

# Needs Analysis

FOR

YOUNG



PEOPLE

IN

Dublin South Inner City



DECEMBER 2022

Aoife Dowling

South Inner City Dublin Drugs and Alcohol Task Force



# Contents

<b>Acknowledgements</b>	<b>04</b>
<b>Executive Summary</b>	<b>05</b>
<b>Chapter 1</b> Introduction and Methodology	<b>09</b>
<b>Chapter 2</b> Background	<b>12</b>
<b>Chapter 3</b> Current Model of Practice	<b>23</b>
<b>Chapter 4</b> Findings from Children and Young People	<b>28</b>
<b>Chapter 5</b> Findings from youth workers	<b>37</b>
<b>Chapter 6</b> Findings from experts working with children, young people, and their families in the SIC	<b>43</b>
<b>Chapter 7</b> Conclusion and Recommendations	<b>50</b>

GROUP AGREEMENT: HAVE FUN, LISTEN, RESPECT



SPECT OTHERS, ONE VOICE AT A TIME!

we'd like more  
**SHOPS**



MORE HELP IN  
SCHOOL TEACHERS  
DON'T CONSIDER  
PRESSURE & STRESS

WE NEED TO  
WORK WITH SCHOOLS  
AGAIN



LACK OF  
**SCHOOL  
SUPPORTS**

WE NEED ACCESSIBLE SUPPORTS  
FOR YOUNG PEOPLE

There are drugs everywhere,  
in the flats, in the playground &  
outside my school



MAR

DISCOS  
HAVE  
**FUN  
DAYS**

PEOPLE  
TO LISTEN!

MORE  
PRACTITIONERS NEEDED



LACK OF  
**MENTAL HEALTH**

WE NEED MENTAL HEALTH SUPPORT

YOUTH &  
MENTAL HEALTH  
SUPPORT GROUPS

we want  
**A SKATE  
PARK**



LACK OF  
**SPACE FOR  
YOUNG PEOPLE**

WE NEED MORE ACCESSIBLE, UNIVERSAL  
YOUTH SPACES AND SERVICES

RAISE  
FUNDS

we want  
**LESS  
DRUGS**



CREATE A  
SENSE OF  
**Community**  
Helps us feel good!

we need  
**GOOD  
ROLE  
MODELS**

- EMPLOYMENT
- HOUSING
- STABILITY
- FINANCIAL INDEPENDENCE
- SUPPORT



YOUNG ADULT

Timeline of  
Needs

# Acknowledgements

I would like to express thanks to the South Inner City Drugs and Alcohol Task Force for their support regarding this project, and particularly to Keri Goodliffe for her guidance and support.

Thank you to all the interviewees and youth workers that took part in the research.

Finally thank you to all the young people who took part in the surveys and consultations.

# Executive Summary

## Background and Methodology

The SICDATEF, established in 1997 in the Dublin South Inner City as a response to the high levels of substance misuse, commissioned this research to explore the needs of young people in the area.

### **This research was determined by the following questions:**

- What is the current policy stipulating?
- What is the current model of practice?
- Which services are currently engaging with young people problematically using alcohol and drugs?
- Are there barriers preventing young people from engaging with services?
- What is needed to address the gaps in service provision?
- What upskilling and training are needed by youth workers to respond to the needs of young people?

### **The specific objectives were to document:**

- Relevant data and policy (Chapter 2)
- Examine the current model of practice and examples of best practice (Chapter 3)
- Consult with young people (Chapter 4)
- Consult with youth workers (Chapter 5)
- Consult with those working with children, young people, and their families (Chapter 6)
- Outline the conclusions and recommendations arising from this research (Chapter 7)

**Over 100 young people, 13 youth workers, and 5 professionals working with children and young people in the area took part in the research.**

### Current Model of Practice

The model of practice currently in SIC, in relation to the prevention and intervention of young people's substance misuse is based on a four-tier model.

- The **first tier represents the primary prevention model** of harm reduction through community responses via universal youth and community projects
- The **second tier represents early intervention** and is a more formal intervention as formal assessment and intervention can be planned
- Tier 3 is family services where intervention is provided by HSE funding through voluntary organisations familiar to members of the community to support parents with children and young people who are misusing.
- Tier 4 is seen as specialist substance misuse treatment services available for young people to access

### Findings from Young People

Young people are surrounded by drug use in the SIC. Young people feel under pressure from peers to take drugs and drink alcohol and do not feel as though there was any harm in it.

There is an apparent lack of youth-specific places for young people and youth services and clubs are targeted at specific groups of young people on specific nights.

There is a lack of adequate, affordable, and

accessible sports facilities available to young people.

Young people require a great deal of support, particularly at transitioning periods of their lives.

### Findings from Youth Workers

Substance misuse and early intervention programs for young people are limited in the SIC

Young people have become increasingly harder to reach, either being consumed by isolation or crimes by not engaging in current youth work practices.

A lack of communication and reporting between statutory services and youth workers as well as child protection laws is hindering the ability of youth workers to make referrals to other tier services.

Youth services are being restricted by not being able to operate in schools due to targeted funding, difficulty obtaining long-term funding, lack of dedicated space as well as being understaffed and relying on volunteers.

### Findings from Experts working with young people

Substance misuse in the SIC is prevalent, and visible within the community and is significantly increasing risk factors among children and young people.

Young people are being negatively impacted by under-resourced services.



Young people are impacted by ongoing trauma in their lives as well as families either not availing of necessary support and intervention or not having it available in their area.

It is becoming increasingly difficult for young people to engage with preventative and early intervention services. Barriers include services are not available in their

local area, they are far too immersed in casual substance misuse and/or associated crime and interventions are not mandatory.

Clear pathways of referrals to either universal services or specialist services are not always available to youth workers in the SIC which hinders their ability to work successfully with young people with complicated lives.



## Conclusion and recommendations

### Current Model of Practice

To respond to the needs of young people in relation to substance misuse there should be four tiers of services: accessible services available to all such as GPs, schools, etc.; youth services providing young people with opportunities and a safe space, targeted intervention and family support to those with substance misuse problems; and finally, specific or residential substance misuse treatment.

For the youth work sector to adequately respond to the needs of young people it needs to be supported from the adjacent levels of support.

A networking agreement as well as a service

level contract outlining the roles of youth work and how it should, when necessary, refer to other agencies be established.

This research has shown that there is currently no dedicated youth substance misuse centre in the SIC and that young people in the SIC are a lot less likely to attend services outside of the local area.

The feasibility of establishing a YODA inreach service in a city centre location should be carried out to provide young people with an accessible service should they require it.

### What young people are engaging with youth services and what people are problematically using drugs and alcohol?

There are significant barriers to engaging with some young people that are 'hard to reach.'

Youth services and clubs should be

promoted in schools between youth work organisations and sports clubs to ensure more young people are reached.

### **Barriers preventing young people from accessing services**

One of the most significant barriers for young people preventing them from accessing services was a lack of community-based family support and services to engage with families.

The need to respond to more community-based family support is critical for the area and more community-based family supports should be offered.

### **Gaps in services need to be addressed**

Young people stated that they have limited spaces to spend their free time as well as a lack of various types of support available to them including education and mental health services and no dedicated youth drug worker in the SIC.

Young people need better-quality, affordable, and accessible sports facilities. These should include indoor and outdoor facilities.

Education supports should be provided to children and young people at transitioning periods in their life (primary to post-primary) through facilitated homework clubs within their community and schools.

Mental health support is critical in the SIC, particularly accessible, and affordable counselling.

A dedicated youth drug worker would act as a point of reference for both youth workers and families with access to key information and services regarding available services.

### **Upskilling or training is required for current youth services and projects**

Youth workers are over-reporting the work they are carrying out and operating within limited or unsuitable spaces.

Youth workers are operating with both limited and targeted funding and have limited substance misuse education and awareness training.

Reporting for youth workers and the work they carry out should be streamlined and the use of public spaces and buildings should be investigated throughout the city to allow for more space for youth services and clubs.

More funding should be allocated to youth work and training should be provided to youth workers in matters such as substance misuse early intervention and harm reduction.

The feasibility of a role of a dedicated youth drugs worker should be examined for the area.

