



**A REVIEW  
OF THE GIVE AND TAKE PILOT  
PROGRAMMES DELIVERED IN  
CAVAN/MONAGHAN AND  
DUBLIN SOUTH WEST /  
KILDARE/ WEST WICKLOW**

**2024-2025**

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## EXECUTIVE SUMMARY

### INTRODUCTION

- Include Youth was established in Northern Ireland over 45 years ago, as a rights-based charity to support young people in care or from disadvantaged backgrounds, specifically focusing on supporting them to engage in education, training and work. They have been delivering the **GIVE AND TAKE** programme in Northern Ireland for over 30 years.
- This programme specifically engages young people in care and aftercare by offering tailored support on an individual basis, in order to begin a progression towards education, training or employment and thereby helping them to identify and unlock their potential and improve their future life outcomes.
- In late 2023, Include Youth Ireland was contracted by Tusla to bring the **GIVE AND TAKE** programme to the Republic of Ireland, to be delivered on a pilot basis in Cavan/Monaghan and Dublin SW/Kildare/West Wicklow (DSW/K/WW) over the period 2024-2025 and funded through the Dormant Accounts Fund. The pilot offers the opportunity to examine the effectiveness of this type of support in two comparatively different Tusla areas – one rural setting (Cavan/Monaghan) and one urban setting (DSW/K/WW). The programme started working with young people in both areas in June 2024.

### SETTING THE CONTEXT

- According to the most recently available performance statistics from Tusla, as of end of April 2025, there were 162 children in care in Cavan/Monaghan and 410 in DSW/K/WW.
- Analysis of Child Care Proceedings in Ireland from 2021-2024<sup>1</sup> focusing on 343 cases, outlined the primary reasons why children were involved in child care proceedings:
  - They were victims of neglect or abuse as a result of their parents' challenges in dealing with their own issues
  - They needed protection from themselves in relation to self-harm, suicidal ideation and violent behaviour which parents could not cope with or manage
  - They were at risk of sexual exploitation
  - They were at risk of involvement in criminal behaviour
- The cumulative impact of these experiences—including trauma, developmental disruption, and behavioural challenges—can significantly affect a young person's capacity to navigate key life stages. These challenges may hinder their ability to engage fully in childhood and adolescence, and later, to transition successfully from care into independent adulthood.
- It is widely recognised that young people who have had care-experience are at risk of poorer life outcomes in adulthood. Some go on to do well in life, especially those who experienced stable placements and strong support systems, however the factors which negatively impact on life outcomes include:

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<sup>1</sup> [Child-Law-Project-Falling-Through-the-Cracks-2024.pdf](#)

- *Early Trauma and Adverse Childhood Experiences*
  - *Placement Instability*
  - *Late Entry into Care*
  - *Type of Care Placement*
  - *Lack of Continuity in Relationships*
  - *Accelerated Transition to Adulthood*
  - *Limited Access to Mental Health and Therapeutic Services*
  - *Stigma and Social Exclusion*
- Therefore the characteristics of young person’s journey through the care and aftercare systems will be a major contributor to their outcomes as they move into independent adulthood.
  - The focus of Tusla’s Aftercare Services:
 

*“Aftercare services are support services that build on and support the work that has already been undertaken by many including, foster carers, social workers and residential workers in preparing young people for adulthood. It is designed to provide support in the following ways:*



- According to Tusla’s Q1 2025 Service Performance and Activity Report, there were 79 young people in receipt of Aftercare in Cavan/Monaghan and 216 in DSW/K/WW.
  - In Cavan/Monaghan, 57 of these YP were in the 18-22yr age category and all (100%) were engaged in education or training.
  - In DSW/K/WW, 156 of these YP were 18-22yr old with 67% engaged in education or training.
- For a cohort of these young adults leaving care and receiving the support of Aftercare service, they experience a range of complexities which can significantly impact their ability to sustain progress in life.

- Young people transitioning out of the care system, experience what is often called the “care cliff” - a sudden shift into adulthood where they must take on far more responsibilities than their peers who remain supported by their families beyond the age of 18.
- Analysis of the outcomes of young adults leaving Aftercare in Cavan/Monaghan conducted by Tusla Aftercare Service Manager, Sean Blackwell in 2019, endorsed this suggestion that young adults leaving Aftercare can have a broad range of outcomes. The analysis concluded that:
  - 53% of the original 47 young adults, while they engaged in education or training at some point, had ultimately dropped out with no qualifications and that
  - 1 in 3 of them have complex needs
- Whilst it is difficult to put an estimate on the cost of “loss of potential” of young people who have poor life outcomes upon leaving the Care/Aftercare system, there are a two pieces of research which give an indication the scale of cost of these poorer life outcomes for young people who come out of Aftercare in Ireland.
- The first is research undertaken in Australia and published in 2017, which identifies that a disengaged adult – is one that is not in full-time work or study by the age of 24yrs. For this type of young adult the research identified the following lifetime costs of being disengaged:

<b>Lifetime Fiscal Cost:</b>	Estimated at €246,526 per person
<b>Lifetime Social Cost:</b>	Estimated at €658,682 per person
<b>Total Lifetime Cost:</b>	Estimated at €905,208 per person

- The second research was conducted in Britian and published in 2023 using the 1970 British Cohort Study concentrating on the lifetime costs of care experienced adults who had not and engaged in education, employment or training which resulted in poorer life outcomes. This research estimate the life time costs as follows:

<b>Lost lifetime earnings over a working life:</b>	Estimated at €250,000–€350,000 per person.
<b>Increased public service costs</b> (housing, justice, healthcare):	Estimated at €150,000–€200,000 per person.
<b>Total economic cost per care leaver with poor outcomes:</b>	Estimated €400,000–€550,000 in lifetime costs

- Applying these estimates to the cohort of Aftercare leavers in 2024 who are at greater risk of having poorer outcomes, the following picture emerges:
  - 2024 – 2992 young people were in receipt of Aftercare services
  - Of which approximately 21% would age out of the service – 628 young people
  - Applying the Cavan Monaghan analysis which suggests that approximately 50% of them are likely to have poorer life outcomes – 314 young people
  - Lifetime cost of poorer outcomes for this cohort from 2024 could be in the range of €125,600,000 – €157,000,000.
  - This is a loss to the Government, society and the individuals themselves for one year of Aftercare leavers.
- To support these care leavers effectively, there is a clear need for additional, targeted, and tailored interventions. These supports should aim to positively influence their engagement

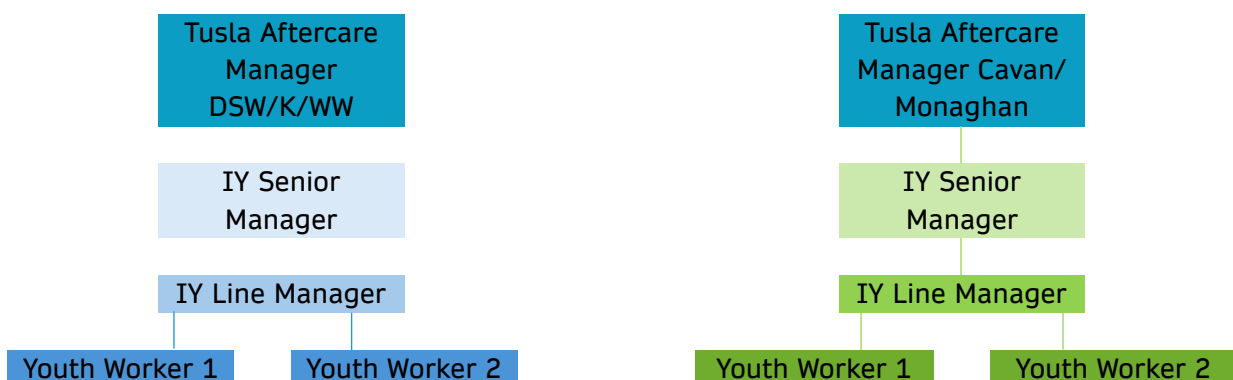
with education and training, help them explore career pathways, and provide structured opportunities to experience the workplace in a supportive setting.

- This support mechanism needs to fit around the young people and their needs, as opposed to a mainstream formulated approach that they have to fit into. These most vulnerable young people require a combination of formal and informal support structures that accompany them (sometimes very literally) as they begin their progression pathway, that can work on a one-to-one basis with them when required, in an incremental approach that can be adjusted to the pace that they need. In this way the process of making change and taking responsibility for their future trajectory does not become overwhelming.
- After a number of years of discussion, site visits and negotiation, Include Youth were contracted to deliver such a programme - the **GIVE AND TAKE** programme on a pilot basis in two Tusla areas – Cavan/Monaghan and Dublin South West/Kildare/West Wicklow over the period 2024/25 with funding secured from the Dormant Accounts Fund. This pilot would test out the delivery methodology in one rural area and one more predominant urban area.

#### WHAT IS THE GIVE AND TAKE MODEL OF INTERVENTION?

- The aim of Include Youth Ireland’s **GIVE AND TAKE** Programme is:
  - To support care-experienced young people to access and sustain mainstream employment, training and education opportunities
  - To increase their confidence and self-esteem
  - To enhance the long term employability of care-experienced young people
- Include Youth engaged in operational set-up and recruitment of staff for both the Cavan/Monaghan and South Dublin Pilots from January to May 2024 with the first participants commencing their participating in June.

The staffing structure is outlined below:



- There are 8 stages in the programme taking the YP through the programme from beginning to end.
  - Referral to the programme

- Reviewing of referrals
  - Information sessions
  - Induction
  - Identifying educational baselines
  - Benchmarking and doing the work
  - Reviewing progress
  - YP transitions out of the programme
- The duration of the participant in the programme will be dependence on their individual needs and the pace they need to progress at. However it is anticipated that the young person’s journey in the programme will take 1-2 years.
  - Include Youth and Tusla in both pilot areas agreed a number of performance indicators against which the progress of the **GIVE AND TAKE** programme delivery would be measured. These are:

	Description	Target
PI 1	Young people referred to the programme will complete their induction and assessment programme	70% of participants
PI 2	Young people who complete induction will gain a recognised qualification	60% of participants
PI 3	Young people who complete induction will be supported to engage in life skills	75% of participants
PI 4	Young people who complete induction will be supported to engage with employability skills training	60% of participants
PI 5	Young people who complete induction will have a positive progression	60% of participants

- The methodology used by Include Youth in the **GIVE AND TAKE** Programme incorporates a number of key elements which are critical to its success. These include:
  - Individualisation of the programme
  - Developing a personal workplan
  - 360 view of each young person
  - Right staff, with the right skills, right attitudes and connections
  - Youth work approach
  - Promoting accountability, reflection and adaptability
  - Persistence by youth workers...not giving up on the young person - going back again, and again, and again.....
  - support
  - Group - Peers with similar lived experience
  - Community location with additional supports available - safe space
  - Partnerships in the community that support the work
  - Food!

- In addition to the elements of the programme design outlined above, one additional critical feature of the programme structure is that young people enrolled in the programme are also eligible to qualify for the Tusla Aftercare allowance because of the education and training component of the programme and the number of hours of engagement per week.

## THE PARTICIPANTS AND THE WORK DONE

The following table outlines some of the key baseline information on the young people who participated in the programme:

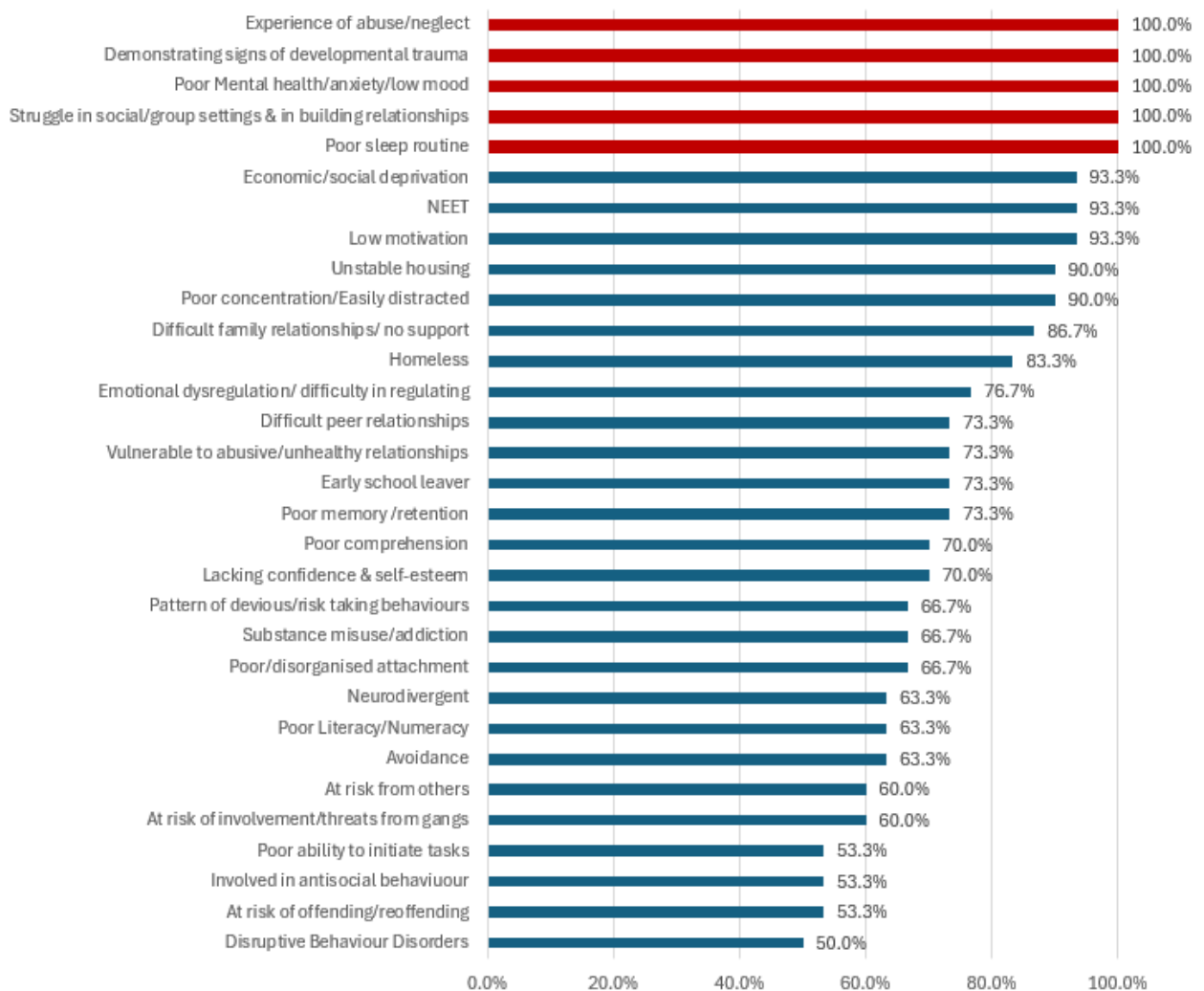
Tusla Area	DSW/K/WW		Cavan Monaghan	
<b>No. of referrals received:</b>	18		14	
<b>No. of completed inductions:</b>	16 (89%)		11 (79%)	
<b>No. of participants</b>	16		14	
<b>No. of participants</b>	16		14	
<b>Gender breakdown:</b>	Male:	8	Male:	9
	Female:	5	Female:	4
			Gender Fluid:	1
<b>Gender breakdown:</b>	16 yrs		16 yrs	2
	17 yrs		17 yrs	2
	18 yrs	3	18 yrs	5
	19 yrs	4	19 yrs	1
	20 yrs	8	20 yrs	4
	21 yrs	1	21 yrs	
<b>Ethnicity</b>	White Irish	15	White Irish	9
	Roma	1	Irish Traveller/Roma	4
			Black Irish	1
<b>Nationality</b>	Irish	15	Irish	12
	Slovakian	1	Czech	2
<b>No. of participants who engaged in group and 1-1 work</b>	13		8	
<b>No. of participants who engaged 1-1 work only</b>	3		6	
<b>No. of young people who exited with progressions</b>	2		1 <i>(This YP has since re-engaged with DSW Give and Take after completing a PLC course in Dublin)</i>	
<b>No. of young people still engaged in the programme</b>	<b>11</b> <i>(1 YP is in prison but is still being supported by Give and Take)</i>		<b>8</b>	
<b>No. of young people who disengaged from the programme</b>	4		5	

**Reasons young people disengaged from the programme:**

- 1 YP left due to falling back into addiction
- 1 YP returned to disability services for relevant support
- 1 YP left because of inappropriate behaviour towards youth workers
- 1 YP could not engage due to poor mental health
- 1 YP moved away from area
- 1 YP could not engage due to poor mental health
- 2 YP disengaged due to lack of interest
- 1 YP could not engage due to too much else going on in life

- Examining the characteristics of the individual participant young people on the programme, the consultant identified a total of 57 individual challenges and complexities that they were experiencing.
- It was established that 5 of these complexities were experienced by over **ALL** of the young people as illustrated and a further 26 complexities were experienced by over 50% of the young people in the programme. The figure below illustrates these primary complexities experienced by the large majority of the young people in the programme.

