supportive measures. This section on focus groups could be used with trainees to raise self esteem on the excellent ideas and work that they have produced as well as a tool to increase awareness on the issues that have been identified by their peers, the resources and strategies they use etc, as well as an opportunity to be proactive in helping Youthreach develop e.g. being part of developing some of the ideas in question 7.

7.3 Self-Reported Coping Survey

The overall response rate for completion of the survey was 77% (i.e. 95 of 123 trainees registered with Youthreach at the time of the survey). Only one survey was not included due to lack of completion. The total number of males responding was 44 with 51 females. Table 7 below shows the breakdown of the trainees completing the Self-Reported Coping Survey by centre and gender. The response rates at the Buncrana/Glengad and Lifford centres are 100%, because of the support workers focus on collecting data within their own centres.

Table 7 – Trainees who Completed the Self-Reported Coping Survey by Centre and Gender²⁶

Centre Location	Total Number of Trainees	Number Responses (% Response rate)	Gender Mix	
			Male	Female
Buncrana/Glengad	33	33 (100%)	11	22
Lifford	17	17 (100%)	5	12
Ballyshannon	17	15 (88%)	10	5
Letterkenny	28	15 (54%)	6	9
Gortahork	23	12 (52%)	9	3
U/21 at STTC	5	3 (60%)	3	0
Total	123	95 (77 %)	44	51

7.3.1 How Trainees are Self-Reporting

The information from this survey has been analysed and is summarised in table form (see Appendix 5). The following statistics have emerged;

- 22.1% of the total group indicate they have considerable problems in their lives (Q.1)
- 46.3% feel they can handle these problems (Q.2)
- 35.8% of the trainees report that they hide their problems (Q.3) with nearly 50% reporting they wouldn't ask for help if they had a problem (Q.4)
- 52% report that they can rely on family and friends if they have problems (Q.5)

²⁶ Because of the large difference in numbers of trainees responding from the various centres and similarly large differences in male-to-female ratios, it was decided that cross-centre comparisons would not be made as the results would be statistically unreliable.

- 62.1% of the trainees report they would not be happy to talk to a counsellor, tutor or professional (the boys felt more strongly on this - nearly $\frac{3}{4}$ of the boys compared to over $\frac{1}{2}$ of the girls) (Q.6)
- 61.1% say they enjoy meeting new people with only 11.6% saying that they don't.(Q.7)
- Only 13% of trainees report feeling pressured with over 50% reporting low levels of pressure (Q.8)
- 75.8% report that they get on well with others (Q.9)
- 37.6% say they enjoy time on their own (Q.10)
- A quarter of females self-report having a lot of 'bad feelings' compared to 6.8% of the males (Q.11)
- 14.8% trainees say they find it hard to forgive (Q.12)
- 37% of trainees report problems with their temper (Q.13)
- 29% report feeling controlled by their feelings (Q.14)
- 29.5% say they can get out of a bad mood easily (Q.15)
- 62% of the trainees identify as "a happy person" boys reporting being happier than girls (Q.16)
- 37% of trainees say they worry about their past and future (Q.17)
- A fifth of the girls "know that things will not work out for me" and only 6.8% of the boys (Q.18)
- Nearly half (49.5%) of the trainees say that they regularly take time out to 'chill' (Q.19)
- 75% of the boys in comparison to 46% of the girls report a regular hobby or interest (Q.20)

7.3.2 *Summary*

Statistically these figures indicate that trainees overall have fairly good mental health. Trainees see themselves as pretty sociable and generally happy. They have some good life skills including taking time to chill (Q.19), not holding on to things (Q.12 & Q.15) and having an outside interest (Q.20).

Interestingly, trainees are not reporting feeling pressure which differs from how they are reporting what young people are experiencing in the focus groups. A reason for this could be that emotions are strong influencers in the moment they are experienced, but when not occurring (in the moment), they may have no influence (and filling out this survey would not have been a high pressure activity).

Trainees are reporting problems with emotions such as temper (Q.13 & Q.14) and anxiety (Q.17) and there is a concern that so many girls (nearly 20%) feel that things will not work out for them (Q.18). It is also interesting that the trainees do not seem to want help and support. Some trainees feel they can handle their problems (Q.2) or they will hide them (Q.3), not asking for help (Q.4) and not going to a counsellor or tutor (Q.6). This may be part of adolescence – wanting to be seen to be grown up and independent, handling your own life and problems etc.

7.3.3 *Gender Comparison*

Tables assessing the effects of gender can be found in Appendix Six. Overall, comparing male with female experience revealed interesting findings. As a group, males reported more positive levels of coping or mental health than females as a group. However, this difference appears to come largely from the way the groups respond to 'negatively-worded' questions. This result may be interpreted as reluctance of males, relative to females, to appear vulnerable or to admit distress, at least on a self-report survey.

Other gender differences showed that statistically, males reported having fewer problems (Q1) and less negative emotions (Q11). Other distinctions shown by the statistics, though not as significant, indicated that males are less worried about the past and the future (Q17), less negative about things working out/hopelessness (Q18) and are a lot less likely to talk to a counsellor, tutor or professional (Q6). It is difficult to say whether males are less likely to admit to having difficulties, or whether they are experiencing less difficulty.

A final, highly significant difference occurred on question 20, i.e., having a regular hobby or interest (Q20), with males much more likely to have a regular hobby or interest than females. This finding may have implications for physical/mental health, and/or may highlight an area for possible service development particularly for females.

7.3.4 *Identifying those At-Risk*

One way of exploring who might be at-risk from emotional distress included selecting a sub-group who had reported that they experience a lot of problems in their lives (Q1). Almost one quarter of the sample reported they had *considerable levels of problems in their lives*. The scores of this ‘sub-group’ were further explored to see how they responded to other key questions, with the results as follows:

- 71% felt they could not handle problems
- 86% reported hiding problems from others
- 90% of trainees said they would not ask others for help
- and notably, only 48% felt they could rely on family and friends when they had problems

Clearly, these trainees might be considered chronically ‘at-risk’, given that not only have they persistently high levels of problems, but their ratings of being able to handle these is low (Q2). They also report an avoidant style of coping (Q3), a lack of help-seeking (Q4), and a relatively low level of perceived social support (Q5). This indicates that there is a core group of trainees who have high support needs.

7.4 Youthreach Staff Questionnaire

7.4.1 *Overview*

A total of ten questionnaires (Appendix 2) were returned representing the six centres Letterkenny, South Donegal (Ballyshannon), Buncrana/Glengad, Lifford and Gortahork. Forms were completed by co-ordinators, counsellors and resource staff.

Question 1 identified what crisis/problems the trainees were presenting to the staff. The full list of the answers given to this question can be found in appendix seven. Themes include the following:

- **Health:** This includes their own physical health (including STDs), family members’ health that has an impact on the trainee, mental health issues from depression, effects of changing medication, suicidal tendencies and attempts
- **Crisis Pregnancy:** Unplanned pregnancies, pregnancy scares and miscarriages all featured
- **Relationship Problems:** This could be amongst family members, associates, other trainees, with staff etc and includes bullying, violence and anger

- **Accommodation Issues:** Problems include finding suitable accommodation, moving frequently and homelessness. Families can reject trainees or home can be a threatening place
- **Legal Problems:** Court appearances, trouble with Gardaí and specific offences were mentioned
- **Deaths:** Trainees have experienced deaths of friends, family members including parent, suicides and still birth
- **Crisis Events:** These could include any of the above categories but also events such as spiked drinks, attempted rape, rape, physical abuse, self-harm etc
- **Alcohol and Substance Abuse:** Apart from the general abuse, specific crises such as accidents due to alcohol use have taken place

Questions 2-3 established how staff handled these crises and how effective they found these strategies. The strategies for handling these crises were divided into three areas (Q.2)

- i. External agencies
- ii. Internal support systems
- iii. Other interventions including encouraging family support and practical help

i. Staff identified a wide range of external agencies and networks they use for the crises including:

- *The Women's Centre (big waiting lists)*
- *GP's*
- *NWHB Family Psychology Service*
- *MABS*
- *Clinics*
- *Social Workers*
- *Family Planning Association in Derry*
- *Anti-Substance/Alcohol Abuse Programmes*
- *Drive for Life Programme*

ii. Internal Support Systems included resource staff as well as the counsellor and the Crisis Support Worker. Anti-bullying procedures were also used. There was a lot of emphasis on talking and listening to the trainee:

“Support, Advise, Listen...”

“Advocate on behalf of trainee with Gardaí”

“Emotional Support”

“Mentoring”

“Listening and referral to counsellor”

“Offering advice and information”

“Crisis Management Support Worker”

“Talking and discussing...”

