

LEEF AS IT IS

Values, Attitudes, and Norms from the perspective of midlands youth

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Conducted in partnership by the Midland Health Board
& Midland Regional Youth Council.



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youth
FEDERATION



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FORWARD

The key influences on health are well established before adulthood. Among these are socio-economic status, educational opportunities and lifestyle. This report on the needs and general lifestyles of marginalised youth in the Midland Health Board area attempts to examine some of those influences and to elicit perceptions of young people themselves of their health needs.

Given the diversity of the influences on health, the response must of necessity be a multi-agency response. The Board is most anxious to co-operate with other relevant agencies and where appropriate to lead that response. The research contained in this report, which was commissioned by the Midland Health Board, will inform the Board's actions in its attempts to meet the needs of marginalised young people. We look forward to working with young people themselves and with other relevant agencies in order to promote the health of marginalised youth.

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Researcher.

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EXECUTIVE SUMMARY

AIM OF THE RESEARCH

The aim of this research is to analyse the needs and general lifestyles of marginalized youth in the Midland Region with a view to developing services of the Midland Health Board to meet the needs of young people.

METHODOLOGY

- + A qualitative research methodology was used in this study. Fifteen focus groups (8 female, 7 male) were conducted with marginalized young people through Training Centres, Youth Centres and Schools in Athlone, Mullingar, Tullamore, Mountmellick/Portlaoise and Birr. Discussions were generated in the groups through a set of questions which were set out in a Focus Group Discussion Guide (Appendix A) covering issues on: Areas in which Young People Live; Sexual Health; Smoking, Drinking and Drugs; Education; Expectations; Mental Health; and Services.
- + Individual interviews (Appendix B) were also conducted with a number of young people from the focus groups and with young people attending a drop-in centre.
- + A literature review was carried out of related local, national and international research.
- + The process of analysis was qualitative and involved identifying major issues from the data collected through the focus groups and interviews. These issues were arrived at by identifying points made through participants' reporting of their experiences; considering positive and negative feelings and reactions to particular issues and identifying young people's suggestions and preferences.

FINDINGS

The findings in this research are presented under headings, which reflect the issues identified across all five areas. Instances in which the composition of the group affected findings are noted in the presentation. References made to findings from interviews are also included if relevant. Apt quotations summarising key ideas are used in the presentation.

SUMMARY OF FINDINGS

Influences from areas in which participants live

The issues facing young people living in disadvantaged areas were identified as soft-drug use (mainly Cannabis, Ecstasy and Speed), underage drinking, fighting and vandalism. These were regarded by participants as inevitable issues in areas, which lack sufficient facilities for young people. Issues relating to peer pressure and problems of discrimination were also highlighted. These problems point to the immediate social needs of young people for alternatives to the current social scene.

Sexual Health

Young people have very specific needs in relation to increasing their knowledge and awareness of issues relating to sexual health. Levels of formal sex education are very low and knowledge of contraception and Sexually Transmitted Diseases (S.T.D.s) are limited. Barriers preventing young people from approaching healthcare professionals on sexual matters were identified, notably confidentiality issues and feelings of intimidation. They clearly expressed preferences for services they would like made available to them. These included sexual awareness programmes through schools, workshops and youth projects, a counselling service and a confidential telephone line.

Smoking/Drinking/Drugs

Almost all of the participants in the research are smokers and there is a high prevalence of drinking particularly among older groups. Although only a very small minority of males claimed to take drugs. There were perceived to be high levels of drug use among young people in general. Important issues emerged regarding the influence of peer pressure and acceptable standards of behaviour among young people in relation to risk-taking behaviours. While the young people demonstrated an awareness of health risks involved in these behaviours, the consideration of future health risks has emerged as subordinate to the more immediate needs of young people, i.e. approval from peers. These findings highlight the importance of addressing the health needs of young people in a way that acknowledges the influence of peers in their lives.

Education

The majority of young people have experienced severe forms of educational disadvantage, which have led to many of them leaving the formal education system early. A number of individual, school-related and family-related factors have emerged which constitute a series of conflicts for the young person, contributing to educational disadvantage. While most of the participants believed that education was important, it seems to have little relevance to their own lives. For those participants attending workshops it seems that this 'second chance' education and training is more suited to the needs of early school leavers. Specific needs were expressed for more life skills and personal development to be included in the school curriculum.

Expectations

There were marked differences between male and female participants in relation to future expectations. Boys have a more positive outlook on future employment and it seems that young women have much more limited aspirations for their future lives and work. A negative attitude towards full time work has also emerged amongst both male and female participants. These findings point to the need for enhancement of self-esteem among young girls in particular, and a new clarification of the role or importance work in the lives of these young people.

Mental Health

School-related and family-related problems were perceived as the main causes of stress in the young person. With regard to suicide, the inability to cope with stress, and problems associated with alcohol and drug abuse were highlighted as the main causes. The reasons suggested for eating disorders among young people were depression, stress, family problems and low self-esteem. However, the young people seemed unwilling or unable to discuss more personal experiences of stress, bereavement, loss or separation in their lives. While there may be a variety of reasons for the lack of response in both the groups and individual interviews on these issues, the need has emerged for empowering young people by providing them with the life skills needed to cope with pressures in their lives.

Services

The young people surveyed had a very limited awareness of services available to them. The

implications of this are that young people are not accessing existing services.

The reasons, which have emerged for this, point to a lack of knowledge among young people of the specific services available to them. These findings highlight the need for improvement of existing services to make them more acceptable to young people and the development of accessible services. The need for provision of a youth counselling service has been identified and the importance of addressing the information needs of young people has also emerged.

SUMMARY OF RECOMMENDATIONS

The key recommendation of this report is the establishment of a Multi-Agency Network comprising relevant sectors, the aim of which will be to consider the following recommendations and to prioritise their implementation.

1. Lifestyle and Social Needs

Aim

To provide young people with alternatives to the current social scene and address the influence of peer pressure in young people's lives.

Recommendations

- + Provision of recreational indoor facilities through the establishment of Youth Drop In Centres
- + Expansion of Youth Work through establishing more project-based work
- + Covering social issues relevant to young people.
- + Provision of peer education programmes.

2. Health Needs

Aim

To develop health services accessible to young people and to increase the young person's access to existing services by taking account of the specific needs and fears of young people in relation to health services.

Recommendations

- + Development of a Sexual Health Service for young people;

- + Development of a Youth Counselling Service;
- + Development of programmes through workshops, schools and youth projects targeting young people engaging in risk-taking behaviour
- + Development of sex education programmes through workshops, schools and youth projects.

3. Education Needs

Aim

To take on board the specific needs of young people in relation to education through recognition of the conflicts in the life of the young person, which lead to educational disadvantage, and to advocate and expand more holistic approaches to education.

Recommendations

- + Increase provision of Lifeskills programmes for young people.
- + Expansion of programmes currently targeting educational disadvantage.
- + Establishment of a local tracking system for early school leavers;

4. Empowerment of Young People

Aim

To give all young people the opportunity to enhance their life chances.

Recommendations

- + Promotion of positive mental health through the empowerment of young people;
- + Development of Youth Information Centres in the region.

CHAPTER ONE

BACKGROUND TO THE RESEARCH

This research was commissioned by the Midland Health Board following a request from staff, who from their own experiences and links with other agencies, have become concerned as to whether the health and lifestyle needs of marginalized young people in the Midland regions are being met. In order for the Health Services to respond the needs of marginalized groups, it is important to gain detailed and accurate information regarding these groups.

To do this, it was decided that the views of the young people themselves should be obtained in order to come to an understanding of their lifestyles and needs, and to identify how the services offered by the Midland Health Board might be changed or improved to meet these needs from the point of view of the marginalized young person. In doing this, the ideas and opinions of marginalized groups can be harnessed to shape the service of the future.

The Midland Regional Youth Council in partnership with the Midland Health Board, Training Centres, Gardai, Voluntary and Community Groups and Young People carried out this research. This partnership model will identify the underlining problems and will assess the nature and extent of various issues affecting young people. This increased awareness of the needs of marginalized young people will help the Midland Health Board in improving and developing its services to this group in society.

The research is being carried out in Athlone, Mullingar, Tullamore, Mountmellick/Portlaoise and Birr.

PROFILE OF AREAS INVOLVED IN THE RESEARCH

Unless otherwise stated, the data for this section has been derived from the 1996 Census of the Population of Ireland Small Area Population Statistics (SAPS) for each of the areas involved in this research.

INTRODUCTION

ATHLONE

Population

Athlone and its environs had a population of 14,330 persons in 1996. Of this figure, 4,828 were under 20 years of age – 2,304 males and 2,524 females.

Education Attainment

Of the population of Athlone aged over 15 years who have ceased full time education:

- * Less than 1 % of males and females have no formal education.
- * Just over 27% of males and females have a primary education only.
- * 21.4% of males and 19.8% of females have completed lower secondary level (Junior/ Intermediate Certificate, Group Certificate, 'O' Levels).
- * Over 8% of males and 5% of females have a technical/vocational qualification.
- * Almost 18% of males and 20% of females have their Leaving Certificate.
- * Almost 3% of males and 4.5% of females have their Leaving Certificate and a technical/ vocational qualification.
- * Almost 9% of males and over 10% of females have a sub-degree qualification.
- * 4.5% of males and 3.4% of females have a primary university degree.
- * Almost 7% of males and 5% of females have miscellaneous higher qualifications.

Occupational Profile

The occupational profile is shown in the social class of young people and their present economic status. Figures showing the type of work people are involved in (whether or not part time) are also included.

Social Class

The social class of all persons aged 15-24 years is determined by their occupation and/or their employment status:

- * Almost 5% of males and 3.5% of females (as a percentage of all 15-24 year olds) are in Social Class 1, which represents Professional workers.
- * Over 12% of males and females are in Social Class 2 representing Managerial and technical workers.
- * Over 17% of males and over 20% of females are in Social Class 3 (Non-manual workers;
- * 13.5% of males and fewer than 10% of females are in Social Class 4 (Skilled Manual)
- * Over 14% of males and 11.5% of females are in Social Class 5 (Semiskilled workers).
- * Approx. 6% of males and Females are in Social Class 6 (Unskilled workers).
- * Over 31 % of males and almost 38% of females are in Social Class 7 (Others gainfully employed).

Present Status

Figures showing the present economic status of young people aged 15-24 years reveal that:

- * Almost 28% of males and 24.4% of females are at work (as a percentage of all 15-24 year olds).
- * Over 5% of males and over 3% of females are seeking their first job.
- * 7.3% of males and almost 5% of females are unemployed.

Types of Work

With regard to all people aged over 15 years and who are at work, almost 18% of are in part time occupations. When gender is considered, 8.3% of all males at work, and almost 30% of all females at work break down this figure, are in part time works.

Unemployment¹

The total number of all people signing on the live register (end June 1999) was 1,575 (819 males, 756 females). Of the total number of males signing on the register, 208 were under 25 years. Of the total number of females signing on the register, 151 were under 25 years.

Family Structure

In 1996 there were 3,113 family units in Athlone and it

¹ Unemployment figures for all areas were obtained from the Central Statistics Office

environs. Of the 1,802 couples with children, 528 have over three children and 117 couples have over 5 children. Also, of the total number of all couples with children, 788 have all children less than 15 years of age.

Lone Parents

There were 581 lone parent families in Athlone and its environs in 1996. Of these, 507 were headed by a mother and 74 by a father. Lone parent families accounted for 1,045 children or 20.1% of all children.

Mullingar

Population

In 1996, Mullingar and its environs had a population of 12,492 persons. Of this figure, 4,364 were under 20 years of age – 2,263 males and 2,101 females.

Education Attainment

Of the population of Mullingar aged over 15 years who have ceased full time education:

- * Less than 1% of males and females have no formal education.
- * Over 25% of males and females have a primary education only.
- * Approx. 20% of males and females has completed lower secondary level.
- * Over 7% of males and 6% of females have a technical/vocational qualification.
- * Almost 20% of males and over 21 % of females have their Leaving Certificate.
- * 2.5% of males and over 5% of females have their Leaving Certificate and a technical/vocational qualification.
- * Over 9% of males and females have a sub-degree qualification.
- * Almost 4% of males and females have a primary university degree
- * Approx. 6% of males and females has miscellaneous higher qualifications.

Occupational Profile

Social Class

Statistics representing the Social Class of young people aged 15-24 years show that:

- * Over 4% of males and 3% of females are in Social Class 1.
- * Over 19% of males and 18% of females are in Social Class 2.
- * Over 17% of males and almost 34% of females are in Social Class 3.
- * Over 18% of males and 12% of females are in Social Class 4.
- * Approx. 13% of males and females are in Social Class 5.
- * Over 10% of males and 7% of females are in Social Class 6.
- * Over 17% of males and 12% of females are in Social Class 7.

Present Status

Figures showing the present economic status of young people aged 15-24 years reveal that:

- * Approx. 36% of males and females are at work.
- * Just over 4% of males and females are seeking their first job.
- * Approx. 9% of males and females are unemployed.

Types of Work

With regard to all persons aged over 15 years who are at work, just over 16% of are in part-time occupations. When gender was considered, approximately 7% of all males are at work, and almost 30% of all females are at work.

Unemployment

The total number of all people signing on the live register (end June 1999) was 1,610 (834 males, 776 females). Of the total number of males signing on the register, 166 were under 25 years. Of the total number of females, 161 were under 25 years.

Family Structure

In 1996, there were 2,670 family units in Mullingar. Of the 1,640 couples that have children, 540 have over three children, while 96 couples have over 5 children. Also, just over half of the total numbers of couples with children have all children less than 15 years of age.

Lone Parents

In 1996, there were 438 lone parent families living in Mullingar. Of these, 381 were headed by a mother and 57 by a father. Lone parent families accounted for 871 children or 18.2% of all children.

TULLAMORE

Population

The population of Tullamore and its environs was 10,039 in 1996. Of this figure, 3,417 people were under 20 years of age – 1,767 males and 1,650 females.

Education Attainment

Of the population of Tullamore aged over 15 years and whose full time education has ceased:

- * Less than 1% of males and females had no formal education.
- * Over 28% of males and 26% of females have primary education only.
- * Approx. 20% of males and females has completed lower secondary level.
- * Approx. 6% of males and females has a technical/vocational qualification.
- * Almost 20% of males and 21 % of females have their Leaving Certificate.
- * Approx. 4% of males and females has their Leaving Certificate and a technical/vocational qualification.
- * Almost 9% of males and 10% of females have a sub-degree qualification.
- * Approx. 3% of males and females has a primary university degree.
- * Over 8% of males and 5% of females have miscellaneous higher qualifications.

Occupational Profile

Social Class

Statistics showing the Social Class of young people aged 15-24 years reveal that:

- * Over 3% of males and females are in Social Class 1.
- * Approx. 17% of males and females are in Social Class 2.
- * Almost 15% of males and 25% of females are in Social Class 3.

- * 28% of males and over 15% of females are in Social Class 4.
- * Over 15% of males and almost 20% of females are in Social Class 5.
- * Approx. 10% of males and females are in Social Class 6.
- * Approx. 10% of males and females are in Social Class 7.

Present Status

Figures showing the present economic status of young people aged 15-24 years reveal that:

- * Almost 40% of males and females are at work.
- * Just over 6% of males and females are seeking their first job.
- * Almost 10% of males and over 5% of females are unemployed.

Type of Work

With regard to all people aged over 15 years who are at work, over 15% of are in part time occupations. When this figure is broken down by gender almost 9% of all males at work, and almost 25% of all females at work, are in part-time work.

Unemployment

The total number of people signing on the live register (end June 1999) was 1,323 (772 males, 551 females). Of the total number of males signing on the live register, 124 were under 25 years. Of the total number of females, 123 were under 25 years.

Family Structure

In 1996, there were 2,252 family units in Tullamore and its environs. Of the 1,382 couples that have children, 451 have over three children and 98 have over five children. Also, just fewer than 48% of the total numbers of couples with children have all children less than 15 years of age.

Lone Parents

In 1996, there were 357 lone parents families in Tullamore. Of these, 308 were headed by a mother and 49 by a father. Lone parents accounted for 631 children or just over 15% of all children.

MOUNTMELICK

Population

Mountmellick and its environs had a total population of 2,912 in 1996. Of this figure, 957 are under 20 years of age – 501 males and 456 females.

Education Attainment

Of the population aged over 15 years and whose full time education has ceased:

- * Less than 1% of males and females have no formal education.
- * Almost 34% of and 30% of females have primary education only.
- * Over 22% of males and females have completed lower secondary level.
- * Over 8% of males and 5% of females have technical/vocational qualifications.
- * 13.5% of males and over 17% of females have their Leaving Certificate.
- * Roughly 4% of males and females have their Leaving Certificate and a technical/vocational qualification.
- * Roughly 5% of males and females have a sub-degree qualification.
- * Roughly 1% of males and females have a primary university degree.
- * 2.5% of males and 3.5% of females have miscellaneous higher qualifications.

Occupational Profile

Social Class

Regarding the Social Class of young people aged 15-24 years:

- * 2.5% of males and less than 1% of females are in Social Class 1.
- * Approx. 18% of males and females are in Social Class 2.
- * 11.5% of males and over 20% of females are in Social Class 3.
- * 34.5% of males and 28% of females are in Social Class 4.
- * Approx. 10% of males and females are in Social Class 5.
- * Over 14% of males and almost 8% of females are in Social Class 6.
- * 8.5% of males and over 13% of females are in Social Class 7.

Present Status

Figures representing the present economic status of young people aged 15-24 years show that:

- * Over 30% of males and females are at work.
- * Over 15% of males and 10% of females are seeking their first job.
- * Approx. 10% of males and females are unemployed.

Type of Work

With regard to all people over 15 years who are at work, almost 20% of are in part time occupations. When this is analysed by gender, over 11% of males at work, and over 30% of females at work, are in part time occupations.

Unemployment

The total number of people signing on the live register throughout Co Laois (end June 1999) was 2,380 (1,275 males, 1105 females). Of the number of males signing on the register, 206 were under 25 years. Of the number of females, 232 were under 25 years.

Family Structure

In 1996, there were 639 family units in Mountmellick. Of the 406 couples with children, 133 have more than three children and 30 have more than seven children. Also, of the total number of couples with children, 45% of have all children less than 15 years of age.

Lone Parents

In 1996 there were 97 lone parent families in Mountmellick. Of these, 79 were headed by a mother and 18 by a father. Lone parent families accounted for 185 children or 15.6% of all children.

PORTLAOISE Population

Portlaoise and its environs had a population of 9,474 in 1996. Of this figure, 3,299 people were under 20 years of age -1,662 males and 1,637 females.

Education Attainment

Of the population aged over 15 years and whose full time education has ceased:

- * Less than 1 % of males and females have no formal education.
- * Approx. 22% of males and females has primary education only.
- * Over 22% of males and females have completed lower secondary level.
- * 7% of males and over 4% of females have a technical/vocational qualification.
- * Approx. 22% of males and females has their Leaving Certificate.
- * Approx. 3% of males and females has their Leaving Certificate and a technical/vocational qualification.
- * Over 8% of males and females have a sub-degree qualification.
- * Approx. 3% of males and females has a primary university degree.
- * Over 5% of males and females have miscellaneous higher qualifications.

Occupational Profile Social Class

The Social Class statistics of young people aged 15-24 years show that:

- * Over 2% of males and females are in Social Class 1.
- * Just over 15% of males and females are in Social Class 2.
- * Over 19% of males and over 30% of females are in Social Class 3.
- * Over 20% of males and 15% of females are in Social Class 4.
- * Over 16% of males and over 12% of females are in Social Class 5.
- * Just over 9% of males and females are in Social Class 6.
- * Approx. 15% of males and females are in Social Class 7.

Present Status

Figures representing the present economic status of young people aged 15-24 years show that:

- * Over 36% of males and 31 % of females are at work.

- * Roughly 7% of males and females are seeking their first job.
- * Just over 4% of males and females are unemployed.