*Most common complexities experienced by programme participants*

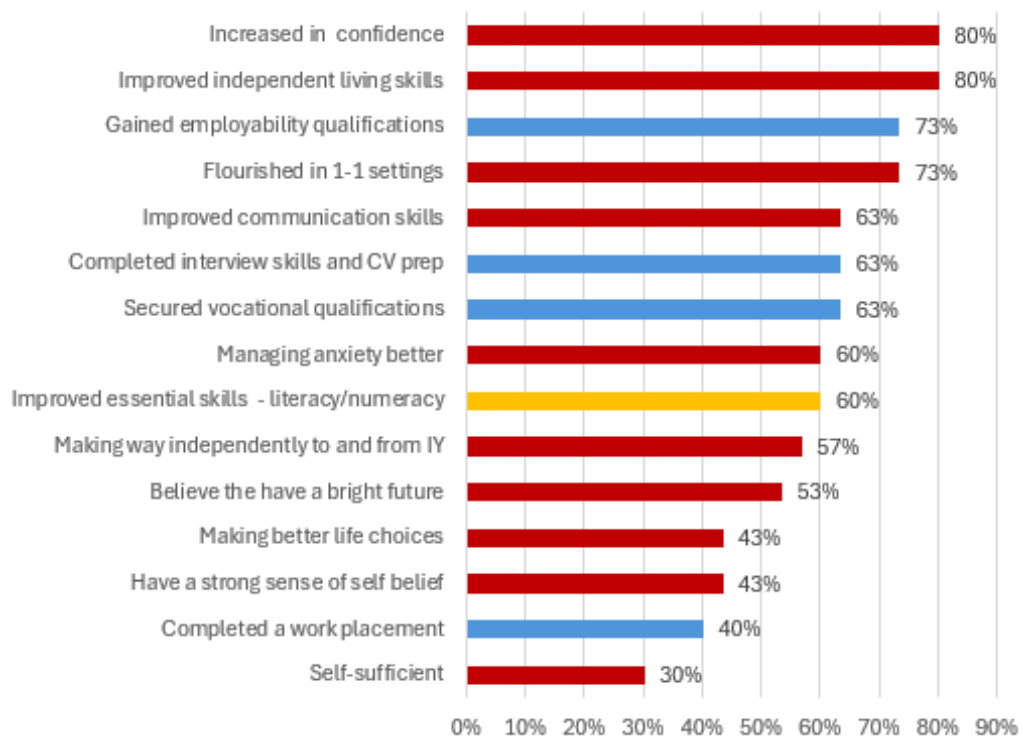


- Given the scale of complexities being faced by the large majority of young people in the programme it is clear when there was a need to support these young people in doing work on social, emotional and lifestyle issues before they could even begin to think about taking steps towards education or training.
- The core work of the programme centred on the three domains of
  - Social, emotional, lifestyle, independence and health & wellbeing
  - Education and training
  - Employability skills
- Activities in the domain of social, emotional, lifestyle, independence and health & wellbeing included:
  - Thematic Workshops
  - Health and fitness classes and activities
  - Practical independent living skills
  - Housing related actions
  - Social activities
- Education and training was engaged with through progressing QQI modules and completing vocational training in topics that were relevant to individual young people.
- The development of employability skills was achieved through:
  - engaging young people in CV preparation and interview skills
  - getting involved in practical work on the Farm at St. Marks
  - Engaging in workability life coaching
  - Attendance at career fairs and job fairs
  - Undertaking work experience and volunteering
- A number of differences were identified between the delivery of the programme in Cavan Monaghan compared to delivery in Dublin. These centred on;
  - The challenge of accommodating the rural spread of referrals in counties Cavan and Monaghan and the distance that youth workers had to travel to engage young people across the furthest points of both counties.
  - The more diverse type of referrals received in Cavan Monaghan including from PPFS and from children in care who had not yet transitioned out of care.
  - The challenge of accessing face-to-face tutors for young people in Dublin to assist with progress in QQI modules.
  - Differences in services available in each locality – more services were available to signpost young people to in Dublin that are available in Cavan Monaghan. In Dublin also these services were in closer proximity to the delivery centre and in general had shorter or no waiting lists compared to Cavan Monaghan.
- A total of 32 different types of progressions were identified which included measurable achievements, new skills developed and changes in behaviour or attitude observed by IY team.
- Across both pilot areas, the group of 30 young people achieved a total of total of 344 progressions were achieved:

- The average number of progressions individual young person was 11
- The range of progressions per young person was 0-20
- **A total of 15 progressions were achieved by more than 30% of the young people as outlined in the figure below.** The colour coded legend to the figure is as follows:

- Social, emotional and independence
- Learning, education & training
- Employability skills & employment

*Progressions made by the biggest % of young people in the **GIVE AND TAKE** Programme*



### PERCEPTIONS OF THE VALUE OF THE GIVE AND TAKE PROGRAMME

- In the course of conducting the review of the **GIVE AND TAKE** programme, the consultant met with participants in both Cavan/Monaghan and Dublin SW.
- The motivation for many of the young people to join the programme came from them feeling that it was a last chance for them to make progress. Life was not going the way they wanted it to go and they did not know how to make progress on their own.
- When asked the best thing about the programme, many of the young people referred to help that they received with getting past social, emotional, or lifestyle challenges which they had been struggling with. Many of them also commented on the fact that they felt

the fitted in with a peer group that “got them” because everyone one came from the experience of being in care.

- When asked about what change they saw in themselves since they had been in the **GIVE AND TAKE** programme, young people referred to :
  - Improvements in confidence,
  - Improved ability to manage their anxiety
  - Reduction in drinking or drug taking
  - Better able to accept help
  - Having goals and a plan for what they wanted to
  - Having more coping strategies
  - Having more belief in the future and their abilities
- Feedback from Aftercare Teams and the Include Youth team endorsed the myriad of changes that they bore witness to in the young people who have participated in the **GIVE AND TAKE** programme. The Tusla Aftercare teams also endorsed the lengths to which the programme Youth Workers went to support and keep supporting the young people in the programme.
- The consultant sought to put a figure on the return on investment in the programme and turned to the two pieces of research mentioned earlier in order to do this:

1 year of <b>GIVE AND TAKE</b> programme delivery costs in 2 pilot areas	€324,500
Cost per YP - 17 YP currently on track to sustain positive progressions	€19,088
<i>Australian Research – Lifetime cost of poorer outcomes per person</i>	<i>€905,000</i>
<i>British Research - Lifetime cost per person</i>	<i>Range €400,000-€500,000</i>
<b>Range of lifetime costs per person to consider</b>	<b>Range €400,000 - €900,000</b>

**For every €1 invested in GIVE AND TAKE there is a potential saving of €21-47 to the State.**

## CONCLUSIONS AND RECOMMENDATIONS

- The **GIVE AND TAKE** Programme has been a critical component of Aftercare supports available in the pilot areas of Cavan/Monaghan and DSW/K/WW.
- The cohort of young people engaged in the programme are considered to be more complex cases who are dealing with multiple life challenges, many in the social, emotional and lifestyle domains which need to be addressed before these young people stand any chance of being able to engage in working towards making any progressions in relation to re-engaging with education, training or employment.
- The proven methodology of the programme which has been delivered in Northern Ireland for over 30 years has been proven to work again in Ireland. Include Youth were very clear from the outset that the two elements of the programme that were central to the successful transfer of the programme to Ireland were getting the right staff and getting the right venue to deliver the programme from. They have been successful with both of these elements which has made all the different to the experience of the young people

participating and which has contributed to the successful progressions made by the young people.

- After just 1 year of the **GIVE AND TAKE** programme delivery, all 5 performance indicators have been met as outlined the table below. Additionally many more progressions have been achieved by the participant young people.

	Description	Target	Actual
PI 1	Young people referred to the programme will complete their induction and assessment programme	70% of participants	<b>90%</b>
PI 2	Young people who complete induction will gain a recognised qualification	60% of participants	<b>63%</b>
PI 3	Young people who complete induction will be supported to engage in life skills	75% of participants	<b>80%</b>
PI 4	Young people who complete induction will be supported to engage with employability skills training	60% of participants	<b>73%</b>
PI 5	Young people who complete induction will have a positive progression	60% of participants	<b>87%</b>

- A number of recommendations have been identified which will further strengthen the programme delivery in the future:

**Recommendation 1:**

Secure funding for the programme through mainstream Tusla funding so as to ensure the retention and continuity of the existing team of experienced staff. Security of future funding will also allow the facilitation of the young people through further progressions and to transition out of the programme. It will also ensure that new referrals from Aftercare will continue to be supported in both areas.

**Recommendation 2:**

The budget for the Cavan Monaghan area needs to be reprofiled to address the time spent by YW in attending to support young people in more rural areas of the Cavan Monaghan area as well as the cost of travel to these areas. The possibility of have an additional 0.5 person within in the youth work team should also be examined as a way of redeeming the face-to face time lost in travel.

**Recommendation 3:**

During the course of the past year, there were some difficulties experienced by **GIVE AND TAKE** DSW in relation to accessing 1-1 face to face tutoring for their young people in respect of progressing essential skills and QQIs. Include Youth management will be seeking to improve on the mechanism of support available to young people to make these progressions, especially in relation to QQIs.

In Cavan the IY management team need to be conscious that some of the 1-1 tutoring currently available through the CMETB may not be available after 2027 when the Peace Plus Programme that some of them are attached to is finished.

**Recommendation 4:**

Include Youth Management are keen to strengthen the corporate/employer relationships on both areas with a view to increasing opportunities for young people to avail of work experience, employability skills development and potentially jobs. This is an area they will focus on developing in the future.

**Recommendation 5:**

Having reach the milestone of the first year of programme engagement it has become desirable to put in place a specific Transition Support Services which will support the young people coming to the end of the programme to transition into their chosen progressions as independently as possible but with the Transition support back-up if required. This is a mechanism which has worked effectively in Northern Ireland for Include Youth and can be mirrored in Ireland so that the young people can be stepped down from the programme smoothly and in the most supportive way possible.

## 1. INTRODUCTION

### 1.1 Include Youth

Include Youth was established in Northern Ireland over 45 years ago, as a rights-based charity to support young people in care or from disadvantaged backgrounds specifically focusing on supporting them with their engagement in education, training and work. They work directly with young people in delivering relevant programmes to support their development and progression, as well as engaging in advocacy for the rights of young people by impacting policy and practice which affects the lives of these young people.

They have been delivering the **GIVE AND TAKE** programme in Northern Ireland for over 30 years. This programme specifically engages young people who are care-experienced by offering tailored support on an individual basis, in order to begin a progression towards education, training or employment and thereby helping them to identify and unlock their potential and improve their future life outcomes. This programme intervention is designed to support those young people in receipt of Aftercare Support who are recognised as having more challenges to deal with and therefore who it is anticipated will have greater difficulty in navigating the transition to independent adulthood with positive life outcomes especially in respect of future education, training and employment.

In 2024, Include Youth Ireland was contracted by Tusla to bring the **GIVE AND TAKE** programme to the Republic of Ireland, as a pilot programme to be delivered in Cavan/Monaghan and Dublin SW/Kildare/West Wicklow. The **GIVE AND TAKE** Pilot Programme is currently being funded through the Dormant Accounts Fund<sup>2</sup> over the two-year period 2024-2025. This review of the pilot programme delivery in Ireland for Tusla, will examine the progress of the programme delivery, and in particular the impact and benefits to the participants and net impact value of this investment to society.

### 1.2 The Give and Take Pilot Programme in Ireland

The **GIVE AND TAKE** Pilot Programme became operational in Ireland in June 2024 in two Tusla areas – Cavan/Monaghan and Dublin South West /Kildare/West Wicklow (here on referred to as DSW/K/WW). In Cavan/Monaghan the delivery is delivered from the Teach Oiséal Family Resource Centre and in DSW/K/WW the programme is delivered from St. Marks Youth and Family Centre in Tallaght. The young people being engaged in the programme are either currently in care or have exited the care system and are receiving the Aftercare support provision from Tusla.

The pilot offers the opportunity to examine the effectiveness of this type of support delivery in two comparatively different Tusla areas – one rural setting (Cavan/Monaghan) and one urban setting (DSW/K/WW). The Tusla area of DSW/K/WW has a population of 0-17yr olds (108,927), which is approximately three times the size of that of Cavan/Monaghan (37,336).

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<sup>2</sup> The Dormant Accounts Fund (DAF) enables unclaimed funds from accounts in credit institutions in Ireland to be used to support the development of persons who are economically or educationally disadvantaged, or those affected by a disability (within the meaning of the Equal Status Act 2000).

## 2. SETTING THE CONTEXT: THE NEED FOR THE GIVE AND TAKE PROGRAMME

### 2.1 Children in Care in Ireland

According to the most recently available performance statistics from Tusla, as of end of April 2025, there were 162 children in care in Cavan/Monaghan and 410 in DSW/K/WW.

**Table 1: Number of Children in Care, and rate per 1000 of child population**

Area	No. of children in care (0-17yrs) – Q3 2024	Population of 0-17yr olds	Rate per 1,000 of population
Cavan/Monaghan	165	37,336	4.3
DSW/K/WW	410	108,927	3.8
<b>Ireland</b>	<b>5,781</b>	<b>1,218,567</b>	<b>4.7</b>

(Source: Monthly Service Performance and Activity Report, April 2025)

Examining the rate per 1,000 children aged 0-17yrs, the figures demonstrate a slightly higher rate in Cavan/Monaghan of 4.3 compared to DSW/KK/WW which stands at 3.8. Both are lower than the national rate of 4.7 per 1,000.

As of April 2025, the majority of children in care 87.3% in Ireland were accommodated in foster care – either in a kinship foster placement (29%) or a general foster placement (71%). A further 9.4% were in residential care placements and 3.3% children were in other<sup>3</sup> care placements.

### 2.2 Reasons why children and young people come into the care system in Ireland

Children and young people who come into the care of Tusla, will in general terms have experienced a very different life experience than those who remain in the care of families and within their own communities. Taking a child or young person into care is not done lightly, and consequently when it does occur the circumstances are such that it is considered the safety and interests of the child are best served outside of the family home.