- iii. Family support was seen to be important in some centres particularly alongside centre support. Practical support included:

“Referral to other agencies”

“Ensuring trainee has paid time off if needed”

“Buying food”

“Help with accommodation”

“Letters of support”

“Sorting out medical cards”

“Family conferencing”

Question 3 produced a variety of responses on how effective staff found these strategies.

“I find all the above strategies effective. Listening is one of the most important things that can be done and to be aware that as an Instructor I can’t solve all problems. Therefore it is important that I have the relevant information when referring to other bodies. Whether they are effective or not is not up to me”

“It is difficult to say – not seeing the whole picture most of the time. i.e. very little contact with most of the agencies who are working with trainees. But of those (crises) listed, most (trainees) have stayed on the programme. A lot of this support is quite time-consuming”

“Quite effective (having crisis management worker support). Trainee always has some-one he/she can talk to”

“Very effective (having crisis management support worker) as almost all these problems are dealt with effectively”

“We do the best we can on the front line. They appreciate our support. The outside agencies do their best but have constraints. Counsellor does best in the hours given which are minimal”

“They can be quite effective where a problem is once-off. But...the types of problems listed can escalate if not dealt with”

“Different levels of success”

“All effective- better than nothing, but maybe not the solution. Having a Crisis Person is effective plus a relief to staff as they can get on with the job of tutoring as opposed to counselling etc”

“Fine, but there is always room for improvement and we’re always looking for more ideas”

Questions 4-7 looked at identifying internal and external supports for trainees and staff.

Internal supports for trainees included counsellor, advocacy worker, crisis management worker, resource staff/ tutors, informal support and formal mentoring and personal effectiveness/life skills programmes such as Drive for Life, Mind Out, Copping On, and Go Girls. Overall these were seen to be effective

“Staff always been very supportive”

Some problems were mentioned though;

“Lack of continuity”

“Not enough counselling hours”

“Staff support very important but don’t always have time”

“Not enough experience to deal with greater problems”

One questionnaire from the Lifford centre (which has a counsellor, an advocate [career guidance] and had a crisis management support worker at the time) found;

“Support structures are very effective – trainee has someone to approach no matter how serious or trivial their issue”

Internal supports for staff were minimal, although one respondent found them sufficient. Two respondents said there were none, one said very little and three mentioned the support of the counsellor may be used, although in practice it was not used as it would be cutting into a trainee’s resource. Four respondents mentioned staff support which is seen to be effective but very informal. Yearly review and evaluations, weekly staff meetings and policies were also cited. Support from the A.E.O. was mentioned once and support from the Co-ordinator twice.

“Co-ordinator – I will need to formalise my support role”

Other comments included:

“In extreme circumstances, counselling can be provided with VEC assistance”

“There is a need for some sort of supervision as you feel that you can’t always be unloading onto other staff members”

Many possible **external support structures for trainees** were mentioned including friends and family, NWHB (including Counselling, Social Workers, Doctors, Psychologists, Psychiatrists, Autism Services etc), Gardaí, Probation and a wide variety of youth, community and voluntary organisations. A lack of consistent access to required supports in a timely manner is highlighted. There are concerns about the quality, type and effectiveness of some of these supports in particular those provided through the NWHB. Family focussed intervention is seen to be an effective support.

Five out of the ten respondents say there is no **external support available for staff**. The remaining five cite;

“In service courses”

“Family support and Family Enrichment Centre”

“For Co-ordinators - AEO, VEC and Co-ordinators meetings. For other staff – none that I am aware of”

“Very little - a few meetings over the years to deal with issues like violent trainees etc and coping strategies – but NOTHING NEAR TO WHAT WE WOULD NEED”

“Selection of counsellors, none have been used”

Questions 8-9 were about **identifying support structures and needs with regard to crises/problem management**.

i. Support structures for trainees

“A full-time person who is primarily responsible for the day to day issues that arise for trainees – some-one with a mix of social work and counselling skills”

“Continuity in support network is essential –practical help and counselling in support work/team/group to ensure clarity”

“More counselling hours. Social workers to be more available”

“Family support initiatives for 16-25 year olds. Building a centre for independent living for trainees. A bank of counsellors offering a range of services. New techniques from Europe and elsewhere”

“Away days, open days, information days, interaction with other centres, trips to visit other trainees/centres –held once or twice a year –all trainees should be exposed to at least one of these.”

“More information could be made available to trainees on existing support agencies/organisations and what exactly they do.”

“A designated Youthreach person on the health board”

“A wider variety and more part-time teaching staff to free up resource staff for more individual and mentoring sessions”

“More access to counsellor, trained staff (however proper support needs to be put in place before they can take this on). Encourage participation in local programmes. Maybe if parents attended course they could be more aware of how to support their children.”

ii. Support structures for staff

“Staff supervision/counselling available without eating into trainee budget. Policies and procedures to follow. Reference directory where staff know exactly who to contact if there is a crisis”

“Supervision, once every three months to offload”

“Somewhere staff can go for time-out e.g. a staff room”

“Have dedicated time for support. Allow ad hoc time off e.g. pick a Friday and tell staff on Thursday they are off tomorrow. Time at a health farm”

“Support when crisis occur to be able to talk to someone”

“Counselling/debriefing, anxiety release, bitching sessions etc”

“More days of de-stress, relaxation and meetings with other instructors/chatting about similar issues”

“More links with other Youthreach centres county-wide and nationally. More resource meetings for subjects and information sharing and better links between resource staff”

Question 10 asked about **training and information needs for trainees/staff**. It was felt that trainees would benefit from group work skills, peer education, health promotion, information on support services and personal development programmes. Having this kind of work as ongoing information rather than one offs. Visits to other centres were mentioned. It was felt that the crisis pregnancy pack was an excellent resource and similar work could be done on other issues. Information needs were clustered around the services available, how to access these and rights of the user.

Basic counselling skills and relaxation/stress management were mentioned for staff training as was policies and procedures training. On-going information on issues and services (e.g. health promotion) and actual contact with service providers was also mentioned. Meetings with experts for advice, as well as interaction with staff from other centres were considered useful. Two respondents spoke of the importance of identifying how to deal with crises. Issues included knowing what crisis management was, clarity for staff around the role of crisis worker and referring on. Regular in-service training with FETAC was mentioned to help keep on top of requirements.

Question 11 asked about the **need for an out-of-hours service**. Five staff members had not supported trainees out-of-hours (although one had only been in the post a few months). Those staff that had supported trainees out of hours had done so on a number of occasions. Issues ranged from giving lifts, hospital admissions, funerals, visiting families, helping prepare for interviews, waiting for a social worker, bringing round money etc to more difficult situations such as a rape, an aftermath of a suicide and a trainee saying they were going to attempt suicide. The vicarious impact upon the health and well-being of staff of such highly charged experiences requires consistent focussed attention.

Seven respondents would like to see some kind of out-of-hours service;

“I would like to see existing services making and meeting a commitment to all young people, especially the more marginalised/disadvantaged. Improve existing services and improve their level of contact with Youthreach”

“Back-up/support/help for young person in crisis continuously until situation has settled down. Intervention in minor crises and development of strategies for staff in how to deal with these. Development of initiatives to help prevent crises or programmes which would mean more effective intervention when they happen”

“Yes in situations like mentioned above or homelessness. I think Health Board should have an after hours service for teenagers”

“I am unsure how exactly it should operate. A full-time post in one centre is probably not justifiable. Maybe if a support worker was shared between centres and the support worker got to know trainees through residential etc. I feel strongly that the service does not operate effectively when the support worker is in centre at the same time as the trainees”

“Difficult to say yes or no. It is important not to be too dependent but if support service is in the form of a community drop-in centre, it could work very well”

“Ideally one in which the trainees will have the total trust and support and will not be let down if they decide to act and no-one answers or no-one can help etc. If you are going to do this then it has to be there all the time

“A youth café with sexual health clinic attached –open until pubs are closed offering information, support, recreation, social and warm place to be.”

Question 12 asked respondents if they would like to make any other comments. Six choose to do so.

“I think Youthreach needs to decide on its level of involvement in crisis management. If this is agreed a holistic system, including out-of-hours support, should be put in place. A seminar on methodologies would be important and of course, resources would need to be found”

“Important to bear in mind that issues such as have been mentioned are not a regular occurrence”

“Youthreach is a great concept and one that everyone involved has to realise that it’s more than just a training centre – the government etc must give the likes of YR support systems and “crisis support workers” as well as tutors and people with experience working with early school immature teen spirited youths – if it is to work properly.”