Type of Work

With regard to all people over 15 years and at work, just over 14% of are in part time occupations. However, analysis across gender categories shows that just over 7% of all males at work and over 25% of all females at work are in part time occupations.

Unemployment

(See figures on page 7 for Co Laois in profile of Mountmellick,).

Family Structure

In 1996, there were 2,033 family units in Portlaoise. Of the 1,271 couples that have children, 437 have more than three children and 114 have more than seven children. Also, of the total number of couples who have children, 50% of have all children less than 15 years of age.

Lone Parents

In 1996, there were 299 lone parent families in Portlaoise. Of these, 255 were headed by a mother and 44 by a father. Lone parents accounted for 573 children or almost 15% of all children in Portlaoise.

BIRR

Population

In 1996 Birr and its environs had a population of 4,158. Of this figure, 1,336 were under 20 years of age – 686 males and 650 females.

Education Attainment

Of the population of Birr aged over 15 years and whose full time education has ceased:

- * Less than 1 % of males and females have no formal education.

- * Over 32% of males and just fewer than 30% of females have primary education only.
- * Over 20% of males and females have completed lower secondary level only.
- * Almost 10% of males and over 6% of females have a technical/vocational qualification.
- * Approx. 21% of males and females has their Leaving Certificate.
- * Approx. 3% of males and females has their Leaving Certificate and a technical/vocational qualification.
- * Over 5% of males and 8% of females have a sub-degree qualification.
- * Just over 2% of males and females have a primary university degree.
- * Over 4% of males and females have miscellaneous higher qualifications.

Occupational Profile Social Class

Statistics representing the Social Class of young people aged 15-24 years show that:

- * Over 1 % of males and over 3% of females are in Social Class 1.
- * Approx. 12% of males and females are in Social Class 2.
- * Over 11 % of males and 18% of females are in Social Class 3.
- * Almost 32% of males and just over 20% of females are in Social Class 4.
- * Over 18% of males and almost 21 % of females are in Social Class 5.
- * Approx. 11 % of males and females are in Social Class 6.
- * Over 12% of males and almost 15% of females are In Social Class7.

Present Status

Statistics showing the present economic status of young people aged 15-24 years reveal that:

- * Over 40% of males and almost 33% of females are at work.
- * Just over 5% of males and females are seeking their first job.
- * Approx. 9% of males and females are unemployed.

Type of Work

With regard to all persons aged over 15 years and at

work, almost 18% of are in part time occupations. When analysis is carried out across gender groups, over 12% of all males at work and over 25% of all females at work are in part time occupations.

Unemployment

The total number of people signing on the live register (end June 1999) was 789 (424 males, 365 females). Of the total number of males signing on the register, 84 were under 25 years and of total number of females signing on the register, 82 were under 25 years.

Family Structure

In 1996, there were 944 family units in Birr. Of the 554 couples with children, 154 have more than three children and 42 have more than seven children. Also, of the total number of couples with children, over 45% of have all children under 15 years.

Lone Parents

In 1996, there were 161 lone parent families in Birr and its environs. Of these, 140 were headed by a mother and 21 by a father. Lone parents accounted for 316 children or almost 20% of all children in Birr.

CHAPTER TWO

AIM OF STUDY

The aim of the study was to research the needs and general lifestyles of marginalized youth in the Midland regions with a view to developing the services of the Midland Health Board to meet the needs of young people.

OBJECTIVES

- + To identify general lifestyles and culture of marginalized young people.
- + To provide a detailed and accurate information as to why some young people fall through the system.
- + To ascertain the needs and expectations of marginalized young people.
- + To identify influences from various systems such as the Education and Health systems, and their effects on young people.
- + To target the needs of young people who have no formal links with groups in their communities.
- + To report the needs identified and recommend appropriate responses to these needs.

METHODOLOGY

In order to achieve the aim and objectives of this study, a qualitative research methodology was used. This approach was chosen in order to gain an understanding of the views, experiences and knowledge of young people and therefore to present a comprehensive picture of the general lifestyles and the needs of the marginalized young person.

Focus Groups

Focus groups were conducted in Training Centres, Youth Centres and Schools.

AIM, OBJECTIVES & METHODOLOGY

- + These focus groups identified general lifestyle issues and experiences common to the group.

Issues discussed in the groups:

- x Influences on young people from the areas in which they live;
- x Sexual Health;
- x Smoking, Drinking and Drugs;
- x Education;
- x Expectations;
- x Mental Health;
- x Services.

- + Fifteen groups took part in the research with an average of seven young people in each group. The groups were arranged by gender and by age: younger groups of people aged 13 to 15 years; and older groups of young people aged 15 to 18 years.

Profile of Groups:

- x There were 8 female groups and 7 male groups.
- x 7 older groups (4 female and 3 male) were conducted in Community Training Workshops, Youthreach Centres.
- x 3 younger groups (2 female and 1 male) were conducted through Youth Projects.
- x 4 young groups (2 female, 2 male) were conducted in schools.
- x 1 older male group was conducted through the Junior Liaison service.
- + Discussions were generated in the focus groups through questions from the Marginalized Youth Focus Group Discussion Guide (Appendix A).

Semi-Structured Interviews

Semi-structured interviews were conducted with individuals in Training Centres and a drop-in centre.

Individual interviews were carried out with 20 young people (11 female, 9 male) who had participated in the focus group discussions in order to tap into personal experiences rather than the group experience. Issues covered in these interviews were:

- x Sexual Health;
- x Smoking/Drinking/Drugs;
- x Education;
- x Expectations;
- x Mental Health;
- x Services.

Semi-structured interviews were also conducted with 8 young people attending a drop-in centre. These interviews were also qualitative and followed a Discussion Guide (Appendix B).

Sampling

While it was hoped that focus groups and individual interviews would be carried out with young people who have no involvement in schools and workshops, access to this group proved very difficult. A snowball sampling method was proposed to access this completely marginalized group, in which participants in the focus groups could supply the names of young people who are out of school and not in contact with any form of service. However, it proved impossible to make contact with these young people.

Literature Review

A literature review was carried out of related local, national and international research.

Analysis

Qualitative analysis of data collected through the research was conducted.

The process of analysis involved an identification of the major themes and sub-themes from the data collected through focus group discussions and individual interviews. Themes were arrived at through consideration of young people's lifestyles and experiences, and identifying the issues that underlie these experiences – what are the concerns, values and principles that lie behind responses. Issues were identified through:

- x Identifying points made through participants' relating of their experiences.
- x Considering feelings and reactions to particular issues, whether positive or negative.
- x Understanding participants' feelings about issues through their reasons given.
- x Identifying participants' suggestions and preferences.

Profile of young people

The vast majority of young people involved in this study are aged between 13 and 18 years. The majority have left school early and are attending Community Training Workshops or Youthreach. For those participants still at school, many of them are considered 'at risk' of leaving early by their principals. The majority of the young people are living in areas of disadvantage. The focus group discussions and individual interviews took place in the centre of the five areas involved in the research and the majority of the young people live in or near the centre of those towns. However, a number of the participants are living in outer lying, rural areas.

Accessing young people for focus groups and individual interviews

The young people were accessed through establishing contact with coordinators and instructors in Community Training Workshops and Youthreach Centres. Access was gained to young people in Youth Projects through contact with coordinators of projects and youth leaders. Principals were contacted in order to gain access to young people in schools and contact was also established with Junior Liaison Officers to access a group involved in the Junior Liaison service. The young people in these groups were given the option of volunteering for individual interviews. The coordinator in the drop-in centre was contacted for gaining access to young people attending the centre for individual interviews.

Formulation of the Questionnaire for Focus Group Discussions and Individual Interviews

In the main, Mayock's, Focus Group Discussion Guide for her report 'Young People and Drugs' (1998) was used as a baseline when designing questions in the discussion guide for the current research (Appendix A). The questions were altered by Duggan, (Dept. of Public Health (MHB)) in order to accommodate a Midlands setting. Questions were also used from a number of different reports (see Bibliography), and were streamlined and expanded to suit the current research. In sections relating to Education, Expectations, Mental Health and Services, questions were designed specifically for this research.

The sections in the Focus Group Discussion Guide were decided upon through identification of areas in which research was needed. These areas were ascertained by a previous analysis of profiles of different areas.

A pilot study was carried out on two groups to test reactions of young people to the questions in the Focus Group Discussion Guide in order to assess the relevance of the guide to identifying the general lifestyles and needs of young people in the Midland regions.

YOUNG PEOPLE AND DISADVANTAGE

The majority of the young people targeted for the current research are from areas that are deemed to be 'disadvantaged'. The National Youth Council of Ireland (NYCI) defines disadvantage itself as 'an inability to avail of choices or opportunities.'

The NYCI states that the main causes of disadvantage are:

- ◆ Socio-economic conditions such as poverty, unemployment, low income, bad housing.
- ◆ Geographic isolation because of transience, or residence in an area far removed from adequate economic, social and educational facilities.
- ◆ Fragmentation of traditional domestic and community support structures due to the changing nature and role of the family and the increasingly complex nature of society.
- ◆ Social alienation caused by cultural or ethnic discrimination, with accompanying depravities in housing, employment and education.

The NYCI points to a number of 'symptoms' of disadvantage, which apply to young people. These include:

- ◆ Bad attendance or poor achievement at school.
- ◆ Being in trouble with the law.
- ◆ Being in custodial or residential care.
- ◆ Aggressive or anti-social behaviour and withdrawal from the commitments and obligations of daily life.
- ◆ Being out of home.
- ◆ Poor self-esteem and low expectations.
- ◆ Being unemployed or on low pay.
- ◆ Feeling powerless or isolated (ibid: 31).

Young people who experience such symptoms of disadvantage, the NYCI point out then, are often precluded from participating in society and thus become marginalized (ibid: 31).

In 'The Art of Living', a research project conducted by trainees of Athlone Community Taskforce (ACT) in 1997, a 'disadvantaged area' is defined as 'an area which is socially or economically deprived or discriminated against'.

Issues affecting young people from disadvantaged areas

Much of the research into youth needs in recent years has highlighted various issues that affect young people living in disadvantaged areas. Many of these issues suggest that young people are experiencing disadvantage and are suffering many of the symptoms of disadvantage.

A survey carried out by the Mullingar Youth Service, "It Speaks For Itself, (1998)," reported important needs, which reflect issues, faced by young people from disadvantaged areas in the town. These needs included:

- ◆ The need for a safe place, preferably a Youth Centre, for young people to meet and 'hang out' to get them off the streets and channel their energies constructively.
- ◆ The need for a structured, educational alternative for young people to the current social scene in the town, which revolves mainly around alcohol and hanging around the streets. Young people feel that they are not listened to. A Youth Information Centre is needed as young people lack information on services available to them.
- ◆ Youth counselling services are limited.
- ◆ Youth discos are not regular enough and 15-18 year olds are not catered for.
- ◆ Use of alcohol and drugs by young people is a large concern of young people, parents and professionals.
- ◆ Peer pressure is a huge issue for young people in the town.

In response to these needs some of the recommendations proposed in this report were:

1. Establishment of a Youth Centre in the town;
2. Establishment of a Youth Information Centre;
3. Development of a youth counselling service.

Bloomer (1997) in the 'Athlone Youth Report' highlighted issues, which young people pointed to as particularly affecting them, such as drugs, problems at home, bullying at school, lack of suitable weekend activities, drinking, boredom and peer pressure (ibid: 29). In this report, Bloomer found that there was an 'out of sight, out of mind' response to particular

problems in Athlone and this has restricted the establishment of certain activities and terminated the operation of others. For example, some youth discos have been cancelled due to drugs finds or scares. Bloomer points out that such a response takes place at the expense of the majority of innocent parties and conceals the problem rather than dealing with it.

Bloomer also argued that the formal education system is far too heavily weighted in favour of academic achievement at the expense of those students who are more in need of education for personal and social development. For example, she states that young men taking part in criminal activities tend to be caught up in “peer pressure and a strong, streetwise culture” revealing their inability to cope with peer pressure. Apart from schooling, Bloomer argues, there is an ongoing need to develop constructive leisure and educational activities capable of attracting young people who may be at risk of involvement in criminal activities.

A survey carried out by Waterford Regional Youth Service, (1996) ‘Seen and Heard’, showed that there was a considerable degree of consensus regarding issues affecting young people among teenagers themselves, their parents and those working with young people. These included:

- ◆ Training needs among less advantaged areas of the city which point to barriers to securing meaningful and more secure employment, and which highlight the considerable numbers of young people who are out of school and not in work;
- ◆ Educational attainment levels are lower in disadvantaged areas pointing to the existence of financial, social and culture barriers to young people being able to participate fully in the formal education system. This also shows that there are gaps in curriculum provision that restrict opportunities to participate in more general development educational activity (as opposed to more formal examination related study).
- ◆ Regarding leisure and recreational activity, young people are generally more likely to spend leisure time in pubs and restaurants pointing to the need for youth clubs and similar facilities that can act as alternative meeting centres;
- ◆ In relation to health and well being, there is a high level of concern regarding the dangers posed by drug and alcohol abuse in the youth community which points to the need for more information and support on these issues.

An important recommendation arising from this report was the establishment of an effective development strategy through the establishment of a Youth Task Force.

‘Teenage Perspectives’, (1998) Monaghan, Youth Federation a survey carried out by the in, discussed the type of information young people need and have sought, and where they have turned to in order to get information. Types of information, which the young people stressed as important, include information on drugs, careers, sexuality, health, and personal problems. Three of the most popular sources of information highlighted were: friends, parents and magazines,

The main recommendation proposed in this report was the establishment of a Youth Information Centre in the town of Monaghan.

In there 1996 report, ‘Putting Youth on the Agenda’, the NYCI made recommendations with regard to the many issues affecting disadvantaged young people in Ireland. The following are some of the key recommendations of this report which particularly pertain to the current research:

- ◆ Provide at least one Youth Information Centre in every county, with areas of larger population density being served by more than one.
- ◆ Increase funding for youth work in disadvantaged areas to allow for holistic programmes, which could include work with parents and young children as well as young people.
- ◆ Support mainstream youth work to engage in programmes of social and political education and empowerment, and recognise these as programmes, which prevent disadvantage and poverty.
- ◆ Deliver appropriate statutory services for socially excluded youth, including formal education, training programmes, health care and appropriate residential and assessment centres for young people in need of care and intervention.

EARLY SCHOOL LEAVING

The issue of early school leaving is a vital concern of this research. As highlighted in the previous chapter, the level of formal schooling in each of the five areas demonstrates that although more people are staying on at school to complete the senior cycle level, the

problem of early school leaving has not yet been solved.

Educational Disadvantage

Boldt and Devine (1998), writing on 'Educational Disadvantage in Ireland', point out that nearly 13,000 students (15% of) leave school immediately after junior cycle. A report carried out by the National Economic and Social Forum, (1997) 'Early School-leavers and Youth Unemployment', showed that for the period 1993-1995:

- ◆ Up to 1000 young people did not progress to second-level school at all.
- ◆ 3000 left second-level school with no qualifications.
- ◆ 7600 left school with Junior Certificate only.
- ◆ 2600 left school with Junior Certificate and a VPT course only.

According to O'Sullivan and Gilligan (1997) in their preface to 'No School – No future', the National Youth Federation has called for a 'needs-led response' to the issue of educational disadvantage.

Authors on the subject of educational disadvantage have acknowledged the difficulty in defining 'educational disadvantage'. However, two strands of this concept have been put forward which have relevance to the client profile of the current research. These refer to the degree of participation of students attending school and the experience of those who have left school early.

O'Sullivan and Gilligan's research into educational disadvantage involved viewing attendance at school not merely as the pupils physically attending the school, but their degree of participation and engagement with the curriculum and the outcome of this process. In relation to those students still in the formal education system, educational disadvantage, according to Boldt and Devine, may be considered to be a limited ability to derive an equitable benefit from schooling compared to one's peers as a result of school demands, approaches, assessments and expectations which do not correspond to the students' knowledge, skills, attitudes and behaviours into which (s) he has been socialized. As the current research will show, many of the young people who participated in the study have experienced these forms of educational disadvantage, which as led to many of them leaving the formal education system early.

For Boldt and Devine, once the young person has left formal schooling, educational disadvantage may be

considered to be the condition of possessing minimal or no formal educational qualifications and/or being inadequately trained or without knowledge, skills, attitudes and behaviours associated with the demands of available employment, so that one's likelihood of securing stable employment is disproportionately limited as compared to one's peers. O'Sullivan and Gilligan argue, a lack of basic operating skills for engagement with society, such as the ability to read and write, can be viewed as a profound form of social exclusion.

According to O'Sullivan and Gilligan, a number of factors have contributed to a significant change in our conceptualisation of the non-attender at school, and the reasons for non-attendance. These factors include: increasing numbers of children are being excluded from school through various forms of suspension by school authorities; many are being expelled from schools with no alternative schooling being found for them; and many others avoid attending school on a 'semi-regular' basis without the consent or knowledge of parents.

Factors contributing to educational disadvantage and early school leaving

Through the official discourse on educational disadvantage, various factors and indicators associated with early school leaving have been put forward. Granville's study, 'The Early School-Leavers Project' (1982), for example, highlighted five indicators strongly associated with the problem: poor school attendance; poor school achievement; age variance; poor self-image and low motivation; and limited family support (cited in Boldt & Devine).

Mark Morgan's summary of international findings on factors associated with early school-leaving shows that the international experience has clear relevance to early school-leaving in Ireland and in particular to the experience of participants in the current research. These broad factors include: family-related factors; friend and peer related factors; school factors; economic factors; and individual factors.

Anna Bloomer's (1997) found in relation to early school leaving in Athlone, how the experience in Athlone reflected national and international trends. Regarding family-related factors in early school leaving, she found that there was an overall negative attitude to school in the home of early school-leavers. Parental expectations regarding their children's education are frequently low, with the parents themselves having a low level of education. Bloomer points out that in the

home greater value tends to be placed on the ability to earn a wage, however small, than on improving one's long-term chances of securing well-paid employment. With regard to economic factors, Bloomer found that the majority of early school-leavers were from working class backgrounds, hampered by social, educational and economic disadvantage.

International findings on individual factors demonstrate a strong association between early school leaving, attendance problems, disruptive behaviour and delinquency (Morgan, 1998:). Bloomer's findings again show that this is also the case in Athlone with disruptive behaviour often pre-empting early school leaving. She also showed that a short attention span is common among early school-leavers coupled with a tendency to be interested only in activities, which have immediately visible results.

Boldt's 1994 study on Early School-Leavers highlighted the relevance of school-related factors. In this study students expressed views about experiences with teachers, the curriculum and the methods of schooling, which contributed to their decision to drop out. Morgan pointed out that the school's organisation; leadership and teachers were the most often cited school-related factors in international studies.

MacDevitt's research on measures to combat early school-leaving in EU countries pointed to the UK's National Foundation for Educational Research which looked at the role of teachers in early school-leaving and which stressed that teachers are not trained to meet the individual requirements of very different pupils, and that they should be equipped to deal with problems of disaffection amongst students who are at risk of dropping out of school. These school-related factors have clear relevance to the current research.

Educational disadvantage and unemployment

While less young people are leaving school early, the consequences for those that do drop out of the formal education system have, according to Boldt and Devine, become more severe. Educational failure -leaving school with no formal qualifications - has become more serious today for young people seeking employment. Early school-leavers, Boldt and Devine point out, who are drawn mostly from working class backgrounds, are increasingly limited to unskilled manual occupations at high risk of unemployment. S. Rourke's assessment of a 1992 Labour Force Survey, highlighted rates of unemployment among those with no qualifications (46% of), those with Junior Certificate

only (27% of) and those with Leaving Certificate (11 % of). In 1994, 74.6% of the unemployed have either no qualifications or just the Junior/Group Certificate (1994:6). More recent statistics, provided by McCoy and Whelan, show the problem is worsening: in 1995 the unemployment rate for school-leavers with no qualifications was 53%.