# Chapter 1:



## Introduction and Methodology

# Chapter 1:

## Introduction and Methodology

### 1.1 Overview

During the summer of 2022, this research was commissioned to conduct a youth needs analysis in Dublin SIC by the SIC Drugs and Alcohol Task Force (SICDATF) to explore the needs of young people and if there is a need for a dedicated drug and alcohol treatment service for those aged under 18.

### 1.2 About the SIC LDATF

Established in 1997, as one of 14 Local Drug and Alcohol Task Forces (LDATFs), the South Inner-City Drugs and Alcohol Task Force (SICDATF) was established as a response in communities experiencing the highest levels of substance misuse and involve those directly affected by a problem in the development of an area-based drug strategy. The SICDATF is committed to a partnership approach and works closely with people using services, the community, and statutory and voluntary sectors on action research, training, and funding initiatives.

SICDATF is responsible for coordinating the implementation of the National Drug

Strategy in the context of the needs of the local area. The SICDATF committee is made up of statutory, community, voluntary, and elected representatives to develop and coordinate a collective inter-agency response to substance misuse in the South Inner City.

### 1.3 Research questions

This research was determined by the following questions:

- What is the current policy stipulating?
- What is the current model of practice?
- Which services are currently engaging with young people problematically using alcohol and drugs?
- Are there barriers preventing young people from engaging with services?
- What is needed to address the gaps in service provision?
- What upskilling and training are needed by youth workers to respond to the needs of young people?

### 1.4 Methodology

This work explored the needs of young people and the provision of services through

desk research, consultations with youth workers, interviews with experts and surveys, and in-person consultations with over 100 young people that included both focus groups and online surveys.

### Young people

Nearly 100 young people throughout the SIC took part in the research either by filling out a survey or taking part in a research group.

### Youth workers

Eight youth workers took part in consultation groups and five filled out a survey.

- Experts working with children and young people interviewed included:
- Head of Youth Work in the Dublin ETB
- Mental Health Nurse
- Child and Family Support Network Coordinator
- Home School Liaison Officer
- Consultant child and adolescent psychiatrist at Adolescent Addiction Service

## 1.5 Ethical considerations

The research adhered closely to standard research ethical guidelines. All interview and survey participants were assured of anonymity. All participants were informed that their participation was entirely voluntary and that it was possible to terminate their participation at any time. Participants were informed that if they had

any complaints, they could contact the SICDATF coordinator.

## 1.6 Limitations of the methodology

A higher response rate to the survey on the youth workers was desirable to capture the complete opinion of the youth worker sector. However, the researcher was satisfied with the distribution of responses and the in-person consultation.

In order to respect the sensitive nature of substance misuse services, research was not carried out with service users. This decision was made to protect the privacy of service users, particularly those aged under 18 years.

## 1.7 Structure of the report

This report is divided into six chapters:

An introduction to the research (Chapter 1)

An overview of relevant data and policy (Chapter 2)

The current model of practice and examples of best practice (Chapter 3)

The findings from consultation with young people (Chapter 4)

The findings from workshops with youth workers (Chapter 5)

The findings from interviewing those working with children, young people, and their families (Chapter 6)

The conclusions and recommendations arising from this research (Chapter 7)

## Chapter 2:



## Background

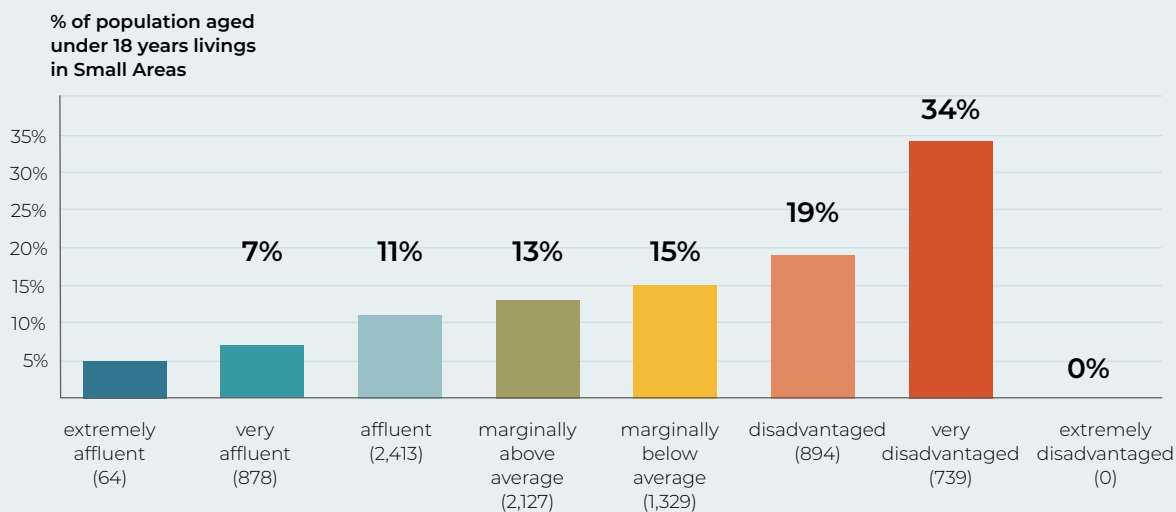
# Chapter 2:

## Background

This chapter will outline the socio-demographic profile of the SIC, the services available within the city area, risk factors associated with substance misuse in young people as well as an outline of relevant policy documents. Information in this chapter has been sourced from Census 2016, the Pobal HP Deprivation Index, the Dublin City South CYPSC service mapping and the HRB factsheet of drug use amongst young people. Policy documents included, Reducing Harm, Support Recovery, the SICDATF Strategic Plan, Youth Participation, and Youth Work.

- According to Census 2016, there were 8,502 children and young people living in the Dublin SIC.
- The population of the SIC is ethnically diverse with only 59% of the population being White Irish, the remainder being Other White (17%), Black or Black Irish (2%), Asian or Asian Irish (5%), Other (4%) or Not Stated (10%).
- Of the total families living in the SIC, over a third (1,468 or 35%) are lone-parent families with children under the age of 15 years.
- 64% of the households in the SIC were renting either from Dublin City Council voluntary bodies, or private landlords.
- Small areas with a HP Deprivation index score of very disadvantaged and also had a significant proportion of the population aged under 18 years.
- 4% (13) of the 301 Small Areas in the SIC are defined as 'very disadvantaged' by the 2016 Pobal HP Deprivation Index. In total 739 or 34% of the total population living in these SAs are aged under 18 years.
- Despite the relevant affluence in the SIC, young people are more likely to be living in disadvantaged areas
- Areas that are identified as the most affluent and the most deprived are adjacent to one another.

**Figure 1: Proportion of population in the SIC aged under 18 years by the Pobal HP Deprivation Index rating of the SA in which they live. Source: Pobal 2017**



**Figure 2: Small areas by the Pobal HP Index. Source: Pobal 2017**

	Number of SAs	Population	Pop >18 years	% of pop under 18 years
extremely affluent	2	1,212	64	5.3%
very affluent	48	12,940	878	6.8%
affluent	108	22,888	2,413	10.5%
marginally above average	72	16,523	2,127	12.9%
marginally below average	34	9,097	1,329	14.6%
disadvantaged	24	4,731	894	18.9%
very disadvantaged	13	2,172	739	34.0%
extremely disadvantaged	0	0	0	0.0%



**Figure 3: Map of the most deprived and most affluent areas in SIC.**  
Source: Pobal 2017 & OpenStreetMap



## 2.3 Services Profile

In the SIC there are seven youth services, 15 addiction services, and three family services.

Details on these services are available in the table below and mapped on the following page.

**Figure 4: List of Youth Services, Addiction Services, and Family Services currently available in the SIC.**  
Source: DCS CYPSC 2018

Youth Services	Addiction services	Family Services
Ringsend and Irishtown Youth Project	HSE Addiction Service - Coolmine House	School Street Family Resource Centre Ltd.
St Andrews Talk About Youth Project	Coolmine Community and Day Services	St. Andrew's Family Resource Centre
South Area Youth Service (SAYS)	HSE Addiction Services - Castle Street Clinic	Donore Family Addiction Support Group
SWICN Youth Project	HSE National Drug Treatment Centre	
YMCA City of Dublin Youth Project	The RISE Foundation	
Fountain Youth Project	Merchants Addiction Services	
Solas Youth Project	Ringsend District Response to Drugs	
	Casadh Family Support Group, Newmarket	
	HSE Addiction Services	
	HSE Addiction Services - Dr Steevens Clinic	
	HSE Addiction Services - Cork Street	
	Dublin Simon Stabilisation	
	St Patrick's Mental Health Services, Temple Centre	
	Dublin Simon Residential Alcohol Detox Service	

According to the City of Dublin Youth Service Board, there is currently funding for 18 youth workers and five project workers in the SIC. When examined in relation to the

number of children and young people (aged less than 18 years) living in the SIC (in 2016) this equated to a rate of one youth worker to every 472 children or young persons.