“The crises are part and parcel of the daily work we do, yet we are also expected to deliver an education and training service. In order to deliver a holistic service and to ensure that all trainees can fully avail of the education/training, there needs to be a structure in place/position of responsibility solely dedicated to all of the non-training/education issues. This person might also have a role in developing centre-home links”

“The project (crisis management support) has definitely taken some burden off staff, especially in areas such as the unplanned pregnancies where the support worker was able to sort out benefits etc for the trainee. Staff would not have had time to deal with this effectively”

“I think the Crisis Pregnancy ‘Pack’ is fantastic and working well. I think that if we identified other areas, drugs/alcohol etc and got funding for some-one to put together a similar pack that we on the front line could work with”

7.4.2 Summary

Staff are having to deal with a variety of problems that need some kind of intervention or support, whether practical (such as organising a lift somewhere) or emotional (such as listening). Youthreach staff already support trainees but acknowledge that there are time constraints particularly when it comes to developing relationships with other agencies and families.

There seems to be a need for regular personal development type programmes such as the sexual health pack (Don't Find Out By Accident!) for trainees.

Some interesting ideas emerged such as a youth café and a centre for independent living for trainees. When Co-ordinators and/or staff have a clear vision for developments like these, they may also have energy and commitment to guide a worker in partnership with other agencies to explore the feasibility of the idea.

There seemed to be a lack of formal support for staff though lots of good team support.

7.5 Informal Staff Interviews

These were conducted with staff in Letterkenny, South Donegal (Ballyshannon) and the STTC staff were asked what support they felt they needed. Some of the points raised were;

- Meeting up with staff from other centres is very supportive. There shouldn't be a difference made between the hierarchy e.g. having a Youthreach Co-ordinators Association/Conference – could include other staff. There could also be Donegal Resource staff days or same subject resource days
- Time out e.g. massage, gym, swim, walk, fun day away, little breaks, taking care of yourself
- Counselling time for staff (outside centres), being able to pick up a phone to get support
- Regular supervision time

The interviews point to a theme about getting the need for a bit of perspective when the job feels too much. Staff had concerns about taking work home, possible burnout and sometimes feeling unable to give trainees what they felt they needed because of stress. There was a feeling that the job had increased workloads and was becoming more complex with resource staff undertaking a variety of roles (e.g. disciplinarian, instructor). There was positive feedback with staff appreciating the support of the team, the holidays and the VEC's parental leave programme.

The staff at the STTC had further concerns partly because of the difference in structure to Youthreach and partly because of the extra issues faced by travellers due to marginalisation. The fact that there was no full-time worker was felt to be a real difficulty. It was also felt that there were problems with discipline, and staff interrelationships. Staff safety was not felt to be guaranteed and

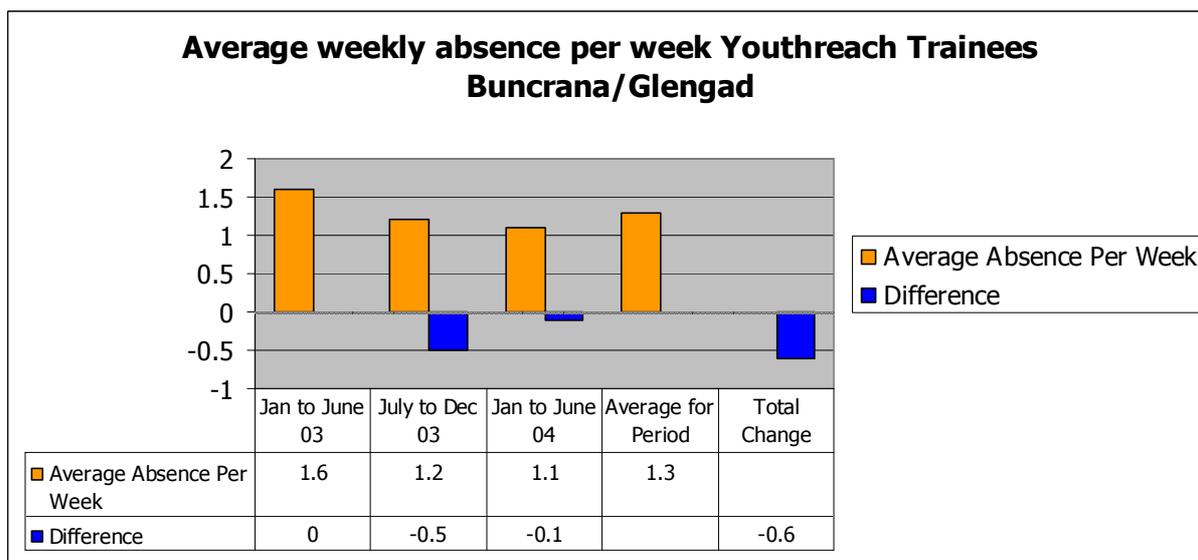
staff members felt unsupported by this. They felt that it would be useful to have anger management courses for trainees, trainee behaviour and discipline to be top of the agenda at meetings, check in times at breakfast for trainees and staff and a fulltime support worker for trainees and staff. One staff member mentioned Appreciative Inquiry as an approach that could be used.

7.6 Absenteeism Figures

The change in average attendance figures for the Buncrana/Glengad Youthreach Centres since January 2003 were calculated (see table and graph below).

Table 8 – Change in Attendance at Buncrana/Glengad Youthreach Centres, January-June 2003

Period	Average Absence Per Week	Difference
Jan. - June 03	1.6	
July - Dec 03	1.2	-0.5
Jan. - June 04	1.1	-0.1
Average for Period	1.3	
Total Change		-0.6



This table and graph shows that absenteeism is lower by half a day a week since the commencement of the crisis management support worker at the Buncrana/Glengad Centres.

8. Discussion

These results indicate a core group of trainees that are experiencing a high level of crises that may require a lot of support. Although the majority of the trainees seem to have low levels of problems, a quarter of trainees are self-reporting a lot of difficulties, and the crisis management workers are giving high support to a third of trainees in their centres. Trainees with high levels of problems often have poor coping skills and show a reluctance to seek help. This is confirmed by research undertaken for one of Co Donegal's School Completion Programmes, which highlights that young people, particularly those at risk, are reluctant in seeking support and often have a restricted range of problem solving skills.²⁷ The case studies confirm that most trainees are not asking for support but that having a worker in place means that a relationship can be developed and interventions and offers of support can take place. As the post of crisis support worker progresses more trainees are using the support offered effectively.

Support needs must be individually tailored as it is not appropriate to give support if it is not wanted. If a relationship is developed where trainees are known then it is possible to offer support in specific situations. When trust has been established more general support can be given as trainees learn how to use the worker as a resource appropriately.

Group work, information sessions, visits etc are useful to the trainees in broadening their experience and in education but they also provide opportunities for relationship development with a worker.

There are gender differences which have been discussed but these need to be kept in mind when providing a service such as the crisis management programme.

Staff also need support too, which has been recognised in the Youthreach Child Protection Policy. Individuals have different needs whether it is counselling, supervision, some time out, peer support or a massage. If staff members do have access to counselling, it is imperative that the counsellor available would be different for staff and trainees to keep boundaries clear for all concerned.

Staff members need to be encouraged and supported to take care of themselves so that the service that is given to the trainees is of the highest quality. Structured time available for regular reflection on individual trainees between staff is very supportive for staff. Information sharing meetings between centre staff to reflect on programmes, events, resources and strategies that have been found to be effective would also be supportive.

²⁷ Neville, Liam and Bock, Inga. *Proposal to pilot a Mental Health and Social Personal Health Project under the Schools Completion Programme S.C.A.M.P. (Schools Completion Activity and Mind Programme)*. Unpublished paper

8.1 Model of Crisis Management Support in Youthreach

This model shows how the crisis management support worker post has developed. As resource staff already support trainees effectively as well as educate them there were initial teething problems as this was a pilot project and it took a while to see how the role could establish. It still feels like a work in progress as resource staff, co-ordinator, trainees and worker co-create effective working practices which have a strong basis in a team approach.