Responses to early school leaving

Measures for tackling the problem of educational disadvantage and early school-leaving include curriculum changes at post-primary level with the Leaving Certificate Applied and the Leaving Certificate Vocational Programmes aimed at serving a wider range of ability than the established Leaving Certificate Programme (Boldt & Devine, 1998). For young people who have left formal schooling a number of programmes have been established such as Youthreach and Community Training Workshops. The European Social Fund Programme Evaluation Unit's 1996 statistics show that there is provision for approximately 2,000 Youthreach places, and FAS provides approximately 1,700 Youthreach and non-Youthreach places per annum through Community Training Workshops. However Boldt and Devine point out that this number of places represents a gross under-provision for early school-leavers.

The majority of participants in the current research come from Community Training Workshops. This Report will show how these Workshops compare favourably to the education system as experienced by early school-leavers, according to the young people and how, in the opinion of these early school-leavers and of those at risk of dropping out of school, the formal education system, with its emphasis on success and competition had, in effect, given them no option but to leave school early.

In report on the health needs of young people at risk, 'Youth as a Resource', Burke (Dept. of Health and Children, 1999) outlined other responses to the problem of educational disadvantage and early school leaving. These include the Home/School/Community Liaison Scheme which targets pupils from disadvantaged areas who are at risk of not reaching their full potential in the education system; the 8 to 15 Year Old Early School Leavers Initiative in which a series of pilot projects in areas of disadvantage are to be piloted over the next two years and which will examine models for the development and implementation of an integrated area based coordination of services for young people at risk of

early school leaving; the Cox's Demesne Youth and Community 'Second Chance' Project which addresses gaps in the mainstream education provision and creates links between a local community based project and the formal school context. Burke also highlighted the importance of 'holistic education' in which young people's emotional, spiritual, physical, vocational and environmental needs are given equal emphasis to their academic needs.

The National Youth Council of Ireland has also recommended the upgrading of accreditation awarded to Youthreach participants to give the programme more value in the domestic and international labour market; and the initialisation of a comprehensive lifeskills programme in all schools.

SEXUAL HEALTH

Another major concern of the current research concerns issues of sexual health and contraception.

Levels of Sexual Activity

Various studies carried out in recent years on sexual health issues have shown that there are increasing levels of sexual activity amongst young people. Interviews with GPs, Public Health Nurses and people working in social and child-care services for research conducted in Tullamore (1998) and Edenderry (1997) reveal concern about the high levels of sexual activity in these areas, with young people becoming sexually active from the ages of 11 -14 years. Research carried out in 1997 by the Irish Family Planning Association (IFPA), 'A Young People's Health Service for Dublin', stated that, according to people working with youth in the Dublin region, 12-15 years was perceived as the average age of first sexual intercourse, with the number of sexual partners increasing in later adolescence. Alcohol and drug use were perceived by service providers to be contributing factors to earlier sexual activity in young people (ibid: 31-32).

Swenson et al in a 1998 document 'European Guidelines for AIDS Peer Education' quoted a European Commission Statement regarding AIDS and the importance of providing information to children and young people at an early age in the general context of information on hygiene, sexuality and health education. The authors pointed out that this statement reflects the reality that a majority of European young people has already experienced sexual intercourse by the age of 17 years.

Utilisation of Services

Despite high levels of sexual activity among young people, research has shown that there is a major problem of under utilisation of sexual health services and a significant lack of knowledge amongst young people regarding such services.

The IFPA (1997) reported that young women generally have better knowledge of services than young men. 60% of the young people interviewed had no knowledge of services for advice on sexual health. Services were generally viewed by young people as places where pregnancy testing was easily accessible.

Bloomer's 'Athlone Youth Report' (1997) pointed to the lack of knowledge and poor uptake by young people of provisions available to them such as the Wellwoman Centre.

Barriers to Utilisation of Services

Much of the research into the area of sexual health has sought to identify barriers to utilisation and knowledge of services relating to sexual health. The IFPA's research involved interviews with adults including service providers, youth workers, doctors and other professionals, and with young people themselves. The main barriers faced by young people highlighted in the research findings included:

◆ Confidentiality

With regard to confidentiality, the IFPA point out that it supports the International Planned Parenthood Federation (IPPF) in its view that

"All sexual and reproductive health care services, including information and counselling services provided, should be made available to all individuals and couples, especially young people, on a basis which respects their rights to privacy and confidentiality" (1997).

Despite this however, many young people are deterred from seeking professional help around personal and sexual issues because they fear a lack of confidentiality. And, as the IFPA point out, for many young people the GP would also be their family doctor and young people fear that (s) he would contact their parents (ibid: 33).

- ◆ Fear of being seen entering or leaving a building.

- ◆ Feeling intimidated by health care professionals attitudes towards young.
- ◆ People who are sexually active.
- ◆ Feeling intimidated by older clients who may attend the service.
- ◆ Not understanding the language used by doctors and that used in leaflets.
- ◆ Embarrassment and fear of reproach (Ibid: 27-44).

In Ireland parents or guardians of a minor have historically had total decision-making power in relation to any kind of medical treatment, including contraception. However, Article 12 of the UN Convention on the Rights of the Child (adapted by the UN General Assembly in 1989) was ratified in Ireland in 1992. This states that

“Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matter affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child” (IFPA, 1997).

Sources of Information for Young People

Information regarding sexuality and sexual health which young people receive tends to come mainly from the media and their peers. The study on ‘Youth Needs in Edenderry (McGowan’s 1997), for example, found through interviews with young people, that a large number had not received formal sex education either at home or in school, and admitted that what knowledge they did have came from magazines, television and video, and friends

The IFPA argued that much of the information acquired through such sources is inaccurate, incomplete or romanticised and attitudes to young people and sexual practice are often extremely prejudiced. Young people are thus increasingly at risk of unintended pregnancy and STDs and are dis-empowered from taking responsibility for their own lives.

The IFPA points out that there is some degree of ambiguity in this area in the case of Ireland but stress that minors demonstrating necessary maturity and intellect have the right to make decisions concerning their own health in conditions of privacy (ibid: 17).

Interviews in the IFPA’s study revealed a basic knowledge of contraception: all of the young people in the survey knew about the condom and most had heard about the Pill. Fewer had heard of the Morning After Pill and the Three Month Injection. Young men had minimal knowledge of female contraception. The young people also indicated that condom use was erratic, often depending on the amount of alcohol consumed. For young women, oral contraception was generally viewed with suspicion (1997).

Sexually Transmissible Diseases (STDs)

Many studies carried out in recent years highlight a major concern regarding young people’ levels of awareness of STDs resulting from the under utilisation of professional services and an over-reliance on peers and the media for information. With increased media attention being given to AIDS and HIV young people need to be more aware of other STDs. As the IFPA’s study stated, knowledge of STDs among young people was limited to basic, often misinformed knowledge of HIV and AIDS and that there was a tremendous gap in knowledge of other sexually transmissible diseases (1997).

Bloomer (1997) and McGowan (1997) pointed to a major concern in their studies regarding the numbers of young people who were sexually active and who were not using contraception. Smith’s (1998) study, Tullamore Youth Needs’ showed that many young girls avail of contraception but many of these rely on oral contraception only and are not aware of the risks of STDs if other precautions are not taken. Amongst professionals interviewed by McGowan, there was a general feeling that younger girls were unaware of the theory and practice involved in contraception, and are so immature that some GPs are in favour of non-conventional methods of contraception, which can be administered by a doctor every 12 weeks.

Contraception

A study carried out in 1998 by Mahon, Conlon and Dillon entitled ‘Women and Crisis Pregnancy’ (1998), investigated factors which shape women’s contraceptive use in the Irish context. The authors’ analysis of contraceptive practices of women with crisis pregnancies looked behind the theoretical position of family planning practitioners which assume that sexually active women who do not want to become pregnant will employ effective contraception, to explore how women use contraception in the

context of the structural and cultural milieu surrounding contraception in Ireland, 122 women, for whom pregnancy constituted a crisis in their lives, were interviewed. Through the women's accounts of their own contraceptive practices, it was found that women's access to the pill was restricted by the cost of attending a doctor as well as social disapproval from parents and doctors of their sexual activity and use of the pill. It is interesting to note that, in this study, stories recounted by women of all ages revealed that they had avoided using the pill for fear of discovery by parents and had also avoided attending a doctor for fear of meeting with disapproval or of the doctor informing their parents about contraception use. As the current research will also show such fears are not merely restricted to younger teenagers.

Sexual Education Programmes

In the Chief Executive's (IFPA) introduction to the IFPA's 1997 study, the importance of "deferring first sexual intercourse, avoiding teenage pregnancy, assisting young women and men in Dublin to blossom into adulthood in control of their health and their bodies, free from ignorance and all the disempowerment that goes with it" is discussed. This is seen as the core outcome of the IFPA's proposed health service.

Bloomer (1997) pointed out that current sex education programmes are not reaching the most vulnerable people in society. She stresses the urgent need for improved sex and relationship education for young people and assertiveness training.

In the UK, the Stockport Youth Service's report 'Sex education in the Curriculum: Policy Guidelines' (1993) highlighted that the importance of sex education has become increasingly recognised and the context with which it is taught has broadened considerably from basic biological facts to look at wider personal and social issues such as relationships, feelings and attitudes.

Based on their 1997 research the IFPA made the following recommendations with regard to the provision of a sexual health service for young people in Dublin. These recommendations were arrived at through interviews with young people, and professionals working with young people.

Proposed Sexual Health Service for Dublin

Two main types of service to be offered to young people:

1. Direct Services
2. Outreach Services

Direct Services

- ◆ The establishment of a primary direct service from a defined base with each clinic session providing:
 - x Consultation with a doctor.
 - x Contraceptive advice and supplies (including emergency contraception).
 - x Pregnancy testing and pregnancy counselling.
 - x Counselling on general health, sexual health, drugs and alcohol, AIDS/HIV, relationship counselling.
 - x Referral to other services.
 - x Crèche facilities.
 - x Walk-in and appointment systems.
 - x Confidential telephone service.
 - x Opportunity for informal contact with workers.
- ◆ Location is recommended close to areas, which are frequented by potential clients – shopping, arcade, leisure complex, maternity hospital and with a network of community-based initiatives, schools, workshops also in the locality.
- ◆ A minimum of four clinic sessions per week and on days and times when young people are free from school or work and related to times when young people are most likely to be sexually active (i.e. weekends).
- ◆ The centre should have a friendly, informal atmosphere with comfortable chairs, tea and coffee facilities and user-friendly reception area.
- ◆ Satellite Clinics offering all services of the main centre and at different times from main centre to increase availability in accordance with local demand.
- ◆ With regard to staff and training: staff should be given initial and ongoing training and support with emphasis on maintaining confidentiality, treating young people with respect, fostering open communication and informality while maintaining professionalism. A list of locum

personnel should be developed. Staff should be combined from different disciplines (male and female) and a peer education should be established.

- ◆ Clear operational guidelines with regard to policy and practices on issues of confidentiality, confidentiality and disclosure of sexual abuse, the issuing of hormonal contraception and condoms to young people under 17 years, emergency contraception and clinical record keeping.
- ◆ Publicity should be aimed at young people and professionals working with young people, in a form appropriate to attract young people and should be emphasised in hospitals, outpatient departments, GP clinics, social service department and all media outlets.

Outreach Service

- ◆ Available from main centre, which would:
 - x Offer information regarding services to schools, GPs, community youth centres and all personnel working with young people.
 - x Provide training resources to schools and professionals.
 - x Endeavour to identify and contact young people not in touch with service.
 - x Liaise with other services for young people.

The sexual health service should be monitored and evaluated with criteria for acceptability and accessibility of the service as outlined by young people. Client feedback should be a very important part of this process.

A National Strategy for Young People's Health Care should be put in place by the Department of Health for the development of specialist services for young people to be adapted by each Health Board to the local situation (1997:56-61)

Sex Education and Youth Services

Other studies carried out highlight the advantage of sexual health programmes being carried out through local youth services or projects. Research into the proposed Youth Centre in Mullingar following interviews with young people, parents and professionals working with young people, recommended that the Youth Centre should include

in its educational programmes the whole area of sex education, sexuality and sexual awareness. The main recommendation of the Edenderry Youth Needs (1997) report was the establishment of a Youth Services Committee with one of its objectives being the initiation of appropriate programmes to deal with social and health education, relationships and sexuality. It stressed the need for a sexual awareness programme to be delivered in a non-threatening environment by trained individuals using accessible language.

The Stockport Youth Service acknowledged the unique nature of the relationship between youth workers and young people, which is both voluntary and informal. It stressed the Youth Service's clearly defined role in the personal and social development of young people, which has increasingly led to workers being involved in sex education.

Peer Education Programmes

Much of the research has also recommended the introduction of Peer Education Programmes dealing with sexual awareness (Mullingar, 1997:22; IFPA, 1997:60; Svenson et al, 1998). Peer education acknowledges the influence of peers in young people's lives and makes positive use of this influence. The IFPA also recommended that such programmes should seek recognition by an education authority such as FAS or VEC.

SMOKING/DRINKING/DRUGS

An important area in the current research is an examination of the influences of smoking, drinking and drugs on the young person.

Conducting school surveys is the most frequently used method of measuring alcohol and drug habits among young people. Many local, national and international studies have been carried out on substance abuse. The following summaries of findings in some of these studies places the current research findings into the context of local, national and international experience.

European Survey

The 1995 European School Survey on Alcohol and other Drugs (ESPAD) provided Ireland with important comparative data on alcohol, tobacco and drug use among 15-16 year old Irish students. The aim of the survey was to collect comparable data on alcohol,

tobacco and drug use among students born in 1979 in as many European countries as possible. The main idea being to compare trends among students across Europe. Changes in trends in one area of Europe may forecast future trends in other countries, allowing for more effective preventative initiatives.

1,849 males and females aged 15-16 attending secondary school and living in Ireland were surveyed. Results were compared with the other 25 European countries.

Areas covered by the questionnaire: tobacco and alcohol use (ever, last 30 days, age of first use), tranquillisers or sedatives, illicit drugs, slot machines, alcohol and drug related variables such as reasons for not drinking, perceived consequences, knowledge, disapproval, perceived availability plus demographic and background variables: average grade in school, missed school days, leisure activities, parents education.

Findings

Cigarettes

- x Lifetime use of cigarettes was found to be 74% of with a 30-day prevalence rate of 37% of.
- x 18% reported smoking on a daily basis. This placed Ireland in the top four countries.
- x Cigarette abstinence figures for girls are generally higher than for boys. This is not the case in Ireland.

Alcohol

- x 34% in an Irish study have drunk more than 40 times (placing Ireland as the 3rd highest country).
- x 23% reported heavy drinking more than 3 times in last 30 days (This was the highest figure for 'binge drinking').
- x The most frequently cited reasons for young people abstaining from alcohol use in all countries included "hangovers", "dizziness", "bad for health" and "may lead to serious accidents".

Drugs

- x Cocaine, Cannabis and Heroin are the best known in all ESPAD countries with Methadone being the least known.
- x Knowledge of Ecstasy varies among countries with it being best known in the UK, Ireland and Italy.

- x Lifetime prevalence rates were highest in Ireland (37%) and the UK (42%). However, the percentage of Irish students reporting lifetime use of illicit drugs 20 times or more is 0% of compared to a UK figure of 16%.
- x Prevalence of Heroin use is limited in all countries: the highest rate of reported use is 2% by Ireland, UK, Italy, Cyprus and Denmark.
- x The most frequently used drug is Cannabis. (The three highest countries were the UK (41%), Ireland (37%), and the Czech Republic (22%).
- x Regarding perceived availability of substances: Alcohol is perceived as being easiest to get; 50% here and in the UK think Cannabis is easy to obtain; 54% here perceive Ecstasy as very or fairly easy to obtain; and 28% here perceive heroin as fairly easy to obtain (20% in UK and 18% in Denmark).

UK Survey

The Health Education Authority (HEA) in England carried out a survey in 1992, 'Today's Young Adults -16-19 year olds look at diet, alcohol, smoking, drugs and sexual behaviour', in order to gain a picture of the behaviour of young adults which has, to a greater or lesser extent, some bearing on their current and future health. An assessment of people's perceptions of healthy living was needed: the extent of their knowledge and what leads them to hold certain attitudes and opinions. Ultimately, what motivates young people into changing or continuing certain patterns of behaviour.

Interviews were held with 4,436 young adults. The questionnaire was in two parts: face-to-face section dealing with health and diet, smoking, alcohol and health education; and self-completion section dealing with drugs and sexual attitudes, education and behaviour.

Findings in relation to alcohol, smoking and drugs

Alcohol

- x 53% of young adults classify themselves as regular drinkers in that they said they have an alcoholic drink at least once a week and regular drinkers are most likely to be male, in late teens.
- x The most common places for drinking are pubs and wine bars.
- x 81% have had alcohol at home with family or friends but only 17% do so on a regular basis.
- x Regarding reasons for drinking, a social

occasion (celebration, visiting friends/relatives) and because other people were drinking, were the main reasons cited. Heavy drinkers (those who exceeded the recommended limit the previous week) are more likely to cite the psychological benefits of drinking as reasons for drinking – to help them relax or cheer them up.

- x To some degree, young people agree that drinking makes them feel more confident (42%) and that it makes it easier to make friends. At the same time, they are aware that drinking does not make the social situation: most disagree that life is more fun when you have a drink.
- x 76% agree that young people don't know enough about the dangers of drinking – one-half agree that drinking is only dangerous if you get addicted to it.
- x Comparing heavy smokers to heavy drinkers, smokers are more likely to be aware of the danger of their addiction than drinkers.
- x More information on effects of drinking alcohol is desired, especially in relation to recommended limits, with heavy drinkers less likely to want more information.

Smoking

- x 25% classify themselves a regular smokers with 92% smoking daily.
- x Men are generally heavier smokers than women.
- x Smoking behaviour of friends and relatives has a significant relationship with young people's own behaviour: in families where neither parent smokes, 6% have become regular smokers; in families where both parents smoke, 37% have become regular smokers; further reinforcement of smoking is provided through friendship circles: for regular smokers, 71% say most of their friends smoke; for non-smokers, 15% say most of their friends smoke.
- x Young adults are more likely to hold positive images of non-smokers reporting that they look 'independent', 'grown-up', and 'attractive'.
- x Unlike younger teenagers, image and appearance no longer seem to be major factors in motivating this group to smoke: addiction and mutual reinforcement through friendship are more important factors determining smoking prevalence.
- x Only a small proportion concedes to the benefits of smoking (mood enhancement), but most see smoking as money-wasting, smelly habit.
- x 67% have tried to give up but find it a difficult task.

Drugs

- x 47% claim to have been offered drugs with men being more likely to have been offered drugs than women
- x 32% have claimed to try at least one drug with Cannabis being the most commonly mentioned (25%).
- x Experimentation with drugs is higher among men than women.
- x 50% accept that most young people will eventually try drugs.
- x Regarding reasons for taking drugs: 54% agree that people take drugs to escape reality; 32% of the sample and 44% of those who have tried drugs see drugs as a means to relax; and 11% of the sample and 27% of those who have tried drugs see taking drugs as 'exciting'.
- x Young people's knowledge of the health risks is high: 92% agree, "Taking drugs harms your health". Drugs with a high profile in the club or youth scene (Ecstasy) are seen as less harmful.
- x Parents have a generally limited role in relation to drugs: 34% recall having talked to their parents about drugs.
- x Regarding the role of school and drugs education: 63% recall some sort of health education about drugs. Also, drugs education in school does not tend to centre on discussion of specific drugs.
- x Regarding the relationship between smoking, alcohol and drugs, regular smokers drink more frequently and consume more than twice as many units of alcohol per week as those who have never smoked; 69% of smokers claim to have been offered at least one substance compared to 27% of non-smokers; 20% of regular smokers claimed to have tried a Class A drug with a majority of 52% trying cannabis compared with 2% and 5% non-smokers respectively.