**Figure 5: Youth Services, Addiction Services, and Family Services are currently available in the SIC.**  
Source: DCS CYPSC 2018 & OpenStreetMap



## 2.4 Drug Use amongst young people

A recent factsheet on substance misuse amongst those aged under 18 years was published by the HRB<sup>1</sup>. According to the HBSC- Health Behaviour in School age Children:

- 73% of respondents had tried alcohol and 41% were current users (had used alcohol in the previous 30 days).
- 16% reported having been drunk in the previous 30 days.
- Increased alcohol use was associated with lower parental education levels and lower parental monitoring, as well as with truancy, lower school grades, and peer alcohol use.
- The reasons given most frequently for using alcohol were to make social gatherings more fun (49%) and to help respondents “to enjoy a party” (48%).

<sup>1</sup> HRB---Youth-factsheet\_March\_2021.pdf  
([universityofgalway.ie](http://universityofgalway.ie))

The 2014/15 GPs involved 9,505 people (7,005 in Ireland and 2,500 in Northern Ireland). The results for Ireland for those aged 15 to 24 showed that:

- Cannabis use has increased from 11% in 2002/3 to 16.2% in 2014/15.
- Those aged 15 to 24 are the most likely to have used cannabis in the last year (16.2%).
- Use among males of this age (25.4%) is considerably higher than among females of the same age (12%).

The National Drug Treatment Reporting System (NDTRS) provides data on treated drug and alcohol misuse in Ireland. Unpublished data from the NDTRS shows that in 2019, 107 (1.4%) cases aged under 18 were in treatment for alcohol as the main problem drug. This has decreased from 220 (2.8%) in 2013.

107 cases entered alcohol treatment under the age of 18 in 2019. Of these:

- 52 (49%) were male.
- 33 (30.8%) were referred to treatment by social services.
- 50 (46.7%) use more than one drug.
- 83 (77.5%) were new cases and 15 (14%) were previously treated.



822 cases entered drug treatment under the age of 18 in 2019. Of these:

The majority, 697 (84.7%), was in treatment for cannabis as their main problem drug.

- 656 (79.8%) were male.
- 260 (31.6%) were referred to treatment by social services.
- 403 (49.0%) use more than one drug.
- 618 (75.1%) were new cases.





## 2.5 Risk factors amongst young people

In 2010, the National Advisory Committee on Drugs<sup>2</sup> published a document on the risk and protection factors for substance abuse among young people.

Risk factors outlined in the table below include, low self-esteem, aggressive or acting out behaviour as well as the use of other substances such as cigarettes or alcohol. All these risk factors are associated with the young person. While risk factors

in relation to parents and home include substance abuse by either parents or siblings increases the risk while parental involvement and concern reduce the risk. Both a positive experience in school, as well as drug awareness and education, reduce the risk of substance misuse.

A young person's peer group has a significant risk factor while living in a Drugs Task Force Area and knowing where to go for help can reduce the risk of substance abuse for young people.

---

2 [https://www.drugsandalcohol.ie/14100/1/NACD\\_RiskYoungPeopleSchool.pdf](https://www.drugsandalcohol.ie/14100/1/NACD_RiskYoungPeopleSchool.pdf)

**Figure 6: Risk Factors amongst young people. Source: National Advisory Committee on Drugs**

Risk Factors	
Young People	
Age minor	influence
Low self-esteem	increases risk
Aggressive “acting-out” behaviour	increases risk
Use of different substances	increases risk
Young Person’s Parents and Home	
Parental involvement and concern	reduces risk
Substance use by either parents or siblings	increases risk
Factors related to the Centre or School	
Positive school experience	reduces risk
Drug awareness and information	reduces risk
Young Person’s Peer Group	
Peer group	increases risk
Neighbourhood	
Living in a Drugs Task Force area	reduces risk
Knowing where to go for help with a drug-use problem	reduces risk

*Reducing Harm, Supporting Recovery*<sup>3</sup>, the national drugs policy document 2017-2025 describes how school-based interventions are provided through Social, Personal, and Health Education (SPHE) classes and are proven to reduce early substance misuse in young people. While youth services are seen as key in as out of school interventions and the delay of the start of substance misuse among young people.

The document also details how parental drug use is a significant risk factor as well as personal trauma or life difficulties. It goes on to outline how parental awareness of risk and protective factors can assist parents with the skills necessary to avoid early substance misuse.

<sup>3</sup> [www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017\\_2025.pdf](http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf)

## 2.7 National and local policy

Reducing harm, Supporting Recovery outlines strategic actions to respond to avoid early substance misuse amongst young people and these include a health promotion approach as well as family-based interventions.

Promote a health promotion approach to addressing substance misuse and improve supports for young people at risk of early substance use by:

- Supporting a Student Support Plan as appropriate for young people who find mainstream education difficult.
- Interventions should be provided when needed.
- Supports such as homework clubs, additional tuition, career guidance/ counselling support, community awareness of drugs programmes and youth work in collaboration with schools and other youth programmes/schemes should be provided.
- School buildings should be utilised for surrounding communities.
- Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities.

Alleviate the hazard and reduce the effect of parental substance misuse on babies and young children by:

- Developing and adopting evidence-

based family and parenting skills programmes for services as well as engaging high-risk families impacted by problematic substance use.

- Reinforce the life skills of young people leaving state care to decrease their risk of developing substance use problems.
- Reinforce early harm reduction responses to current and emerging trends and patterns of drug use.

In the most recent SICDATF strategic plan, it was outlined how one of its priorities is to strengthen the prevention of drug and alcohol use and the associated harms among children and young people by:

- Reviewing the SICDATF membership to maximise influence in prevention policy and strategy.
- Promote access to parenting and family programmes for services engaging with high-risk families.
- Seek resources to implement the findings from the research on support available to young people in the SIC.
- Continue to work collaboratively with CDYSB.
- Promote Trauma Informed Care.
- Support awareness-raising campaigns to enhance drug education and prevention.
- Develop the SICDATF website as an effective platform for drug education and prevention and e-learning.

Other national policies related to youth include:

### **Better Outcomes, Brighter Futures**

The National Policy Framework for Children and Young People, 2014–2020 is the first overarching national policy framework for children and young people (aged 0–24 years). Better Outcomes, Brighter Futures represents the Government's policy, prioritises children and young people, and advocates a 'whole-of-government' approach. It establishes an outcomes approach with five national outcomes identified.

### **National Youth Strategy, 2015–2020**

This is Ireland's first youth strategy and aims to "enable all young people to realise their maximum potential, by respecting their rights and hearing their voices, while protecting and supporting them as they transition from childhood to adulthood". It sets out Government's objectives and addresses the needs of young people in relation to each of the five national outcome areas as set out in Better Outcomes, Brighter Futures.

### **National Strategy on Children and Young People's Participation in Decision-making**

Launched in June 2015, this strategy focuses on the participation of children and young people in decision-making and aims to enable children and young people to have a voice in their individual and collective everyday lives by setting out seven objectives and priority areas for action.

### **Value for Money and Policy Review of Youth Programmes**

This review in 2014 led to a fundamental change in the administration of funding schemes for youth services. It laid the foundation for the consolidation of three previous funding schemes and the establishment of a new targeted youth funding scheme, UBU Your Place Your Space. The mission is "to provide out of school supports to young people in their local communities to enable them to overcome adverse circumstances and achieve their full potential by strengthening their personal and social competencies".

### **National Quality Standards for Volunteer-led Youth Groups (NQSFLVYG)**

A set of quality standards for volunteer-led youth clubs was introduced in 2013. The NQSFLVYG is aimed at supporting more than 1,600 volunteer-led clubs and groups across the country by enabling them to provide the best possible opportunities for young people to develop.