WHERE WE WERE	WHERE WE ARE NOW	WHERE WE WOULD LIKE TO BE
No strategy Reactive Limited by time Restricted by expertise and resources Limited trust	Greater clarity about extent and nature of task Continuing to develop strategy Feedback from trainees and staff in place Proactive engagement with trainees on potential problems and issues Proactive engagement with trainees families Able to follow through with individual trainees Network of contacts for referral/support in place Trust well established	Long term mechanism/strategy in place to provide intervention and support in depth with important issues for trainees
EFFECT Fear of involvement High levels of stress/distress Inability to attend regularly Drop out Continuing destructive patterns of behaviour	EFFECT Acceptance of role and function of crisis support person Trainees and staff feeling supported Less frustration Better attendance The ability to seek and receive continuous support especially with non training issues	POTENTIAL EFFECT Confidence that help is available Lowered stress/distress levels Increased capacity to focus on personal development and learning

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Questionnaire for YOUTHREACH trainees

YOUTHREACH are carrying out a pilot project to see how we can best support trainees manage personal and domestic problems. We need your help. This questionnaire measures how trainees handle problems. You will be asked to fill this questionnaire in twice to see if having a support worker in the centre makes a difference to trainees - now and at the end of the project. The information that you provide will be confidential. We will be using this information, along with other material for a report on what kind of support services trainees in YOUTHREACH might need and use. This may well make a difference to what kind of support services are offered to trainees in Donegal and also in Ireland. I would like to thank-you for taking the time to fill this in. *(Please circle your answer)*

1 I have a lot of problems in my life!

Always Often Sometimes Occasionally Never

2 I can handle problems in my life!

Always Often Sometimes Occasionally Never

3 I hide my problems from others!

Always Often Sometimes Occasionally Never

4 I ask for help when I have a problem!

Always Often Sometimes Occasionally Never

5 I can rely on my family and/or friends to help me when I have a problem!

Always Often Sometimes Occasionally Never

6 I would be happy to talk problems through with professional e.g. counsellor, tutor!

Always Often Sometimes Occasionally Never

7 I enjoy meeting new people!

Always Often Sometimes Occasionally Never

8 I feel pressurised by other people!

Always Often Sometimes Occasionally Never

9 I get on well with others!

Always Often Sometimes Occasionally Never

10 I enjoy time on my own!

Always Often Sometimes Occasionally Never

11 I have a lot of bad feelings!

Always Often Sometimes Occasionally Never

12 I find it hard to forgive others!

Always Often Sometimes Occasionally Never

13 I lose my temper easily!

Always Often Sometimes Occasionally Never

14 I feel controlled by my feelings!

Always Often Sometimes Occasionally Never

15 I can get out of a bad mood easily!

Always Often Sometimes Occasionally Never

16 I am a happy person!

Always Often Sometimes Occasionally Never

17 I worry about the past/future!

Always Often Sometimes Occasionally Never

18 I know that things will not work out for me!

Always Often Sometimes Occasionally Never

19 I take time out just to chill!

Always Often Sometimes Occasionally Never

20 I have a regular hobby/interest (sport/music etc) I enjoy!

Always Often Sometimes Occasionally Never

Thank-you for filling out this questionnaire



Appendix 2 Staff Questionnaire

YOUTHREACH Staff Questionnaire Crisis Management Support Project

YOUTHREACH have acquired funding through the EU programme for Peace and Reconciliation for a pilot project offering support to trainees in crisis, as well as working on crisis prevention. There are currently two workers on board, one based at Lifford, the other at Bunrana/Glengad. Part of the project is to identify the type and level of supports needed to overcome/deal with crises, both for the trainees and the staff. As part of this project, I would ask you to fill this short questionnaire in. Please take the time to consider your answers - Staff are working on the front-line with trainees and are often the first contact of support for trainees in crisis. Your experience and understanding of these problems as well as your thoughts and ideas of how YOUTHREACH can best support trainees and staff is needed for this research. If you need more space to write, please use a separate piece of paper and attach it. Thank-you for filling in this questionnaire

YOUTHREACH Centre _____ POSITION _____

1. What crises/problems have trainees had (that you are aware of) in the last year?

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

(k)

(l)

Please use more paper as required

2. How do you currently handle these problems?

(Please rate effectiveness 5-highly effective, 1 -very poor)

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)
- (k)
- (l)

3. How effective do you find these strategies?

4. What internal support structures are there for trainees?

- How effective do you find these?

5. What internal support structures are there for staff?

- How effective do you find these?

6. What external support structures are you aware of for trainees?

- Which have you used?

- How effective do you think they are?

7. What external support structures are you aware of for staff?

- Which have you used?

- How effective do you think they are?

8. Have you any thoughts/ideas on potential support structures

- for Trainees?

- for Staff?

9. Have you any thoughts/ideas on training needs/information sessions with regard crisis/problem management?

- for Trainees?

- for Staff?

10. Have you had to support trainees out of hours?

Yes/No

If Yes, in what situations?

11. Do you see a need for an out-of hours support service for Youthreach trainees? Yes/No

If Yes, how would you like to see this operate?

12. Any other comments you would like to make with regards these issues?

Thank-you for taking the time to fill in this form.

Please return to Julie Brown, Crisis Support Worker and Research Post, Buncrana/Glengad YOUTHREACH, Shore Road, Buncrana. Tel. 086 174 0643 E-mail crisismgtbuncrana@eircom.net

APPENDIX 3 Crises Presented by Trainees in YOUTHREACH & STTC Centres Across Donegal

Table I - Crises Presented by Trainees in Centre A since mid-October 2003

Issues Causing Tension <i>Resolvable: Building blocks of crises if not resolved</i>	Minor Crises <i>Not solvable that day or week</i>	Critical Situations <i>Incident which effects continuity</i>	Crises <i>Inability to cope, severe disruption to routine Potential long-term effect</i>	Severe Crises <i>Complete disruption to life/family/well-being</i>
<ul style="list-style-type: none"> - Family bereavement-unresolved loss - Accident in family - Separation from parent - Disappointment over expected visit from parent - Depressed parent - Parent ill - Fall out in family - Death of grandparent - Worries about family - Having a lot of responsibility at home - Arrest of boyfriend - Relationship break-up - Relationship difficulties - Unresolved issue about being assaulted - Fears - Aggressiveness - Feeling 	<ul style="list-style-type: none"> - Alcohol and drug abuse issues - Heavy drinking - Regular drug taking - Drinking and fighting - Dope-smoking - Paranoia - Drinking and grief - Drinking bottle of vodka to "straighten out" after night of binging - Severe hangovers - Not remembering previous night - Housing Issues - Rent problems - Unsettled at home - Moving house frequently - Financial problems - Not having a home - Family difficulties - Difficult relationship with parent. - Difficult relationship with family - Feeling responsible for 	<ul style="list-style-type: none"> - Pregnancy scares - Plaintiff in court case (sexual harassment) - Court cases -hit Garda - hospitalised girl - mother drinking/driving - Arrest for drinking and driving (no license or insurance) - In court with boyfriend (serious offences) - Boyfriend arrested - Risk-taking behaviour during drinking - Hospitalised after car crash (no seat-belt driver drinking) - Bad experience on Ecstasy tablets - Unwanted/unprotected sex 	<ul style="list-style-type: none"> - Unexpected Pregnancy - Childbirth - Miscarriage - Living with alcoholic mother - Depression - Mental illness - 15 year old living with 21 year old boyfriend - Panic attacks - Threatening overdose - Having to leave Youthreach (possible ADD-unassessed) 	<ul style="list-style-type: none"> - Close friend killed in car crash - Being injured in car crash, some-one killed - Premature baby - Close friend committing suicide - Number of losses coming at once - Suicidal thoughts

<ul style="list-style-type: none"> - scapegoated - Passive behaviour - Feeling stereotyped - Feeling judged - Difficulties with authority - Feeling let down by authority - Difficulty with routine work - Difficult experience - Difficulties getting work experience (confidence, motivational, fear issues) - Absenteeism - Difficult relationships with other trainees - Finding environment tense - Fear re. Psychiatric visit - Worries about court appearance (no parental support, no lawyer) - Anxiety around social work visit (feeling judged) - Fears throughout pregnancy: Something 	<p>death</p> <ul style="list-style-type: none"> - Feeling controlled. - Angry with mother - Family fall outs/feuds - Grandparent dying - Alcoholic parent (not living at home) - Child in custody - Boyfriend harassing family - Relationship/personal skills - Apathy regarding life choices/life style/future - Lack of ability to structure time - Difficulty remembering appointments - Organisational problems - Lack of self-esteem - Not feeling respected - Lack of identity - Aggressive attitudes - Having a reputation for violence - Controlling temper - Disruptive behaviour - Erratic behaviour - Violent feelings- rage - Attention-seeking behaviour - Can't make decisions - Issues around trust - Unresolved 	<p>after drinking.</p> <ul style="list-style-type: none"> - Heavy drinking-binge sessions - Falls and injuries during drinking - Fighting when drinking - Physical altercations involving trainee - Injury intervening in fight - Violent boyfriend - Being bullied - Bullying - Having to leave YR after staff received threatening call - Parent with brain tumour –trainee has to move out - Not wanted at home - Death of close family member - Uncontrolled anger - Taken too many sleeping tablets 		
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<p>wrong with baby, fear of labour, breech baby, shame of pregnancy, families attitude. etc.</p> <ul style="list-style-type: none"> - Sexually Transmitted Disease - Fear of pregnancy after taking ecstasy tablets - Parenting issues - Sick child - Physical ailments (due to personal neglect) - Being in hospital - Wage issues - Career choice anxiety - Difficulties with form filling - Possessions stolen - Lack of education - Poor attention span 	<p>issues around bullying</p> <ul style="list-style-type: none"> - Manipulation of other trainees - Manipulation of staff - Manipulation of system - Personality clashes with staff - Problems with staff - Personality clashes amongst trainees - Trainees not speaking - Fighting amongst trainees - Bullying, threats. - No friends-lonely - Fear of death - Eating problems - Receiving threatening phonecalls - Contraceptive issues - Child-minding arrangements - Wanting to quit smoking - Bad sleeping patterns - Unable to sleep - Nightmares - Exhaustion 			
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Table II - Crises Presented by Trainees in Centre B since September 2003