National Surveys

In 1998 the Department of Health and Children commissioned a National Health and Lifestyle Survey. The aim of this was to provide a nationally representative profile of population lifestyle, which would inform the Department and health board policy. Information was collected on lifestyle factors such as exercise patterns, smoking status, alcohol consumption and other substance use, accidents, general health, mental health and well being, and a comprehensive nutrition profile. The sample was gathered randomly from the Irish electoral register. A

total of 6,539 adults and 8,497 school-aged children completed detailed questionnaires relating to these health and lifestyle areas. The survey was composed of two elements: Survey of Lifestyles, Attitudes and Nutrition in Adults (SLAN), and Health Behaviours in School Going Children (HBSC). This is the first time such a detailed, precise set of information will be available to act as a baseline against which future progress can be measured.

Findings in relation to smoking and alcohol

Smoking

- ◆ Smoking rates for adults far exceed the target anticipated for the year 2000. Rates among younger women are now comparable with men and there is a very strong influence of socio-economic status. This suggests that more focused targets for subgroups of the population are required. Most smokers want to quit, perceive lack of willpower as the problem and tend to rate their health less well than non-smokers. Overall 49% of children reported that they had ever smoked a cigarette and by the age of 12-14 years both boys and girls of all social classes are approaching the national target limit of 20%.

Alcohol

- ◆ There has been a shift in drinking patterns in Ireland – most adults now drink alcohol. 27% of males and 21% of females consume more than the recommended unit of sensible alcohol consumption. 22% of adults admit to driving after consuming two or more alcohol drinks. 29% of children report having had a drink in the last month. 35% of boys compared to 24% of girls reported that they had been drunk on at least one occasion.

Dublin Survey

Grube and Morgan's 1994 study focused on Drinking among post-primary students in Dublin

Findings

- x 4/5th consumed alcohol at some time in their lives.
- x 44% had been drunk 6 or more times in the previous year.
- x Differences between boys and girls diminished since Grube and Morgan's 1984 survey with

prevalence rates amongst girls increasingly dramatically – the number of girls who reported being drunk 6 or more times in previous year had increased from 7.7% in 1984 to 17.8%.

- x Regarding influences on drinking – parental drinking and perceived parental approval were related to reported current drinking; peer drinking and peer approval were also shown to be associated with alcohol consumption.
- x In relation to where drink was obtained: only one third bought it themselves; one third was obtained from friends; and one third obtained alcohol through other means such as getting a stranger to buy it for them or stole it from home.

Grube and Morgan argue that overall there is no definite indication that access to alcohol is easier or more difficult than it was some years ago, but they believe that it is not especially easy for young people to obtain alcoholic beverages.

Mid-Western Health Board (MWHB)

The Mid-Western Health Board following concerns regarding teenage drug and alcohol use in the Midwest region carried out research in 1998. Due to the absence of research into drug misuse by post-primary students in Counties Clare and Limerick, this study entitled 'Teenage Smoking, Drug and Alcohol Use in the Midwest', sought to obtain baseline data on smoking, alcohol and drug use for this age group and area.

3,956 students from post-primary schools in Limerick City, Co Clare and Co Limerick took part in the survey. They completed questionnaires, which sought demographic information and measured lifetime and current use of cigarettes, alcohol, solvents and illicit drugs.

Findings

Alcohol

- x Alcohol is the main 'drug' of misuse by students in the region. 67.8% currently drink alcohol. (With only 1 % of the sample being 18 years of age, the current drinking rate represents mostly underage drinkers).
- x 81.5% have drunk alcohol at least once in their lifetime.
- x Rates of lifetime and current use of alcohol are higher among girls than boys.
- x Beer is the preferred drink of male students,

alco-pops of female students.

- x Drinking increases systematically with age. Although the highest consumption rates are in the older age groups, 45.5% of 13 year olds and 54.4% of 14 year olds are current drinkers. 53.8% of this teenage sample has been drunk at least once.

Smoking

- x 28.6% are current smokers with 58% of having smoked in their lifetime: this is lower than rates reported by recent regional and national studies.
- x Unlike alcohol use, lifetime and current rates are higher among girls than boys.
- x For the present sample, smoking rates increase with age, the most rapid increase being from 15 to 16 years of age.
- x 46.5% perceive smoking as “a little dangerous” and 7% as “not dangerous”.

Drugs

- x Other than alcohol, cannabis and inhalants are the main drugs of misuse, a finding that is continually replicated in other studies.
- x Almost 30% have used at least one drug in their lifetime and 12.2% currently use at least one drug.
- x Lifetime drug use is higher than other regional studies.
- x For each of the drugs surveyed, perception of danger was universally related to drug use:
- x Heroin, Cocaine and Ecstasy are perceived as equally dangerous by students and although a large proportion (20.3%) have been offered Ecstasy, most decide not to take it because they perceive it as “very dangerous”.
- x Students are more likely to use a drug if their friends have used it: comparing lifetime users with non-users, users of cannabis reported that 94.7% of their friends had used it compared with 28.9% of friends of non-users.
- x The most common reason cited for taking Cannabis if offered include “Everyone else does it” (14.3%); “For its positive effects” (9.6%); and “It does no harm” (7%).
- x Students who smoke and/or drink are significantly more likely to have used drugs.

Midland Health Board Survey

This survey was conducted from April to May 1996 in

order to establish baseline data on the lifestyle of second-level students aged 16-18 years in the four counties comprising the Midland Health Board region. The survey covered issues such as students’ behaviour in relation to smoking, use of alcohol and illicit drugs, sexual behaviour and knowledge of sexuality. Twelve second-level schools were randomly selected. 1,654 pupils (892 males, 762 females) participated, completing a standardised questionnaire in school under examination conditions.

Findings in relation to smoking, alcohol and drugs

Smoking

- x 34% of the sample is current smokers with 10% of the sample being ex-smokers. There is no difference between males and female in smoking rates. Those who smoked are more likely to drink alcohol and use illicit drugs.

Alcohol

- x 88% claimed to have consumed alcohol on at least one occasion with no differences between males and females. However, males were significantly heavier drinkers than females.
- x The most common age of initiation to drinking was 14/15 years.
- x 11% claimed to have drunk cider by aged 10 years (9% of wine, 9% of sprits).
- x Those who took alcohol were more likely to have used illegal drugs than those who did not.
- x 40% claimed to have been offered illegal drugs but males were much more likely to have been offered drugs and to have used drugs than females. 27% (31 % of males, 23% of females) had taken illegal drugs.
- x Marijuana is the most common drug used.
- x 27% admitted to having taken illegal drugs at some stage in their lives.
- x NB: This study stresses that it may not be representative of those leaving school early.

Northwestern Health Board (NWHB)

The North-Western Health Board’s study, ‘Young People and Drug Misuse in the North West’ (1996) represented the work of a multi-agency committee on drug misuse in the region. The study, carried out by

Keenaghan and Denyer, used a qualitative methodology in which focus groups were chosen to gain an understanding of the views, experience and knowledge of young people. The sample was taken from third-level college students, early school-leavers and those attending community training centres and youth centres.

Findings

Smoking

- x Many of the young people smoked or had smoked at some time. They were well aware of the negative effects, with many wishing they had never started smoking.
- x A range of issues identified by participants in relation to smoking included: “relaxing and calming”, “cool”, “makes you look older”, “addictive”, “kills”, “cancer”, “expensive”.

Drugs

- x Alcohol was widely used and easily accessed.
- x Very few young people referred to ‘social drinking’, but to drink just to get drunk.
- x Typical comments in relation to alcohol included: “get drunk”, “good for a night out”, “cool”, “relaxing”, “liver disease”, “fear of drinks being spiked”, “act foolishly, drink driving”.

Drugs

- x All groups had come into contact with drugs. Some had experimented with, or knew quite well, the effects of glue, mushrooms, hash and Ecstasy.
- x Ecstasy was felt to be readily available but some respondents were less forthcoming in relation to openness around usage in that information appeared to be withheld rather than not known.
- x A benefit reported for ecstasy was that, at £15 a night, it is cheaper than “a night’s drinking”.
- x Fears about drugs among young people concerned not so much the effects of drugs, but being given them unknowingly.
- x This report recommended a multi-agency approach to combating the problem of drug misuse in the region. Keenaghan and Denyer also suggested putting knowledge about drugs in the perspective of the overall lives of the

young person to enable them to weigh up the positive and negatives for themselves as individuals. It was also suggested that young people should be provided with alternatives to the positive effects, i.e. other ways of ‘relaxing’ and ‘getting high’. Also highlighted was the need to emphasize the development of self-worth and self-esteem, in order to give young people the skills to refuse drugs.

Ministerial Task Force on Measures to Reduce the Demand for Drugs

The following are some of the key recommendations outlined by the Ministerial Task Force in their Second Report, May 1997. The recommendations highlighted here, concentrating on young people from disadvantaged areas, are particularly relevant to the current research.

- ◆ Establishment of a youth services development fund to develop youth services in disadvantaged areas where there is a significant drug problem.
- ◆ Preparation of development proposals by relevant bodies to meet the prioritised needs of young people in disadvantaged areas where there are drug problems.
- ◆ According of high priority in the allocation of the ‘demographic dividend’ in education to the provision of staff to lead the development of the youth services in disadvantaged areas.
- ◆ Training and employment of youth leaders from disadvantaged communities under Community Employment and other social economy measures.
- ◆ Development and implementation of a substance abuse prevention programme specifically for the non-formal education (youth work) sector and employment of a training team to develop, coordinate and implement this education strategy throughout the youth services.
- ◆ Development of specialised outreach programmes to reach those not in contact with any service or organisation (often those most at risk).
- ◆ Development and implementation of information strategy designed specifically to target young people with low literacy skills.
- ◆ Establishment of pilot programmes in urban areas, where locally-appointed Sports Development Officers will work in partnership with local authorities, VEC Committees, Health

Boards, clubs, community groups to attract isolated young people into sport and physical recreation.

- ◆ Continued development of education/awareness initiatives, including the expansion of the programmes of substance misuse prevention and education in primary and second level schools.

This review of literature has highlighted important issues for young people. Problems relating to areas of disadvantage, educational disadvantage, sexual health and substance abuse have been identified. As the current research will show, these problems have are also prevalent among participants in this study who mostly live in disadvantaged areas. These problems are contributing to the increasing marginalisation of these young people from mainstream society.

As outlined in Chapter Two, the findings are presented in a way, which highlight the important issues identified by the young people involved in the focus groups and individual interviews. The numbered headings in this chapter reflect these issues, which emerged overall across all five areas. Instances in which the make-up of the group affected the findings are noted in the presentation. References are also made to findings from individual interviews if relevant. Apt quotations from individuals in the course of the focus group discussions and the interviews summarising key ideas are used. Unless otherwise stated, these quotations were agreed upon by the majority of participants or were repeated from time to time in the course of the research.

INFLUENCES ON YOUNG PEOPLE FROM AREAS IN WHICH PARTICIPANTS LIVE

Focus group discussions on the areas in which the teenagers are currently living provide an insight into the influences on young people from their social background. These discussions are an important tool for gauging young people's self-perception – as individuals living in a certain area – in their discussions of problems that they face, and also in their comparison of their own areas to other areas and to people living there.

PROBLEMS IN AREAS ACCORDING TO THE YOUNG PERSON

In discussions about their areas, the young people highlighted specific and more general problems, which are prevalent.² All participants from each area largely agreed upon these problems.

The young people reported a prevalence of soft drug use, mainly Cannabis, Ecstasy and Speed³, and underage drinking in their towns and own local estates. In the estates themselves, participants pointed to problems of vandalism, fighting, robbing and windows being broken – all of which tend to occur on a regular basis.

² Findings from more detailed discussions regarding problems faced by young people are presented later in this Chapter.

³ Participants in Bin- reported that there is only a small incidence of soft drug abuse (Cannabis) in the town.

REASONS FOR PROBLEMS ACCORDING TO THE YOUNG PERSON

The participants gave their own reasons as to why these problems are so prevalent: the main one being the lack of facilities and “things to do” in the areas for young people in particular. It was felt by all participants that young people get into trouble principally because they are “always hanging around the streets”. Many agreed that young people start fights or break windows just for something to do. They reported that there is no place for young people to go either at night or during the day, or at weekends. The majority of them say they “hang around, drinking and smoking” with friends on the estate or in friends' houses.

Many of the young people, particularly those in the 15-18 year age group, reported a lack of provision regarding discos. Discos have been closed down due to drugs or drug-related problems, such as fighting. Concerns were also expressed regarding the organisation of discos in their towns: the feeling that discos “let anyone in without checking IDs, just to pack as many people in as possible” was prevalent among this age group. As a result, they reported that people as young as 9 and 10 years attend discos which are meant for older teenagers. It was also felt that discos are not run regularly enough.

Young people, particularly in Mountmellick, Portlaoise and Mullingar said they had to travel to Tullamore for “decent discos”, but that proved expensive for a night out. It was also reported that, while there is no alcohol sold or allowed at discos for their age group, many young people tend to get drunk before the disco but are still let in.

It was also reported by young people in Tullamore that an arcade was closed down due to drug-related problems and that there was now no alternative place for young people to “hang out”.

HOW PROBLEMS AFFECT YOUNG PEOPLE

Participants demonstrated a keen awareness of how problems specifically affect young people. All participants agreed upon the feeling that “young people get into the drugs that are on the estate

because there's nothing else for them to do all day and all night". The issue of 'peer pressure' was recognised by all participants as being an influential factor on many young people's lives.

Typical comments in this regard included:

"You just go along with the crowd"

"If you're not in with the boys you're an outcast, they never look on you as being one of them";

"You see your friends drinking in a field and you just get into it yourself";

"Sometimes young people can stay away from drugs but a lot of the time young people can't say no and because they've nothing better to do they'll try them and then get hooked -it's the same with smoking and drinking";

"[Drugs and Drinking] are always hanging over you, even if you're not involved yourself, there's always a chance you'll fall into it, especially if you have nothing else to do";

"Your drink could get spiked – that happens a lot".

Another way in which young people are affected by problems in their areas, agreed upon by all participants, was that, with nothing to do and no place to hang out in at night in particular, there is always a chance that they could end up in trouble even if they are doing "nothing wrong". A common fear among the young people is expressed in the following quotation:

"With all the drugs, fighting and vandalism in the area, you often end up getting blamed just if you are hanging around the area or hanging around with people who've been in trouble before".

The young people also stated that constant media attention to drugs and drug-related problems in certain areas leads to these areas developing a "bad reputation". As a result of this, participants reported that they often feel discriminated against when seeking employment once they mention the specific estate they live in. Many also reported experience of discrimination by teachers, by guards and in local shops. Girls in the younger age groups (13-15 years) in particular, expressed concern about being unable

to go to certain places at night such as a local park because of the prevalence of drugs.

YOUNG PEOPLE'S PERCEPTIONS OF OTHER AREAS

With regard to other 'less disadvantaged' areas, young people believe that they are "looked down on" by young people from these areas and they generally would not mix with them. However, there was considerable consensus that many of the problems, in particular drug abuse and underage drinking, are also experienced in such areas. In relation to drug use in these areas, participants perceived the nature of this habit as different from their own areas, stating that young people in less disadvantaged areas "don't have to rob to feed their habit".

One major difference between these areas and their own, cited by a number of the young people, was that residents in less disadvantaged areas are more likely to inform the guards immediately if there is a problem, whereas both young people and adults in their own estates, they reported, hold a very negative attitude towards the guards.

FACILITIES SUGGESTED BY PARTICIPANTS

The young people were asked how they feel the problems that they are faced with could be solved. There was a general feeling amongst all the participants that "you can't solve the problems" and that it was largely up to individuals who are on drugs and drinking excessively to "help themselves". However, the respondents gave their thoughts on how the problems could be tackled and offered suggestions regarding facilities, which should be made available.

Typical comments in relation to tackling problems:

"There should be more things for young people to do, more places to go, to keep young people out of trouble";

"At the moment the only place people can go to meet up and chat with friends is the pub, so there should be other places we could meet up away from the pub and drinking";

"Things should be open at night so people would have somewhere to go other than the pub".

"Young people are going to try drugs and drink

at some time, but if you give them something interesting to do then at least there's a chance they won't stay drinking or taking drugs. They just get those habits because there's nothing else for them"

"You can only play pool at the moment in pubs, we need somewhere else to play";

"There should be less things that we have to pay for".

Other interesting comments from a small number of the young people included:

"There should be some sort of counselling for young people with problems, and more support"

"There should be more help from local communities or young people's families".

Facilities suggested

The following is a list of specific facilities suggested by participants from all areas:

- x Pool Hall
- x Sports Centre
- x Snooker Club
- x More Public Parks
- x Boxing Club
- x Arcade
- x More Football Clubs
- x More local discos

All participants not living in the Athlone area suggested a Bowling and Leisure Centre.

Girls in the younger aged groups (13-15years) suggested more organised sports activities or day trips.

DISCUSSION

This section then has identified some of the more general social needs of young people living in disadvantaged areas. The problems highlighted such as soft drug use, underage drinking, fighting and vandalism, are seen by participants as natural problems in areas which lack sufficient facilities for young people.

Quotations from participants in relation to the issue of peer pressure demonstrate a common fear faced by

young people, notably that there is an inevitability regarding the prospect of young people getting into trouble through involvement in alcohol or drug use because of its prevalence amongst their peers. Other fears emanating from these discussions relate to the problem of discrimination in local towns, which participants feel they face as young people living in a certain area.

This fear of discrimination also points to the self-perception of the young person living in a disadvantaged area. Participants are aware that they mostly come from areas with a "bad reputation", characterised by the problems, which they have identified. While they recognise that different areas suffer similar problems, they showed a keen awareness of basic differences in the nature of these problems between their own areas and less disadvantaged areas.

SEXUAL HEALTH

This section explores issues surrounding sexual health such as contraception and sexually transmissible diseases. It provides an insight into the levels of awareness regarding sexual health issues and levels of knowledge and utilisation of services available to young people in relation to sexual issues. It also identifies the roles that parents and friends play in relation to these issues from the point of view of the young person.

Because of the sensitive nature of issues surrounding sexual health, focus group discussions sought more general views of participants, while in individual interviews; young people were asked to give more personal opinions on these issues. Specific levels of sexual activity were not sought in this research. The findings below however, show that participants perceive some levels of sexual activity among young people and there was general consensus that most young people become sexually active between the ages of 14 and 16 years.

CONTRACEPTION – LEVEL OF AWARENESS

Discussions relating to methods of contraception revealed a major lack of awareness among young people about contraception. In the course of individual interviews and focus groups, participants suggested just three main forms of contraception: condoms, the Pill and the Three-Month Injection. All age groups,

both male and female, were aware of these methods. Two other methods of contraception – the Coil and Diaphragm – were suggested by a very small minority of older girls (15-18 years). Although some of the girls reported in individual interviews that they have been sexually active from the age of 14, they demonstrated a limited knowledge of different methods of contraception. A small minority of boys in both age groups did not know what the word ‘contraception’ meant.

While many of the participants claimed that young people do generally use contraception, they admitted that a lot of young people do not use contraception when they are drunk. This they see as the reason for a lot of teenage pregnancies.

It must be noted, however, that contrary to findings in other research carried out on young people and contraception, all of the participants, both male and female, reported an awareness of the dangers of contracting diseases through sexual activity. All young people stated the avoidance of STDs as being their main reason for using contraception. The majority of participants believe that both partners should take responsibility for contraception.

SEXUALLY TRANSMITTED DISEASES – LEVEL OF AWARENESS

Although all of the participants in the study reported the avoidance of sexually transmitted diseases (STDs) as their main reason for using contraception, there is a major lack of awareness of STDs amongst young people. Knowledge of STDs is mainly limited to AIDS and HIV. All of the young people in both age groups mentioned these. Hepatitis was the next most often mentioned disease but it was only girls who were aware of this. A small minority of boys only mentioned Pubic Lice and Genital Warts, while a small minority of boys and girls mentioned Thrush. Although they were not able to name any other STDs, the majority of young people stated that they knew there was “loads more you can get” but did not know the names. A small minority of boys and girls believed that AIDS was “the only dangerous one”.

Despite the fact that all were aware of AIDS and HIV, the young people admitted that they know very little about these diseases, other than the fact that “they could kill you”, and some participants expressed a concern that a lot of young people are unaware of other ways of catching these, i.e. through sharing needles. A typical comment in relation to AIDS was:

“I suppose we don’t know much about AIDS, like all the stages you go through. It would be better if young people learnt more about it because it would probably frighten people into being more careful”.