# Chapter 3:



## Current Model of Practice

# Chapter 3:

## Current Model of Practice

### 3.1 Overview

This chapter will provide information on the current model of practice in the SIC as well as examples of service-level best-practice in other areas. Information in this chapter was sourced directly from the Addiction Research Centre in Trinity College Dublin, an interview with the head of YODA as well as a profile of other services.

### 3.2 Current Model of Practice

Barry Cullen's (2006) research on recommendations for developing adolescent substance misuse treatment is a valuable insight into the possible pathways to alcohol and drug abuse for young people. The research also gives insight into the tiers of prevention and intervention services required to reduce risk factors.

Factors that influence a young person to misuse alcohol or other substances include influence from friends as they feel it will improve their social activities or make them feel better (p 20). The same document also goes on to outline risk factors such as personal anxiety or stress, parental

substance misuse, and material poverty as well as a lack of social constraints (p 24).

Cullen (p 27) goes on to outline how interventions such as:

- Behavioural therapy
- Community Reinforcement Approach
- Motivational interviewing
- Relapse prevention
- Social skills training
- Behavioural family therapies
- Brief intervention counselling

Not only can these interventions be community-based and easily accessible, but they have also been proven to reduce substance misuse amongst young people and reduce risk factors (p 28). The document also outlines how this intervention can be assessed either through family therapies or key workers or case coordinators.

Alongside specific drug treatment, the interventions as outlined above can be separated into a four-tier model. **The first tier represents the primary prevention model** of harm reduction through community responses via universal youth and community projects. These are envisaged as services that would be

accessible to all young people; it would provide them with a facilitated space to hang out with other young people, take part in activities and learn new skills.

The document raised concerns that more funds for universal services are being redirected to more targeted projects leaving a lack of funding for earlier preventative measures (p 38).

#### Tier 1 in SIC:

GPs, schools, and youth clubs.

The **second tier represents early intervention** and is a *more formal intervention* as formal assessment and intervention can be planned. A critical

element of tier 2 is a youth worker with links to the all-primary prevention groups (i.e., school completion programmes or youth services and projects) and has the ability and knowledge to refer to tier 3 or 4 for more specialised services.

#### Tier 2 in the SIC:

St Andrews Talk About Youth Project

South Area Youth Service (SAYS)

SWICN Youth Project

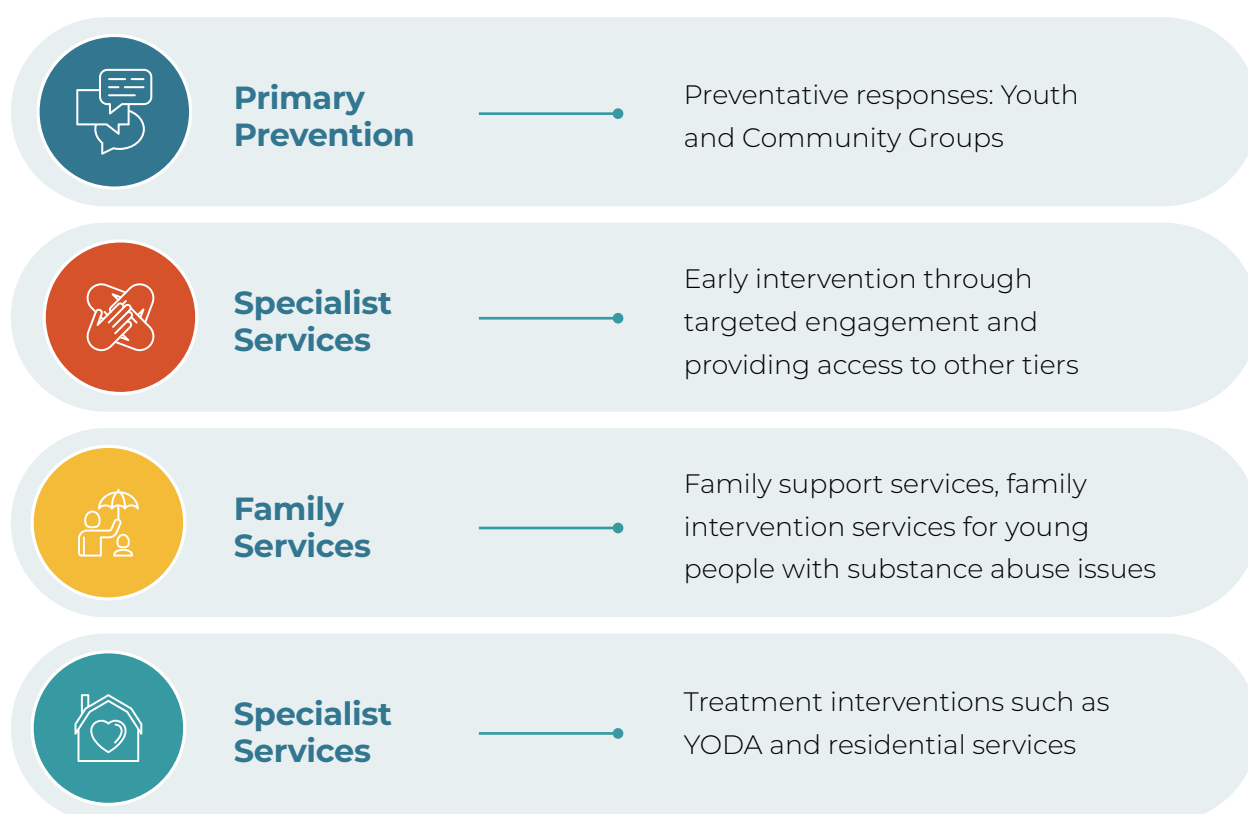
YMCA City of Dublin Youth Project

Fountain Youth Project

Solas Youth Project

RICCIs

Figure 7: Tiers within the model of practice. Source: Cullen, 2006.



Cullen emphasises how the provision of early intervention is critical at a youth service and community level within an area as they have a successful and accessible model of engaging with young people in a responsive manner.

The third and fourth tiers are two different interventions, tier 3 being family services where intervention is provided by HSE funding through voluntary organisations familiar to members of the community to support parents with children and young people who are misusing.

#### **Tier 3 in the SIC:**

School Street/Thomas Court Bawn Family Resource Centre Ltd.

St. Andrew's Family Resource Centre

Donore Family Addiction Support Group

Tier 4 is seen as specialist substance misuse treatment services available for young people to access. These services are generally located outside of the young person's community, young people can only access them when other areas of their lives are stable and there is little opportunity for family supports also.

#### **Tier 4 in the SIC:**

YODA service available in Tallaght

The specialist fourth tier services are available to those in the SIC who wish to avail of substance misuse treatment travel to avail of holistic treatments and counselling amongst others in YODA located in Tallaght.

### **3.3 Other youth substance misuse supports**

#### **Réalt Nua, Ballyfermot**

This project is based in Ballyfermot STAR (Support, Treatment, Aftercare, and Rehabilitation) and provides family and community support. Two programmes specifically related to young people and their families include Réalt Nua, funded by the Department of Social Protection (DSP) and The City of Dublin Education and Training Board (CDETB). Réalt Nua is a Rehabilitation, Training & Education service that provides evidence-based group work, QQI education and training, one to one key working, counselling, and holistic therapies.

Réalt Nua aims to enhance the employability and mobility of disadvantaged and unemployed persons by providing personal development, work experience, and training opportunities for participants within their communities. Also, it helps long-term unemployed people re-enter the active workforce by breaking their experience of unemployment through a return-to-work routine.

Réalt Nua works with a range of target groups including young people aged 18 to 24 years and is an open referral system.



Another programme working relevant to young people includes Réalt na Clann, a family support services for family members affected by several things including drug or alcohol misuse. Key working sessions are offered individually and in group settings as well as complimentary and holistic therapies.

#### **Youth Drugs Workers, Kerry**

Established in 2020, the Youth Drugs Worker is an outpatient specialist support service for alcohol and other drugs. The service provides initial consultations as well as comprehensive assessments. The service is offered to children and young people aged 12 to 18 years engaging in substance misuse. In order to avail of this service, the child or young person must be engaged with statutory agencies such as Túsla, CAMHS, education providers, youth justice projects, or community and voluntary services.