Analysis of Child Care Proceedings in Ireland from 2021-2024<sup>4</sup> focusing on 343 cases, highlighted specific common characteristics of parents involved in Child Care Proceedings:

- 29% Of parents suffered from a disability, mainly mental health or a cognitive disability
- 20% Of cases featured addiction
- 14% Of parents (mainly mothers) experienced domestic violence
- 14% Of parents were members of ethnic minorities

<sup>3</sup> Other care placements includes: at home under a care order, in supported lodging, detention centre, disability unit, hospital, special emergence arrangement

<sup>4</sup> [Child-Law-Project-Falling-Through-the-Cracks-2024.pdf](#)

### **In many cases more than one of these issues was present**

The report also highlighted the primary reasons why children were involved in child care proceedings:

- They were victims of neglect or abuse as a result of their parents' challenges in dealing with their own issues
- They needed protection from themselves in relation to self-harm, suicidal ideation and violent behaviour which parents could not cope with or manage
- They were at risk of sexual exploitation
- They were at risk of involvement in criminal behaviour

These young people may have faced a range of adversities while in the care of their parents, including experiences of trauma. Some may have had complex needs or disabilities that their families were unable to support, requiring specialised interventions. Others may have encountered stigma or negative treatment in their communities due to their care background, or experienced instability through multiple placements during their time in care.

The cumulative impact of these experiences—including trauma, developmental disruption, and behavioural challenges—can significantly affect a young person's capacity to navigate key life stages. These challenges may hinder their ability to engage fully in childhood and adolescence, and later, to transition successfully from care into independent adulthood. For decision makers, this underscores the importance of trauma-informed, developmentally appropriate supports throughout the care journey and into Aftercare, to ensure that young people are equipped to thrive beyond the care system.

### **2.3 The life outcomes of children in care**

It is widely recognised that young people who have had care-experience are at risk of poorer life outcomes in adulthood.

*"....., it is generally accepted that globally, children in care are at risk and are found to experience relatively less positive outcomes for health, education and well-being (Stein, 2012)."*<sup>5</sup>

*"McSherry et al. (2013) cite a variety of sources from the wider literature which have found poorer outcomes among children in care than those not in care - including being more likely to be excluded from school, to leave school without qualifications, face unemployment or homelessness or imprisonment, and to experience physical and mental health problems (ibid:8)."*<sup>6</sup>

The outcomes are not universal, and many children and young people in care do well in life, particularly those who experienced stable placements and strong support systems.

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<sup>5</sup> "Outcomes for permanence and stability for children in care in Ireland: implications for practice", Devaney, Carmel; McGregor, Caroline; Moran, Lisa, University of Galway, 24/09/2018

<sup>6</sup> "Comparing long-term placements for young children in care: The Care Pathways and Outcomes Study, Northern Ireland, British Association for Adoption and Fostering". McSherry, D. M. Fargas-Malet and K. Weatherall (2013)

In 2023, DCEDIY released a literature review of Irish research exploring the subject of children in care and young adults leaving care<sup>7</sup>. This review identified a number of factors which are associated with poorer outcomes for children in care including:

- *Early Trauma and Adverse Childhood Experiences* - Abuse, neglect, and exposure to domestic violence before entering care.
- *Placement Instability* - Multiple moves between care placements, especially in short timeframes.
- *Late Entry into Care* - Entering the care system at an older age is linked to more complex needs and poorer outcomes.
- *Type of Care Placement* – Residential care is associated with higher risks (e.g., mental health issues, justice system involvement) compared to foster care.
- *Lack of Continuity in Relationships* - Frequent changes in social workers, carers, or support staff disrupt trust and emotional security.
- *Accelerated Transition to Adulthood* - Young people in care often face independence earlier than peers, with fewer supports.
- *Limited Access to Mental Health and Therapeutic Services* - Delays or gaps in services can exacerbate existing challenges.
- *Stigma and Social Exclusion* - Being identified as “in care” can lead to discrimination or isolation in school and community settings.

The literature review also identified factors associated with positive outcomes including:

- *Stable, Long-Term Placements* - Especially in foster or relative care, stability supports emotional and educational development.
- *Early Entry into Care* - Younger children tend to have better long-term outcomes, particularly when placed in stable environments.
- *Quality of Care* - Strong, supportive relationships with carers and professionals are key predictors of success.
- *Educational Engagement* - Supportive school environments, consistent attendance, and access to educational supports improve outcomes.
- *Aftercare Planning and Support*- Structured, needs-based aftercare plans that include housing, education, and emotional support.
- *Positive Peer and Adult Relationships* - Mentoring, friendships, and trusted adults help build resilience and identity.
- *Access to Services* - Timely and appropriate access to health, mental health, and social services.
- *Youth Participation in Decision-Making* - Involving young people in their care and aftercare planning improves engagement and satisfaction.

Therefore the characteristics of young person’s journey through the care and aftercare systems will be a major contributor to their outcomes as they move into independent adulthood.

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<sup>7</sup> [“Children in Care and Young Adults Leaving Care – A Literature review of Irish research”](#), DCEDIY, 2023

## 2.4 The role of Aftercare services

According to Tusla’s National Aftercare Policy for Alternative Care 2017,

*“Aftercare services are support services that build on and support the work that has already been undertaken by many including, foster carers, social workers and residential workers in preparing young people for adulthood. Everyone has a key role to play in preparing young people to reach their developmental milestones. Therefore the provision of aftercare services should not be seen as an event, but a service that builds on the skills and capacity that young people have learned and developed during their time in care.”*

Tusla states that its aim for Aftercare support<sup>8</sup> is:

- *The young people leaving care have developed the necessary life and social skills.*
- *Young people have developed a level of resilience to cope with the adversities that many young care leavers face in adult life.*
- *Young people are encouraged and supported in training, employment and continuing in further and higher education.*
- *Young people establish themselves in suitable accommodation which can afford them stability and integration into communities.*
- *Young people have appropriate social networks*



<sup>8</sup> [“National Aftercare Policy for Alternative Care”, Tusla 2017,](#)

## 2.5 Young People in receipt of Aftercare

The most up-to-date statistics on young people in Aftercare come from Tusla’s Q1 2025 Service Performance and Activity Report.

**Table 2: Number of Young People in receipt of Aftercare**

Area	2024			2025
	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Cavan/Monaghan	74	81	77	79
Dublin South West/ Kildare/West Wicklow (DSW/K/WW)	222	210	215	216
<b>Ireland</b>	<b>2927</b>	<b>2915</b>	<b>2,935</b>	<b>2,984</b>

(Source: Quarterly Integrated Performance and Activity Report, Q1 2025)

According to Tusla’s Q1 2025 Service Performance and Activity Report, there were 79 young people in receipt of Aftercare in Cavan/Monaghan and 216 in DSW/K/WW.

- In Cavan/Monaghan, 57 of these YP were in the 18-22yr age category and all (100%) were engaged in education or training.
- In DSW/K/WW, 156 of these YP were 18-22yr old with 67% engaged in education or training.

**Table 3: Number of Young People in education or training**

Q4 2024	Area		
	Cavan/Monaghan	Dublin South West/Kildare/West Wicklow (DSW/KK/WW)	Ireland
<b>No. YP 18-20yrs in Aftercare</b>	43	110	1,605
<b>No. in education or training</b>	43	78	1,265
<b>% in education or training</b>	100%	71%	79%
<b>No. YP 21-22yrs in Aftercare</b>	13	47	626
<b>No. in education or training</b>	13	31	481
<b>% in education or training</b>	100%	66%	77%
<b>Overall % in education or training</b>	100%	68.5%	77.5%

(Source: Quarterly Integrated Performance and Activity Report, Q5 2025)

As mentioned earlier, a substantial proportion of care-leavers go on to live stable and fulfilling lives and despite the adversities they may have experienced. They demonstrate a level of resilience and resourcefulness which serves them well in their transition to adult life. This is especially the case where the right supports were in place for them.

However, among young adults transitioning out of care and supported by Aftercare services, many face complex challenges that can profoundly hinder their ability to maintain stability and achieve lasting progress in life, especially in terms of accessing education, training or employment opportunities, thereby leaving them in a position where their life outcomes and ability to live independently, are significantly negatively impacted.

## 2.6 Key challenges for care leavers

### 2.6.1 Transition to independent living

Young people transitioning out of the care system, experience what is often called the “care cliff” - a sudden shift into adulthood where they must take on far more responsibilities than their peers who remain supported by their families beyond the age of 18. While many 18yr olds living at home can focus on exploring further education and career opportunities, care leavers are often burdened with additional, immediate challenges such as:

- Finding and maintaining stable accommodation
- Managing a limited budget without the safety net of parental support
- Cooking and preparing meals independently
- Taking care of household tasks and personal routines
- Looking after their physical and mental health
- Building and sustaining meaningful relationships
- Securing and holding down employment

All of this is often done without the emotional and practical support of a consistent, loving family network—making their journey into adulthood significantly more complex and demanding.

This can lead to profound feelings of:

- *Loneliness and isolation*, as they may lack a consistent, loving support network
- *Anxiety and uncertainty*, especially when facing decisions about housing, employment, and daily responsibilities
- *Emotional exhaustion*, from having to manage everything independently without a safety net
- *Low self-esteem or self-doubt*, particularly if they’ve experienced instability or trauma in care
- *Grief or loss*, as they may be leaving behind relationships with foster carers or social workers
- *Fear of failure*, knowing that mistakes can have serious consequences without anyone to fall back on

### 2.6.2 Navigating education progression options

The challenges experienced by care-leavers as they progress from school to further education and training options is clearly captured in the recent ESRI research report<sup>9</sup> “*Care to College*”, published in May 2025. The report outlined a number of insights which arose from interviews with care leavers who were trying to progress to further education opportunities, and that underline the additional challenges faced by this group of young people in trying to make positive life progressions.:

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<sup>9</sup> [“Care to College – An exploratory study on Care-Experienced Students’ Educational Journeys, Merike Darmody, ESRI May 2025](#)

- **“Double Transition”**: Young people in care face the simultaneous challenge of leaving school and the care system, often without the support of a traditional family structure.
- **Educational Disruption**: Frequent changes in care placements often led to multiple school changes, making it harder to form friendships, keep up academically, and feel supported.
- **Mental Health and Self-Perception**: Many reported feeling “less smart” than peers, struggling with mental health, and lacking consistent academic support.
- **Aftercare Gaps**: While some appreciated their aftercare workers, others criticised the **inconsistency and inadequacy** of support during this transition.
- **Post-School Uncertainty**: Several participants were unsure about their future after school. Some felt pressured to enter third-level education just to qualify for the **aftercare allowance**, which is only available to those in accredited education or training programs.
- **Positive Outcomes Linked to Stability**: Those with **fewer care and school changes**, and **higher expectations from foster carers or social workers**, were more likely to view third-level education as a natural next step.

## 2.7 Localised analysis of the outcomes of young people in Cavan/Monaghan on leaving Aftercare

Analysis of the outcomes of young people leaving Aftercare in Cavan/Monaghan conducted by Tusla Aftercare Service Manager, Seán Blackwell in 2019, endorsed this suggestion that young people leaving Aftercare can have a broad range of outcomes, in respect of the progression of a certain proportion of care-experienced young people into further education, training or employment.

At this time Seán, clearly articulated the outcomes and needs of some young people in Aftercare:

- *Some young people are leaving care having no educational attainment as they have not been able to engage in the educational system as it now exists. This will have long-term implications.*
- *Educational/training services are needed that meet the specific needs of young people who cannot access the classroom component of training/apprenticeships*

**Findings resulting from the Tusla Aftercare Cavan/Monaghan analysis - 2019**

Over the period 2017-19, 90 young people were referred to the Tusla Aftercare Service having reached the age of 18 - all of them taking up the support, advice and guidance provided by the Aftercare Service. In parallel with this intake there was a movement of 47 young people out of the service as they reached the age of 21 years (or 23 years if they were in full-time education). A total of 36 (76%) of these young people who exited the service took part in an exit interview with the Service Manager Sean Blackwell.

Analysis of the 47 cases including exit interviews revealed the following progressions pathways taken:

- 2 service users were involved with (receiving the support of) disability services
- 1 service user was a qualified tradesperson.
- 7 service users had graduated with honours degrees (19%)
- Another 7 graduated with had graduated master's degrees. (19%)
- 3 service users engaged in education and were working part time - these 3 were supported into their 23<sup>rd</sup> year.
- 5 service users were employed full time (all of whom were males) (14%)

However,

- The remaining 22 young people (47%) were unemployed and not engaged in education or training after they left the service.
  - Of these 22 young people, 16 (34% of all 47) were considered to have complex needs making independent life progression more challenging.
  - 4 service users (8.5%) were lone parents, female, and long-term unemployed
- **53% of the original 47 young people, while they engaged in education or training at some point, had ultimately dropped out with no qualifications.**

**Conclusions arising from the Cavan/Monaghan analysis**

- ⇒ A sizeable proportion (one in three) of young people coming out of Aftercare have complex needs
- ⇒ There is an issue with the ability of some of these young people to stay the course in education or training, especially those with complex needs
- ⇒ A higher proportion of young people coming from care and into Aftercare, will drop out of education, training, or employment, compared to other young people of their age.
- ⇒ There are few opportunities for lone parents leaving Aftercare to engage in education or training
- ⇒ Very few of these young people from Aftercare are considering training in vocational trades
- ⇒ The outcomes for females seems to be markedly poorer than for males. Females often progress to motherhood and rely on unemployment benefit as opposed to considering training or employment as progression routes.

Based on the conviction of Tusla Aftercare Manager in Cavan Monaghan Seán Blackwell that a tailored support mechanism was needed for a certain cohort of young people in Aftercare, a support programme was designed and delivered on a pilot basis by Teach Oscail FRC over a one-year period in 2021-2022, in Cavan and Monaghan as part of the My Pathway Aftercare Programme supports. It was called the SEE (Social, Emotional, Educational) Programme and the outcomes of this intervention were very positive. Real change and progressions were achieved with the young people involved and it endorsed the fact that this tailored, bespoke methodology was required when working with this group of young people.

## 2.8 Exploring the cost of poorer outcomes in young people

Whilst it is difficult to put an estimate on the cost of “loss of potential” of young people who have poor life outcomes upon leaving the Care/Aftercare system, there are a two pieces of research which give an indication the scale of cost of these poorer life outcomes for young people who come out of Aftercare in Ireland.

### 2.8.1 Cost to society of disengagement in education, training or employment

One possible source of information which does give an insight into the value of the “loss of potential” of young people is based on 2017 published research from Australia<sup>10</sup> in the area of early school leaving.

*“Education is one of the main mechanisms through which opportunity and success are determined and is a key predictor of a person’s level of engagement in lifelong work and study. Individuals with higher levels of education have higher-paying jobs, better general health, and a lower likelihood of engaging in crime. They also gain from a range of family household benefits, such as more effective household management and care of their children’s health and education.”*

This research which examined the cost of this phenomenon in respect of the cost to the individual, to the economy and to the community/society. This research was based on the Australian experience and while it is not directly translatable to the Irish context it provides an insight of what the scale of costs might be in Ireland.