Sources of information

The main source of information regarding STDs, according to the young people, is the media (television, news, films and newspapers) and friends. A small minority of boys and girls reported that their parents had talked to them about STDs, but it was only to warn them against “coming home with AIDS”.

Regarding leaflets as a source of information, most of the young people agreed, “nobody bothers to read them”.

SEXUAL HEALTH SERVICES – LEVEL OF AWARENESS

There is a considerable lack of awareness among young people regarding sexual health services. While all of the participants, both male and female, suggested the doctor or a local health centre as probable sources of information and advice on sexual health issues, most were unaware of the particular services which are available through these sources, and only a small minority of girls have ever approached their GP. None of the girls involved in this study have ever heard of the Wellwoman Clinic and a very small minority know of Cura but had heard that “it’s not very helpful”.

BARRIERS TO UTILISATION OF SERVICES FROM THE POINT OF VIEW OF THE YOUNG PERSON

Discussions relating to this under utilisation of services by young people revealed a number of reasons why teenagers do not avail of sexual health services. From the point of view of the young person, there are a number of barriers, which they face and which make them reluctant to seek professional advice and/or information relating to sexual health issues. The main barriers include: fear of breach of confidentiality; and feeling intimidated by professionals – through not being able to understand language used, embarrassment about personal lack of knowledge and fear of being looked down on as a sexually active young person. Participants in both age groups agreed upon these barriers.

Typical comments reflecting these fears include:

“I’d be afraid to go to my doctor and ask about contraception in case he’d tell my parents”

“I’d have to go to a different GP. If it’s the family doctor he may tell my parents even though I know he’s not supposed to. That would make me afraid to go to my own doctor”;

“Doctors aren’t that helpful because they just give you leaflets and some people can’t even read or write, so that’s no good”;

“I went to a doctor and some of the stuff was helpful but a lot of it was complicated and I didn’t understand. Even after I asked him to explain he kept using words I didn’t know so I just left”

“Doctors and people like that look down on you ;

“If I walked into a health clinic at 16 years of age and asked about sex or contraception, they would probably give me a lecture for having sex at that age”;

“I’d feel stupid asking doctors questions about sex – it’s embarrassing to go in and say you don’t understand something”.

An interesting finding to emerge in this discussion was that older female teenagers have similar fears to younger teenagers in relation to approaching health professionals.

LEVEL OF FORMAL SEXUAL EDUCATION

The majority of participants have received very little or no formal sexual education in their lives. In school, sex education was usually from a science or religion teacher and did not cover what they consider the important issues of contraception, STDs and early pregnancy. Most of the information that they have has come from friends or from the media. While a minority of teenagers said their parents had talked to them, it was only to warn them against pregnancy or diseases, but nothing has been explained to them.

There was a prevalent feeling that there should be

some sort of sex education or sexual awareness programme supplied for young people. However, a minority of boys in both age groups reported that they “know enough” and would not be interested in sex education.

Participants made suggestions regarding what should be covered in sex education and the manner in which it should be taught.

Typical responses in relation to sex education/sexual awareness programme:

“We should be taught about diseases and contraception”

“Someone should explain to us how to use condoms”

“A counsellor would be good, someone you could talk to on your own”;

“You learn things at 10 years old from your friends and that’s all you know, so we need to learn more”;

“It’d be good to get someone in to talk to us as a group”

“If you were in a group situation you wouldn’t be embarrassed”

“You should learn the consequences and risks of having sex”

“It would be good to have some sort of sex education because you get embarrassed when your friends know more than you”

“A free phone line should be set up – it” easier to talk about embarrassing things over the phone”;

“It would be easier for someone to come in to talk to us rather than us having to approach someone”

“I think it would be good to learn from a youth leader”.

Most of the participants agreed that young people should learn about sexual issues between the ages of 11 to 13 years. However, a small minority mentioned that children as young as 7 or 8 years of age should be taught about sexual issues because of the incidence of sexual abuse.

ROLE OF PARENTS IN RELATION TO SEXUAL HEALTH ISSUES ACCORDING TO THE YOUNG PERSON

Focus group discussions revealed that parents have a minor role in young people's lives when it comes to issues regarding sexual health. Despite the fact that a majority of girls, and almost half of the boys, did mention their mother as a possible source of information and advice in relation to sexual health, the majority admitted that they have never actually approached their parents for any sort of information on this issue, and their parents have never spoken to them. Most young people stated that they would feel uncomfortable talking to their parents and they thought their parents would be embarrassed to approach them. However, more than half of the girls said they would tell their mothers first if they became pregnant.

DISCUSSION

This section has revealed that young people's awareness of sexual health issues is very limited. Although there are perceived high levels of sexual activity among young people, participants have a very limited knowledge of different methods of contraception and different types of sexually transmissible diseases.

The young people demonstrated that they have very specific needs in relation to increasing their knowledge and awareness of sexual issues. Very definite fears have emerged among participants of all ages in relation to seeking professional advice or help on sexual matters. There also seems to be great reluctance among young people to approach parents on these matters.

Levels of formal sex education are very low and most participants agree that there is a need for sexual health services for them. It is apparent from the findings that such services must be accessible to young people and that sexual awareness or sex education programmes address the more specific needs of young people. Clear preferences were expressed regarding the types of services young people would like to be made available for them. These included sexual awareness programmes through schools, youth projects and workshops. The need for provision of a counsellor and a confidential telephone line has also been expressed.

SMOKING/DRINKING/DRUGS

This area of the study focuses on the social influences of smoking, drinking and drug use. It is important for tapping into the general lifestyles of young people and the influence in particular of 'street culture'. It explores teenagers' attitudes towards smoking, underage drinking and drug taking: their perception of these activities whether, or at what stage, they consider these a 'problem'. This section also provides insight into who is most likely to get involved in these activities. The role that parents have in relation to these issues according to the young person is also discussed. Discussions also provide an insight into levels of awareness of services available to young people with alcohol and drug abuse problems.

PREVALENCE OF SMOKING AMONG YOUNG PEOPLE

Discussions on smoking revealed that most of the young people are current smokers. There is no difference between male and female smoking prevalence in this group or across the two age groups. Amongst the very small minority of non-smokers, most had smoked in their lifetime and had given up. Of those participants who had given up, most reported that they had done so because smoking cigarettes had begun to interfere with sporting activities.

All of the participants, smokers and non-smokers, stated that most of their friends smoked, and it was generally believed that more young people smoke than do not smoke, especially between the ages of 10 to 18 years.

The majority of current smokers had begun smoking between the ages of 10 and 12 years. A small minority stated they began smoking between 7 and 8 years of age.

PARTICIPANTS VIEWS ON WHY YOUNG PEOPLE SMOKE

The two most frequently cited reasons as to why young people smoke is that young people feel they "look cool", and also that they smoke, or begin smoking because their friends do and they want to be "part of the gang". Thus peer pressure appears to be the major factor in young people smoking.

Other reasons given for young people smoking include "curiosity", "to make you look older" and "to calm the

nerves". Both boys and girls agree that many young girls in particular smoke in order to lose weight. Many of the girls who are smokers said that they did believe that smoking prevented them from putting on weight.

Besides peer pressure, pressures from home, such as family breakdown, and pressures from school were cited as other reasons for young people smoking.

A minority of boys and girls reported "having nothing to do" and "because you are not allowed to" as other reasons.

ATTITUDES OF YOUNG PEOPLE TO SMOKING

Despite the high prevalence of smoking among young people, participants are very aware of the negative effects of smoking cigarettes notably, lung cancer, heart disease, lack of energy, and that they are "addictive", "smelly", "make your fingers and teeth go brown" and "expensive".

The only positive feelings regarding cigarettes among participants were that they were "relaxing", "sociable" and "help weight loss".

These findings show that there is a very negative attitude amongst young people towards smoking, with roughly half reporting that they are trying, or have tried, to give up cigarettes.

ATTITUDES OF PARENTS TO YOUNG PEOPLE SMOKING ACCORDING TO THE YOUNG PERSON

A small majority of current smokers reported that they are allowed smoke at home (i.e. in front of their parents). Discussions revealed that parents' attitudes towards their children smoking have little effect on their own smoking habit.

Typical comments in relation to this issue:

"My mother doesn't like me to smoke but I still do";

"I smoke when my father is not around"

"My father won't let me smoke in front of him so I smoke in my bedroom"

"I'm allowed smoke in front of my parents"

"I'm allowed smoke in my bedroom but they don't want me smoking in front of them";

"My parents both smoke so they can't really say anything to me about it".

DISCUSSION

This section on smoking shows that there is a very high prevalence of smoking among young people. It is evident from these findings that peer pressure is a major factor in young people's smoking habits. The perceived approval by peers of engaging in this risk-taking behaviour is shown to be the main reason for the uptake of smoking among young people. While participants have demonstrated that they hold very negative attitudes towards smoking, the consideration of future health risks appears to be secondary among young people to the more urgent pressure to be "part of the gang". As well as this, the pressure to lose weight is shown to be an important priority for a number of girls. Parental attitudes towards young people smoking also appear to have little effect on young people's smoking habits.

The implications of these findings are that, because young people are already very aware of the health risks involved in developing smoking habits, any future smoking prevention programmes should be targeted towards the more immediate needs of young people -approval by peers.

DRINKING

PREVALENCE OF DRINKING AMONG YOUNG PEOPLE

While there is generally a high prevalence of drinking among young people, there are considerable differences across age and gender groups. Most participants in the older groups (15-18 years) drink on a regular basis, with males being more regular drinkers than female. Among younger groups (13-15 years), there is a much lower prevalence of reported regular drinking, but most of those who reported regular drinking in this group are male. All of the young people in the survey said they had tried a drink at least once in their lifetime.

Most of those who are not regular drinkers said they would have a drink on certain occasions such as at Christmas or birthday celebrations at home. Like smoking, it is generally believed amongst all participants that more young people drink than do not drink.

The most popular drink amongst regular drinkers is cider, mainly because it is the cheapest, followed by lager. For boys, vodka is the next most popular drink, with vodka and various 'Alco pops' being the next most popular for girls.

In relation to the location of drinking, it was reported that most young people tend to drink outside – in a field or a public park – or at a house party. The young people also stated that those who are old enough or “look older” would drink in a pub or at a nightclub. Many of the young people said they would only drink at home on occasions – Christmas or a family celebration.

PARTICIPANTS' VIEWS ON WHY YOUNG PEOPLE DRINK

The most often cited reasons for young people drinking was: “to have a good time”; having “nothing better to do”; or to cope with pressures, particularly from home such as family breakdown or a death in the family. Another reason cited was that drinking “helps you relax in company if you are shy”.

In relation to the issue of peer pressure, many of the participants mentioned that while some young people drink because their friends are drinking and they “don't want to feel left out”, it was widely felt that, among young people, there is not as much pressure to drink from peers as there was some years ago. Many stated that drugs had “taken over” from drinking as far as peer pressure is concerned.

Typical comments regarding drinking and peer pressure include:

“There is not as much pressure on young people to drink. Drinking used to be the big thing but drugs has taken over”

“My friends wouldn't make me feel under pressure to drink”

“I am easily able to enjoy myself on a night out without drink, even if my friends are drinking”.

“Nobody can force you into doing anything you don't want to do”

VIEWS OF YOUNG PEOPLE ON DRINKING 'AS A PROBLEM'

Participants expressed views on the use of alcohol in general and amongst young people, and at what stage they consider drinking a problem. There was widespread consensus amongst teenagers that drinking is generally “not a problem” and that in recent years drug abuse has replaced drink in young people's lives.

A typical comment reflecting this view was:

“A few years ago drink was the big thing. It used to be that “young people are always drunk’. Now its ‘young people are stoned all the time’. In a way drugs have ‘solved’ the drink problem for young people”.

All participants, agreed upon views expressed in the following sections.

When drinking is not a problem

Views expressed by participants on what is *not* considered a problem in relation to drinking among people in general include:

“If you just want a lot of drink at the weekend – every Friday and Saturday night -then it's not a problem”;

“If people go for a few drinks after work a few nights a week, I wouldn't consider that a problem”;

“If you have got the money and can afford to go to the pub every night, it's not a problem”

“As long as it doesn't affect whatever you do during the day”.

When drinking becomes a problem

Even though many of the participants believed that there is “no harm in drinking”, the following comments reflect their views on when they consider drinking to have become a problem:

“If you need drink every day”;

“If you’re able to drink the morning after heavy drinking the night before”;

“If you drink too much regularly for the amount of drink you can hold”

“If you drink on your own on a regular basis”;

“If you haven’t the money to pay for the amount of alcohol you want but you still try and drink”;

“If it gets you into trouble and you still keep drinking”;

“If it affects your family or work, or breaks up a relationship”.

Young people and drinking

The majority of the participants felt that, although many young people drink in their local areas, they believe that they do not have a problem with drink. The following are typical comments in relation to this:

“Even though a lot of young people go out and get drunk, it’s not a problem – it’s just like something for them to do. If they needed it all the time then it would be a problem”;

“I don’t think there’s many young people with a drink problem here – they all drink but they just want to enjoy themselves”;

“I reckon that young people drink more than adults – it’s something new to try and they’ II do it for a while – it’s like a phase they go through”;

“If it seems that young people have a drink problem, I think it’s more like that they can’t hold that much drink, so it probably looks like they’ve a load of drink on them all the time when they many have only had a couple of cans”.

However, participants did feel that a minority of young people do have a problem with drink in that they “drink regularly from the age of 15” and that “drinking is like smoking for some people, they get addicted to it, but it starts at a later age than smoking”.

YOUNG PEOPLE’S ATTITUDES TO ALCOHOL

Young people gave their opinions on what they consider ‘good’ and ‘bad’ things about drink. The ‘good things’ were perceived by participants in terms of immediate benefits such as “having a good night out with friends”, “relaxing”, “It gives you more confidence” and “It helps people forget about problems for a while”.

The negative effects regarding drink were seen largely in terms of alcohol’s long-term effects such as alcoholism, heart, liver and kidney problems and that it is “addictive”, “expensive”, “can affect your work”, “can break up families or relationships” and that it is often responsible for teenage pregnancies. Other ‘bad things’ about drink stated included “hangovers”, “vomiting”, “causing fights and drunk driving”, “can get you into trouble with the guards” and “can make you aggressive”.

ATTITUDES OF PARENTS TO UNDERAGE DRINKING ACCORDING TO THE YOUNG PERSON

Most of the young people said that their parents would probably not approve of underage drinking. Regular drinkers said they would not drink in front of their parents and their parents would not be aware of the amount of drink they consume at the weekend. Some of the younger females reported that their parents prefer them to be open about their drinking habits and a minority reported that they are not allowed drink in front of younger brothers and sisters.

AVAILABILITY OF DRINK

All of the participants in both age groups reported that it is very easy to get alcohol. They stated that all young people know of certain pubs in their towns where it is easy to buy drink. Off-licences are seen as more difficult get served in, but shops selling alcohol (such as supermarkets) are seen as “easier” places to purchase drink.

It was reported that young people obtain alcohol by getting someone (usually an older friend or ‘older-looking’ friend) to buy drink for them in an off-licence. Off-licences were reported as being more likely to check IDs than pubs, but many of the participants said it was easy to get past with fake IDs. It was also claimed that in certain pubs IDs were only checked on a Saturday night.

DISCUSSION

This section on drinking shows that although there is perceived widespread use of alcohol amongst young people, the issue of underage drinking is generally considered not to be a problem by participants in the research. It is clear from these findings that young people have a very clear grasp of their own social world in that they have set out clearly their own standards in relation to what they consider acceptable or non-acceptable behaviour with regard to drinking. There are remarkably consistent views on these standards among all of the participants, whether they are drinkers or non-drinkers.

In relation to peer pressure and underage drinking, certain ambiguities have emerged. Participants have stated that they do not believe that peer pressure contributes to underage drinking in the present day, and most claim to be able to enjoy themselves without drink. However, peer approval of what are acceptable and non-acceptable behaviours has been shown to be an issue in patterns of alcohol consumption through the standards of behaviour, which have been clearly defined by the young people in relation to drinking.

DRUG ABUSE

PREVALENCE OF DRUG USE AMONG YOUNG PEOPLE

Because of the sensitive nature of the area of drug use, focus group methodology did not allow for specific incidences and patterns of drug use among young people to be quantified. However, individual interviews were also carried out within which interviewees were directly asked about their own level of drug use. In the course of these interviews, the majority reported that they do not take drugs and have never taken drugs in their lifetime.

A small minority of males in the older age group (15-18 years) claimed that they do take drugs on a regular basis. The main drug of use amongst this group of regular users is cannabis, followed by ecstasy and speed.

Among all participants, drug users and non-drug users, the majority believe that the use of soft drugs is very prevalent⁴ among young people.

While most participants in the groups talked openly about general use of drugs among young people,

some were reluctant to talk at all about drugs.

The following findings on young people's attitudes and perceptions in relation to drug abuse are based, according to the participants, on what they have heard about drugs "through friends" or "from just hanging around", or on what they have read in newspapers.

TYPES OF DRUGS TAKEN BY YOUNG PEOPLE AND THEIR PERCEIVED EFFECTS

The most frequently mentioned drugs which young people take, according to participants, are cannabis, peed and ecstasy, followed by acid and magic mushrooms. Inhalants were also mentioned as a popular drug for younger people.

Perceived effects

The perceived effect among participants of cannabis is that it "gives you a buzz", "makes you high", "relaxes you", "makes you feel light-headed" and "makes you sleep". The reported effects of ecstasy are that it "gives you energy to keep going at a disco", "makes you high", "dehydrates you" and that it "could kill you even after just one tablet". With regard to speed, effects stated were that "it gives you energy for hours" and that it "makes your heart beat really fast". A perceived effect of Acid was that it "makes you have hallucinations which can come back at you years later". All participants in the research agreed upon these effects.

Knowledge in relation to heroin is limited among all participants. Most agreed that there is "very little heroin" in their local towns. Thoughts expressed about heroin were that it is "the most dangerous drug" and that "you could end up with AIDS through sharing needles" when taking heroin.

PARTICIPANTS' VIEWS ON WHY YOUNG PEOPLE TAKE DRUGS

One of the main reasons given as to why young people take drugs is that young people have "nothing else to do" and therefore it is "something new for them to try". Many believe that young people try drugs out of curiosity – drugs being a different way (from drink) to "get a buzz". It was also felt by all participants that their towns are so "full of drugs" that "it's not surprising kids get into them".

Other reasons suggested were that young people try

⁴With the exception of Birr

drugs to “look cool” or because they have pressures at home, such as a death in the family or separation, or from school. Peer pressure was another reason cited, with many participants suggesting that young people try drugs to “look hard”. In this regard, there was general agreement that “whether or not you get into drugs, depends on who you hang around with – if you’re with a crowd who do drugs then you probably will take them yourself”. A lot of the young people said that their own “crowd” does not take drugs and it was therefore easier “not to get involved”.

Another interesting reason for young people becoming involved in drugs was cited by a small number of participants who believed that drug habits are formed because “a lot of people say hash is harmless so kids try it and that gets them started off on drugs”. As well as this, it was reported, “if young people don’t have much money they just go out and buy an E tablet – it’s cheaper and has the same effects as drinking a load of pints”.

ATTITUDES OF YOUNG PEOPLE TOWARDS DRUG USE

All of the participants agreed that drug use could take over people’s lives. The main problem with drug use, they believe, is addiction with all other problems stemming from this. The young people expressed ways in which they believe drugs take over people’s lives such as “they cause personality changes”, “they ruin your health”, “they split up families”, “they can affect your work”, “you could end up in trouble with the guards or in prison”, “you could end up pregnant, like with drinking” and “you could kill yourself by mistake when you’re high”.

Drug use as a problem

Most of the participants feel that drug use is always a problem. The main reasons given for this were that: taking just one drug for the first time can often lead to addiction; and that a drug habit is expensive to feed. A minority stated that drugs are illegal and therefore always a problem.