Within the programme children and young

people are offered:

- Care planning and key working
- Alcohol and Drugs (AOD) clinical interventions: Cognitive Behavioural Therapy or Dialectical Behaviour Therapy
- Anxiety Management
- Relapse Prevention
- Motivational Interviewing Coaching
- Family inclusive programmes

Children and young people impacted by parental substance misuse or substance dependency can also avail of the programme if they or their families are engaged with community and voluntary services.

This role is funded by the HSE and includes family inclusive programs and is available from two different locations in Kerry as well as online.

## Chapter 4:



Findings from  
Children and  
Young People

# Chapter 4:

## Findings from Children and Young People

### 4.1 Overview

In this chapter, the findings from the consultations carried out with over 100 children and young people resident in the SIC will be discussed. The findings will be set out, firstly, in relation to the findings from two surveys distributed. Then discussions were carried out in the focus groups and finally in relation to a lifeline exercise carried out throughout the groups.

### 4.2 Findings from the surveys

20 young people filled out a survey on substance misuse and education. Of the young people that completed the survey:

- 35% (7) of young people said that they took/drank alcohol
  - 25% (5) of young people said that they took drugs
  - 20% (4) of young people said that they would know where to go for help if they or a friend had issues around substance misuse
  - 20% (4) of young people had received drug education in a youth service or school
- A survey was carried out on four young people taking part in the Youth Justice Project. The purpose of this survey was for young people to talk about their needs retrospectively.
- All of those that took part in the survey were male aged between 16 and 22 years.
  - 4 young people said that things that were missing from when they were young were:
    - Better places to spend free time (2)
    - Sports (1)
    - Trips away (3)
    - Adults to go to when something was wrong (2)
  - Only one young person said they received drug education in a youth service or school.
  - Young people described pressures facing young people these days as:
    - Pressure to take drugs (100% or 4)
    - Commit crime (50% or 2)
    - Social media (50% or 2)
    - Not enough support at home (50% or 2)





- Young people were asked what they think young people needed more of these days. They said that young people needed more:
  - Support at home (50% or 2)
  - Better places to spend their free time (50% or 2)
  - More drugs education (50% or 2)
  - More options if the mainstream post-primary school does not suit them (25% or 1)
- Young people were asked what they thought was missing from Dublin City Centre and they said that football pitches and youth workers were missing.
- Finally, young people stated that space, better facilities, and conflict amongst young people should be considered when decision-makers are considering youth services in the SIC.

#### 4.3. Findings from the consultations

85 young people took part in 12 in-person consultations and were asked three questions:

- What is good in the SIC?
- What is bad or not working in the SIC?
- What is needed in the SIC?

It was clarified with young people that they could speak about things in their community, homes, afterschool activities, and schools or education settings.

The researcher recorded the young people's locations, age range and gender, and responses on a templated document. Every time young people within the group mentioned something that was good, bad, or that they wanted the researcher took note.

A summary of the most frequent responses is provided:



Question 1:

What is good in the SIC?

The focus group noted 21 times how they felt that they had good places to go during their free time. This was followed by the feeling that there was a good sense of community within their areas (mentioned 11 times) and that they had knowledge about various supports and services available to them (mentioned 6 times).

Young people also noted how youth workers (mentioned 5 times) had a positive influence on their lives, that they liked school (mentioned 5 times) and that they felt secure (mentioned 4 times). Taking drugs was noted as a good thing one time by one group. The group stated that they used drugs recreationally, enjoyed the feeling it gave them, and did not see anything wrong with it. While other young people in the group noted how taking drugs could be a form of self-medicating when other services are not available.

Young people also discussed, within the groups how they benefitted from living within proximity to third level institutions. They discussed how it was a significant benefit to them and provided them with opportunities that other young people might not have access to.

Topics that were mentioned less frequently were that there were fewer drugs in their areas when compared to other areas in the city, that there were adequate sports facilities, and that they were happy with public transport. These were all only noted once each.

Figure 8: Number of times topic mentioned in focus groups



“Trinity is down there, UCD is over there - what is going to stop me from going to either of those?”

[Young Person]

Question 2:

What is bad in the SIC?

The most noted negative thing about the SIC was visible drug use. Throughout the focus groups, young people noted how drug use, dealing and drug paraphernalia are present throughout local communities, playgrounds and outside of their homes. This was noted 32 times throughout the 12 focus groups.

This was followed by nowhere to spend free time which was noted 14 times. Young people described how there were options outside of youth groups for them to spend their free time. The school was noted negatively 11 times followed by a lack of mental health services (mentioned 9 times), feeling misunderstood (8), and feeling unsafe in their local areas (10).

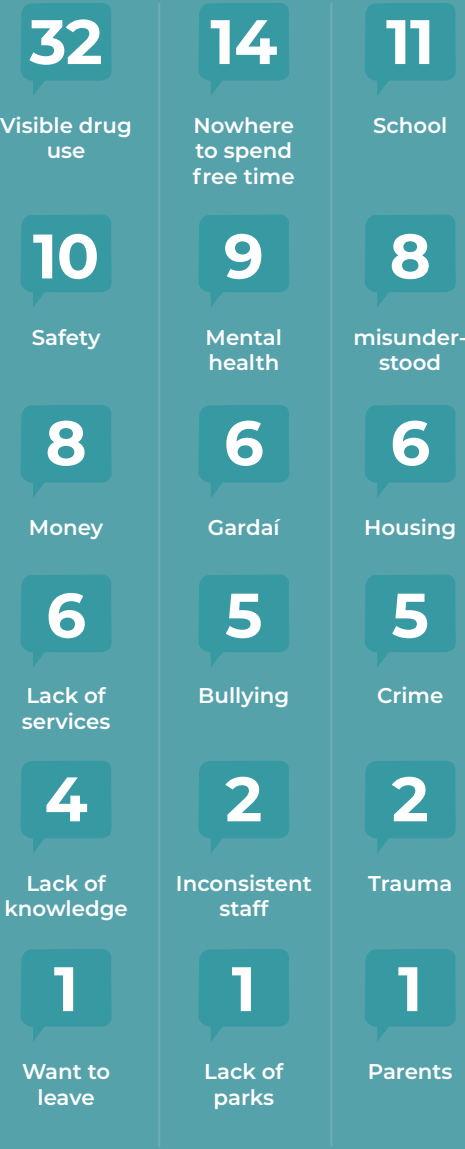
Also, young people spoke within the groups of worries that they have regarding the cost of living and the housing crisis. Young people also spoke about a lack of services, inconsistent staff in statutory services, a lack of cultural and ethnic diversity amongst authoritative figures such as teachers and Gardaí as well as little knowledge about services and supports available to them.



**There are drugs everywhere, in the flats, in the playground and outside my school."**

[Young Person]

Figure 9: Number of times topic mentioned in focus groups



Question 3:

### What is needed in the SIC?

By far, young people noted how there was a need for more youth focussed space in the SIC. This was noted 21 times throughout the 12 focus groups. Following this was a need for better sports facilities including better pitches and for them to be more accessible (mentioned 11 times). It was noted how more mental health support should be provided to young people, as according to those that took part in the research young people were self-medicating with drugs due to a lack of support (mentioned 8 times).