Early school leaving is associated with reduced earning capacity in life and leads to a higher likelihood of frequency and duration of unemployment during the lifetime. The research defines two primary areas in which the costs of early school leaving are incurred: Fiscal and Social, which are illustrated in Figure 1 below:

Figure 1: Areas in which costs of early school leaving are incurred – Australian Research

FISCAL COSTS	SOCIAL COSTS
<p><b>1. Reduced tax payments:</b> People with lower education earn less, so they pay less in income tax and VAT, which reduced government revenue</p>	<p><b>1. Private Individual Losses</b> People with lower education levels often face lower lifetime earnings, fewer job opportunities and reduced job security. These personal disadvantages can lead to lower quality of life and reduced social mobility.</p>
<p><b>2. Higher reliance on government health programmes</b> Poorer health outcomes among less-educated individuals increase demand for public healthcare services</p>	<p><b>2. Social costs of poor health</b> Less education is linked to higher rates of chronic illness, shorter life expectancy, lower health literacy affecting not just individuals but also families and communities, reducing overall well-being.</p>
<p><b>3. Increased expenditure on Criminal Justice</b> Lower education levels are associated with higher crime rates, leading to more spending on policing, courts, and prisons.</p>	<p><b>3. Loss from increased crime rates</b> Lower educational attainment is associated with higher crime rates. This leads to victim costs (emotional, physical, financial), community safety concerns and reduced property values. The social fabric is weakened, especially in disadvantaged areas.</p>

<sup>10</sup> “Counting the Costs of Lost Opportunity in Australian Education” Stephen Lamb and Shuyan Hua, Mitchell Institute Report No. 02/2017 2017

**4. Higher reliance on welfare**

Less-educated individuals are more likely to need unemployment benefits, housing support, and other welfare programs.

**4. Excess burden of taxation**

When governments need to raise more revenue to cover fiscal costs (e.g., welfare, justice), they may increase taxes. This can create economic inefficiencies and disincentives to work or invest, affecting everyone.

**5. Reduced productivity spillovers**

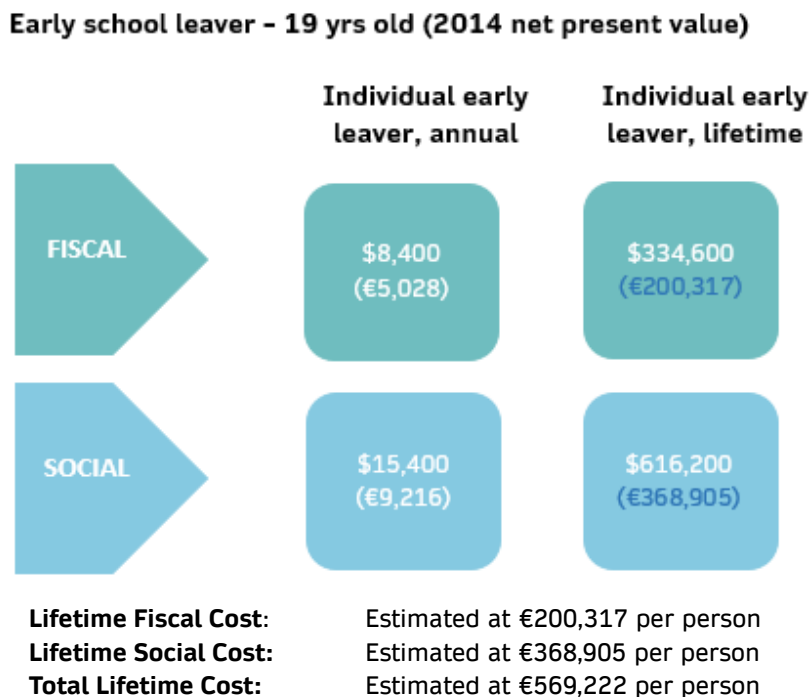
Education boosts not only individual productivity but also collective innovation and economic growth. When fewer people are well-educated fewer ideas are shared, workplaces are less dynamic and economic potential is underutilised.

The researchers Lamb and Hua carried out extensive modelling in order to estimate the cost of early school leaving in Australia. They based their calculations on these fiscal and social cost categories and made the distinction between an early school leaver and a disengaged young people.

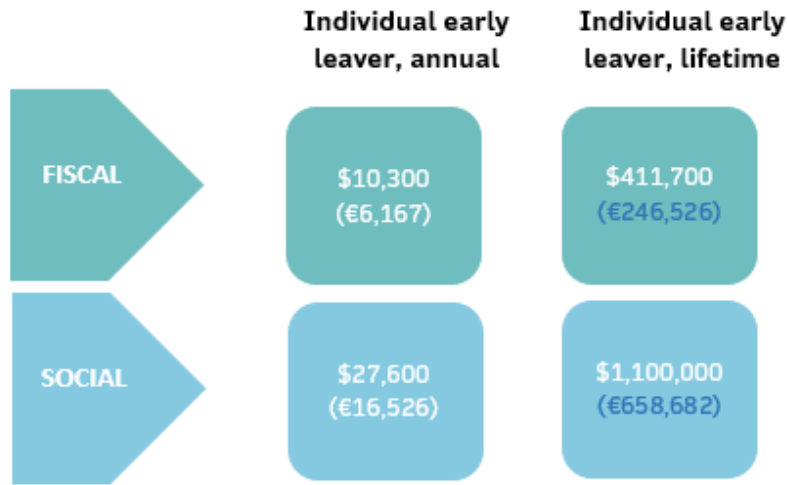
- **An early school leaver** in their terms was a student who failed to completed Year 12 or equivalent (this would be the equivalent of Leaving Cert year) by the age of 19. The researchers divided this group into those who were likely to continue their education and those who were likely to remain as **lifetime early leavers across their lifetime (12%)** in order to measure the true impact of early school leaving.
- **A disengaged young adult** is one who is not in full-time work or study at the age of 24. The research extracted an estimate of the number of these young people who would remain disconnected from full-time work or study over much of their adult life (13%). It was felt that if by the age of **24** a young adult had not re-engaged with education or training; **they were not likely to do so in their later life.**

From this base the researchers examined the costs of early school leaving for both categories of young people (in Australia dollars and Euro equivalent) as illustrated in Figure 2 below and overleaf:

Figure 2: Costs of early School Leaving – Australian Research



**Disengaged young person - 24 yrs old (2014 net present value)**



**Lifetime Fiscal Cost:** Estimated at €246,526 per person  
**Lifetime Social Cost:** Estimated at €658,682 per person  
**Total Lifetime Cost:** Estimated at €905,208 per person

The life-time term cost of early school leaving in fiscal and social terms is **1.6 times higher** for a disengaged young adult at 24yrs than an early school leaver at 19yr old.

The ideal scenario therefore, is to reduce the level of early school leaving and increase the level of re-engagement by young people in education, training, or employment as a means of improving the quality of their own lives as well as reducing the cost impact to society.

*2.8.2 Economic cost of care leavers with poor outcomes*

The economic cost of care leavers with poor outcomes is significant and multifaceted, particularly in the UK and Ireland. A longitudinal study published in 2023, using the 1970 British Cohort Study<sup>11</sup> found that individuals with direct experience of out-of-home care (OHC):

- Spent fewer months in employment, education, or training (EET) from age 16 to 46.
- Acquired fewer qualifications, even after adjusting for socio-economic background.
- Were more likely to experience long-term unemployment, low earnings, and reliance on welfare.

These disadvantages translate into:

**Lost lifetime earnings over a working life:** Estimated at €250,000–€350,000 per person.  
**Increased public service costs** (housing, justice, healthcare): Estimated at €150,000–€200,000 per person.  
**Total economic cost per care leaver with poor outcomes:** Estimated €400,000–€550,000 in lifetime costs

*2.8.3 What this all mean in an Irish context?*

<sup>11</sup> [“Economic activities of care leavers and children of care leavers: employment, education and training \(EET\) disadvantages over the life course” CLS Working Paper number 2023/3, Sam Parsons, Ingrid Schoon](#)

In 2024, there were 2,992 young people and young people in receipt of Aftercare services in Ireland. This group included:

- 55% aged 18–20 yrs
- 21% aged 21–22 yrs
- 24% under 18 yrs (likely still transitioning into aftercare)

This would suggest that around **628 individuals aged 21-22** yrs were actively transitioning out of care and into independent adulthood in 2024.

Referring back to the analysis of 2019 data on the progression of young people from the Aftercare Service in Cavan/Monaghan, it was suggested that a much higher proportion of young people coming from Aftercare (53%) disengaged from education, training, or employment than the average identified in this Australian research (12-13%) (*which is based on all young adults not just care leavers, where poorer outcomes are more prevalent*). This equates to potentially half of the 628 Aftercare leavers in 2024 experiencing poorer life outcomes – that is 314 young adults.

The 2017 Australian research places a Lifetime cost of €905k per person which, when applied to the 2024 cohort of Aftercare Leavers at risk of poorer life outcomes - 314 young adults, suggests a potential total lifetime cost of **€284,170,000** - a loss to Society, Government and the young people themselves in one year alone.

The 2023 British research suggests a total economic cost per care leaver with poorer outcomes in the range of 400,000-€500,000. If one applies this estimate to the number of care leavers in 2024 that have the potential for poorer outcomes, 314 - this research suggests a possible total economic lifetime cost of **€125,600,000 - €157,000,000** for this 2024 cohort of leavers.

## 2.9 Conclusion: Rationale for the **GIVE AND TAKE** Programme

Tusla Aftercare teams in Cavan/Monaghan and DSW/K/WW have identified a group of young adult care leavers with complex needs who face an increased risk of poor life outcomes. The potential long-term costs both to these individuals and to society are substantial. This highlights the importance of investing in targeted support for these young people to help reduce the likelihood of negative outcomes.

To support these individuals effectively, there is a clear need for additional, targeted, and tailored interventions. These supports should aim to positively influence their engagement with education and training, help them explore career pathways, and provide structured opportunities to experience the workplace in a supportive setting. Furthermore, these interventions should focus on building resilience, enabling young people to better navigate the challenges, setbacks, and disruptions they may encounter as they transition into adulthood.

This support mechanism needs to fit around the young people and their needs, as opposed to a mainstream formulated approach that they have to fit into. These most vulnerable young people require a combination of formal and informal support structures that accompany them (sometimes very literally) as they begin their progression pathway, that can work on a one-to-

one basis with them when required, in an incremental approach that can be adjusted to the pace that they need. In this way the process of making change and taking responsibility for their future trajectory does not become overwhelming.

The 2025 ESRI Report<sup>12</sup> - endorses the **complex and individualized challenges** faced by care-experienced youth and further highlights the need for **tailored, consistent, and holistic support systems**.

Around the same time the SEE programme was being delivered for young people in Aftercare in Cavan Monaghan, this Aftercare team also met with Include Youth and had an initial conversation about their **GIVE AND TAKE** Programme which adopted a similar approach to working with care leavers. The organisation already had an established track record for delivering the Given and Take Programme in Northern Ireland and had positioned themselves to be able to take on programme delivery in the Republic of Ireland.

After a number of years of discussion, site visits and negotiation, Include Youth were contracted to deliver the **GIVE AND TAKE** programme in two pilot Tusla areas – Cavan/Monaghan and Dublin South West/Kildare/West Wicklow over the period 2024/25 with funding secured from the Dormant Accounts Fund. This pilot would test out the delivery methodology in one rural area and one more predominant urban area.

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<sup>12</sup> [\*Care to College – An exploratory study on Care-Experienced Students' Educational Journeys, Merike Darmody, ESRI May 2025\*](#)

### 3 WHAT IS THE GIVE AND TAKE MODEL OF INTERVENTION?

#### 3.1 Programme Ethos

The aim of Include Youth Ireland’s **GIVE AND TAKE** Programme is:

- To support care-experienced young people to access and sustain mainstream employment, training and education opportunities
- To increase their confidence and self-esteem
- To enhance the long term employability of care-experienced young people

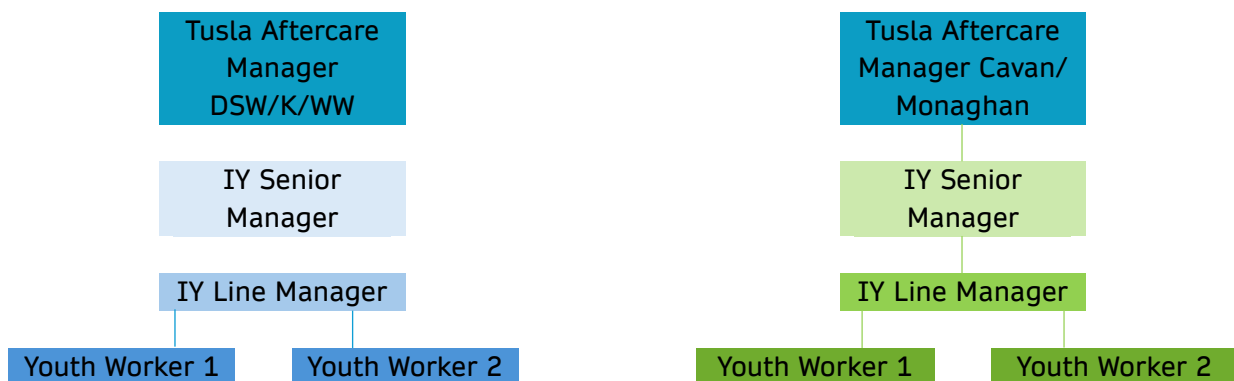
This is achieved by providing the participant young care leaver with a methodology of support that is characterised by the following:

- Utilises a youth-work-based approach
- Youth workers will walk alongside young people supporting their progression
- The programme experience is tailored to the needs of each individual participating incorporating both one-to-one and group work
- Provides a wraparound service
- Allows young people to avail of life-changing opportunities
- Develops self-confidence
- Supports the development of social and life skills
- Gives participants a better understanding of how to build, sustain and even repair healthy relationships
- Helps young people gain qualifications relevant to their career interests
- Develop employability skills

#### 3.2 Staffing Structure of **GIVE AND TAKE** in the Pilot areas

This review follows the progress of the **GIVE AND TAKE** Programme over the period June 2024 - May 2025. Include Youth (IY) engaged in operational set-up and recruitment of staff for both the Cavan/Monaghan and South Dublin Pilots from January to May 2024 with the first participants commencing their participating in June.

The staffing structure is outlined below:



### 3.3 The Stages of Engagement in the GIVE AND TAKE Programme

The **GIVE AND TAKE** Programme is structured around an open enrolment with a capacity of working with a maximum of 12 young people at any time. There are a number of stages involved in the programme structure which are outlined below:

Stage	Description
<b>Stage 1:</b> Referral into the programme	<ul style="list-style-type: none"> <li>• Aftercare worker sends in a paper-based referral to the programme</li> </ul>
<b>Stage 2:</b> Review referrals	<ul style="list-style-type: none"> <li>• <b>GIVE AND TAKE</b> staff review the referral form and to establish how the young person will respond to the programme and how they might fit into the group and group work.</li> <li>• They get an idea of what issues the young adult is experiencing that the programme would need to focus on.</li> <li>• Decision made as to whether to invite the young person to join the programme.</li> </ul>
<b>Stage 3:</b> Information session	<ul style="list-style-type: none"> <li>• <b>GIVE AND TAKE</b> staff contact the Aftercare worker and arrange a meet up with them and the young person being referred. This is an opportunity for staff to discuss the programme and what it might offer the young person.</li> <li>• The young person is shown them around the venue</li> <li>• They have an opportunity to discuss what they want to get out of it</li> <li>• The young person considers how they might fit in</li> <li>• The young person agrees to participate in the programme</li> </ul>
<b>Stage 4:</b> Induction	<ul style="list-style-type: none"> <li>• At the induction staff and the young person go through the Induction booklet, which is a workbook which as the young person completed the questions and exercises in it, starts to provide a better understanding of the young person and what motivates them and where they are starting from.</li> <li>• From this induction work it can be identified whether staff need to work on a one-to-one basis initially with the young person before they are ready to join into groupwork</li> </ul>
<b>Stage 5:</b> Identify educational baselines	<ul style="list-style-type: none"> <li>• Staff also will facilitate literacy assessments and for QQI – via online engagement, English and Maths to identify the baseline they are starting from with each young person.                             <ul style="list-style-type: none"> <li>○ These credentials are necessary as a foundation step for all of the educational and training progressions available but young people can work on these alongside other programme activities.</li> </ul> </li> <li>• At this stage any specific learning difficulties are also identified which can be taken into consideration within the programme delivery.</li> </ul>
<b>Stage 6:</b> Benchmarking and doing the work	<ul style="list-style-type: none"> <li>• Benchmarking and measurement of progression through Pathways Star at the outset and during the work so as to create an individualised relevant plan for each young person.</li> <li>• One-to-one work</li> <li>• Group sessions focusing on:                             <ul style="list-style-type: none"> <li>○ Building social skills</li> <li>○ Developing life skills</li> <li>○ Building confidence</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Building coping strategies for dealing with mental health presentations e.g. anxiety</li> </ul>
<b>Stage 7:</b> Review	<ul style="list-style-type: none"> <li>• Each week the young person aims to achieve something in line with their personal plan</li> <li>• A 3-month review is done to see how their progress is going and to course correct/adapt the plan if required</li> </ul>
<b>Stage 8:</b> YP transitions out of the Programme	<ul style="list-style-type: none"> <li>• When the young person reaches the point at which their progression pathway is defined and they are ready to move on, the young person is ready to transition out of the programme</li> <li>• A completion Pathways star is completed to identify progress made on the programme.</li> <li>• <b>GIVE AND TAKE</b> staff make clear to the young person that they can always stay in contact with IY and connect with staff for support in the future course of the programme.</li> </ul>

### 3.4 Duration of engagement

As mentioned earlier, the **GIVE AND TAKE** Programme is a support mechanism which is designed around the needs of each participant. Therefore the individual work undertaken with each young person is directly related to their needs from the outset and adjusted to reflect their level of progress. In line with this approach the duration of engagement in the programme will also be related to their level of progress. For some participants they may require a period of 6 months of engagement, for others it will be a year and for others again it will may be longer in order to effect and sustain real change.