Issues Causing Tension <i>Resolvable: Building blocks of crises if not resolved</i>	Minor Crises <i>Not solvable that day or week</i>	Critical Situations <i>Incident which effects continuity</i>	Crises <i>Inability to cope, severe disruption to routine. Potential long-term effect</i>	Severe Crises <i>Complete disruption to life/family/well-being</i>
<ul style="list-style-type: none"> - Waiting on test results re. lupus - Finding appropriate work experience - Depressed about leaving a job - Negotiating re. information for trainee to sign on - Entitlements - Wanting to leave course - Money - New trainee coming to programme (staff worries about previous behaviour) - Needing to move away from home - New trainee coming on board (fallen out with trainee on course) - Reading text messages - Baby's rash - ESB Inquiry 	<ul style="list-style-type: none"> - Fear of intimacy - Manipulation of truth to impress/attention seeking - (Difficulties substantiating information given) - Disturbing thoughts (Kill brother if could get away with it) - Behavioural difficulties - Motivational difficulties - Dependency - Not happy living with sister/can't afford to move out (under 17) - Moved out of mothers - Wanting to move out of home - Moving out of home-mums betrayal over abusive brother moving back - Living with boyfriend and his mother (moved from grandmothers) 	<ul style="list-style-type: none"> - Having a baby - Trainee leaving on bad terms and getting into trouble with guards (criminal damage and assault) 	<ul style="list-style-type: none"> - Unplanned pregnancy 	<ul style="list-style-type: none"> - Rape

<ul style="list-style-type: none"> - Housing Application 	<ul style="list-style-type: none"> - Falling out with employer - Fallen out with friend - Trainees fallen out - Absenteeism - Poor attendance - Trainee on probation - Trainee left after one week - Trainee leaving centre on bad terms - Trainee not engaging with programme - Bullying in centre - two ongoing cases - homophobic comments - Fear of friend committing suicide - Brother in court - Fall after alcohol - Female trainee drinking with older men - Parenting issues - Brother stabbed neighbour - Having to move out of accommodation - House repairs Co. Council house - Trainee thinking she may be depressed - Trainees difficult behaviour 			
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	<ul style="list-style-type: none">- Brother joyriding- Falling out with boyfriend x2- Trainee going out with other trainees boyfriend- Pregnancy			
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Table III - Crises Presented by Trainees in Centre C since October 2003

Issues Causing Tension <i>Resolvable: Building blocks of crises if not resolved</i>	Minor Crises <i>Not solvable that day or week</i>	Critical Situations <i>Incident which effects continuity</i>	Crises <i>Inability to cope, severe disruption to routine Potential long-term effect</i>	Severe Crises <i>Complete disruption to life/family/well-being</i>
<ul style="list-style-type: none"> - Bullied and excluded from the group - Made allegations of being raped (before starting at YR) by someone known to other trainees - Nasty text messaging - Dyslexia - ADHD - Settling in to Ireland - Pecking order - Being a parent - Pressure of FETAC - Racism - Pressure of friend's problems - Parental ill health - Trainee's ill health - Responsibility for younger siblings - Questioning sexual orientation - Heavy drinking - Health/Overweight - Anger - Power struggles with other trainees/staff - Exclusion from 	<ul style="list-style-type: none"> - Telling lies leading to exclusion from the group (by other trainees) - Turning 18 - losing Health Board rent allowance - Being offered drugs in centre - Eating disorder - STI - Child's illness - Involved in car accident - Finding it hard to fit in because of older brother's (ex-trainee) reputation - Depression - Miscarriage - Post Natal Depression - Traumatic death of child's father (i.e. ex-partner) in car smash 	<ul style="list-style-type: none"> - Family illness - Drinking to excess – not remembering things the next morning - Parental mental illness - Parental separation - Parental “infidelity” - Moving out of home - Eating disorders - Friend threatening suicide - Work Experience – trainee willing to leave the programme rather than attend work experience 	<ul style="list-style-type: none"> - No communication at home (e.g. doesn't know if his mother has a job or not!) - Pregnancy - Suicidal ideas - Alcohol problems - Witnessing attempted suicide - Violent behaviour - Potentially homeless - Not taking medication for mental health problems 	<ul style="list-style-type: none"> - Attempted suicide - NAI (alleged)

<ul style="list-style-type: none"> - group - Poor self-esteem - Attention seeking - Court appearance - Poor back up by various state services - Accommodation - Being on the housing list - Being fostered - Language barrier - Mental health - Poor communication skills - Don't want to be in the centre - Poor parenting - Alcoholism in the home - Addressing hygiene issues - Home situation/poor condition of home - Eating in front of other trainees - Cultural differences – being on the YR programme but coming from a traveller background/ also being fostered by a settled family - Settling into the programme - Past experience of school 	<ul style="list-style-type: none"> - Being a member of a religious minority within the centre - Falling out with friends/other trainees - Moving out of home - Relationship problems/ break up - Family members in trouble with the law - Death in the family - In trouble with the law - Drug taking - Sever hangovers - Drug withdrawal - Theft - Sick sibling 			
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<ul style="list-style-type: none">- Literacy problems- Work experience- Living up to family expectations/siblings- Parental separation				
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Table IV - Crises Presented by Trainees in Centre D since October 2003

Issues Causing Tension <i>Resolvable: Building blocks of crises if not resolved</i>	Minor Crises <i>Not solvable that day or week</i>	Critical Situations <i>Incident which effects continuity</i>	Crises <i>Inability to cope, severe disruption to routine Potential long-term effect</i>	Severe Crises <i>Complete disruption to life/family/well-being</i>
<ul style="list-style-type: none"> - Frustration with literacy / numeracy problems - Questioning sexual orientation of family member - Anger / aggressive tendencies - Shyness / lack of social skills 	<ul style="list-style-type: none"> - Bullying - Financial worries - Court appearance issues - Special dates - Starting school - Easter/ Christmas 	<ul style="list-style-type: none"> - Family illness - Drinking to excess - Settling in to Ireland from Scotland - Settling in to Ireland from England - Grieving one death of grandfather - Children's illness - Physical & mental - Community fighting different factor outside Centre - Sister separated from husband - Serious lying about theft by 	<ul style="list-style-type: none"> - Moved house but did not want to - Highly inflammatory text messages about private life - Being beaten by boyfriend 	<ul style="list-style-type: none"> - Overdose - Arrest of immediate relative accused of sexual attacks on trainee

		<p>another trainee</p> <ul style="list-style-type: none">- Boyfriend threatened trainee with social welfare- Brother disappearing for a number of days- Inter-family feuds		
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Table V - Crises Presented by Trainees in Centre E since October 2003

Issues Causing Tension <i>Resolvable: Building blocks of crises if not resolved</i>	Minor Crises <i>Not solvable that day or week</i>	Critical Situations <i>Incident which effects continuity</i>	Crises <i>Inability to cope, severe disruption to routine Potential long-term effect</i>	Severe Crises <i>Complete disruption to life/family/well-being</i>
<ul style="list-style-type: none"> - Waiting for test results (exam) - Up-coming court cases - New trainee (staff/trainee worries about previous behaviour relationships) - Literacy problems - Bullying 	<ul style="list-style-type: none"> - Hangovers - Money problems - Relationships - Angry with staff/parents 	<ul style="list-style-type: none"> - Pregnancy - Having a baby - Depression - Parental mental illness - Threat of suicide 	<ul style="list-style-type: none"> - Homelessness - Severe difficulty with authority - Constant Aggressive behaviour 	<ul style="list-style-type: none"> - Still birth - Loss of parent

Table VI - Crises Presented by Trainees in Centre F since October 2003

Issues Causing Tension <i>Resolvable: Building blocks of crises if not resolved</i>	Minor Crises <i>Not solvable that day or week</i>	Critical Situations <i>Incident which effects continuity</i>	Crises <i>Inability to cope, severe disruption to routine. Potential long-term effect</i>	Severe Crises <i>Complete disruption to life/family/well-being</i>
<ul style="list-style-type: none"> - Build up to Christmas - Build up to a wedding - Preaching from family members - Neighbour from hell - Going to the doctor 	<ul style="list-style-type: none"> - Waiting for an exam to come up - Child with asthma - Minor ongoing childhood illness - Childhood injections - Going to the dentist 	<ul style="list-style-type: none"> - News of imminent death of a relative - Bullying - Problem at home - Difficult pregnancy - Pony trotting when centre is on - Funeral of traveller relative 	<ul style="list-style-type: none"> - Debt ESB bill running up - Court case pending - Break up of relationship - Alcohol addiction and related problems - Being in hospital - Family member in England who is sick 	<ul style="list-style-type: none"> - Threat to be put out of rented accommodation - Threat that children could be taken away - Ongoing childhood illness with ongoing worry - Neighbour from hell left unchecked - Disputes among families going back years

Appendix 4 Focus Groups Data

Below is a summary of the trainees' answers from the focus group interviews. Each paragraph represents a different centre and the answers are written in the order they were given by trainees. The last two paragraphs were from interviews conducted at the S.T.T.C. The final paragraph was conducted with an ex-trainee who had gone on to further education and was visiting the centre at the time of the interview. It is included for interest as it gives feedback of the service with the added perspective of hindsight.