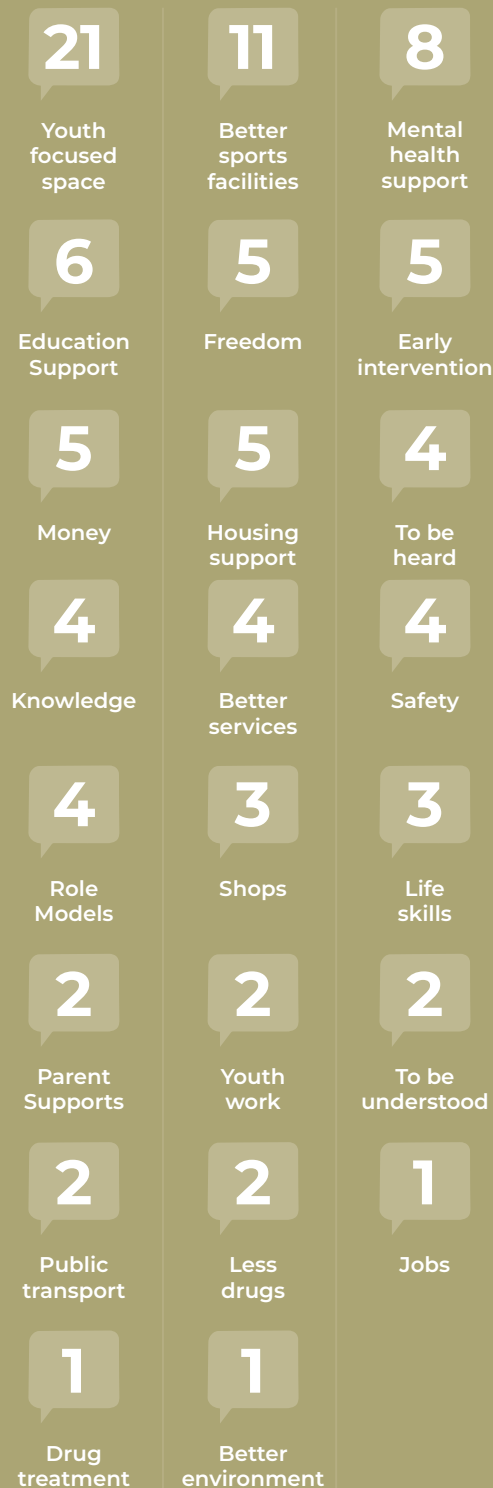
Young people also wanted more support in education (6), freedom (5), and early intervention (5) when required. Young people also felt that they needed more financial and housing support (5) as well as to be heard (4), knowledge and information about supports (4), better services (4), to be safe in their communities (4) and role models (4).

Of the young people that took part in the consultation, they primarily welcomed the opportunity to have their voices heard and were interested in the outcomes of the research. Young people stated how they were unaware of any other consultative processes taking part in their area.

**“We just need football pitches – there is nowhere for us to go – football gives us something to do”**

[Young Person]

Figure 10: Number of times topic mentioned in focus groups





---

#### 4.4 Findings from the lifelines

Young people were asked, using worksheets, to consider what support a child needed throughout their lives. Young people filled out the responses onto a template which was transcribed and thematised.

They were asked to consider the support needed for:

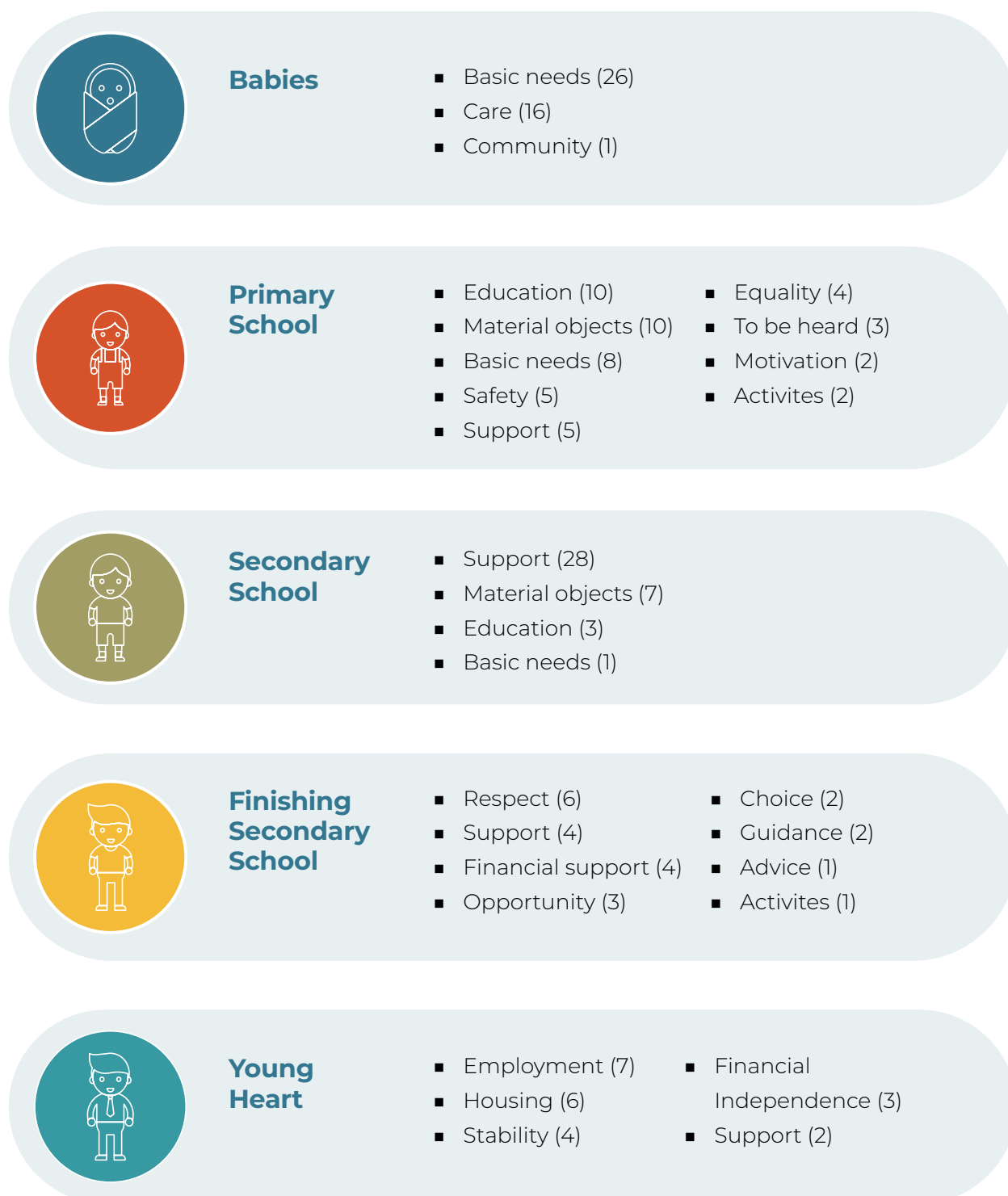
- A baby
- Primary school child
- Child moving into secondary school
- Young person finishing secondary school
- Young adult

Young people described how babies primarily needed basic needs such as food, milk, shelter, and clothing as well as people to care for and protect them.

When children moved into primary school, there were more different types of needs. This included education, material objects, security, support, and motivation as well as activities to participate in.

When needs around secondary school were discussed there was a strong emphasis on the support required by young people. This ranged from education to emotional support particularly around transitioning from primary school to secondary school. In order to complete secondary school young people said they needed respect and support, as well as financial support and adequate opportunities. While moving into young adulthood, they said they needed employment, housing, and stability.

Figure 11: Support a child needs throughout their lives according to young people





## Chapter 5:



Findings from  
youth workers



# Chapter 5:

## Findings from youth workers

### 5.1 Overview

Information in this chapter was sourced from an online survey as well as online consultations.

Youth workers were also consulted via in-person consultations on two separate occasions. Youth workers were provided with information gathered from the youth consultations and desk research. They were then asked what the key achievements of the youth sector were, what challenges they faced and how would it be possible to overcome these challenges.

### 5.2 Findings from the survey

Four youth workers and one manager participated in a survey that was distributed online and via text message. Of the youth workers that took part in the survey. A wide variety of services were identified within youth services in the SIC including:

- Only one youth service had a protocol in place to identify signs of substance misuse among young people.
- All youth workers that completed the survey understood Trauma Informed Care, had received formal training and had experience using the Trauma Informed Care model of care in their work.
- All organisations that the youth workers who completed the survey were involved in had a protocol or policy in place to deal with child protection issues in the context of substance misuse or self-harm.
- All youth workers who completed the survey understood prevention, early intervention, or harm reduction when it came to substance misuse amongst young people.
- Only two organisations that the youth workers who completed the survey were involved in or carried out substance misuse prevention or early intervention programs.



### 5.3 Findings from the consultations

Describing the achievements of the youth sector in the SIC provided an opportunity to see what good work had been carried out and what the value add-on of this work was.