### 3.5 Desired outcomes of the programme

Include Youth and Tusla in both pilot areas agreed a number of performance indicators against which the progress of the **GIVE AND TAKE** programme delivery would be measured. These are:

	Description	Target
PI 1	Young people referred to the programme will complete their induction and assessment programme	70% of participants
PI 2	Young people who complete induction will gain a recognised qualification	60% of participants
PI 3	Young people who complete induction will be supported to engage in life skills	75% of participants
PI 4	Young people who complete induction will be supported to engage with employability skills training	60% of participants
PI 5	Young people who complete induction will have a positive progression	60% of participants

### 3.6 Critical elements of the GIVE AND TAKE Programme

The methodology used by Include Youth in the **GIVE AND TAKE** Programme incorporates a number of key elements which are critical to its success. These include:

- ✓ **Individualisation of the programme**
  - Starting from where the young person is at
  - Working at their pace
  - Adapting the approach when needed
  - Underpinned with a belief in the potential of each young person
  
- ✓ **Developing a personal workplan**
  - tailored to the needs of the young person
  - reviewed regularly against progress
  - adapted when required
  
- ✓ **360 view of each young person**
  - holistic focus on needs of young person considering their needs and challenges in all areas of life
  - identifying strategies to address needs
  - referring to relevant services
  - accommodating their specific needs
  
- ✓ **Right staff, with the right skills, right attitudes and connections**
  - The nature of the work done with young person on the programme is dependent on a trusting and respectful relationship with the youth workers
  - The progressions achieved by the young person are function of having the right staff working with them
  - Connections in the community are critical to creating linkages and signposting young person in the directions they need
  
- ✓ **Youth work approach**
  - Utilises flexible and innovative methods
  - Develops and builds on trusting relationships between staff and young person
  - Adopts a strengths-based position identifying existing skills and talents
  - Uses group work to facilitate learning and contributing to the development of the young person in social, personal and skills context
  - An effective method to use with young person in preparing them for securing and sustaining employment.
  
- ✓ **Promoting accountability, reflection and adaptability**
  - An integral part of the methodology utilised in the programme is standing back and taking time to reflect and acknowledge progress, identifying areas which did not go so well and adjusting plans so that the learning from both are taken into account.
  - The plan is led by the young person – it's their plan and ownership of the actions within are consistently promoted and encouraged.
  
- ✓ **Persistence by youth workers...not giving up on the young person going back again, and again, and again.....**
  - This aspect of the Include Youth ethos stands out.
  - A very high bar has been set by practices to date with Tusla aftercare teams acknowledging the “above and beyond” efforts they have made to engage young person.

- No one is left behind.
- ✓ **1-1 support**
  - Central to the work in the programme and endorses the tailored approach of the programme
  - Takes place in the community centres or indeed wherever the youth worker and young person happen to be – the car is a great place for 1-1s
  - Built on the relationships of trust that are built up between the youth worker and young person
- ✓ **Group - Peers with similar lived experience**
  - The young people appreciate greatly the fact that they are amongst others with similar live-experience
  - Most have not had this type of experience before
  - Supports the development of bonds and solid friendship
  - Provides an added layer of support from their peers
  - Helps them to develop their ability to build relationships and social skills
- ✓ **Community location with additional supports available - safe space**
  - A vital component for the young people which grounds them in the local community and builds a good foundation for them to be able to sustain a relationship with the hosting organisation even after their involvement in the programme
  - The centres in this pilot were a life line to 2 young people who were homeless when they came onto the programme and were able to use the centre for daily self-care routines.
- ✓ **Partnerships in the community that support the work**
  - Partnerships with local Education and Training Board, Employability services, Local Development Companies and other support services in each community are integral to the seamless connection between each young person and the locality.
  - The quality of partnerships developed endorse the progression that the young people make
- ✓ **Food!**
  - A hugely important part of supporting the engagement of the young person
  - Ensuring that young people are never hungry is a great starting point for retaining their attention and developing workability
  - It also provides a focus for expanding independent living skills on “cook together” day.
  - Eating together helps to create more opportunities for developing social skills

In addition to the elements of the programme design outlined above, one additional critical feature of the programme structure is that young people enrolled in the programme are also eligible to qualify for the Tusla Aftercare allowance because of the education and training component of the programme and the number of hours of engagement per week.

## 4 GIVE AND TAKE - THE PARTICIPANTS & THE WORK DONE

### 4.1 Numbers of YP through the Pilot Programmes

The nature of the **GIVE AND TAKE** programme is to meet participants where they are at and work with them from that point in order to support them to make progressions along a pathway that is most relevant to them and their interests and capabilities.

At the outset of interactions with the youth workers, it was established that some young people were not in a position where they could engage in group activities for a variety of reasons:

- They lived too far from the centre where the group met and could not get transport links to and from the centre
- Their mental health/social anxiety did not support them being in a group dynamic
- Their due to their individual behaviours did not lend themselves to group environment
- or levels of mental anxiety they experienced.
- Their other commitments made it difficult for them to attend at group times

For these young people the **GIVE AND TAKE** youth workers worked with them on a one-to-one basis in an effort to develop trust and offer support and signposting to help them to make progress that was relevant to their circumstances. Table 1 below outlines the metrics relating to the movement of Young people through the programme.

*Table 1: Metrics relating to movement through the programme:*

Tusla Area	DSW/K/WW		Cavan Monaghan	
<b>No. of referrals received:</b>	18		14	
<b>No. of completed inductions:</b>	16 (89%)		11 (79%)	
<b>No. of participants</b>	16		14	
<b>No. of participants</b>	16		14	
<b>Gender breakdown:</b>	Male:	8	Male:	9
	Female:	5	Female:	4
			Gender Fluid:	1
<b>Gender breakdown:</b>	16 yrs		16 yrs	2
	17 yrs		17 yrs	2
	18 yrs	3	18 yrs	5
	19 yrs	4	19 yrs	1
	20 yrs	8	20 yrs	4
	21 yrs	1	21 yrs	
<b>Ethnicity</b>	White Irish	15	White Irish	9
	Roma	1	Irish Traveller/Roma	4
			Black Irish	1
<b>Nationality</b>	Irish	15	Irish	12
	Slovakian	1	Czech	2

Tusla Area	DSW/K/WW	Cavan Monaghan
No. of participants who engaged in group and 1-1 work	13	8
No. of participants who engaged 1-1 work only	3	6
No. of young people who exited with progressions	2	1 <i>(This YP has since re-engaged with DSW Give and Take after completing a PLC course in Dublin)</i>
No. of young people still engaged in the programme	<b>11</b> <i>(1 YP is in prison but is still being supported by Give and Take)</i>	<b>8</b>
No. of young people who disengaged from the programme	4	5
Reasons young people disengaged from the programme:	<ul style="list-style-type: none"> <li>• 1 YP left due to falling back into addiction</li> <li>• 1 YP returned to disability services for relevant support</li> <li>• 1 YP left because of inappropriate behaviour towards youth workers</li> <li>• 1 YP could not engage due to poor mental health</li> </ul>	<ul style="list-style-type: none"> <li>• 1 YP moved away from area</li> <li>• 1 YP could not engage due to poor mental health</li> <li>• 2 YP disengaged due to lack of interest</li> <li>• 1 YP could not engage due to too much else going on in life</li> </ul>

At present there are 19 young people still “live” and actively engaged with the programme, with a waiting list of referrals in both pilot areas. There will be some additional movement of young people in September when a number of them commence PLC/Level 5 courses and at this stage the level of support they require will be reduced.

#### 4.2 Characteristics of participants in the programme

Examining the characteristics or complexities faced by each of the individual participant young people on the programme, the consultant identified a total of 57 individual complexities that the young people were experiencing - See Appendix 1 for listing and breakdown. These were categorised under 11 separate headings:

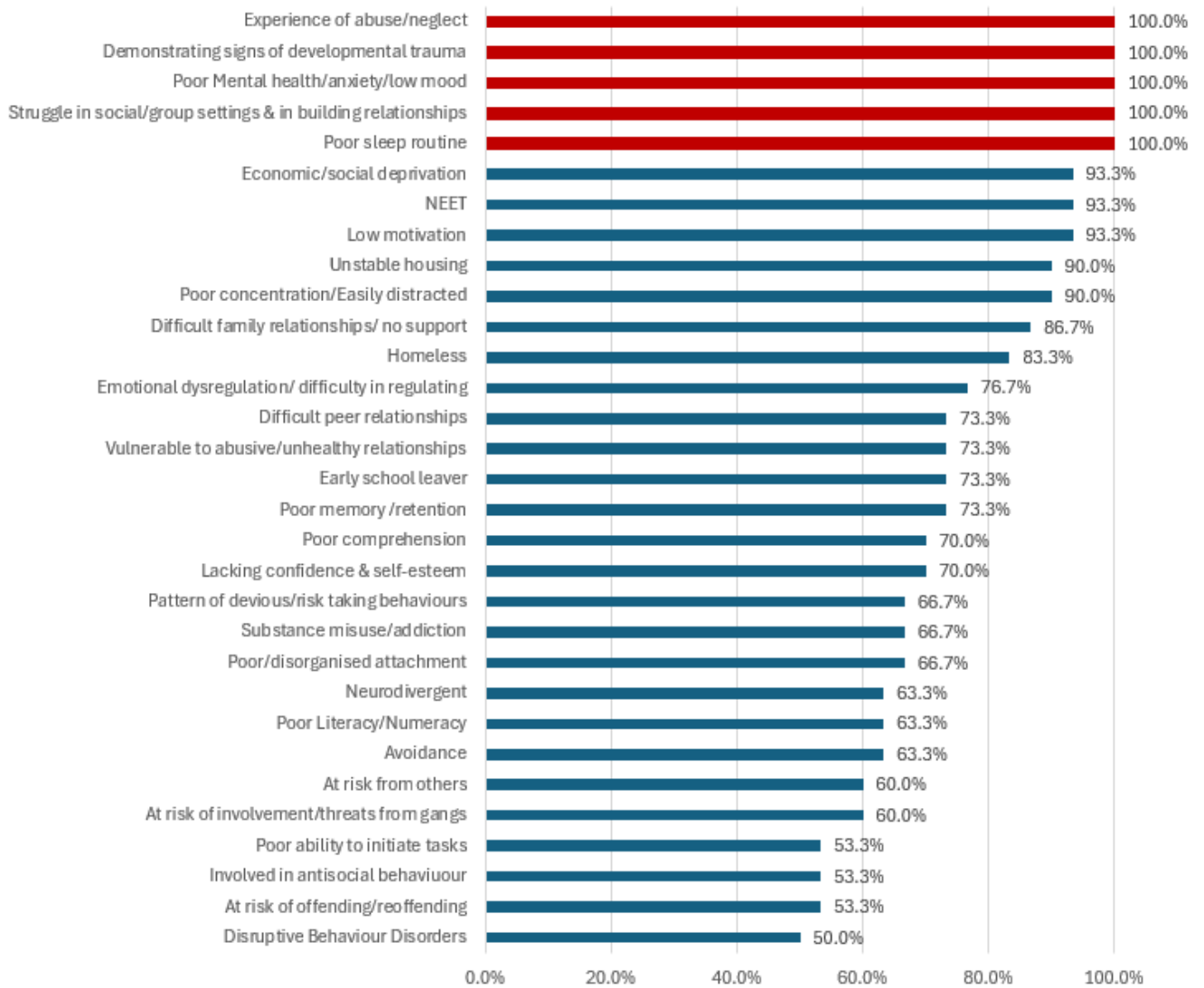
- Development/Trauma related
- Addictions
- Offending/Risk related
- Vulnerabilities
- General health
- Self-sufficiency and self-care
- Mental & Emotional stability
- Learning & information Processing Related
- Relationship Related
- Accommodation related
- Deprivation

On analysis of the backgrounds of the young people on the programme, it was established that 5 of these complexities were experienced by all of these young people –

- Experience of abuse/neglect
  - Demonstrating signs of developmental trauma
  - Poor mental health, anxiety or low mood
  - Struggling in social/group settings & in building relationships
  - Poor sleep routine
- } Experienced by all of the programme participants

A further 26 complexities were experienced by over 50% of the young people in the programme. Figure 3 below illustrates these primary complexities experienced by the large majority of the young people in the programme.

Figure 3: Most common complexities experienced by programme participants



This analysis highlights the challenge in supporting the progressions of this cohort of care leavers – there are so many factors at play with these young people, that a programme centred on just educational or employability will not be sufficient to address their needs and effect

sustainable change. There are so many more fundamental issues being faced by these young people such as - stability of accommodation, poor mental health, social anxiety, risky behaviour or addiction, that they do not possess the headspace to be able to apply themselves to education or employability without addressing their concerns about some of these other factors first.

### **4.3 The work undertaken in the programme**

#### *4.3.1 Social, emotional, lifestyle, independence and health and wellbeing*

A range of activities were undertaken in both pilot areas which address the development of skills, practices and awareness around issues of relevance to the group including:

- Workshops on:
  - Addiction
  - Managing Anxiety and Stress
  - Mental Health with Jigsaw
  - Understanding social norms
  - Building healthy relationships
- Health & Fitness classes and activities
  - gym sessions
  - Individual sports - Boxing, kickboxing, Footgolf, fishing
  - Hikes/Walks
  - Wellbeing events
- Independent living skills
  - healthy cooking
  - cleaning
  - Shopping on a budget
  - Budgeting skills
- Housing related
  - Connected with homeless services
  - Support to stabilise existing placements
  - Applying for council housing
- Social activities
  - Trips to Belfast, Cavan
  - Activities like go-karting, footgolf, paintballing
- Other
  - Transporting young people to medical appointments, addiction sessions etc
  - 1 young person supported into fatherhood
  - 2 young people were supported for court appearances

4.3.2 Education and Training

A range of short courses, certified courses, QQI subjects and essential skills were identified and facilitated for all young people. In reflection of their individual needs, the youth workers identified with each participant the next steps that they each needed to take in order support their employability and to make progress on their identified career direction.