1. **What would you see as the most difficult situations/crises that trainees might experience?**

'Getting up early, bullying, getting involved in drugs (connected to suicide), violence, loss of interest in education, depression, peer pressure, parent pressure, high expectations, stress, work, having to get something done, unplanned teenage pregnancy, parents telling you what to do (e.g. Think of your future), keeping all your problems in, bottling things up, exams, family problems, parents splitting up, relationships, problems with girlfriend/boyfriend, losing a family member'

'Lack of money, not having enough work'

'Problems with accommodation/rent allowance, finding work/getting a job, getting into night clubs, being bullied, pressurised into things, e.g. drugs, drink, sex'

'Accommodation/rent, finding places to live, falling out with friends, being treated like a child, Feeling what's the point, relationships, friendships, social life (not much to do), change, moving, doing new things, starting a new job, pressurised, having to do things, moods, being alone, family –being annoying and in your face, being called alcoholic, being told bad things about yourself-you should be locked up, people wrecking your car, getting locked into fights, loads of drugs everywhere, not enough freedom – nagging, too much freedom-no boundaries, not strict enough, temper, money, taking drugs really young (11), heroin, smoking, losing your father/mother/brother'

'Growing up – teenage life is hell, nothing for young people – no social life, no-one takes you seriously – you're a teenager – you know nothing, Figuring out what you want to do when you grow up, not comfortable talking about feelings – wouldn't chat to family, financial problems, Rows when you go out – having to watch yourself – some-one might bottle you, long term use of drugs or taking loads of drugs, having your drink spiked'

'Parents, other people, pressure, alcohol, drugs, sex, bullying, Guards harassing you, Relationships, boyfriends, arguments, falling out, money, accommodation, fighting, bitches, slags trying to get your boyfriend'

'Having no money, not having enough money, having no cars, having no booze, not enough booze, getting bullied, guards harassing you, tutors, getting called names'

'Lack of sleep, work and stress, trying to do too much at once, going out on the tear – not giving a fuck about stuff, reading and writing difficulties, others tell you what you need – you think you know better, dig a hole in the long run, impetuous, arrogance, social life'

2. What, would you say could be the causes of these situations/crises?

'Life'

'Drugs, Bullying, Domestic Violence, Alcohol, Friends putting pressure on you, Lack of work, People making you feel shit, people thinking they are better than you, people feeling you are too young, rules, having no confidence'

'Boredom, parents/brothers/sisters, women, peer pressure, teachers, nagging, always on your back, stressing you out, they don't know how to relax, not enough faith in you, don't let you do it in your own time, friends piss you off, life in general, stress of work, getting out of your head, getting full at the weekend, Other people, parents, pressure, people letting you down, being hurt by others – physically, mentally, verbally, people expect too much of you – you expect too much, peer pressure, trying to fit in – doing something you don't want to do'

'Society (people being brought up to call you names, not getting paid enough, getting hammered 2-3 times a week'

'Growing up, rebellion, thinking that I know best –not realising that others are there to help you'

3. What supports/resources do trainees use/ have to cope with these situations/crises?

'Keep everything in –don't use any, talk to Marie (crisis support worker), talk to mum and dad, write it down in a diary, thinking about it makes it worse, take temper out on door, bust your knuckles, drinking, tell things that haunt you/ memories that haunt you'

'Separating a fight, mediating, butting in and putting things right, saying your piece, telling someone'

'Time on your own, talk to friends, diary, tarot cards, like to know what's going to happen, relaxation, smoking a joint, getting a bit of perspective, shout at your parents, half wreck the place, walk, beating the shit out of door, think of the consequences, easier when you are older, music, social life'

'Holding in – don't speak, ignore everything, go and get pissed, smoke dope, toss everything aside – let drink take over, hope it works itself out, do something to take your mind off it, listen to music, go away somewhere, head off on a motorbike, play the computer, smoke a lot of fags'

'Counselling, family, mum, support worker, friends, instructors, Paul (co-ordinator), thinking positive, hoping for the best, pray, retail therapy, confidence, self-esteem, believing in yourself, help others (because if you help them they help you), relating to others, opening up to some-one you can trust, chucking stuff out of window, stress balls, have a good cry, punch something, take it out on someone else'

'Be strong, be brave, go mental/mad, phone a friend'

'Having ambition- wanting to do something, someone actually meeting you half way'

4. Which of these strategies would make trainees feel good /most proud of themselves?

'Getting someone to talk to that they don't know, not thinking about things, starting over, having something to look forward to'

'Saying their piece'

'Social life, talking to friends, music, having your own space, start again, appreciate what you have got, standing your ground, go out walking with your friends, light stuff, seeing scenery, talking shite'

'Go away for a long run, stop in a wee quiet area, smoke fags, have a few drinks to relax, hold it in till things calm down and then talk to someone'

'Knowing that people care for you, love you, respect you and understand you'

'Being mad'

'Try and manage one thing at a time, taking breaks, take it at your own pace, motivation, have confidence, friends backing you up'

5. What do (Youthreach) staff members do that is helpful for trainees in these situations?

'Bullying Procedures (but not followed or half the people would not be in here), Support Worker, help getting into courses, get you settled in, sit down and talk, phone the counsellor'

'Listen, try and help whatever they can'

'Staff come out to talk to you, Good to talk to'

*'Shows you stuff, help sort out things, health stuff, help you move on, get you out of ruts
Find out stuff for you, help you get a career, keep you off the streets during the day, keep you on the straight and narrow, far better than school, don't pressure you into doing work, no homework, counselling if you want it, sort out problems at home'*

'Listening, give advice, speak to people bothering you, sort stuff out, discipline, respect you'

'Giving money for the weekend, learn a bit'

'Listen without jumping in, meet you half way, let you make your own decisions, good advice, helping out everyday, accepting you how you are, having time for you, understanding toward you, always some-one to chat to, taking you as you are, different personalities'

6. What do (Youthreach) staff members do that is not helpful in these situations?

'Tell every-one, talk about it to others, talk too much'

'Not trusting you, sometimes you need to be on your own, need a bit of space'

'Don't ask you what's up with you, just have a go e.g. "stop being in a bad mood", pushes too much, cross the line, don't give you your own space, invading your personal life, nosy'

'Get on to you for missing a day without asking why, On your back about being late when it is difficult to get a lift in, Asking personal questions in front of every-one that you might not want to answer, put you under pressure if you are in a bad mood, nagging at you, making the situation worse, keep you in a room on a warm day, build up hope which get shot at the last moment (with regards planned activities), mixed messages e.g. not allowed to go out for self but have to go to do message for teacher'

'Give you more grief, pick on you, aggravate you, call you names, say to cop yourself on, make you do work, have favourites, put you down in front of other people, not understanding'

'Shaming you, not trusting you'

'Everyone has different expectations of you'

7. What could Youthreach/STTC do that would be most useful/supportive to trainees who are in these difficult situations/crises?