While many of the participants feel that even very occasional use of drugs by young people could lead to addiction or to the problem of them “not being able to enjoy themselves without drugs”, a minority feel that an ecstasy tablet once a week at a disco is not a problem. A small minority also feel that whether or not drug use is a problem depends on the reasons

why young people take drugs, a comment reflecting this view being:” If it’s just to get high and have a laugh it’s OK, but if drugs are taken to help them escape from a problem then it becomes a problem itself”.

The majority of the participants feel that smoking cannabis is harmless and that there is little difference between cannabis and cigarettes. However, many young people said that although cannabis is harmless in itself, it could lead people trying harder drugs. Another opinion expressed about cannabis was that in itself it is not a problem but that it is “the life around hash – hanging around, smoking a joint – and then getting into trouble” which leads to problems.

There was consensus among the young people that you could not get addicted to cannabis but that you could get addicted to every other type of drug. Combining alcohol and drug use

With regard to the effects of drinking alcohol and taking cannabis together, the majority believes that this combination is “harmless”. They also feel that “there’s not much point in taking the two together because one ‘cancels’ out the effects of the other”. Most of the young people agree that taking ecstasy and alcohol together is very dangerous, while a small minority feel that it is only dangerous if you have had two or more drinks.

Influence of smoking and drinking on drug use

In relation to the effects that smoking and drinking have on drug use among young people, more than half of the participants felt that people who smoke and/ or drink would be more inclined to try drugs at some stage in their lives.

AVAILABILITY OF DRUGS

Although the majority of participants reported that they do not take drugs, most stated that drugs were generally very easy to obtain. There was a general consensus that “most people would know someone in their local areas who could get them drugs”. cannabis was claimed to be the easiest drug to obtain. Some of the young people reported that different drugs tend to be easier to obtain at different times of the year, such as ecstasy and speed, and that ecstasy is most easily obtained at a disco. It was agreed on by all participants that Heroin would be the hardest drug to obtain.

LEVELS OF AWARENESS REGARDING SERVICES IN RELATION TO ALCOHOL AND DRUG ABUSE

Levels of awareness among young people regarding services for people with alcohol and drug abuse problems are very limited. Services mentioned by participants were Alcoholics Anonymous, GPs, St. Loman's Hospital and drug clinics in local hospitals. The young people are not aware of the specific services available from those mentioned.

Sources of information/advice

With regard to sources of information or advice on alcohol and drug abuse, participants reported that there are "leaflets on hospital notice boards" but that most people do not read them. In relation to schools as a source of information, young people said that in general there was "not much talk about drugs and alcohol in schools".

SUGGESTIONS REGARDING SERVICES

The participants gave their views on the type of services, which should be made available for people with alcohol and drug abuse problems.

Typical comments in relation to services:

"There should be like a counsellor for young people – someone you could talk to in confidence"

"Counselling is probably a good thing because it's hard for young people to get off drugs or drink on their own – it'd be good for them to talk about their problems with a counsellor, or in a group thing with other people who have the same problems";

"A drop-in centre would be good so everyone doesn't know what you're doing"

"They should set up a confidential phone line like the one for Childline – that one is used all the time. The number is always in the Westmeath Examiner and used to be on the phone boxes – we all know the number"

"Youth leaders should organise more stuff on drugs"

"Schools should have talks on drugs and their

effects, and where to go for help when you have problems"

"There should be talks in the Workshops on drugs and drink and the effects, people don't really know how drugs will affect them until they start taking them";

"Doctors or people in the clinic only tell the guards if you go to them about drugs – you need someone you can talk to in confidence";

"Young people don't want to be seen going into a place that deals with drug problems, if there was somewhere to go that everybody wouldn't know why you were going in, that would be better";

"We should be shown videos on drugs and AIDS"

"Young people would be interested in a talk from someone who has had drug problems or who has AIDS";

It is important to note that, similar to problems encountered by young people in approaching professionals with regard to sexual issues, many of the young people stated that they would be very reluctant to approach a doctor or a local drug or alcohol clinic for advice or help in relation to substance abuse problems, due to fear of breach of confidentiality. There is a general fear among young people that doctors or other professionals would inform the local guards or their parents.

DISCUSSION

This section shows that there are perceived high levels of soft drug use among young people although the majority of participants have claimed that they do not take drugs themselves. It seems that the information, which they receive, about drugs in their local towns comes mainly from friends and from local media, rather than through personal use.

However, it is important to point out that this research did not set out to quantify specific incidences and patterns of drug abuse among young people but rather to gain an understanding of young people's attitudes and perceptions of issues relating to drugs. Therefore, it is important not to underestimate the prevalence of drug use among young people in general in most of the areas covered in this research on the basis of these

findings. The sensitive nature of the drugs issue must also be taken into account with the issue of young people being reluctant to disclose information in the course of the focus group discussions and individual interviews on personal use and experiences of drugs.

Findings in this section then, show that while curiosity and boredom are seen as the main reasons for young people getting involved in drug abuse, peer pressure is again proving to be a major factor. It was widely agreed upon by participants that young people are more likely to get involved if their friends take drugs. However there was a general fear that anyone could get involved in drugs because of their prevalence in local areas and also because of the lack of alternative things for young people to do.

Other notable reasons cited included the perceived harmlessness of Cannabis and that Ecstasy is a cheaper alternative to alcohol on a night out.

As with smoking, drug use is seen mainly in negative terms: most drugs are regarded as addictive, with most incidences of drug use being considered a problem. However, as with the case of alcohol use, certain standards of behaviour in relation to drug use have emerged in the focus group discussions among a number of participants. Cannabis, and occasional use of the Ecstasy in certain circumstances (once a week at a disco) is approved of by some participants.

Young people have expressed specific needs regarding the type of services which they would like made available to them in relation to drug and alcohol abuse. Because of the lack of trust in existing services and healthcare professionals, the young people have clearly stressed the importance of providing a service specifically suited to their needs in the form of a youth counsellor, a confidential telephone line and programmes on drug and alcohol awareness conducted through workshops, schools and youth projects.

It is important that any future development of services in relation to drugs and alcohol abuse among young people should be placed in the context of the overall lives of the young person, taking on board their specific needs, their fears and their accepted standards of behaviour.

EDUCATION

Discussions relating to education provide an insight into early school leavers' experience of the education system. They raise issues surrounding problems

encountered at school regarding subjects, teachers and other students. The importance of schooling in the teenagers' own lives is explored along with the reasons why they have left school and whether they would consider returning to full-time education. These discussions also provide an insight into parents' attitudes to early school leaving, according to the young person. For those participants attending Community Training Workshops and Youthreach Centres, these discussions provide an interesting comparison between school and the workshop experience.

LEVEL OF SCHOOLING AMONG YOUNG PEOPLE

The majority of participants in the current research have left school early. Of these, only a small minority have completed their Junior Certificate Examination. Many of those still at school said that they would "probably leave after the Junior Certificate". The majority of all participants reported that other members of their families had also left school early.

YOUNG PEOPLE'S EXPERIENCE OF THE EDUCATION SYSTEM

In discussions relating to personal experiences of school, very negative feelings emerged amongst young people with regard to the education system. Many stated that they believed the education system had failed them. The majority felt that they did not learn anything while in school and it was a common belief that "schools don't tell you anything that you really need to know".

Typical comments included:

"Schools don't tell you what's out there in the real world for you – like when you come out you don't know what to do with your life or how to cope with pressures and problems";

"They don't teach you important things, like when you leave home and have to cope on your own".

A common experience reported by young people while still in the school system was being constantly "kicked out of class" and being suspended on a regular basis. Reasons for suspension given included: "getting caught smoking a few times"; "constant messing in class"; "giving back cheek to teachers"; and not wearing the right uniform. Others felt that they were

suspended for no reason or that they were often “not given another chance” because they had been in trouble before. It was generally felt that because of these experiences, the education system has failed them and that constant suspension and being expelled from school has left them no option but to leave school early. A typical comment reflecting this view was “What’s the point in going in every day when you’re going to be kicked out”.

The young people also felt that, because they could often not “keep up with the work” they were either ignored in the class or constantly “picked on”. It was also reported by many of the participants that because they were in ‘lower classes’, they did not get the opportunity to do more useful subjects such as languages – “they just gave us more PE, Music and Religion classes” which participants regard as a “waste of time”.

A small number of young people stated that they did not feel they could read properly upon leaving school.

YOUNG PEOPLE’S ATTITUDES TO TEACHERS

Participants gave positive and negative comments regarding teachers in their schools reflecting their opinions on what, for them, makes a ‘good’ or ‘bad’ teacher.

Key comments in relation to this include:

“Teachers favoured brainy students over the rest of us – you just get ignored or they pick on you – so after a while you don’t even bother trying to work”;

“Teachers don’t care if you can’t understand something – they just want to rush on all the time”;

“Teachers talked about exams and results all the time – that wasn’t much help when you couldn’t even keep up with what was going on in class”;

“The best teacher I ever had always made sure that everyone understood something before moving on”;

“You’d work better if you had a good teacher – you’d probably be more interested and try a bit harder”

“You learn more stuff off someone you’re not afraid of”

“I think that is what makes you like or dislike a subject – it’s the teacher and her attitude towards you”.

Many of the young people also reported that they had felt discriminated against by a teacher because of where they are from, because they could not keep up with the work, or because older members of their families had been in trouble with a certain teacher before.

YOUNG PEOPLE’S ATTITUDES TO SUBJECTS TAUGHT IN SCHOOL

Subjects most favoured by participants were Woodwork, Metalwork, Art, Home Economics, History, PE and English. Subject’s young people regard as useful and important included Maths, Business Studies, Languages, Home Economics, Metalwork and Woodwork.

Typical comments in relation to subjects taught in school include:

“Learning Metalwork and Woodwork is useful for later on in life”;

“Business Studies and Maths are boring subjects but I think they’re useful to know for when you leave school”;

“You’ll use a lot of the stuff you learn in Home Economics later on in life – like cooking, sewing and first aid”;

“Even though Art isn’t much use to you it’s a good subject because you can work at your own pace”

“Doing a subject you like makes you want to make a bit of effort, like Art or Metalwork”.

Many of the girls in particular felt there should be more “life skills” or “personal development” courses taught in school.

REASONS FOR LEAVING SCHOOL

Participants for leaving school early gave the following reasons:

“I got expelled, I’d no choice”;

“I was always being kicked out of class for messing – after a while there was no point in going in at all”;

“School is a waste of time -I couldn’t see much point to it”;

“I wasn’t learning anything and I was bored all the time so I left”;

“I got a job”

“I was always being suspended”

“Two of my brothers left early and are doing OK for themselves so that’s why I left”

“I knew I’d gone as far as I could – the Junior Cert was enough for me”

“I wanted to get out and start earning some money”

“I want to do hairdressing so you don’t need exams for that”

“I wanted to learn a trade – it’s more useful than the subjects they teach in school”;

“The teachers were always picking on me – I’d had enough”.

“They couldn’t do anything because I was expelled”

“My parents were angry at first, but got used to it”

“They wanted me to stay on but it was up to me”;

“I think they were happy once I got my Junior Cert”

“It’s got nothing to do with them”

“They knew I wasn’t happy in school”

“They’d prefer me to get a job”.

According to the young people then, the parents have very little say in the matter of them leaving school early. Although the parents did not actively encourage them to leave school there seems to be a negative attitude towards education in the home environment of these teenagers. There is more emphasis placed on learning a trade and/or gaining employment. Thus there is greater value placed on the ability to earn a wage than on increasing the teenager’s long-term chances of securing well-paid employment.

IMPORTANCE OF EDUCATION IN YOUNG PEOPLE’S LIVES

Despite having left school early, the majority of participants feel that it is “very important” to have an education mainly because it is hard to get a “decent job” without having completed some examinations. However, the majority of early school-leavers feel that education does not have any relevance to their own lives. This view was reflected in their comments on whether or not they would ever consider returning to full time education.

Typical comments in relation to this included:

“There’s no point in going back – we’re doing the Junior Cert here anyway and I think I should get a job out of it”;

“I wouldn’t go back – you don’t learn what you need in school – about real life and responsibilities”;

“I have a job now and I’m getting a bit of money into my hand each week – it’d be a

PARENTS REACTION TO PARTICIPANTS LEAVING SCHOOL EARLY ACCORDING TO THE YOUNG PERSON

Participants cited a number of reactions of their parents to them leaving school early. The reactions mentioned most often were: that their parents knew they were not happy in school and therefore had no problem with them leaving; that their parents were happy for them to learn a trade which could lead to them getting a job; that their parents were angry at first but got used to the idea once they got a job; or that the parents would have liked their children to stay on at school but they had little choice if the participants wanted to leave.

Key comments by participants included:

“They didn’t mind; my brothers and sisters left school early and got jobs”;

“They’re happy that I’m learning a trade”

waste of time to go back”;

“I’d just have the same problems – not being able to keep up and getting into trouble – if I went back”

“Experience of real life is better than education – you get an education through experience”;

“School is alright for some people who can keep up with the work and they’ll get something out of it – for me though, it’d be a waste of time to go back”;

“I prefer to work”

“Doing the Leaving Certificate is only important if you want a job in an office or if you want to go to college, so it’s OK for some people -I just want to learn a trade and earn a wage”;

“Subjects are too boring – maybe if they taught more about life I’d consider going back”.

call instructors by their first names, and you can smoke and wear what you like”;

“You don’t get into trouble just because you make a mistake in your work”

“Things are taken at your own pace in the workshop”

“It’s an easier way to get through exams -you do modules for the NCVA”;

“The instructors don’t hold it against you if you get into trouble for messing or not coming in – they give you a second chance”.

COMPARISON BETWEEN SCHOOL AND COMMUNITY TRAINING WORKSHOPS ACCORDING TO YOUNG PEOPLE

For all of the participants attending the Community Training Workshops/Youthreach, the workshop experience compares favourably to their school experience. There was considerable consensus among young people that in the Workshop, they are learning “more useful skills”, so they feel they have a better chance of gaining employment, and that they are “treated more like adults”.

Key comments with regard to the workshop experience in comparison to that of school included:

“You do better work here than in school – no writing or school work and that, but more interesting, useful things”;

“You’re working on things you like and are interested in so it’s easier to get down to the work”;

“We go on work experience from the workshop, you don’t get a chance to do that in school”;

“You’re treated more like an adult here – you

DISCUSSION

This section has shown that the majority of young people involved in the research have experienced severe forms of educational disadvantage, which has led to many of them leaving the formal education system early. A number of factors contributing to educational disadvantage and early school leaving have emerged through focus group discussions and individual interviews, which constitute a series of conflicts for the young person. These include:

individual factors in which there appears to be a conflict between the young person’s behaviours and attitudes to schooling and the demands of the education system; school-related factors in which there is conflict between the young person and teachers’ attitudes and approaches, methods of schooling and the curriculum; and family-related factors which point to conflict between the importance of schooling and familial attitudes to, and experience of, education.

While most of the young people believe that it is important to have an education, the feeling emerged that education has little relevance to their own lives, and most would not consider returning to full time education. With many of the participants having been expelled from school and many more having been suspended on a regular basis, there is a general belief that the formal education system has failed this group. For those participants attending Community Training Workshops and Youthreach it seems that this ‘second chance’ education and training is more suited to the needs of early school leavers.

Both specific needs (such as those expressed for more courses centred around lifeskills and personal development) and more general needs with regard to education have emerged in these discussions. It is very important that these needs are taken into account

and also that the many conflicts and problems of disaffection which the young people have demonstrated in relation to education are considered in order to target other young people at risk of leaving school early.

EXPECTATIONS

Discussions relating to expectations ascertain the general expectations of marginalized young people: what they can see themselves doing in ten years time and where they will be. They explore teenagers' attitudes towards work and the dole. They also give a sense of the young people's general perceptions of their own lives: whether they feel life has been hard or easy and if they feel life would be different in other places.

TYPES OF WORK PARTICIPANTS WOULD LIKE IN FUTURE AND EXPECTATIONS REGARDING FUTURE EMPLOYMENT

In relation to future employment, working as a chef or a hairdresser are types of occupation most favoured amongst girls. Others mentioned by a number of girls were waitressing and working with children. A very small minority mentioned they would like a career in the army or in computers.

Working as a mechanic is the most favoured occupation amongst boys in the research, followed by the army, carpentry and work in the building trade. Many others mentioned working as an electrician, plasterer or an engineer as desirable occupations.

A number of the participants, both male and female, reported that they had "no idea" about the type of work they would like to do in the future.

Boys have a much more positive outlook than girls in relation to future employment. Most boys believe that they will manage to find work in their desired occupation. They also believe that they will be able to get full-time jobs in the future. On the other hand, many of the girls feel it would be hard to secure full-time employment and more difficult still to "end up working at what you want". A number of girls also stated that they would probably "end up in a factory" or in a cleaning job.

PARTICIPANTS' ATTITUDES TO FULL-TIME WORK AND THE DOLE

Many of the participants reported that they do not know anyone personally in their own lives with full-time jobs. A minority stated that a member of their family or a friend has a full-time job.

There is generally a negative attitude towards full-time work amongst participants. Many believe that it is only important to have a full-time job if "you're saving for something in particular" such as a holiday or to buy a house. A minority feels that it is important for at least one member of a family to hold a full-time job. Most of the girls believe that it is not right for someone to have a full-time job if they have children. Many of the young people also reported that they would not continue in a full-time job (even if it is well paid) if they did not like it.

With regard to the dole, most agreed that the amount of money paid out through Unemployment Benefit/ Assistance is not enough for most people to live on. Most of the participants stated that they know someone personally in their lives who are on the dole. There is a general negative attitude towards people on the dole whom they see as "getting money for nothing". However most participants agreed that there are many people entitled to the dole because they are "genuinely" unable to work due to various problems such as being unable to read or write, having a disability, or being unable to hold down a job because of alcohol or drug abuse problems.

GENERAL ATTITUDES TO LIFE AND FUTURE EXPECTATIONS

Most of the young people feel that life is generally "hard" but that this is normal and that most people experience the same problems. Most do not feel that they have been particularly "unlucky" in life. The hardest things expressed about their lives were that there is "always nothing to do", that there is a lot of pressure from school and parents, that it is hard "trying to keep out of trouble all the time" and not having any money.

For all participants, the easiest thing about life and about growing up was having close friends and family around. Young people also agreed that life would get harder later on for them when they have to take on responsibilities such as work, buying a house and having a family.

Most participants agreed that life in their hometown

was “as easy or hard” as anywhere else. They feel that although there might be more jobs or “things to do” in bigger places like Dublin or London, they perceive these places as having more problems: more unemployment, more drug problems and more homelessness. While a minority feel that their home town is “too small” with “everyone knowing everyone else’s business”, most like the fact that they live and have grown up in a small community, surrounded by close friends. Many also believe that this is one of the aspects of their lives they would miss most if they left, and they feared feeling isolated in a bigger area.

In relation to whether or not young people can see themselves living in their hometowns in future (10/15 years time), many of the participants feel that they will probably still be living there. More boys than girls expressed an interest in leaving their hometown in the future. Amongst boys, work was seen as the main reason for leaving their hometown. Many of the boys stated that they would go to England or America if they could not find “decent work” in this country.

Only a minority of girls suggested work as a likely reason for leaving their hometown in the future. Many saw relationships and/or marriage as being more likely reasons for leaving.

DISCUSSION

This section has highlighted marked differences between male and female participants in relation to future expectations. With regard to future employment, focus group discussions and individual interviews have revealed that boys generally have a much more positive outlook than girls in relation to gaining employment in their desired occupation. Also, while many of the participants, both male and female said they would probably still be living in their home towns in ten to fifteen years time, boys seem more interested in leaving in the future, particularly for reasons of work. On the other hand, amongst girls, work is emerging as subordinate to relationships, marriage and having a family.

A general negative attitude has emerged amongst both male and female participants to full-time work. The notion of working full time seems to have little relevance in the young people’s lives. Very few know people with full-time jobs and working full time is generally regarded only as a means to a particular end, an activity which is seen by most participants as something to be engaged in for a short period of time.