In Cavan, the young people were able to work with local Cavan/Monaghan ETB tutors on a one-to-one basis in order to progress their achievement of QQIs. Some of this support was made available through the mechanism of a Peace Plus funded programme being delivered by the Cavan Monaghan ETB, which runs to 2027. To date 6 QQIs have been completed by some of the young people in Cavan in the following subjects:

QQI subject	No. achieved
Workplace safety	2
Personal effectiveness	1
Customer service	2
Information technology	1
<b>Total</b>	<b>6</b>

This has allowed some of them to progress to making applications to PLC courses in Cavan. In Dublin, the same access to ETB tutors was not available to the young people at St. Marks and instead they engaged in QQI progression online which was not as satisfactory as having a face-to-face interaction with the tutors. Therefore this continues to be an area which IY in Dublin will be working to improve hereon in.

However, in addition to QQIs, IY staff in both areas did identify a number of certified vocational qualifications which enhanced employability and which were completed by some young people including:

Vocational courses	No. YP
Manual Handling	11
Safe Pass	2
HACCP	6
Beauty & Nail Care	3
Barista Training	3
Media & photography training	1
Certified CV workshop	9
<b>Total</b>	<b>28</b>

4.3.3 Employability skills development

The development of employability skills is an important part of the work being carried out by the young people in the programme. It is built on the foundation of trusting relationships, increased confidence of the young people, and identifying the kinds of skills each young people has to offer and is suited to.

In both locations, opportunities were identified for the young people to work on their employability skills: interacting with team members, taking and following instructions, preparing themselves for work both physically and psychologically, preparing solid CVs, learning about participating in interviews and practicing same.

Additionally, formal training sessions were arranged which progress the young people towards employment including:

<b>Employability skills</b>	<b>No. YP</b>
CV and Interview skills	17
Driving Theory	5 (4 additional in progress)
Workability life coaching	8
Career counselling	6
Attendance at career days/jobs fairs	14
Work experience	12
Part-time jobs secured	7
Part-time jobs sustained	5
Voluntary jobs secure and sustained	3
Group volunteering endeavours at St. Marks, Dublin At Cavan FRC	6-10 hours/month 130 hours in last 12 months

#### **4.4 The Urban/Rural divide – observed differences in the experience of delivering GIVE AND TAKE in each Pilot area**

From the outset, both pilot areas were set-up with the same level of resourcing with a view to mirroring the programme delivery in both areas. However, from early stages a number of differences in practical programme delivery were identified.

##### *4.4.1 Accommodating the rural spread in Cavan/Monaghan*

In the Cavan/Monaghan area, one of the main challenges faced by staff was managing the wide geographic spread of referral locations. County Cavan, in particular, is a long county—stretching approximately 90 km from its northwestern to southeastern corners—and referrals were received for young people living at both extremes. When combined with the area covered by County Monaghan, the total service region becomes quite extensive. Both counties are predominantly rural, with 66% of the population living in rural areas compared to just 33% residing in towns.

Having the programme delivery located in Cavan town helped in so far as the Local Link Service connects most of the towns in Cavan and Monaghan to Cavan Town – albeit that the time it takes to travel on the Local Link bus can be long and the frequency of the buses is low. Additionally the rural dispersal of the population meant that some young people referred to the programme lived in rural isolation outside of their local town and if they did not have a means of getting to a bus collection point and were not able to secure a lift they were unable to travel to Teach Oscail. The timing of Local Link services also made it difficult for some young people to attend externally delivered training or employability opportunities.

Therefore for a number of the young people on the programme, the youth workers had to travel to them in order to establish a relationships and to provide 1-1 support at their place of accommodation. This often meant 1.5-2 hours of travel time spent by youth workers, which reduced the face-to-face time within the programme for working with the young people and a considerable impact on the programme budget when mileage was accounted for.

A further complexity was that some of these young people required two youth workers to attend from a risk reduction point of view because of indications of more volatile behaviours, which doubled the resource impact.

#### *4.4.2 Broader range of referrals in Cavan/Monaghan*

Some of the referrals received from Cavan/Monaghan Aftercare team were for younger young people who were still in care – foster placements or residential placements and who within the transitioning process towards Aftercare Services. They were deemed suitable referrals to **GIVE AND TAKE** for a number of reasons:

- they were not being engaged in education, employment or training,
- their placements were unstable
- they had disengaged from all other available services

One other referral was received from Tusla PPFS where a young person's family was in receipt of family support from PPFS and the young person was homeless.

#### *4.4.3 Accessing face-to-face tutors in Dublin*

One of the biggest challenges facing the IY Dublin team was accessing the type of tutor support which suited the needs of the young people. While initially it was planned that the young people could be transported to Sallynoggin Youth Reach to access tutor support there, this did not work out in practice. The alternative approach utilised was to connect the young people to the online QQI portal where they would work their way self-guided through the work on the particular QQI they were following. However this did not serve to satisfy both the needs of the young people to be able to access the specific support they required when required to progress, and it has not made it easy for IY staff to assess the level of progression being made by each young people. Feedback from the young people themselves has endorsed this position in so far as they have stated a preference to be able to access the support of a tutor in person where they could seek clarification, guidance or other support as they progress through the work of the QQI.

By comparison in Cavan, the CMETB tutors were located in a building only a few minutes' walk from Teach Oscail FRC and therefore the young people taking QQIs had very easy access to them.

#### 4.4.4 Availability of services in the local community

Another difference which emerged between the two pilot areas, is the availability of additional support services for young adults provided by Government services or by third sector organisations in the community.

For instance in Dublin, there is greater availability of access to addiction support services with no waiting lists. This is not the case in Cavan Monaghan where there is a 6-12 month wait for adults services and a 6-8 week wait for an early intervention youth service.

Additionally there are greater options available in Dublin for access to training initiatives as well as obviously a greater range of organisations and businesses that could provide employment opportunities, compared to Cavan and Monaghan.

Appendices 2 and 3 provide a list of local services available in each area.

#### 4.5 Progressions made by programmes participants

On examining the progressions made by the young people engaged in **GIVE AND TAKE** programme, the consultant identified 32 individual types of progression which resided in one of three domains:

1. Social, emotional and independence
  - Personal growth and development
  - Health and wellbeing
  - Independence & self sufficiency
2. Learning, education & training
3. Employability skills and employment

These progressions included measurable achievements, new skills developed and changes in behaviour or attitude observed by IY team. Across both pilot areas, the group of 30 young people achieved a total of 344 progressions were achieved:

- The average number of progressions individual young person was 11
- The range of progressions per young person was 0-20

It is important to bear in mind that each set of progressions is specific to the young person and the scale or impact of each progression is considerably dependent on where the young person started. For example:

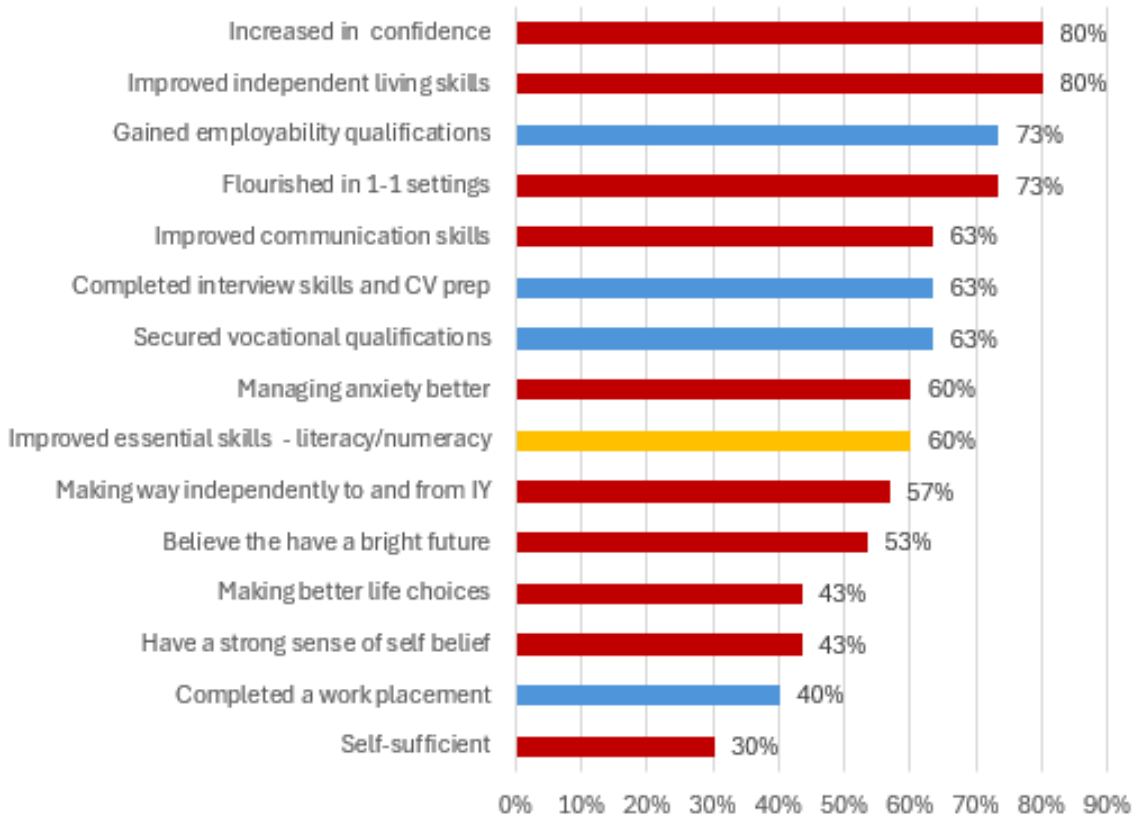
*1 young person started the programme with crippling social anxiety and at this point in her journey on the programme, has progressed to a point where she is working in a charity shop once a week as a volunteer – **this is a MASSIVE progression for her.** She can manage her anxiety much better and her confidence has improved significantly.*

**A total of 15 progressions were achieved by more than 30% of the young people.** These 15 progressions are outlined in Figure 4 overleaf. The color coding used in the Figure is as follows:

- Social, emotional and independence
- Learning, education & training
- Employability skills & employment



Figure 4: Progressions made by the biggest % of YP in the **GIVE AND TAKE** Programme



Appendix 4 contains a full listing of progressions and the associated percentage of young people who made these progressions. It should be noted that not all progressions were a target to be achieved by all young people.

Over the course of participation by the young people, they sit down on a regular basis with their Youth Worker to review progress made against their Personal Plan and to map out the next steps they need to take. Part of this review process is revisiting the Outcomes Pathways assessment tool which allows the young person to self-evaluate their progress.

Another lens through which the progressions of young people can be considered is through the observations of the IY staff and Tusla Aftercare workers who have been working intensively alongside these young people for a considerable time. Their observations on the changes which have occurred over the course of the past year are quite profound. A selection of these have been presented in a number of selected case studies from both pilot areas:

4.5.1 Case Study 1: Kevin (not his real name), aged 20

**What was the context of Kevin's background?**

Coming from a background with a teenage mother and a father who was a drug addict, Kevin was placed in the care of his grandparents. He struggled with poor mental health from a young age and spent a period of time as an inpatient at Cherry Orchard Hospital. He dropped out of school and subsequent educational courses due to on-going poor mental health.

**Experience of mainstream education, further education, training and/or employment?**

Kevin progressed through secondary school as far as sixth year, however didn't complete the Leaving Certificate. Before Give and Take he had completed his Junior Certificate but had never completed any further training.

**What challenges and barriers were in the way of Kevin's progress in life?**

Kevin was experiencing depression, anxiety, ADHD as well as other mental and emotional struggles.

**What were Kevin's prospects prior to being engaged in the Give and Take Programme?**

TY and Aftercare Comments:

- Kevin had no consistency or routine in his life.
- He struggled with low motivation resulting from experiencing low mood, anxiety, bad sleep patterns however he presented as if he had life sorted.
- He had no positive peers and at the time he was involved with a very controlling girlfriend.
- Their relationship dictated whether or not he attended any course he was registered on.
- Kevin had no CV and was not job-ready.
- He had no employability skills or certificates.
- He needed wake-up calls and had to be collected every morning.
- His self-care routines were not good - he wasn't showering and presented with poor hygiene.
- His use of cocaine increased when he was drinking and was influenced by a negative peer group.

Kevin himself admits "I had very few prospects, with very few qualifications and little work experience. My routine would consist of being up all night and sleeping all day."

**IMPACT OF THE GIVE AND TAKE PROGRAMME**

**How has the GIVE AND TAKE Programme has helped Kevin's progress and development?**

**Self-confidence and self-awareness**

Kevin's self-confidence has improved greatly through the social activities undertaken in the programme, and also getting involved in other events within the local community.

**Re-integration into education**

He has completed several courses including Manual Handling certificate, HACCP Level 1 and Barista Training. He also finished his QQI assessment and is working on progressing these to achieve a Level 4 QQI which is Leaving Certificate equivalent.

**Progression towards employment**

His CV has improved substantially and he is hoping to secure a part-time job in a coffee shop.

**Overall Health**

Kevin's health has been steady since he started on the programme. He enjoys the programme – commenting that everyone is non-judgemental as they are all from the same care-experienced background.

**IMPACT OF THE GIVE AND TAKE PROGRAMME (continued)**

**Emotional well-being**

*His emotional wellbeing has seen a moderate improvement, however he considers that there is much more work to be done in this area.*

**Development of Life-skills**

*He is making good progress. Kevin commented: "There is so much learning on the program regarding life skills from cooking, cleaning and running events, our gym and kickboxing sessions. I enjoy our group days out, that involve a fun activity, a walk and then food with the group after."*

**What future does Kevin now see for themselves?**

*Kevin hopes that the future will bring about a steady job and he is also considering further education or possibly an apprenticeship.*

**IY and Aftercare Comments:**

- *Kevin has engaged really well with **GIVE AND TAKE** and has achieved a lot academically for himself – by the time he completes with the programme he will be leaving with numerous certificates/qualifications and new skills, which will enhance his further education/employment opportunities.*
- *Socially and emotionally, participating in **GIVE AND TAKE** has challenged Kevin, but with positive outcomes. He has engaged in so many activities both on-site at St Marks, and on trips or other activities outside the centre, despite these activities forcing Kevin outside of his comfort zone.*
- *He is more outgoing and confident and has new positive peers within the **GIVE AND TAKE** group. He now socialises with some of his new **GIVE AND TAKE** peers every weekend.*
- *Kevin's routine and consistency have improved dramatically through his attendance in the programme.*
- *He travels to St. Marks independently and no longer needs wake-up calls.*
- *He is managing his low mood and anxiety a lot better, with the help of mental health awareness he has received through the work with Jigsaw.*
- *Kevin has been linked in with a local addiction service and due to his new circle of friends, he hasn't taken cocaine in months.*
- *He is currently taking part in a Beauty course that could lead to part-time work.*
- ***GIVE AND TAKE** Youth workers again have gone above and beyond to support Kevin to grow, mature and achieve so much over the past 12 months and he has responded so well to this support.*

4.5.2 Case study 2: Anna (not her real name), aged 19

**What was the context of Anna's background?**

Anna went into care at 7 months of age, because her 17yr old Mum was not able to meet her needs and her living situation was exacerbated by being homeless and having no income. Anna grew up in foster care in a rural Irish town and moved to Dublin at 18yrs to attend college. When she commenced her engagement in **GIVE AND TAKE** she was living in student accommodation.