'The counsellor and support worker are good, bullying groups, drug groups, alcohol groups where you share own experience. Different centres meeting up to talk about issues, a couple of days off to get their head sorted, a comfort day, cut down on work experience, wild pressure for trainees'

'Need a place to chill out, a basketball ring to use at lunchtimes, pay you if you are sick, help you out financially if you are going through difficult times, you can pay it back later'

'Need someone down to earth to talk to, some-one you can trust, who is a bit of craic, some-one to tell things to get off your chest, some-one relaxed, confidential, travelling youth information'

'Give you time to yourself, let you work at your own pace (if you are in a bad mood, especially if they know you are not usually like that), have a room to go to if you need space, comfortable seats, tea and biscuits, computer, play station, music, something to take your mind off it, something to do at lunchtime, more fun, not all paper work all the time, if you need a day off get paid for it, time to socialise with other trainees'

'Listen to them, get them help, counselling, get them to see its not as bad as it is –that there is a way out, stop nagging them, know that some-one is there who is going to respect you and wants to help you and is genuinely interested in your well-being, chill out room, TV'

'Go on a trip, paint balling'

'Help you follow your interests'

Appendix 5 Frequency of Response on each ‘Self-Reported Coping Survey’ Questions

Frequency of Rating on Item (%)					
Question	1	2	3	4	5
1 Lot of Problems	7 (7.4)	14 (14.7)	41 (43.2)	23 (24.2)	10 (10.5)
Males	1 (2.3)	4 (9.1)	24 (54.5)	7 (15.9)	8 (18.2)
Females	6 (11.8)	10 (19.6)	17 (33.3)	16 (31.4)	2 (3.9)
2 Handle problems	5 (5.3)	10 (10.5)	36 (37.9)	25 (26.3)	19 (20.0)
Males	4 (9.1)	4 (9.1)	14 (31.8)	11 (25.0)	11 (25.0)
Females	1 (2.0)	6 (11.8)	22 (43.1)	14 (27.5)	8 (15.7)
3 Hide Problems	17 (17.9)	17 (17.9)	25 (26.3)	18 (18.9)	18 (18.9)
Males	7 (15.9)	9 (20.5)	11 (25.0)	9 (20.5)	8 (18.2)
Females	10 (19.6)	8 (15.7)	14 (27.5)	9 (17.6)	10 (19.6)
4 Ask for Help	25 (26.3)	22 (23.2)	32 (33.7)	10 (10.5)	6 (6.3)
Males	12 (27.3)	11 (25.0)	16 (36.4)	4 (9.1)	1 (2.3)
Females	13 (25.5)	11 (21.6)	16 (31.4)	6 (11.8)	5 (9.8)
5 Rely on family/friends	9 (9.5)	8 (8.4)	28 (29.5)	17 (17.9)	33 (34.7)
Males	3 (6.8)	4 (9.1)	15 (34.1)	9 (20.5)	13 (29.5)
Females	6 (11.8)	4 (7.8)	13 (25.5)	8 (15.7)	20 (39.2)
6 Happy to use counsellor/prof/tutor.	43 (45.3)	16 (16.8)	17 (17.9)	10 (10.5)	9 (9.5)
Males	27 (61.4)	5 (11.4)	7 (15.9)	2 (4.5)	3 (6.8)
Females	16 (31.4)	11 (21.6)	10 (19.6)	8 (15.7)	6 (11.8)
7 Enjoy meeting new people	2 (2.1)	9 (9.5)	26 (27.4)	13 (13.7)	45 (47.4)
Males	2 (4.5)	7 (15.9)	7 (15.9)	6 (13.6)	22 (45.5)
Females	0	2 (3.9)	19 (37.3)	7 (13.7)	23 (45.1)
8 Feel pressured	3 (3.2)	10 (10.5)	32 (33.7)	17 (17.9)	33 (34.7)
Males	0	6 (13.6)	14 (31.8)	4 (9.1)	20 (45.5)
Females	3 (5.9)	4 (7.8)	18 (35.3)	13 (25.5)	13 (25.5)
9 Get on well with others	1 (1.1)	5 (5.3)	17 (17.9)	43 (45.3)	29 (30.5)
Males	1 (2.3)	2 (4.5)	9 (20.5)	18 (40.9)	14 (31.8)
Females	0	3 (5.9)	8 (15.7)	25 (49.0)	15 (29.4)
10 Enjoy time on own	5 (5.3)	17 (17.9)	37 (38.9)	18 (18.9)	18 (18.9)
Males	3 (6.8)	7 (15.9)	15 (34.1)	9 (20.5)	10 (22.7)
Females	2 (3.9)	10 (19.6)	22 (43.1)	9 (17.6)	8 (15.7)
11 Have bad feelings	7 (7.4)	9 (9.5)	36 (37.9)	24 (25.3)	19 (20.0)
Males	0	3 (6.8)	15 (34.1)	13 (29.5)	13 (29.5)
Females	7 (13.7)	6 (11.8)	21 (41.2)	11 (21.6)	6 (11.8)
12 Find it hard to forgive	7 (7.4)	7 (7.4)	33 (34.7)	29 (30.5)	19 (20.0)
Males	4 (9.1)	2 (4.5)	14 (31.8)	15 (34.1)	9 (20.5)
Females	3 (5.9)	5 (9.8)	19 (37.3)	14 (27.5)	10 (19.6)
13 Lose temper easily	19 (20.0)	16 (16.8)	30 (31.6)	17 (17.9)	13 (13.7)
Males	9 (20.5)	5 (11.4)	11 (25.0)	10 (22.7)	9 (20.5)
Females	10 (19.6)	11 (21.6)	19 (37.3)	7 (13.7)	4 (7.8)
14 Feel controlled by feelings	9 (9.5)	19 (20.0)	32 (33.7)	13 (13.7)	22 (23.2)
Males	3 (6.8)	11 (25.0)	12 (27.3)	5 (11.4)	13 (29.5)
Females	6 (11.8)	8 (15.7)	20 (39.2)	8 (15.7)	9 (17.6)
15 Get out of bad mood easily	7 (7.4)	9 (9.5)	51 (53.7)	15 (15.8)	13 (13.7)
Males	4 (9.1)	5 (11.4)	19 (43.2)	9 (20.5)	7 (15.9)
Females	3 (5.9)	4 (7.8)	32 (62.7)	6 (11.8)	6 (11.8)
16 Happy person	3 (3.2)	10 (10.5)	23 (24.2)	36 (37.9)	23 (24.2)
Males	2 (4.5)	5 (11.4)	5 (11.4)	19 (43.2)	13 (29.5)
Females	1 (2.0)	5 (9.8)	18 (35.3)	17 (33.3)	10 (19.6)
17 Worry about past/future	20 (21.1)	15 (15.8)	26 (27.4)	7 (7.4)	27 (28.4)
Males	7 (15.9)	6 (13.6)	12 (27.3)	2 (4.5)	17 (38.6)
Females	13 (25.5)	9 (17.6)	14 (27.5)	5 (9.8)	10 (19.6)
18 Know things will not work out	2 (2.1)	11 (11.6)	32 (33.7)	21 (22.1)	29 (30.5)
Males	0	3 (6.8)	13 (29.5)	10 (22.7)	18 (40.9)
Females	2 (3.9)	8 (15.7)	19 (37.3)	11 (21.6)	11 (21.6)
19 Take time to chill	5 (5.3)	17 (17.9)	26 (27.4)	28 (29.5)	19 (20.0)
Males	2 (4.5)	6 (13.6)	12 (27.3)	13 (29.5)	11 (25.0)
Females	3 (5.9)	11 (21.6)	14 (27.5)	15 (29.4)	8 (15.7)
20 Regular hobby/interest	10 (10.5)	14 (14.7)	16 (16.8)	20 (21.1)	35 (36.8)
Males	2 (4.5)	4 (9.1)	5 (11.4)	9 (20.5)	24 (54.5)
Females	8 (15.7)	10 (19.6)	11 (21.6)	11 (21.6)	11 (21.6)

Questions were rated positively or negatively so that lower ratings e.g. ‘1’ indicate more negative self-reported coping strategies / poorer mental health and higher ratings e.g. 5 indicate more positive coping strategies or good mental health. Figure in brackets is the percentage of total.

Analysing the Frequency of Response Table

The information from the 'Self-Reported Coping Survey' has been analysed the frequency with which each rating was assigned to each question is summarised in the above table. From this table, it can be determined, how often the group as a whole made a certain rating (e.g. 7.4% of the total group answered 'always' to the first question concerning the perceived level of problems in their lives). The table also allows for the cumulative percentage of the group responding below or above a certain cut-off point to be extracted (e.g. for the first question, the cumulative percentage of ratings of 'always' (7.4%) and 'often' (14.7%) for the overall group is 22.1% indicating that just under $\frac{1}{4}$ of the total group feel they consistently have a considerable level of problems in their lives). Finally the table can be used to explore the responses of the males and females, looking at each gender's responses to various questions (e.g. no males have reported that they experience 'a lot of bad feelings', Q11, while most males do report having a regular hobby or interest, Q.20), as well as differences between males and females (e.g., substantially more females report a willingness to talk to a counsellor, tutor or professional, if deemed necessary, (Q.6), compared to males.

Appendix 6 Summary Scores Statistics

Summary scores (i.e., Total, Positive, Negative scores) were calculated as follows.

Total score: Sum of scores for all questions; more positive score (higher) thought to indicate more self-reported positive coping

Positive score: Sum of scores only from positively worded questions (Nos. 2, 4, 5, 6, 7, 9, 10, 15, 16, 19, 20) with a higher score thought to indicate more self-reported positive coping

Negative score: Sum of scores only from negatively worded questions (Nos. 1, 3, 8, 11, 12, 13, 14, 17, 18) with a higher score thought to indicate more self-reported positive coping

The latter two scores were generated in order to explore whether the wording of the questions ‘pulls’ different responses. For example, positively worded questions may be easier to say ‘yes’ to than negatively worded ones, which could be seen as more ‘revealing of vulnerability’.