Achievements	What was done	Value of this
<b>Access to a drugs counsellor</b>	<p>Youth workers had access to information.</p> <p>The training was made available.</p> <p>Drop-ins were facilitated.</p>	<p>People were staying in recovery.</p> <p>Youth workers gained knowledge and learned how to talk to young people about drugs (Safe Talk.</p> <p>Information on how to refer to other services.</p>
<b>Family support from School Street FRC</b>	<p>Opportunity to work with parents and look at outcomes.</p> <p>Open discussionStaff training skills, up-skilling, and trauma-informed care.</p> <p>Working with families in isolation</p>	<p>Mental Health support – upskilling staff and defined programs.</p> <p>Trauma-informed care.</p>
<b>Peer-led and self-referred services</b>	<p>Intensive outreach to where they are at (adapted from the Swedish model).</p>	<p>Each worker had a similar background and an opportunity to tell their own story and experiences.</p> <p>Bridging problems and referring them to appropriate services and going with them.</p>

## Challenges and solutions



### Challenges

#### Hard to reach females

- Isolation
- Un-noticed
- Dysfunction in family
- Normalisation of trauma
- Lack of emotional awareness or intelligence (emotional)

#### Hard to reach males

- Disengage from services before secondary school
- Sports clubs become more competitive and difficult to access
- Need a safe space and supports
- We cannot offer them much
- Money, they earn illegally

#### Child protection issues

- No clear communication with statutory services
- Limited understanding from Gardaí



### Solutions

#### Hard to reach females

- Self-care
- Outreach – meet them where they are funding sources – for programme development
- Family supports
- Education and options
- Education and self-development
- Supports such as key working and youth working
- Mindfulness and connectivity

#### Hard to reach males

- A space they feel belongs to them
- Employability skills- driving test, etc.
- Boxing and other sports
- Create spaces with them
- A place to hang out – dedicated youth building
- Understanding their rights

#### Child protection issues

- Need a family support worker
- Clear training is needed for the health and well-being of children



## Challenges

### Funding

- Conflicting youth services
- UBU can't work in schools
- Geographic boundaries
- Lack of premises
- Funding is clearly needed yet we must apply for it
- Governance
- Applications are too big
- Too much reporting
- Political ignorance
- Understaffed
- Relying on volunteers



## Solutions

### Funding

- Services should collaborate
- More funding is required
- Needs to be reviewed by the department
- Dedicate space – bring Local Area Plans and other plans together
- More funds to be spent on staff
- Streamline the application processes and reporting
- More staff training in drugs awareness, support, and intervention.



## Chapter 6:



Findings from experts  
working with children,  
young people, and  
their families in the SIC

# Chapter 6:

Findings from experts working with children, young people, and their families in the SIC

## 6.1 Overview

In this chapter, the data collected from surveys and one-to-one interviews are used to examine the following areas:

- Achievements in the SIC
- Prevalence of drug use
- Challenges facing young people
- Barriers facing young people when accessing services
- Challenges facing those working with young people
- Needs within the area

Each of the key areas will be discussed based on the five semi-structured interviews:

- Head of Youth Work in the Dublin ETB
- Mental Health Nurse
- Child and Family Support Network Coordinator
- Home School Liaison Officer
- Consultant child and adolescent psychiatrist at Adolescent Addiction Service

## 6.2 Achievements of services within the SIC

Four experts made specific reference to achievements within the youth sector throughout the SIC. These achievements included how accessible mental health professionals within the education system are contributing to young people being able to access appropriate services when they need them.

While accessible services to families, within walking distance of their homes and enabled access through family resource centres have been significantly effective in supporting and responding to the needs of the families and the community.



“The teachers are fantastic, they have made a real concerted effort for identifying emotions with the young people to find out what they need”

Interview 1

A creditable sense of community has been established around areas where supports are available as families within the community access supports and services available, their children and young people are more likely to follow through and access them also.

“

“There is a great sense of community around the city centre”

Interview 2

While all five of the experts credited youth workers for engaging children and young people through the various services and projects that are carried out throughout the city.

One expert noted how in-reach to schools by sports groups and agencies was extremely positive. They went on to describe how children and young people responded very well, as it generated interest for children and young people as well as encouraged them to pursue it outside of school.

“

“Within the youth services it is impacting the children greatly”

Interview 3

### 6.3 Prevalence of drug use

Four out of five of the experts discussed how drug use within the SIC has normalised and its use is prevalent throughout the city. Drug use surrounds children, either by dealing or using on the streets or within their homes. Experts that discussed substance misuse identified cannabis, cocaine, and alcohol as the most used substances.

“

“At the school gate, there is a hotspot for drug dealing and drug use. It is there pretty much all day every day”

Interview 4

Two of the five experts described how substance misuse is now becoming intergenerational and is present in some young people’s homes. Substance misuse within a child or young person’s home presents significant risk factors including emotional and psychological as well as their welfare.

“

“The big thing we are seeing at the moment is drug use in the family”

Interview 1



## 6.4 Challenges facing young people

All of the experts interviewed for this research outline various challenges facing young people in the SIC. These included:

### **Under-resourced statutory services**

Services throughout the area are under-resourced and are still dealing with the implications of the Covid-19 pandemic, services related mainly to statutory services such as mental health support from the HSE and the Child and Family Support Network within Tusla. Also, voluntary services no longer had as many volunteers available and found it challenging to resume services as they were pre-Covid. Volunteer-led services such as school-based homework clubs were identified.

### **Supports required by children and young people being overlooked**

One of the experts described how to support required by children and young people was being overlooked when it came to service provision. Needs that were left not responded to, amongst children and

young people included mental health and education supports. Mental health support such as accessible and affordable counselling or other talk therapies and education supports such as transitioning support for children from primary to post-primary school.

### **Resistance of parents to access family intervention services**

Family intervention and support services are offered within the SIC through agencies such as Tusla, however, according to one expert, families can be hesitant to avail of these supports due to a lack of understanding of the preventative services available. Families may at times believe that statutory services are more likely to remove their children from their care instead of supporting them as a family.

One expert described how if family supports or parenting programmes were to be provided in a community setting families may be more receptive to them.





“Surviving is an aspirational goal  
for these guys. Thriving is a  
foreign concept”

Interview 1

### On-going trauma faced by young people

One expert described how the young people they meet daily have suffered ongoing trauma over the course of their lives and have become desensitised to traumatic events. They went on to describe that most of the young people they see are in ‘survival mode’ and that they see very little prospect for themselves in their lives.

## 6.5 Barriers facing young people when accessing preventative, early intervention, and substance misuse services

Services in this section are defined as those that are: preventative, lessening risk factors such as accessible and universal youth services; early intervention, those that provide education, training, and other opportunities; and substance misuse services providing holistic therapies and/or counselling for young people.

Experts interviewed identified barriers facing young people needing to access these services including:

### Services not available locally

Three out of five experts noted how young people are hesitant to utilise services outside of their community. Young people are likely to be resistant to having to travel to other areas as they may not want to use public transport or there is a fear of other groups in areas outside of their community. Both factors, experts felt were very significant barriers facing young people when needing to access necessary services.

### Disengagement

One expert discussed how young people are becoming increasingly disengaged from services and it is difficult to reengage them and encourage them to utilise what services are available to them. Some young people are more likely to be engaging in crime associated with substance misuse, which they (the young person) consider provides them with more rewards.

### Voluntary interventions

One expert detailed how preventative and early intervention services are voluntary and young people are not required to take part. Unless interventions such as these are mandatory and young people are required or obliged to take part, they are not likely to attend, specifically those who are already engaged in substance misuse or associated crime.

## 6.6 Challenges facing those working with young people

All of the experts discussed the challenges facing those working with young people. These challenges included the impact of youth work being limited without support from other services.

Three out of five experts described how the youth sector is being challenged significantly as there are limited supports available from other sectors such as mental health and education support as well as family services. Without support from these services or clear referral pathways, youth workers are unable to respond to the complicated needs of some young people within the SIC. The complicated needs refer to difficulties young people may be having in school, challenges with their mental health, or negative risk factors that may be happening in their homes.



“Youth work is focused on young people, that’s where the beginning of substance use problems can or are likely to happen. We need to bolster that level to allow it to respond”

Interview 5

The youth sector does not have the ability to operate within a vacuum for it to respond to the challenges faced by young people and their families. According to the expert, youth work should provide both accessible and targeted services to reach young people to provide them with a safe place, as well as to refer on to other levels of support should they be required.