**Experience of mainstream education, further education, training and/or employment?**

Anna completed her Leaving Certificate and proceeded to attempt two PLC Level 5 courses in Liberties College. However neither was completed - having failed the first a Level 5 in Media Studies course and dropped out of the second a Level 5 course in Performance Arts.

Anna struggled with maintaining a regular routine which resulted in poor attendance at classes and she lacked concentration and organisational skills which had also made her school life difficult. She had only done work experience and never had a proper job.

**What challenges and barriers were in the way of Anna's progress in life?**

Anna struggles with anxiety and a misdiagnosis of ADHD which has affected her everyday life as she struggles to do simple daily tasks.

**What were Anna's prospects prior to being engaged in the **GIVE AND TAKE** Programme?**

TY and Aftercare Comments:

- Anna had no consistency or routine in her life
- She had no independent life skills, poor personal hygiene and needed wake-up calls every morning.
- She had lots of mental health issues, she experienced low moods, social anxiety, poor sleep patterns and was very self-conscious.
- She had no close peer relationships and never left her house,
- She had no CV, was not job-ready, had no employability skills or qualifications and demonstrated very poor communication skills
- She had never fully engaged in any course that she attended.
- She was not registered with a GP, had no PPS card, and was not on the homeless register.

**IMPACT OF THE GIVE AND TAKE PROGRAMME**

**How has the **GIVE AND TAKE** Programme has helped Anna's progress and development?**

**Self-confidence and self-awareness**

Anna's self-confidence has grown after learning how to do simple tasks such as cooking . She commented that previously she always felt out of place for not knowing how to cook for herself or struggled to do so. Also talking to the others in the course has helped her immensely with her communication and her mental health.

**Re-integration into education**

When she first joined **GIVE AND TAKE**, she had no idea what are of education she wanted to follow but after attending a Social Media course that Include Youth sourced for her, she has learned that she loves photography and wants to study business and marketing in order to maintain her photography

**Progression towards employment**

To date, Anna has had no employment experience, but she is developing her own photography business which she greatly enjoys. She has completed Manual Handling and Barista Training and has created a CV. She has started applying for jobs.

**Overall Health**

Anna's overall health is ok, she can still struggle from day-to-day. She is managing how to cope better on a daily basis. She looks forward to attending the **GIVE AND TAKE** programme as it gives her routine and structure to her days.

**Emotional well-being**

Her mental health is lacking but slowly getting better and she commented that "the YW in Include Youth have supported me with getting the help I need."

**Development of Life-skills**

Anna has improved her communication skills and she has learnt how to maintain a better schedule slowly. She has also have learned how to overcome her fear of public transport and her cooking skills have improved a lot, which she is very happy about.

**What future does Anna now see for themselves?**

Anna now see herself studying business in the future although she is not sure yet where or when that will be, but she feels it is something that she wants to work hard towards for herself as well as continuing to progress with her photography.

**IY and Aftercare Comments:**

- Anna now has a routine and makes her way independently to and from the centre.
- She has a new peer group of friends from the programme and these are positive influences and great support and she socialises with them outside of the centre.
- She is more confident, outgoing, and trusting of her peers and YW staff.
- She feels the programme is a safe space for her and she always comes to YWs if she has an issue She now has a CV, certs. independent living skills.
- She now has a doctor and PPS card and she has also sent in her council housing forms.
- She enjoys inviting her friends over for dinner as she can show off her new cooking skills which she gained on the programme.
- She is currently taking part in a Beauty course and has signed up for a 6-week Hospitality Course due to start in September.

4.5.3 Case Study 3: Charlie (not his real name), aged 18

**What was the context of Charlie's background?**

Charlie was on the edge of care and at the time of referral to **GIVE AND TAKE** he was homeless and sleeping on a bench in Cavan town. Charlie had a chaotic home life and poor mental health. The first few visits were to Charlie in hospital where he had been admitted to a mental health ward. He was living with his Mam who suffers with alcoholism and directs a lot of emotional and psychological abuse at him, which resulted in Charlie making himself homeless as he considered this to be a better alternative to living with his Mam and being abused. Charlie's younger brother was taken into relative care. Charlie had also been using substances and drinking a lot to cope with his difficult life. He also had been drinking maple syrup as a means to regulate his blood sugars as he had been diagnosed with Type 1 diabetes in earlier in the year.

**Experience of mainstream education, further education, training and/or employment?**

Charlie had a poor experience in mainstream education and left secondary school before doing the Junior Certificate. He had not re-engaged with education before joining **GIVE AND TAKE**.

**What challenges and barriers were in the way of Charlie's progress in life?**

Charlie has experienced a lot of challenges as a result of living with his Mam in a very unstable environment. He had also developed poor mental health and could find it hard to pull himself out of negative thinking. Charlie was also which he was finding it difficult to manage and come to terms with his recent diagnoses of Type 1 Diabetes

**What were Charlie's prospects prior to being engaged in the Give and Take Programme?**

TY and Aftercare Comments:

- Charlie would have continued to live on the streets with no plans to try to find somewhere to live as he didn't know where to turn for help or wasn't motivated to do so.
- Charlie was in and out of the psychiatric unit before coming to **GIVE AND TAKE** and when he first started his health was very bad.
- He had only recently been diagnosed with Type 1 Diabetes and struggled to manage this - his diet was all over the place and he wasn't looking after his sugar levels.
- Charlie was also taking drugs and alcohol as a way of coming with his stressful life.
- He was far removed from re-engaging with education and had not plan or direction on life.
- He was just about surviving.

**IMPACT OF THE GIVE AND TAKE PROGRAMME**

**How has the **GIVE AND TAKE** Programme has helped Charlie's progress and development?**

**Self-confidence and self-awareness**

Charlie now attends counselling and as a result his self-awareness and confidence has improved greatly. He had not had a psychotic episode since he first joined **GIVE AND TAKE**. His self-confidence has increased a lot as a result of being of the programme, being involved in group work and being part of all the social events the programme participants have taken part in. Charlie has also volunteered at events run in the community and has excelled in social aspect of these events which has also helped build his self-confidence.

**Re-integration into education**

Charlie has done extremely well in regard to his education, in fact he has done so well that he has been motivated to take on extra courses in the community alongside the ones he has been doing through **GIVE AND TAKE**. He has completed a number of Level 4 QQIs - Information Technology, Health and Safety and is beginning a QOI in Communications. Charlie has also been able to access the 1:1 tutoring through the local ETB. He has a clear aim to start collage in September and is very focused on getting into it through this pathway. Charlie has also attended various in-house programs such as: promoting

mental health, wellbeing and social identity workshops. He has also done driving theory practice test, The **GIVE AND TAKE** Activate Programme in the local gym, addiction awareness workshops etc.

**Progression towards employment**

Charlie has taken up a part-time job on weekends as a kitchen porter and wants to stay working part time as he progresses through college.

**Overall Health**

His overall health is now a lot better than it was when he started with **GIVE AND TAKE**, he is now attending the gym regularly and watching his diet and his diabetes is much better stabilised. This is down to the support he has received from the group in **GIVE AND TAKE** and all members addressing their diet together so that he has had peer support alongside professional support.

**Emotional well-being**

Charlie's emotional wellbeing has improved a lot through the course of the programme and although he can get down in himself, he now talks about this to the YWs and takes part in activities to help counteract his low mood, which is a massive achievement for him.

**Development of Life-skills**

Charlie is now a lot more social and has friend groups both inside and outside the **GIVE AND TAKE** programme. He now has the confidence to go onto full-time education in the local Institute with the skills he has learned within the programme. Charlie now goes to the gym on his own and has just recently gone on his first ever holiday, after saving using his money budgeting skills.

**What future does Charlie now see for themselves**

Charlie is now planning on going to the local Institute in September to study a Level 5 PLC course in Music Production. He has maintained an interest in Social Care and may consider taking this route at a later stage as he would like to be able to help others who are in similar situations that he was when first joining the **GIVE AND TAKE** program.

**IY and Aftercare Comments:**

- Charlie's accommodation has stabilised – he is no longer homeless
- He has more direction in life
- His mental health has improved with no further hospital admissions. He attends a GP and is being supported with managing his mental health diagnosis.
- Charlie will have achieved 4 Level 4 QQI qualifications completed by end of Summer 2025
- He has enrolled in the local Institute to study Music Production starting in September 2025
- Charlie sharing his story through the **GIVE AND TAKE** video and was involved creatively with that
- He was very happy to share his story and is keen to inspire other young people
- Charlie has reduced alcohol and drug use and often goes out socially without taking alcohol
- He has improved his lifestyle, he is healthier overall and manages his diabetes well now.

4.5.4 Case Study 4: Beth (not her real name), aged 20

**What was the context of Beth’s background?**

Beth was taken into relative care as a baby as a result of her parents not being able to care for her due to heroin addiction. She was raised by her Aunt who lives in the same town. Beth witnessed this drug addiction first hand as a young child when she was on contact days with her mother who would bring her when she went to score drugs and used drugs in front of her. As a teen and later years in her life Beth spent a lot of her time with her biological parents which wasn’t a great environment. Beth then started to use drugs and got involved in that lifestyle around the age of 12. Beth has been very vulnerable throughout her life and as a result, has attracted abusive males into her life who have abused her physically and emotionally which has been a continuing theme throughout her life. Beth’s drug use and risk-taking behaviours have been extreme as she has been using drugs such as heroin, crack, cocaine, street tablets, weed, and alcohol.

**Experience of mainstream education, further education, training and/or employment?**

Beth completed her Leaving Certificate Applied. She was diagnosed with a learning difficulty while in school. She went on to start a PLC Level 5 in Beauty, but found this difficult and dropped out. She has not been in employment, training or education since then.

**What challenges and barriers were in the way of Beth’s progress in life?**

Beth has a lot of challenges which have hindered her progression in life. As referenced above she has been drug and relationship-dependent most of her life, and also has attachment issues due to growing up in care, in addition to having a toxic relationship with her biological parents.

**What were Beth’s prospects prior to being engaged in the Give and Take Programme?**

IY and Aftercare Comments:

- Her addiction was keeping her from engaging in education or training that would have resulted in improving her outcomes.
- Beth was facing 18-months in jail for offences arising from her chaotic lifestyle.
- She was seeing men who were very abusive to her.
- Beth’s prospects were stark - jail or death were potential realities for her.
- Aftercare staff feared getting a call to say she was dead, which was quite concerning for everyone working with Beth.

**IMPACT OF THE GIVE AND TAKE PROGRAMME**

**How has the GIVE AND TAKE Programme has helped Beth’s progress and development?**

**Self-confidence and self-awareness**

Beth was a very anxious young person when she first came to the **GIVE AND TAKE** programme - this has changed dramatically through her time in the programme. She now gets involved in community events where she has to engage with large numbers of people – this has helped boost her self-confidence. Over time in the programme, Beth’s personality has shone through and she has become a positive influence on the rest of the group within the **GIVE AND TAKE** program. Beth has naturally taken on a caring role for others coming into the programme, despite her own issues in her personal life. With the support and encouragement of the YWs Beth enrolled and completed drug rehabilitation where her self-awareness has improved greatly as result of doing a lot of inner work on herself.

**Re-integration into education**

Beth has been attending one-to-one tutoring completing Level 4 and 5 courses in Communications & Customer Service with the support of the IY YWs. She is now planning on going on to study Social Care in the local Institute in September.

**Progression towards employment**

Beth has her heart set on attending the local Institute in September but has also been building on her CV through the work she has done with the Local Development Company Employability Jobs Coach and in-house courses running through **GIVE AND TAKE**. She has also taken up several volunteering roles with IY in the community which has enhanced her CV. Beth has undertaken vocational training in Manual Handling, First Aid & HACCP through the local ETB which will build also augment her CV and contribute to her employability.

**Overall Health**

Beth has been attending the **GIVE AND TAKE** Activate Program which involves gym sessions, well-being walks and healthy eating initiatives. Her mental health has improved greatly in her time within the programme with the encouragement of YWs who promote a healthy social lifestyle both while on the **GIVE AND TAKE** program and outside of it.

**Emotional well-being**

Beth has come a long way since she first started in the programme, but still has a lot of work to do as part of a lifelong journey for her. Her emotional wellbeing is much better because of the work she has done within **GIVE AND TAKE** and has helped her to see her worth as a young woman. Beth spent 7 weeks in drug treatment doing work on herself which has also improved her emotional well-being. She is now getting on better with her family and the positive people in her life.

**Development of Life-skills**

Beth's life skills have improved a lot and she is now managing her money a lot better. She is now also coming to the centre from by Local Link bus – which was very challenging for her at the start of her engagement in the programme, due to anxiety. She is dealing with life's pressures better and most times, she does not react to people with anger or frustration as she used to do.

**What future does Beth now see for themselves**

Beth has a very bright future ahead of herself, she wants to study Social Care, going on to be a Social Care Worker in the future. This will suit Beth as she is a very caring person and can be the “Mammy” of the core group in **GIVE AND TAKE** which comes naturally to her. She can also help a lot of people who have similar backgrounds to her and be an outstanding member of society with the right guidance over the coming years.

**IY and Aftercare Comments:**

- Beth has engaged consistently in the support offered on the programme, despite a previous pattern of not engaging in support.
- She is more confident and her anxiety levels have reduced
- She finally committed to and completed a drugs rehabilitation programme for 7 weeks- which was a massive achievement and now Beth reflects better on her choices.
- With her plan to attend the local Institute to study Social Care, she is looking at moving towards independent living and has made an application for Council housing
- Beth now asks for support and uses the support appropriately
- She has re-engaged in education and asks for support when needed.
- She is a real leader in the **GIVE AND TAKE** group and supports and looks after others.

4.5.5 Case Study 5: John (not his real name), aged 19

**What was the context of John's background?**

John has been in the care system his entire life. He was in foster care until the age of 10 when he was moved to a Residential Care Home until he was 14 yrs old. This was followed by a move to another care home until he turned 18 when he returned to live with his old foster family.

**Experience of mainstream education, further education, training and/or employment?**

School was a difficult experience for John. He struggled in mainstream education, and eventually dropped out in second year – he felt it simply wasn't for him, the curriculum didn't suit his needs. John has not been assessed for Dyspraxia, however it is suspected. Due to his limited engagement in education, John's literacy and numeracy levels are poor. John had a blank CV when he first started with **GIVE AND TAKE**.

**What challenges and barriers were in the way of John's progress in life?**

The main challenge John identified was his poor mental health and high levels of anxiety which were holding him back. He stated that he was searching for ways to better himself, to become a better person.

**What were John's prospects prior to being engaged in the **GIVE AND TAKE** Programme?**

TY and Aftercare Comments:

- John was drinking heavily.
- He had no positive peer friendships and rarely left his house. He would attend his Foroige group approximately once a month, but that was only because they would collect him.
- John had no consistency or routine in his life.
- He experienced low mood, high levels of social anxiety and poor sleep patterns.
- John was very overweight and was very self-conscious about it.
- He had very poor communication skills – he appeared to be an angry young man, with no filter when talking.
- His self-care routines were not good - he wasn't showering and presented with poor hygiene.
- He needed wake up calls and had to be collected every morning.
- John had no CV and was not job-ready.
- He had no employability skills or certificates and no independent living skills
- While he wanted to go back to education or training he lacked confidence.
- All the music/rap he was making was dark and angry.
- His Mam and Foroige worker were of the opinion that he would not stay long in this programme.

**IMPACT OF THE GIVE AND TAKE PROGRAMME**

**How has the **GIVE AND TAKE** Programme has helped John's progress and development?**

**Self-confidence and self-awareness**

John stated that he has always been insecure. However, since attending **GIVE AND TAKE** his self-confidence has improved. At first, the programme was a very uncomfortable space for him. Now 8 months on it's a comfortable safe space and he feel confident attending the programme. This is the longest programme he has ever committed to and been consistent at attending.