MENTAL HEALTH

While a lot of information relating to the mental health of young people can be gleaned from other findings in the report, this separate section on mental health is included in order to focus on more specific issues. This section explores levels of stress in young people’s lives, according to the young person and aims to provide insight into the ways in which young people cope with stress. It also explores young people’s views on suicide, eating disorders and the effects which bereavement and loss or separation have on the young person and how this is dealt with.

However, it is very important to note that participants talked more openly about general issues relating to mental health such as causes of stress among young people in general and common causes of suicide and eating disorders in young people. However, the young people seemed either reluctant to talk about personal experiences of these and other issues, or they were unable to articulate feelings in regard to these issues despite stating clearly that they did not mind the issues being raised in the discussions or individual interviews.

CAUSES OF STRESS AMONG YOUNG PEOPLE

Participants reported that the main causes of stress in young people’s lives in general come from school: through exams, homework and studying, and from home: through “fighting with parents” over different things such as “staying out late” or “getting into trouble at school”. Another source of stress cited by a number of both male and female participants was the pressure on girls in particular to “look good” and to lose weight. A small number of girls in both age groups stated that they were not happy with the way they looked and would like to lose some weight and that this caused some stress. Participants also reported that the “worry about not getting pregnant” caused stress among teenagers.

However, most of the young people were unable to identify specific incidences of stress in their own lives.

They were also unable to specify how they personally reacted or coped in times of stress although some of the young people said that they would usually “go off somewhere” on their own when they feel stressed, or would do something they like such as “going for a walk” or playing football.

While a lot of participants said they would talk to a friend when they were feeling stressed, a number of the young people stated that they would “just work it

out” on their own.

With regard to feelings of depression or “feeling down”, many of the participants reported that they did have these feelings at times but were not able to identify specific occasions on which they felt like this. Again, many of the participants said they would cope on their own when feeling this way, but a number did say they would talk to a close friend or a member of their family.

PERCEIVED CAUSES OF SUICIDE AMONG YOUNG PEOPLE

Many of the participants in Athlone in particular said that suicide was a problem in their town and a number reported that they knew someone who had committed or attempted suicide. In all of the other areas most of the participants said that while there were some cases of suicide each year in their towns, they did not think that it was a major problem for young people in their area.

Participants cited a number of causes of suicide or attempted suicide among young people. Being unable to cope with stresses from school such as exams and bullying, and problems associated with alcohol or drug abuse were the main causes cited. Other reasons suggested for suicide among young people were teenage pregnancy, break-up of relationships and having “nobody to turn to if you have a problem”.

EATING DISORDERS

All of the participants both male and female could name two types of eating disorder: Anorexia and Bulimia. Although only one participant in the research reported knowing someone who had an eating disorder, a number of participants believed that there was some prevalence of eating disorders among young girls in their towns. All believed that it was mostly girls who suffered from eating disorders.

Perceived Causes

The perceived general causes of eating disorders amongst the participants were depression, stress, family problems, having low self-esteem and being unhappy with personal appearance.

Recognising Eating Disorders in other people

There was a general consensus among participants regarding how they would know someone had an eating disorder: “losing weight very quickly”, “fainting”,

“having bags under their eyes”, and “not eating at lunch time” or “running to the bathroom every time they eat” were seen as the main indicators of someone having an eating disorder.

Sources of information and advice

The young people reported that television; magazines and friends were their main source of information on eating disorders.

In relation to gaining advice or help on eating disorders participants said that the people they would be most likely to approach if they had an eating disorder would be a member of their family, a very close friend or a counsellor.

BEREAVEMENT, LOSS AND SEPARATION AND THE YOUNG PERSON

In individual interviews, a number of young people reported that they had experienced bereavement, loss or separation. Although these participants stated that they would not mind talking about this experience in their lives, in the course of the discussion they seemed unable to articulate their feelings in relation to their personal experiences such as how they had felt or reacted at the time of their loss.

In relation to whom these participants had found most supportive, many of the young people said that a parent (usually a mother), an older relative or sibling, or a good friend had been the most helpful during their experience of bereavement, loss or separation. A typical comment was that it was important to “talk to someone that knows what you are going through”.

However, a number of participants reported that they had “coped” on their own and that they generally prefer to rely on themselves rather than approach someone for help. The reason given for this was that they felt that other people would not understand what they were going through.

DISCUSSION

In the course of focus group discussions and individual interviews on issues relating to mental health then, it seems that there is a problem among young people of not being able, or not being willing, to articulate personal feelings and experiences of specific mental health related issues. Identifying and communicating feelings of stress and depression and personal reactions to certain experiences in their lives seemed

to be difficult for the young people in the research.

Naturally there may be a variety of reasons for this such as these young people may lack insight into their own feelings or it may be linked to a lack of education in which the young people do not have the language to articulate feelings about personal issues. It may be a problem in the young people's social and family background in which an atmosphere for fostering open communication about such feelings is absent. It may also be a problem for young people from all social backgrounds to talk openly about very personal feelings and experiences. It may simply be that the young people prefer to talk to someone they know very well in their lives rather than in an interview situation.

While an in-depth analysis on these issues is beyond the scope of this research, it is important to point out that this section on mental health and young people seems to have posed more questions than answers. One important finding to emerge however, involves the fact that many participants reported that they prefer to "work things out" on their own. In this regard there may be a lack of recognition among these young people of their support network or they may feel that there is no support for them and therefore they have no option but to be self-reliant.

SERVICES

Discussions on social services focus on the young person's level of awareness of the health services available in their towns and the services provided by the Social Welfare Department. They explore teenagers' general attitudes towards these services and how they could be improved for the young person. They also provide an opportunity for the young people to suggest improvements to existing services. An important aspect of this discussion concerned young people's views on the type of information, which they feel it is important for them to have access to.

LEVEL OF AWARENESS REGARDING SERVICES AMONG YOUNG PEOPLE

In relation to health-related and other services for young people, participants demonstrated a major lack of awareness of services available to them. There was a general feeling that there are "very little services" available for young people. The services mentioned most often by the young people were GPs, hospitals and local clinics or health centres. The

participants admitted that they are not aware of the services offered through these, which are specific to young people. Atypical comment in relation to gaining information on services was:

"You'd probably find out more about services if you read leaflets on hospital notice boards or at the doctors but people don't bother"

Because of this lack of awareness of services, the young people were unable to highlight specific problems with services for young people or to make suggestions regarding improving services. In relation to hospitals, more general problems were discussed such as long delays in casualty departments and clinics, and the problem of having to be referred to hospitals in other towns for certain treatments.

However, the young people again highlighted their fear of approaching doctors or local clinics for advice, help or treatment on sexual health and drug or alcohol abuse problems in particular, due mainly to fear of breach of confidentiality.

There was generally a very limited response from young people in discussions relating to the services of the Social Welfare Department. Apart from a general feeling that money paid out on the dole is "far too little for people to live on", the participants had very little to say about social welfare services.

YOUNG PEOPLE'S ATTITUDES TO SERVICES OF YOUTH COUNSELLOR

The majority of the young people stated that they would use the services of a youth counsellor if they had a problem. However, they stressed that they would have to be assured of confidentiality if they did approach a counsellor with a problem. Most of the young people said that they would feel more comfortable talking to a youth counsellor on a "one-to-one" basis, but a number feel that a group situation "like the AA", where "you could talk out problems with others in a group who have the same problem as you", would be more helpful. A lot of the young people also reported that they would feel more comfortable using a confidential telephone line service.

Typical comments in relation to a youth counselling service:

"If I was sure that he wouldn't tell anyone else about my problems, I think I'd use a counsellor";

“A lot of young people have nobody to talk to about their problems so it’d be good for them to have a counsellor to help them”.

“Talking to a counsellor would make you feel better in yourself – understand more – if you had a problem”.

“A counsellor would be better than a doctor to go to if you had a problem”.

“Young people on drugs can’t get off them by themselves – they need some help”;

“If my problem was bad enough I’d probably go to a counsellor”;

“Sometimes it’s hard to talk to parents or friends about certain problems – a counsellor would be good if you had a problem you don’t want anyone that you know to know about”.

The main reasons given by participants who reported that they would not approach a counsellor with problems include: feeling uncomfortable talking to someone they do not know about personal problems;

and feeling that it is better to “work things out yourself” or with a friend or member of the family.

TYPES OF INFORMATION YOUNG PEOPLE FEEL IT IS IMPORTANT TO HAVE

Young people were asked about the type of information that they feel it is important for them to have access to. Types of information most often mentioned include information on: drugs, alcohol and alcoholism, general problems, jobs available, careers and wages, sexual health (especially contraception, AIDS and other STDs), pregnancy, training courses available, accommodation and rent, finance and general information on life such as what to expect when young people leave school and home for the first time.

DISCUSSION

It is clear from the lack of response from participants in focus group discussions on social services that they have very limited awareness of specific services for young people. Emerging from these discussions was a general feeling that because they are not aware of services, participants believe that there are little or no services available to them. Findings in previous

sections were repeated here in relation to information available regarding services, with a general consensus among young people that leaflets are a ‘probable’ source of information but that people do not read these. The lack of accessible services for young people and the lack of information for young people have serious implications for the life chances of young people.

With regard to health-related services in particular young people have again expressed their fears of approaching health professionals for advice or help on specific problems, notably on sexual health issues and drug or alcohol related problems. Because of this fear, young people were asked their views on a youth counselling service. A general positive attitude towards such a service has emerged with young people. The findings show that young people would feel more comfortable approaching a confidential counselling service for young people than existing services.

Regarding types of information they feel they should have access to, specific needs of the young people were expressed. Information on drug and alcohol abuse, employment and training, general lifeskills and finance clearly demonstrate what young people consider important in their lives and the problems, which are faced by young people.

This section then has shown that young people have specific needs in relation to the type of service they feel comfortable with. It has also identified the needs of young people in relation to the type of information they feel should be made available to them. The provision of services to meet these needs: giving young people access to services which are acceptable to them, and to information regarding services and important issues for young people, will contribute to the enhancement of the life chances of these young people.

This research has sought to identify the *general lifestyles* and *needs* of marginalized youth in the Midland regions. By highlighting various influences on the young person, notably those from the areas in which young people live and specific social influences of sexuality, smoking, drinking and drug use, the research has provided important insight into the general lifestyles of marginalized young people. The various needs of marginalized youth have been identified through this information on young people's lifestyles and through an exploration of young people's views and experiences of education and health systems and related issues.

The findings in this report show that many young people are experiencing symptoms of disadvantage, which have been highlighted, in previous research (NYCI, 1997; ACT, 1997). Living in socially and economically deprived areas, experiencing educational disadvantage, engaging in risk-taking and anti-social behaviours, having poor self-esteem and low expectations and being isolated from various social structures have resulted in these young people becoming marginalized from mainstream society.

Influences on young people from areas in which they live

Findings relating to the areas in which young people live provided an insight into general influences on the young person and identified some immediate social needs of young people from disadvantaged areas. Some of the issues affecting young people in such areas highlighted by participants in the research, involve soft drug use (mainly Cannabis, Ecstasy and Speed), underage drinking, fighting on local estates and vandalism. A lack of suitable facilities for young people was seen as the main reason for these problems with young people becoming involved in these behaviours because of a lack of structured alternatives.

Similar to findings in other research (Mullingar Youth Service (MYS), 1998; Bloomer, 1997; Waterford Regional Youth Service (WRYS), 1996), the social scene for young people involved in the current research centres around drinking and 'hanging out' in the streets, resulting in young people becoming involved in anti-social and risk-taking behaviours.

The problem of peer pressure has been highlighted in other studies (MYS, 1998; Bloomer, 1997) as an important issue affecting young people. In the present study, peer pressure has emerged as a major contributing factor to young people engaging in risk-taking behaviours. Fears, which emerged as important issues for young people living in disadvantaged areas, surround the inevitability of young people becoming involved in drug and alcohol abuse and problems of discrimination,

A number of very specific immediate social needs were identified in discussions on young people's areas. These involved the provision of an alternative to the current social scene. Reflecting needs highlighted in other research (MYS, 1998; WRYS, 1996), young people in the current research have stressed the need for a place to meet with friends other than the streets or the pub. Young people also expressed the need for a number of sports-based facilities, arcades, leisure centres, discos, organised activities through youth projects and improved public parks.

Participants saw the provision of these facilities as a way of tackling the problems faced by young people living in disadvantaged areas. Bloomer (1997) supports the view that there is a need to develop constructive leisure activities, which are capable of attracting young people who may be at risk of involvement in criminal activities.

Other important measures for tackling problems suggested by participants in this research were that young people should be provided with more support through counselling and through young people's families and own communities.

Sexual Health

In relation to sexual health a number of important issues have emerged for young people. In focus group discussions and individual interviews, issues relating to contraception and sexually transmissible diseases, sexual health services and the role that parents and friends play in relation to these issues from the point of view of the young person were explored.

While there have been high levels of sexual activity

reported in other studies carried out in recent years (McGowan, 1998; Smith, 1997; Svenson et al., 1998; IFPA, 1997), specific levels of sexual activity among young people were not sought in this study. However there were perceived high levels of sexual activity among young people by participants in this research. This perception raises concerns regarding peer pressure: if young people perceive that most people become sexually active between 14 and 16 years of age, there is a danger that many will feel pressurised into engaging in similar behaviours if they feel that it is 'normal' or acceptable behaviour among their peers. This has implications for young people who have very limited of knowledge and awareness of many issues relating to sexual health.

Many of the findings on sexual health issues in this study are supported in the literature. The IFPA's 1997 study revealed a very basic knowledge of contraception. Similarly, in the current study, knowledge of methods of contraception was limited mainly to condoms, the Pill and Injectable Contraceptives. In contrast to Smith's findings in Tullamore, which suggested that young people are not aware of the risks of contracting STDs through sexual activity (1998), the participants in the current study reported an awareness of contracting diseases through engaging in sexual activity. However, the Midland Health Board's study on sexual attitudes among 16-18 year olds revealed that while 82% of sexually active teenagers claimed to have used contraception, only 70% used contraception on their first occasion.

A notable finding in the current research was that both younger and older teenage girls have the same fears with regard to approaching professionals for advice on sexual issues and this is consistent with findings in Mahon et al. (1998).

A major lack of awareness of STDs among young people has also emerged in this report. Knowledge of STDs was limited mainly to AIDS and HIV and as the IFPA's study also found, there was a significant gap in the knowledge of other STDs.

Very specific needs have emerged for young people with regard to sexual health in the current research and are widely supported in other studies. Barriers to utilisation of services facing young people in the Midlands reflect many of those faced by young people in Dublin (IFPA, 1997). Problems relating to feared breach of confidentiality, feelings of intimidation by doctors among young people and problems with the medical language of sexual health were important fears identified in the current research.

The level of formal sex education was also found to be very low among participants reflecting Bloomer's concern that current sex education programmes are not reaching the most vulnerable in society (1997).

The implications of these findings are that there is an urgent need for sexual health services, which are more accessible to young people and for sexual awareness, or sex education programmes, which would target those, most at risk.

Smoking, Drinking, Drugs

Focus group discussions and individual interviews investigating the social influences of smoking, drinking and drug use among young people provided further insight into the general lifestyles of young people and the influence of 'street culture'. While much of the research carried out in recent years aimed to provide baseline data on these issues, the current research sought to explore attitudes to smoking, underage drinking and drug abuse and to discover levels of awareness regarding services and types of services preferred by young people.

The findings in these sections have raised very important health issues and peer pressure issues for young people.

The findings show that there are high levels of risk-taking behaviour among young people. There was a very high prevalence of smoking found among both male and female participants in all age groups and a high prevalence of drinking particularly among the older age groups (15 to 18 years) with more males than females reporting to be regular drinkers. Although there was a lower prevalence of drinking reported among the younger age groups (13 to 15 years), there was much more reported regular drinking among males than females. With regard to smoking and drinking, it was generally believed amongst all participants that there are more smokers and drinkers among young people in general than non-smokers and non-drinkers.

This prevalence of smoking and drinking is consistent with much of the literature. In the ESPAD study, prevalence rates of smoking among young people in Ireland were shown to be generally higher than most other European countries (1995). Also the SLAM/ HBSC surveys found that, by the age of 12-14 years, both boys and girls of all social classes are approaching the national target limit of 20% (1998).

In the current research, the problem of underage drinking among older age groups in particular, reflects national findings. Findings in the ESPAD 1995 study showed that Ireland is placed in the top three countries with regard to regular drinking. Also, the MWHB's 1998 study highlighted the fact that with the rate of current drinkers at 67.8% of and only 1 % of the sample in that study being 18 years of age, this rate represented mostly underage drinkers.

While many of the participants in the current research have reported that they do not take drugs themselves, they perceive that there is a high prevalence of soft drug use among young people. Although this study did not set out to quantify the frequency of drug use among participants, figures in other studies have identified a prevalence of drug use among young people (ESPAD, 1995; MWHB, 1998; NWHB, 1996). In the current research, the participants reported that Cannabis, Ecstasy and Speed are the most popular drugs of use among young people. The prevalence of use of Cannabis in particular has also emerged in other studies (ESPAD, 1995; HEA, 1992; MWHB, 1998).

Findings in the current research then, show that there is a high prevalence of young people engaging in risk-taking behaviours highlighting the importance of addressing the health needs of young people. However, the young people have demonstrated a keen awareness of the health risks involved in engaging in these behaviours, particularly with smoking and drug use. Because of this, gaining an understanding as to why young people engage in risk-taking behaviours becomes a vital concern.

In this regard, the findings in this report have shown that peer pressure is a major contributing factor in young people's behaviour in relation to smoking, drinking and drug use. An ambiguity emerged in relation to the issue of peer pressure in these findings, with regard to drinking habits in particular. Young people's perception of peer pressure involves being forced by your peers to engage in certain behaviours. This perception conflicts with the reality that young people are under pressure to be approved of by their peers. The young people themselves in this study have reinforced this reality. Their reasons given for taking up smoking, the standards of acceptable and non-acceptable behaviours with regard to drinking (which were widely agreed upon) the acceptability of some forms of drug use and the general consensus among participants that young people will get involved in drugs if their friends take drugs, all point to the influence and importance of peer approval in young people's lives. And, because of this need for peer

approval, the consideration of future health risks has been shown to be of much less concern for young people.

Mitchell's (1997) argument in relation to smoking and peer pressure has particular relevance to these findings. She demonstrated that there was no coercive pressure on young people to smoke and yet most smoking prevention programmes are based on the assumption that non-smoking pupils are forced to smoke by their peers. The term 'peer pressure', she points out, is used uncritically and does not take account of the fact that there is pressure on teenagers to purchase the 'right' image and be approved by their peers (1997:12).

In the Report of the Sub-Committee on Young People for the National Consultative Committee on Health Promotion (1996), young people were prioritised as a target audience as the habits and patterns of behaviour established early in life have an ongoing impact on lifelong behaviour and health status (cited in S. Burke, 1999). The findings in this report have identified the specific needs of young people, which motivate them to engage in risk-taking behaviours and have underlined the fact that the future health status of young people is very much at risk.

Education

Findings in relation to education highlighted specific issues for early school leavers and those at risk of leaving school early. Conflicts between the lifestyles of young people and the demands of the education system were identified in the course of focus group discussions and individual interviews. These conflicts emerged as contributing factors to educational disadvantage among participants leading to many of them leaving the formal education system early.

Experiences of educational disadvantage among participants in the research reflect international and national findings on this issue. Much of the literature (Morgan, 1998; Bloomer, 1997; Boldt, 1994, 1998) highlighted (amongst other factors) individual factors, school-related factors and family-related factors, which result in young people experiencing educational disadvantage. In the current research, findings relating to individual factors in early school leaving identified a conflict between the young person's behaviours and attitudes to schooling and the demands of the education system. School-related factors highlighted conflict between the young person and teachers' approaches and methods of schooling. Findings on family-related factors identified a conflict between the importance of schooling and family attitudes to education.