## 6.7 Overview of emerging themes

This research has found that experts feel that significant achievements have been made within the youth sector when responding to the needs of young people. These achievements have taken place in schools, youth work, and the community in general.

Despite these achievements, substance misuse in the SIC is prevalent, and visible within the community and is significantly increasing risk factors among children and young people.

Young people are being negatively impacted by under-resourced services as well as being overlooked when planning support is required by young people. Young people are also impacted by ongoing trauma in their lives as well as families either not availing of necessary support and intervention or not having it available in their area.

It is becoming increasingly difficult for young people to engage with preventative and early intervention services, as they are



either not available in their area and they are resisting travel, they are far too immersed in casual substance misuse and/or associated crime and interventions are not mandatory.

Youth workers should be supported with other tiers of support, either accessible and universal services or more specialist intervention, treatment services, or family support. These supports and clear pathways of referrals are not always available to youth workers in the SIC which hinders their ability to work successfully with young people with complicated lives.

# Chapter 7:



## Conclusion and Recommendations

# Chapter 7:

## Conclusion and Recommendations

This research set out to identify the needs of the young people in the SIC, the current model of practice of the youth substance misuse services as well as identifying young people that are problematically using drugs

and alcohol as well as barriers stopping them from accessing services. This research also aimed to identify gaps in services in the SIC and the training needs of youth workers.

What is the current model of practice?	
Finding	Recommendations
<p>In order to respond to the needs of young people in relation to substance misuse there should be four tiers of services:</p> <ul style="list-style-type: none"> <li>■ Accessible services available to all such as GPs, schools, etc.;</li> <li>■ Youth services providing young people with opportunities and a safe space,</li> <li>■ Targeted intervention and family support to those with substance misuse problems;</li> <li>■ Specific or residential substance misuse treatment.</li> </ul>	<ul style="list-style-type: none"> <li>■ For the youth work sector to adequately respond to the needs of young people it needs to be supported by the adjacent levels of support services. The youth work sector needs to be able to be universally accessible to all young people who need it as well as the referral to more specialist levels of support offered by other agencies.</li> <li>■ A networking agreement as well as a service level contract outlining the roles of youth work and how it should, when necessary, refer to other agencies be established.</li> </ul>

### What is the current model of practice?

Finding	Recommendations
<p>Within the SIC:</p> <ul style="list-style-type: none"> <li>■ There are universal services provided to children and young people</li> <li>■ There are limited youth services and youth workers for children and young people to access</li> <li>■ There are extremely limited targeted interventions and family services available within the community</li> <li>■ YODA, a high-level targeted service offering substance misuse treatment for young people, is available to young people in Tallaght.</li> </ul>	<ul style="list-style-type: none"> <li>■ This research has shown that there is currently no dedicated youth substance misuse centre in the SIC and that young people in the SIC are a lot less likely to attend services outside of the local area.</li> <li>■ The feasibility of establishing a YODA in-reach service in a city centre location should be carried out to provide young people with an accessible service should they require it.</li> </ul>

### What young people are engaging with youth services and what people are problematically using drugs and alcohol?

Finding	Recommendations
<ul style="list-style-type: none"> <li>■ Some young people are engaging with youth work and are benefitting, however, there are significant barriers to engaging with other young people that are 'hard to reach.'</li> </ul>	<ul style="list-style-type: none"> <li>■ Young people need a safe place outside of their homes to spend free time, engage in safe activities and explore new opportunities outside of the SIC. Work should be carried out by relevant agencies to identify and supply suitable spaces for young people to spend time in. More trips should be facilitated within the youth work sector to ensure that young people are gaining new experiences and receiving opportunities.</li> </ul>

<ul style="list-style-type: none"> <li>■ Young people are becoming increasingly hard to reach due to several factors as identified in this research, including becoming engaged with recreational substance misuse and associated crime at a young age or else becoming socially isolated from peers. Young people, particularly young boys, are disengaging from sports activities for several reasons, including a lack of accessibility and the competitive nature of some of the club</li> </ul>	<ul style="list-style-type: none"> <li>■ Work is ongoing by relevant sporting agencies to engage with young people and ensure their participation. Youth services and clubs should be promoted in schools between youth work organisations and sports clubs to ensure more young people are reached.</li> </ul>
Barriers preventing young people from accessing services	
Finding	Recommendations
<ul style="list-style-type: none"> <li>■ This research identified several barriers preventing young people from accessing services. One of the most significant of these was a lack of community-based family support and services. Other major risk factors increasing the chance of a young person's likelihood to misuse substances in later life are a lack of parental involvement as well as familial drug use either through siblings or parents.</li> <li>■ The need to respond to more community-based family support is critical for the area. This research has shown how some families are hesitant to interact with statutory-based services and have a more reliable affiliation with community-based</li> </ul>	<ul style="list-style-type: none"> <li>■ More community-based family supports should be offered. These can be funded and staffed through statutory agencies but must be offered through trusted local and community-based organisations to ensure parental and family involvement.</li> </ul>

## Gaps in services need to be addressed

Finding	Recommendations
<ul style="list-style-type: none"> <li>■ Young people stated that they have limited spaces to spend their free time. Limited spaces included a lack of sports facilities, youth-focused spaces, and clubs. Without a safe space, young people are more likely to engage in anti-social behaviour and substance misuse.</li> <li>■ Young people also stated that there is a lack of various types of support available to them. This includes mental health and educational support. Supports available to young people at transitioning periods of their lives such as the move from primary to secondary schools are limited and are not consistent between schools.</li> <li>■ This research also found that there is no dedicated youth drug worker in the SIC.</li> </ul>	<ul style="list-style-type: none"> <li>■ More universal and accessible services to ensure all young people are provided with safe places to spend their free time. Young people need better-quality, affordable, and accessible sports facilities. These should include, indoor and outdoor facilities.</li> <li>■ The use of public spaces and buildings should be investigated throughout the city to allow for more space for youth services and clubs. This research recommends that more work should be carried out by relevant bodies such as Dublin City Council to ensure that young people's needs for social and sporting facilities are responded to as well as providing young people with an opportunity to participate in Local Area and Local Economic and Community Plans.</li> <li>■ Education supports should be provided to children and young people at transitioning periods in their life (primary to post-primary) through facilitated homework clubs within their community and schools. Homework clubs would provide an opportunity for children and young people to access necessary educational support.</li> </ul>



## Gaps in services need to be addressed

Finding	Recommendations
	<ul style="list-style-type: none"> <li data-bbox="858 577 1406 1077">■ Mental health support is critical in the SIC, particularly accessible, and affordable counselling. This research has shown that young people feel that some young people are misusing substances due to mental health difficulties. Mental health support should be provided within the education system in primary and post-primary schools to create both awareness of and accessibility to the service.</li> <li data-bbox="858 1106 1406 1391">■ The presence of a dedicated youth drug worker is absent in the SIC. A dedicated youth drug worker would act as a point of reference for both youth workers and families with access to key information and services regarding available services.</li> </ul>

### Upskilling or training is required for current youth services and projects

Finding	Recommendations
<ul style="list-style-type: none"> <li>■ A key finding from the youth workers is that they are over-reporting the work they are carrying out and say that it is diminishing the quality of work they can carry out with young people.</li> <li>■ Youth workers also stressed how they are operating within limited or unsuitable spaces when trying to work and engage with young people.</li> <li>■ Youth workers are operating with both limited and targeted funding. Workers spoke about the difficulties of operating within tight budget constraints and how it restricted the number of dedicated youth workers and how there was an over-reliance on volunteers. While there are numerous implications and restrictions while operating under targeted funding streams such as UBU limiting the universal work that they can carry out.</li> <li>■ Most youth workers showed they had training and awareness of trauma-informed care but had limited</li> </ul>	<ul style="list-style-type: none"> <li>■ Reporting for youth workers and the work they carry out should be streamlined to ensure that youth workers are spending more time working with young people.</li> <li>■ More funding should be allocated to youth work to allow for more work to be completed with universal groups and less reliance on volunteers.</li> <li>■ Drugs awareness, support, intervention and training should be provided to youth workers in matters such as substance misuse early intervention, and harm reduction.</li> </ul>













South Inner City Dublin Drugs and Alcohol Task Force