No normal comparison group was available against which to evaluate overall scores of the trainees, so these scores themselves could not provide clear insight into the level of trainees self-reported coping. It was therefore decided that a ‘Total’ score of 60 or above would represent a reasonably ‘healthy’ or ‘positive’ level of coping or good mental health, as possible ‘Total’ scores would range from a maximum score of 100 and a minimum score of 20 (e.g., 20 questions, with ratings of 1 to 5). As shown in table A, the mean ‘Total’ score for all trainees, regardless of gender, is 66.47.

Table 9 - Total, Positive and Negative Scale Scores by Gender

SCALES	ALL N=95	MALE♂ N=44	FEMALE♀ N=51	F statistic, (df=1,93)
TOTAL	66.47 (9.25)	68.57 (8.45)	64.67 (9.61)	F=4.351, p<.05
POSITIVE	36.85 (5.82)	37.16 (6.47)	36.59 (5.24)	Not Significant
NEGATIVE	29.62 (6.77)	31.40 (6.24)	28.08 (6.88)	F=6.029, p<.05

Note: Shown in this table are means (group average scores) and in brackets, standard deviations. ‘N’ refers to the number of scores in each group. Statistically significant results (e.g., differences between groups) are indicated where p<.05 (‘p’ refers to probability).

Gender Comparison

One-way analysis of variance procedures (ANOVA) were used to assess the effect of gender on the 3 summary scale scores (described in Appendix 5) and the results are presented in Tables A and B.

Table 10 - Self-Reported Coping (SRC) Responses by Item and Gender

QUESTION	ALL N=95	MALE N=44	FEMALE N=51	F statistic (df=1,93)
1 Lots of problems	3.16 (1.05)	3.39 (.97)	2.96 (1.08)	F=4.405; p<.05
2 Can handle problems	3.45 (1.09)	3.48 (1.23)	3.43 (.96)	NS
3 Hide problems	3.03 (1.36)	3.05 (1.35)	3.02 (1.39)	NS
4 Ask for help	2.47 (1.18)	2.34 (1.06)	2.59 (1.27)	NS
5 Can rely on ff	3.60 (1.30)	3.57 (1.21)	3.63 (1.39)	NS
6 Happy to talk with prof.	2.22 (1.37)	1.84 (1.26)	2.55 (1.39)	F=6.695; p<.011
7 Enjoy meeting	3.95 (1.15)	3.89 (1.32)	4.00 (1.00)	NS
8 Pressured	3.71 (1.15)	3.86 (1.15)	3.57 (1.14)	NS
9 Get on well	3.99 (0.89)	3.95 (.96)	4.02 (.84)	NS
10 Enjoy time on own	3.28 (1.13)	3.36 (1.20)	3.22 (1.06)	NS
11 Lots of neg. emotions	3.41 (1.14)	3.82 (.95)	3.06 (1.17)	F=11.798; p<.001
12 Find hard to forgive	3.48 (1.12)	3.52 (1.15)	3.45 (1.10)	NS
13 Lose temper	2.88 (1.30)	3.11 (1.42)	2.69 (1.18)	NS
14 Controlled by emotions	3.21 (1.27)	3.32 (1.33)	3.12 (1.23)	NS
15 Out of bad mood	3.19 (1.03)	3.23 (1.14)	3.16 (.95)	NS
16 Am happy	3.69 (1.05)	3.82 (1.13)	3.59 (.98)	NS
17 Worry about past/future	3.06 (1.49)	3.36 (1.51)	2.80 (1.44)	F=3.403; p=.07
18 Know not work out	3.67 (1.10)	3.98 (1.00)	3.41 (1.12)	F=6.670; p<.011
19 Time to chill	3.41 (1.15)	3.57 (1.15)	3.27 (1.15)	NS
20 Regular hobby	3.59 (1.39)	4.11 (1.21)	3.14 (1.39)	F=13.215; p<.000

Note: Shown in this table are means (group average scores) and in brackets, standard deviations. 'N' refers to the number of scores in each group. Statistically significant results (e.g., differences between groups) are indicated where p<.05, p<.01, p<.001 ('p' refers to probability).

Appendix 7 YOUTHREACH Staff Questionnaire: Question 1 in Detail

What crises/problems have trainees had (that you are aware of) in the last year?

These answers are a list of the crises/problems staff identified. They have been grouped into the various broad categories of health (including pregnancy), mental health, relationships, legal, financial and practical. The wording below is as it appears on the forms

Health Problems

Pregnancy / having a baby
Unplanned / crisis pregnancy
Pregnancy scare / miscarriage
Miscarriage
Morning after pill availability
Sexually transmitted disease

Mother with mental health problems

Mother ill with cancer

Family illness

Fear of abusive family member returning to family home

Return to home of abusive family member

Physical abuse by parent (alleged)

Mental health problems

Depression

Attempted suicide / suicidal tendencies

Suicide

Self-harm

Change of medication

Abuse of alcohol / regularly getting drunk

Drug / substance abuse

Accident due to alcohol abuse

Death

Uncontrollable anger

Dysfunctional family problem

Confrontation with parents, step-parents

Parental problems

Trouble at home / thrown out of home

Aggressive behaviour

Court appearances

Brother getting custodial sentence (and involvement in case)

Trouble with the law, Gardaí, courts

Caution by Gardaí / owe money for fines

Physical damage involving alcohol

Driving without qualified driver present

Bullying

Being beaten up / physically attacked (including threats)

Fighting

Physical abuse

Threatening and abusive phonecalls to staff

Money problems / bills that can't be paid

Medical card problems

Finding accommodation / nowhere to live / accommodation issue, housing, homelessness, moving frequently

No heating

Arriving in new country

Attempted rape / spiked drinks

Rape

Attempted suicide of friend

Friend committed suicide

Attendance / punctuality problems / Absenteeism

Bereavements (friends, families)

Still birth

Death of family/friend/parent

Appendix 8 Foyer System and Other Housing Schemes

Homelessness

Homelessness and issues around accommodation can be a specific crisis for trainees. The insecurity of being unsettled can affect attendance, performance, self-esteem, confidence and relationships. There is a need for specialist supported accommodation for young people. One popular model is the French Foyer system.²⁸

Foyer System

The French Foyer system uses

‘an integrated approach to meeting the needs of young people during their transition from dependence to independence, linking accommodation to vocational guidance, training and employment, offering a safe and secure environment, support and stability, to enable young people to restore their self-esteem, develop a social awareness and achieve greater personal independence.’

Foyers contain the following elements:

- A target group of 16 -25 year olds
- Affordable, safe accommodation of a high standard within a non-institutional framework
- Action planning used as a tool for achieving young people’s aspirations
- Vocational training and job access support to residents
- Facilities for the wider community, bringing residents into contact with the outside world
- Young people have the opportunity to become involved in the management of the foyer or foyer services
- Assistance to residents to move on into more permanent accommodation.

Foyers tackle social exclusion by bringing vocational guidance, training and work experience to young people. They also provide tenancy support and the opportunity to develop life skills. Tenancies are tied to ‘contracts’ making the tenancy conditional upon following and completing an agreed action plan.

Other Schemes

Other forms of specialist accommodation for young people include supported housing for teenage mothers and mums to be, emergency hostel accommodation, supported lodging schemes (where the young person stays with accredited hosts), independent living schemes (where young people live communally and youth hostels (YMCA/YWCA).

The ODPM Housing Research Summary *Preventing Youth Homelessness*²⁹ that supported lodging schemes that mimic family and friendship relationships can be particularly appropriate

²⁸ www.renewal.net/Documents/RNET/Solving%20the%20Problem/Foyersformsspecialist.doc

²⁹ www.odpm.gov.uk/stellent/groups/odpm_housing/documents/page/odpm_house_609803.hcsp

for younger and more vulnerable clients. They allow clients to build up a strong bond of trust with providers which can be helpful in increasing confidence and providing stability to move successfully to independence.

Appendix 9 Inter-Agency Advisory Committee Members

- Boyle, Lorraine, Information Coordinator, Donegal Youth Services
- Brown, Monica, Education Coordinator, Inishowen Partnership Company
- Buchanan, Sandra, YOUTHREACH County Coordinator, Co Donegal VEC
- Devine, Mary, Project Manager After-Care & Youth Homelessness, NWHB
- Gallagher, Cróna, Adult Education Organiser, Co Donegal VEC
- Kierce-Marsh, Susan, Education Coordinator, Donegal Local Development Company (DLDC)
- Donnell, Catherine, YOUTHREACH Coordinator, Lifford
- Quigley, Paul, YOUTHREACH Coordinator, Buncrana/Glengad
- Rooney, Orlaith, Child Care Leader, Child & Family Mental Health Service, NWHB