These conflicts point to very specific needs of young people with regard to education. Participants have demonstrated a keen awareness of the importance of education. Despite this, they have shown that the education system has little relevance in their own lives. Because the consequences for those leaving school early have become more serious for young people seeking employment, as Boldt and Devine argued (1998), there is a strong need for young people to be provided with alternatives for enhancing their life chances. The young people themselves expressed a need for more lifeskills and personal development in the school curriculum. These findings show that the many problems of disaffection among young people in school must be taken into account and young people must be provided with alternatives to the formal education system.

Expectations

Findings relating to young people's expectations regarding their future have pointed to marked differences between male and female participants. It seems that young women have more limited aspirations for their future lives than young men. Unlike the male participants, many of the females demonstrated a pessimistic outlook in relation to whether or not they will manage to obtain employment in their desired occupations and many said they would probably 'end up' in more menial jobs. They also displayed less inclination to leave their hometowns in the future but those that did see themselves leaving cited marriage and relationships as more likely reasons.

In contrast to this, for boys, work was regarded as a probable or more likely reason for leaving their hometowns in the future. These gender differences raise self-esteem issues for girls in particular. The fact that, as the findings have shown, young girls seem to be more prepared to settle for less in terms of work highlights the need for increasing the levels of self-confidence among girls and giving them greater control in their lives.

Another important finding in this section related to young people's attitudes to work. A negative attitude to full-time work emerged in focus group discussions and individual interviews amongst all participants. Furnham and Stacy's work on 'Young People's Understanding of Society' (1991), investigating young people's understanding of the world at work, pointed out that demographic, psychological and sociological factors appear to determine work-related beliefs, behaviours and understandings (1991:85). For young people in the current research, their negative attitude

towards having a full-time job may well be related to realities in their personal background. Very few of the participants know people personally with full-time jobs, most know a few people personally who are on the dole. Working part-time or being unemployed is more of a likelihood amongst their families and therefore is regarded as a more likely situation for them in the future. For the participants, the concept of working full-time is merely a means to a particular end and is seen as an activity to be engaged in for a short period of time.

Findings in this section then, highlight the need for young people to have a new clarification of work in their lives. A more positive outlook on full-time work is needed and for young girls in particular, there is a need for enhancement of their self-esteem in order to maximise their chances of gaining meaningful employment.

Mental Health

This section explores levels of stress among young people and views on specific mental health issues notably suicide, eating disorders and bereavement, loss and separation in young people's lives.

The most important issues arising from focus group discussions and individual interviews on topics relating to mental health were that while participants talked openly about general issues such as causes of stress among young people and general causes of suicide and eating disorders, they seemed more reluctant to discuss personal feelings and experiences, despite the fact that they stated that they did not mind these issues being raised, particularly in the course of individual interviews. Factors relating to educational levels, self-esteem, family and social background, age and the conditions for discussing sensitive issues have been put forward in the analysis of these findings as contributing to this inability or unwillingness among participants to discuss personal feelings and experiences. However, an in-depth analysis of this was beyond the scope of the research.

In a presentation to the 'Mental Health and Young People Conference' (1997), Dr. Nazih Eldin of the North Eastern Health Board highlighted the challenges involved in promoting positive mental health among young people. He pointed out that empowerment of young people is the most important challenge in which young people should be given lifeskills, basic knowledge of risk factors and mental disorders, and basic knowledge also of the management of psychological problems. It is clear from findings in this and other sections in the report that this

empowerment of young people should be a priority in any future mental health initiatives.

In the course of a workshop on 'Young People and Grief, also at the 'Mental Health and Young People' Conference, the importance of setting sensitive issues in the context of the work with young people in general was stressed, and that such issues need to be incorporated into any comprehensive social and health education programme (1997). These recommendations have clear relevance to the current research.

Services

This report has shown that young people have a major lack of awareness of services available to them. The implications of this are that young people are not accessing existing services. The reasons for this which have emerged throughout this report point to the fears faced by young people with regard to approaching services, the lack of knowledge among young people of specific services available to them and arising out of these, the acceptance amongst young people that there are no services available or accessible to them.

With regard to fears identified by young people, who prevent them from accessing services, the participants have stressed the need for services, which would be more acceptable to them. The need for provision of a youth counselling service has arisen throughout the research. An example of good practice in this regard is the Youth Counselling Service in Co. Kildare, which operates from Kildare Youth Service (KYS). This aims to provide a professional, accessible, preventative, counselling, education and information service to communities, families and young people aged 11 to 25 years of age. This service is proving successful on many levels (KYS, 1998).

One advantage of a counselling service being provided by a youth service was identified by the Kildare service: the service is more accessible to young people experiencing difficulties in that it is providing a less threatening environment for young people. Another advantage highlighted was that a youth service is in the unique position of already targeting marginalized young people and is already integrated into communities. The young people being targeted by this service include young people abusing alcohol and/or drugs, young mothers experiencing difficulties, young people affected by family breakdown, young sexually active women, early school leavers, isolated young men and young people from marginalized areas characterised by low

educational attainment, high unemployment and high crime rates (KYS Counselling Service Report, 1997; KYS Counselling Service Development Plan, 1998). Among young people in the current research there was a positive response when directly asked about their views on a youth counselling service. It is apparent from the needs expressed by participants throughout this report that such a service would be welcomed by young people and would be suited to their needs.

The lack of knowledge among participants in the current research points to the need for improved information services. In a report on Youth Information Services in Ireland, 'Youth Information – The Irish Response' (1989), the NYCI highlighted the importance of providing information to young people to enable them to make positive life decisions in order to facilitate their full participation in society. The need for information has also been stressed in other studies (MYS, 1998; Monaghan Youth Federation, 1998).

In 1998 there were 25 Youth Information Centres throughout Ireland (MYS, 1998). These form a national network, funded mainly through the Youth Affairs Section of the Department of Education from National Lottery proceeds, and are managed by a variety of youth organisations as an integrated part of locally based youth services (NYCI, 1996). These provide a free, generalist, drop-in, information service on a range of subjects including education, training and employment, health services, family and personal problems, local service and facilities, finance and youth work. The needs highlighted by participants in the current research demonstrate the importance of establishing an information service throughout all areas.

This report then has provided important insight into the general lifestyles of marginalized young people in the Midland regions and has identified the needs of young people, which arise from these lifestyles. Following the review of literature and the findings in this report, the next chapter recommends appropriate responses to these needs.

CHAPTER SIX

The recommendations of the research into marginalized youth are based on the review of literature and findings in this report. Recommendations are detailed under separate themes arising from the research process.

MAIN RECOMMENDATION

The main recommendation of this report is the establishment of a Multi-Agency Network comprising relevant sectors, the aim of which will be to consider the following recommendations and to prioritise their implementation.

LIFESTYLE AND SOCIAL NEEDS

Aim

To provide young people with alternatives to the current social scene and to take on board the influence of peer pressure in young people's lives.

Recommendations

The development of:

- + Recreational indoor facilities for young people through the establishment of Youth Centres/ Drop-in Centres. Ideally these centres should have an informal area for young people to sit and talk, a coffee shop, and should provide structured activities for young people and pool/ snooker facilities.
- + Youth Work in all areas through the establishment of more project-based work providing programmes for development. (*Education through different media: arts, drama, workshops, courses, lectures, seminars and discussions*).
- + Peer education programmes on Smoking, Alcohol, Drugs, and Sexual Awareness.

RECOMMENDATIONS

HEALTH NEEDS

Aim

To develop health services accessible to young people and to increase young people's access to existing services by taking account of the specific needs and fears of young people in relation to health and services.

Recommendations

The development of:

- + Sexual Health Services for young people in the region to address the sexual health needs of young people.
- + Youth Counselling Services in the region, which is accessibility to all young people.
- + A Confidential Telephone Helpline Service, linked to a counselling service.
- + Initiatives/programmes targeting young people engaging in risk-taking behaviours.
- + A Forum to consult with young people about their difficulties in assessing services.

3. EDUCATION NEEDS

Aim

To take on board the specific needs of young people in relation to education through recognition of the conflicts in the life of the young person, which lead to educational disadvantage, and to advocate and expand more holistic approaches to education.

Recommendations

The continued development of:

- + Lifeskills Programmes in all schools, training centres and the informal youth sectors.
- + Programmes targeting educational disadvantage such as the Home/School/Community Liaison Scheme.
- + Leaving Certificate Applied Programmes.
- + Programmes which provide young people with opportunities for 'second chance' education.
- + Local tracking system of Early School Leavers.
- + Locally research into educational disadvantage to include research into levels of literacy and numeric among early school leavers and all young people.

4. EMPOWERMENT OF YOUNG PEOPLE

Aim

To give all young people the opportunity to enhance their life chances.

Recommendations

The development of a:

- + Positive Mental Health Programme as part of an integrated youth health initiative.
- + Youth friendly information centre and programme to increase the awareness of services available to young people.

5. FURTHER RESEARCH

Further research is recommended on issues arising from this study but which were beyond the scope of the current research.

- + An analysis of the influences on the young person from primary socialisation.
- + An analysis of the mental health status of young people.
- + Due to the problems of accessing young people who have no formal links with groups in their communities, further research into the needs of this group is recommended.

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APPENDIX

GENERAL INTRODUCTORY SESSION

- * How long have you been attending the Training Centre?
- * Why are you attending, what are you working on here?
- * Are you all from?
- * If NO, where are you from and why are you living here?
- * How would you describe this area to someone who had never been here before and wanted to know what it was like?
- * How do young people in this area spend their free time?
- * What do you do to have fun?
- * What do you do in the evenings/weekends?
- * Where do young people go out at night? Local clubs, discos?
- * Would you do the same thing at night at the weekend as you would during the week?
- * Do you like living here?
- * What are the good things about the area?
- * What kinds of problems are there?
- * How do these problems affect people your age?
- * Do other areas in ... have the same problems?
- * Are there areas in ... which don't have these problems?
- * Do you think people who live there are different to you?
- * What would you think they would feel about this area?
- * What do you feel about where they come from?
- * In your opinion, what sort of problems do young people of your age in .. have to deal with?
- * Have you any ideas how these problems might be solved?

SEXUALITY/CONTRACEPTION

- * Are you living at home?
- * If NO, where do you live and why do you live there?
- * Where are your brothers and sisters living?
- * Do you like living at home?
- * Do most people your age live at home or away from home?
- * What are the main forms of contraception?
- * What would be your main reasons for using contraception?
- * If you wanted information on contraception where would you go?
- * Who is responsible for contraception (you/partner/both)?
- * If you/partner discovered you/they were pregnant in the morning how would you feel?

MARGINALISED YOUTH PROJECT FOCUS GROUP DISCUSSION GUIDE

- * How do you think your partner would feel?
- * What would you do?
- * What STDs do you know of?
- * How did you hear of these?
- * Have you ever looked for advice on sexual issues?
- * If YES, where?
- * What services should be available for young people with regard to sexual issues?
- * FEMALES: Have you ever visited the Well-Woman Clinic in Athlone?

SMOKING/DRINKING/DRUGS

SMOKING

- * Has anybody in this room ever smoked?
- * Do a lot of young people smoke?
- * Why would you think people your age smoke cigarettes?
- * Are there good things about cigarettes?
- * Are there bad things about cigarettes?
- * If there are bad things why do people still smoke?
- * What are the effects of cigarettes on your health?
- * What type of cigarettes do you smoke?
- * Do you think people your age prefer to buy cigarettes or roll their own?
- * Do you think it's difficult to stop smoking once you've started?
- * SMOKERS: Do you smoke more when you are out with friends?
- * SMOKERS: Would you smoke in front of your parents/family?

DRINK

- * Do a lot of your friends drink?
- * How old were you when you first saw someone drunk?
- * How did it make you feel/what did you think?
- * Is it easy or hard for young people to get drunk in ..?
- * Where do young people get drunk?
- * What drinks do people your age usually go for? WHY?
- * Do people your age mix drink?
- * Where do young people get money for drink?
- * Do you think there's many young people in with a drink problem?
- * Are there good things about drink?
- * Are there bad things about drink?
- * Do you think people feel under pressure to drink?
- * If YES, where does this pressure come from, how is put on you, etc?
- * When does someone have a problem with drink?

DRUGS

- * How old were you when you first saw someone taking drugs?

- * What did you think/how did you feel?
- * Do you think there's a drug problem in.... ?
- * What kinds of drugs to young people take in....?
- * Is it easy to get them? WHY?
- * What are the effects of taking these drugs?
- * Do you think you can get addicted to any of these drugs?
- * Can drugs take over people's lives?
- * Which drugs can do this?
- * Is drug use always a problem?
- * When does someone have a problem with drugs?
- * Do you think smoking has any effect on taking drugs?
- * Do you think drinking has any effect on taking drugs?
- * Have you ever seen someone taking drugs?
- * What did you think?
- * Some people say there's no harm in drinking alcohol and taking hash – would you agree or disagree?
- * Others say it's dangerous to take E and drink alcohol – what do you think?
- * What are the risks of using Heroin?
- * Do you think that people taking Heroin and using dirty needles increase their chances of getting the HIV virus and/or other diseases?
- * Do your parents take drugs?
- * If YES, what type?

- * IF NOT in .., where?
- * What kind of information do you consider the most important for a young person to have?
- * Where would you go to get that information?
- * What do you see yourselves doing in 10 years time?

SOCIAL SERVICES HEALTH

- * What do you think of the health services in.... ?
- * Did you find these services any good (naming whatever services the participants mention)?
- * If YES, what was good about them?
- * If NO, what was wrong with them?
- * How can health services be improved for young people in ?

SOCIAL WELFARE SERVICES?

- * What services are you aware of that the Social Welfare Dept provides?
- * How do young people go about finding out about the services i.e. where do go for information in .. ?
- * What do young people need from the social welfare system?
- * How should the present services be improved to meet the needs of young people?

MENTAL HEALTH STRESS/DEPRESSION

- * What are the main things that make people your age feel stressed out?
- * What do people your age do if they feel stressed out?

SUICIDE

- * Is suicide a problem in this area?
- * What do you think causes people to commit suicide or to think about it?
- * Is there any connection between suicide and alcohol/drug abuse?

EATING DISORDERS (ASSESS PREVALENCE OF ANOREXIA/BULIMIA/COMPULSIVE EATING)

- * What is an eating disorder? NAME THEM.
- * How did you hear of these?
- * What do you think causes this in young people?
- * Do you know of anyone with any of these eating disorders?
- * How would you know if someone had?
- * Who would you approach for advice on any of these?
- * Where do you think most young people would go?

EDUCATION

- * What do you think of the schools in ...?
- * What were your favourite subjects in school?
- * What subjects did you dislike in school?
- * Do you think subjects meet the needs of young people?
- * Do you think going to school is important?
- * WHY?
- * What did you think of the teachers/other students in school?
- * Do you think there is good chances for young people in FAS?
- * How does the workshop differ from school?
- * Would you ever consider going back to school?

GENERAL DISCUSSION ISSUES/ EXPECTATIONS

- * What would you like to work at when you are older?
- * Do you know people with full-time jobs?
- * Is it important to have a full-time job? WHY?
- * Do you know people who are on the dole all the time?
- * What do you think of that?
- * Do you think life is easy or hard?
- * Do you feel you have been lucky or unlucky in life?
- * Do you think life is easier or harder in ..than other places?
- * Do you see yourselves living in .. in 10 years time? WHY?

APPFNDIX B

BACKGROUND DETAILS OF EACH INTERVIEWEE

1. Age _____
2. Number of brothers/sisters _____
3. Father's Occupation _____
4. Mother's Occupation _____
5. Level of completed education

No Schooling _____

Incomplete Primary _____

Complete Primary _____

Incomplete Secondary (Junior Cert level)

Complete Secondary (Leaving Cert. level)

Incomplete Vocational (Junior Cert level)

Complete Vocational (Leaving Cert level)

Other, please specify.

6. Where do you live in?
7. Have you slept rough in the last six months?

Yes _____ No _____

If YES, why did you have to sleep rough.

8. Where did you go? _____

Why? _____

SEXUAL HEALTH/CONTRACEPTION

FAMILY

- * Do you get on well with your mother/father/both?
- * How much time do you spend with them/with siblings?
- * What do you usually do on birthdays/christenings/communion/confirmation/ weddings?
- * Would your parents be at home when you come in after school/workshop in the evenings?
- * If NO, where would they be?
- * Are there things about your family than worry

you or make you feel upset?

- * How do you view other families?

CONTRACEPTION

- * Do you have a boyfriend/girlfriend?
- * Do you think it's important to have a boyfriend/ girlfriend? WHY?
- * If YES how much time do you spend together?
- * Do you think sex is an important part of a relationship?
- * What kinds of contraception are there?
- * Who is responsible for contraception?
- * Have you ever been pregnant/gotten your girlfriend pregnant?
- * How did you feel?
- * How did your partner react?
- * What did you do?
- * What did your partner do?
- * Who did you tell first that you were pregnant?

SMOKING/DRINKING/DRUGS

SMOKING

- * Do you smoke?
- * If YES, how many, when did you start, reasons for starting and brand of cigarettes?
- * What do you think of young people who smoke cigarettes/don't smoke?
- * Do your parents smoke?
- * What effect does smoking on your own health?

DRINK

- * Do you drink?
- * If YES, how much, when, why, where, what age did you start?
- * Have you ever been drunk?
- * What did it feel like?
- * Do you think you have to drink to have a good time when you go out?
- * Do you know people your age who drink/don't drink?
- * Does drinking make you popular or does it make a difference?
- * Do your parents know that you drink?
- * Do you think people are more likely to have sex when they are drunk or does it make any difference?

DRUGS

- * Have you ever taken drugs?
- * If YES, what age were you when you first took drugs?

- * How many times within the last month have you taken drugs?
- * Have you ever mixed drugs with alcohol/other drugs?
- * Would you see yourself as someone who just tries out different drugs (**experimenter**), someone who uses drugs regularly (**regular user**) or someone who needs drugs all the time (**dependent**)?

EDUCATION

- * How far in school have you gone?
- * Why this level?
- * What did you think of school?
- * Do you regret leaving school?
- * Would you ever consider going back?
- * Did you ever get hassle in school from teachers/ other students?
- * If YES, what and why?
- * Do you think people can get bullied in school?
- * If YES, by whom and how are such situations dealt with?
- * What did you do about it?
- * Did your friends get the same hassle?
- * Did your friends go to the same school?
- * How far in school did your friends go?
- * How far did other family members go?
- * How far in school did your parents go?
- * What did your parents /family think of you leaving school/being in school?
- * What do you want to be when you are older?
- * When you were a child, what did you want to be when you grew up?

EXPECTATIONS

- * Do you think life is hard/easy for you?
- * What has been the hardest thing about growing up?
- * What has been the easiest thing about growing up?
- * What is important to you in your own life?

SERVICES

HEALTH SERVICES

- * What services are you aware of that the Health Board provide?
- * What services have you used?
- * Did you decide to use them yourself or were they recommended to you?
IF RECOMMENDED, by whom and why?

SOCIAL WELFARE SERVICES

- * What social welfare services do you use?
- * What social welfare services do your family/friends use?

MENTAL HEALTH

STRESS/DEPRESSION

- * Do you ever feel down/depressed/stressed?
- * Do you ever feel stressed out at home/school/with friends? ENCOURAGE EXPANSION OF ANSWERS
- * What would make you feel this way? On what occasions?
- * Have you ever talked to anyone about these feelings?
- * Who would you feel most comfortable talking to about these feelings? WHY?
- * Who would you feel least comfortable talking to about these feelings?
- * Do you know of anyone who tried to commit suicide or committed suicide? What did you think/how did you feel?

BEREAVEMENT/LOSS/SEPARATION

- * Have you ever lost anyone close to you? EXPANSION ON ANSWER DEPENDING ON HOW COMFORTABLE RESPONDENT FEELS.
- * Who was a help to you and who was the most supportive?
- * Who was the least supportive?
- * What would you like to have been made available to you during this time?
- * Have you ever experienced loss/separation?
- * How did it make you feel and what did you do?
- * What would you like to have been made available to you during this time?