**Re-integration into education**

He has struggled to wrap his head around education again, but feels he will get there eventually. He has completed his QQI Assessment in **GIVE AND TAKE** and is very happy with the outcome of his results.

**Progression towards employment**

John is currently working on that on progression towards employment. He started employability skills training in March working around the Farm in St Marks. This has helped him to build up his self-

confidence and get used to working in a different environment. This has been a massive step for him. He has also completed his Manual Handling training while in **GIVE AND TAKE**.

#### **Overall Health**

John had a period when he was losing weight and feeling better due to his kickboxing and gym sessions with his Youth worker, but since then he has taken a step back and has fallen back into bad habits. However he is focused on getting back in "his happy place", that is doing kickboxing with the **GIVE AND TAKE** crew.

#### **Emotional well-being**

John's emotions have always been up and down. At the time of the interview he was feeling terrible, tending towards suicidal. However, this low mood is being addressed at present with his **GIVE AND TAKE** YW who has linked him with local counselling services.

#### **Development of Life-skills**

John indicated that he had learned quite a lot on the programme so far – more than he gave the YW credit for.

#### **What future does John now see for themselves?**

John commented: "I don't know, I'm scared, but hopeful"

#### **TY and Aftercare Comments:**

- This is the longest programme John has engaged with.
- He has a new CV and employability certificates - this was massive for John as it involved him actually having to leave St Marks - his safe space to attend another space to achieve his certificates.
- His music is now upbeat and funky.
- He has lost some weight, attended kickboxing and gym sessions with YW. He has been on a work placement for one month now which is also massive step forward.
- He is more self-aware around having banter with his peers and now realises that there are lines which should not be crossed.
- He has cut down on drink massively. He does not buy himself as many clothes and jewellery from his weekly payment anymore.
- John is more confident – in fact sometimes it seems that he thinks he runs the **GIVE AND TAKE** programme.
- He has a positive peer group around him and he also goes out with the group from time to time.
- He now makes his own way to the programme; however, his Mam collects him each day.
- He still struggles with low moods, but he has the resources should he need to call on them – there is still a bit more work to be done here.
- His sleep patterns are better as he knows he must be into the Centre in the morning, so he makes an effort to go to bed early and get up early and have a shower before coming in.
- His communication skills are excellent.
- John was the first YP that his Aftercare worker thought of when they heard about **GIVE AND TAKE** starting in Tallaght. They always believed that John and **GIVE AND TAKE** were made for each other and they firmly believe that this has turned out to be true.
- John has struggled with self-esteem and anxiety issues and while some of these remain, he has made and continues to make significant progress in all areas of his personal development.
- John seems to be thriving and takes part in almost all activities as required and is most definitely enjoying it.

4.5.6 Case Study 6: Jill (not her real name), aged 17

**What was the context of Jill's background?**

Jill came from a home where she frequently witnessed domestic violence between her Mam and Dad and was eventually taken into foster care. This foster placement was very unsettled as Jill displayed a lot of concerning behaviours such as self-harm, eating disorder, sexualised behaviours and having inappropriate relationships with men. Jill used anger and violence towards her foster carer and other young people in the community. When this foster placement broke down Jill went back to live with her mother, with whom she has an extremely challenging relationship. During this period her mother frequently reinforced to Jill that she was not wanted in the family home. Jill's behaviours, demonstrate that she presents as hyper-vigilant most of the time.

**Experience of mainstream education, further education, training and/or employment?**

Jill had a negative experience of mainstream education, however she did sit her Junior Certificate but was expelled from school just prior to starting the **GIVE AND TAKE** program. Jill was assessed as having a very poor level of literacy and numeracy and has not had experience of any other training, further education or employment as she was only 16 when starting the programme.

**What challenges and barriers were in the way of Jill's progress in life?**

Jill lives in a very rural area which is not on any bus route – this has been challenging for her in terms of getting to the **GIVE AND TAKE** programme. Her home environment and past trauma are huge challenges for her to deal with and as she lives in a very unstable home she has to deal with the instability and difficult relationships all the time. Jill's learning difficulties also present a challenge in terms of engaging with learning and education. Jill considered the **GIVE AND TAKE** programme as giving her a break from her home environment.

**What were Jill's prospects prior to being engaged in the Give and Take Programme?**

TY and Aftercare Comments:

Jill was very unsettled in her foster placement when she first came to the **GIVE AND TAKE** program, she was self-harming, had an eating disorder, and was violent and aggressive towards most people in her life at the time. She was also susceptible to sexual exploitation and looking for any sort of attachment she could find. Jill had also been using drugs and drinking and hanging around with people who were a bad influence on her which made her very vulnerable and she was at risk of ending up in secure residential.

**IMPACT OF THE GIVE AND TAKE PROGRAMME**

**How has the **GIVE AND TAKE** Programme has helped Jill's progress and development?**

**Self-confidence and self-awareness**

Jill's self-confidence has improved greatly since being in the **GIVE AND TAKE** program, this is something that Jill herself has articulated and she is of the opinion that its largely due to the fact that she feels wanted in the group. In **GIVE AND TAKE** she has found a peer group and a safe space where she can feel at home. She is a lot more self-aware and can regulate herself more effectively now. This is reinforced by the fact that she has stopped self-harming and her eating disorder also seems to have improved.

**Re-integration into education**

Jill seems to work better with one-to-one tutoring and has taken to it very well considering her learning difficulties. She has completed QQI Level 3 in Personal Effectiveness and another in Communications.

**Progression towards employment**

Jill has taken part in volunteering in a number of community events through **GIVE AND TAKE** and at Teach Oscail. She has really found her place in this area and she has excelled when working at these

events. More recently she has done some paid work with CAPS (Cavan Autism Parents Support) supporting young people with autism in an Easter Camp.

#### **Overall Health**

Jill's overall health is good as she partakes in all **GIVE AND TAKE** Activate Program activities and attends gym sessions, well-being walks, and healthy eating initiatives. Through the programme Jill also eats good food and appears to be a much healthier weight.

#### **Emotional well-being**

Jill needs a lot of guidance around her emotional well-being but has made huge progress regarding this in the time she has been with the **GIVE AND TAKE** programme. YW have observed that Jill is a much happier bubbly young person now who can self-regulate and now feels comfortable talking to YW and her peers about anything that may be going on for her. Compared to when she first started with the programme, she has improved in this regard exceptionally well. YW's encouraged Jill to begin counselling outlining the benefits of speaking to professionals, however she has refused this support to date.

#### **Development of Life-skills**

Jill's life skills have also improved a lot, and she integrates a lot better with the core group and has learned what is socially acceptable within a group setting. She has also become a very good baker making food for the group each week. Jill has taken on several volunteer roles within the community and at community events and has excelled in these environments and really found her place within the work force. She has managed her education work well and attends every week. She now knows she is fit for the academic work required to progress – this is a massive improvement for her on when she started with the programme.

#### **What future does Jill now see for themselves?**

Jill has decided that she wants to work in Social Care after seeing that she enjoys this area of work. she has also been planning on going to college in the future now that she has some self-belief. Just recently Jill has taken up some voluntary work on her own with CAPS working with neurodivergent children. Jill appears to have really found her place in society and we have seen a massive change in her presentation as a result of having found a purpose in life and feeling needed and wanted which she did not experience at home in her family environment. The future is very bright for Jill with the support and guidance from the **GIVE AND TAKE** YW's and other agencies from whom Jill receives support. The CAPS Manager reported that she has been very impressed with Jill's ability to work with young people with autism. Jill's new found strengths will be reinforced with through her participation in **GIVE AND TAKE** and the IY team feel confident that Jill will grow in confidence as she progresses towards employment world where she will be a valued member of the society.

#### **IY and Aftercare Comments:**

- Jill is now much more settled and less impulsive
- Her self-harm stopped completely and her eating disorder appears to be under control
- She conforms to social norms in a healthy way and managed much better in a group setting
- She has managed her volunteering placement extremely well
- Her relationship with her mother has improved.
- Jill plans to return to school in September to do her Leaving Certificate Applied.
- She will be in a stronger position vis a vis literacy and numeracy to support her taking this step.

## 5.0 PERCEPTIONS OF THE VALUE OF THE GIVE AND TAKE PROGRAMME

### 5.1 Perceptions of the GIVE AND TAKE Programme from the participants' perspective

In the course of conducting the review of the **GIVE AND TAKE** programme, the consultant met with participants in both Cavan/Monaghan and Dublin SW. The following sections outlines some of the feedback gathered from the YP about their experience on the programme.

#### 5.1.1 Why did you say "Yes" to joining the programme?



5.1.2 What was the best thing about the programme for you?

**"The encouragement and push we get to make progress"**

**"My anxiety is easier to manage"**

**"It has improved my ability to socialise"**

**"It's been good to be made more accountable for my actions"**

**What was the best thing about the GIVE AND TAKE programme?**

**"The routine has been good for my mental health"**

**"We are treated with respect, as adults"**

**"Everyone here is from a care background, so we get each other! I don't feel like the odd one out"**

**"I was helped to get into rehab and encouraged to go - I am now free from addiction"**

**"My YW saw me, noticed things about me that I did not notice myself. These were big things for me!"**

**"I was struggling with literacy - my YW helped me so much with my reading and writing"**

5.1.3 As a result of the programme – what changes can you identify in yourself?



5.1.4 What advice would you give to other young people in Aftercare who are thinking of doing **GIVE AND TAKE**?



## 5.2 Benefits of participation in the **GIVE AND TAKE** Programme from the perspective of Tusla Aftercare teams and Include Youth Team

The consultant asked the Tusla Aftercare teams and the GIVE AND TAKE team to reflect on the changes that they have observed in the young people who have been participating in the programme.

The transformation in the social, emotional, and lifestyle attributes of the young people in the programme are most likely to have been the key to the young people being able to attain the more tangible accomplishments like educational accreditation, employability skills, vocational training, and work experience and may ultimately determine their ability to sustain these positive life changes. An overview of the predominant transformations observed by the aftercare and IY teams have been outlined below:

- Better health and fitness levels
- Better personal hygiene
- Better relationships with family members
- Better routines and structure in life.
- Decrease in anxiety levels
- Enhanced employability skills
- Good regular and consistent attendance – especially relevant to some young people who previously did not sustain their participation in other support programmes.
- Greater sense of life direction and ambitions for the future
- Greater stability in their lives.
- Growth in confidence levels
- Have made friendships in their **GIVE AND TAKE** peer group and socialise with this group
- Increased levels of independence
- Improved life skills and ability to sustain themselves.
- Keen to work and maintain employment
- Linking in and utilising the support offered – especially notable in some young people who historically demonstrated a pattern of non-engagement in any type of programme or support.
- Making better lifestyle choices
- More hope for the future
- More open and honest communications
- More outgoing
- More social in groups and better able to manage in a group setting.
- Moving towards independent living.
- Noticeable maturity in the young people
- Opening up more to Youth Workers
- Planning to progress to college
- Positive progression to negative beliefs being challenged
- Progression to good group involvement after not wanting to engage in any group activities initially.
- Reaching out for help when they need it where before they would not have shared they were needing help
- Reduced drug, vape, or alcohol usage
- Reduction in partying

- Reflecting more on life choices and what the future may hold for them
- Stabilisation of accommodation
- Using the support offered especially when life has been tough.
- Young people have really pushed their comfort zones

### 5.3 Exploring the potential return on investment of the **GIVE AND TAKE** programme

In order to explore the potential return on investment of the **GIVE AND TAKE** programme the consultant has looked to the research outlined in Section 2.8 of this report.

#### 5.3.1 Examining the Australian and British research estimates on the cost of poorer life outcomes

What the Australian research suggests is, that if the **GIVE AND TAKE** Programme can effectively support a young person in Aftercare to re-engage with education or training and make progress toward employment, thereby achieving greater long-term independence, the potential lifetime benefit—across the individual, society, and government—could amount to approximately €905,000 per person in lifetime costs.

The British research suggests that poorer outcomes for care leavers area are estimated to incur a lifetime cost of between €400,000-€500,000 per person. Therefore for the purposes of this exercise we can estimate a potential life time cost in the range of €400,000-900,000 per person.

#### 5.3.2 Estimated return on investment of **GIVE AND TAKE**

Putting these estimate together and considering the cost of delivery of the **GIVE AND TAKE** programme over 1 year, the following calculations can be suggested:

1 year of <b>GIVE AND TAKE</b> programme delivery costs in 2 pilot areas	€324,500
Cost per YP - 17 YP currently on track to sustain positive progressions	€19,088
<i>Australian Research – Lifetime cost of poorer outcomes per person</i>	<i>€905,000</i>
<i>British Research - Lifetime cost per person</i>	<i>Range €400,000-€500,000</i>
<i>Range of lifetime costs per person to consider</i>	<i>Range €400,000 - €900,000</i>

#### CONCLUSION:

**For every €1 invested in **GIVE AND TAKE** there is a potential saving of €21-47 to the State.**

## 6.0 CONCLUSIONS AND RECOMMENDATIONS

### 6.1 Conclusions

The **GIVE AND TAKE** Programme has been a critical component of Aftercare supports available in the pilot areas of Cavan/Monaghan and DSW/K/WW. The programme which specifically targets a proportion of young adults (potentially 53%) coming from Aftercare who struggle to progress into and sustain engagement in education, training, or employment and who ultimately are more likely to become dependent on social welfare as a long-term economic strategy.

This cohort of young people are considered to be more complex cases who are dealing with multiple life challenges, many in the social, emotional and lifestyle domains. These factors need to be supported before these young people stand any chance of being able to engage in working towards making any progressions in relation to re-engaging with education, training or employment.

The critical elements of its design which enable its success are:

- From the outset, the young people feel that they belong in the programme, because they are working alongside other young people from Aftercare – they have a shared lived care experience which supports their feeling of inclusion and being understood.
- The pace of the engagement in the programme is tailored to suit the young people and their needs at every stage. Even when the pace has to be slowed to accommodate a breakdown or breakaway, the **GIVE AND TAKE** Youth Workers are consistent in their engagement with the young people – the process is persistent and does not give up on them, but rather it adapts to bring them along in a different way.
- The programme establishes a long-term developmental plan with each young people which is adaptive and bespoke.
- The delivery of the **GIVE AND TAKE** programme requires very specifically qualified professionals with a defined persistent attitude, belief mindset, skills and connections in order to engage with the young people and help them to complete the programme of work required to help them more forward in their lives.
- **GIVE AND TAKE** is delivered in the community in safe and welcoming organisations that integrate other community supports and provide a sense of “home-from-home”. The role of partnerships with other organisations in the community (e.g. ETBs, Development Companies, Addiction services, counselling) is an important part of its success in helping the young people to progress.
- The individual elements of the **GIVE AND TAKE** programme wrap around the young people so that their progressions are considered from an holistic perspective, incorporating work on life skills, independence, self-care, personal development and social skills in addition to education and employability dimensions. It is considered that the social, emotional and lifestyle work done with the young people and the

accomplishments in these areas are critical to the ability of the young people to make progress in other areas like education, training and employment.

- The element of engagement in education is integral and also enables the leverage of the Aftercare payment to each young people.
- The **GIVE AND TAKE** programme and its delivery organisation Include Youth, cultivates a deep sense of belonging and normalcy among the young people it supports. This is profoundly valuable to the young people who are navigating the challenges of becoming independent adults without the backing of a family network—at a stage in life when many of their peers still rely heavily on family support and are not expected to manage such independence.
- The **GIVE AND TAKE** Youth Workers encourage and challenge each young people in a positive way, which comes from a place of great patience, understanding and trust in the potential that lies within each young people.
- The team at **GIVE AND TAKE** and Include Youth help to alleviate the isolation, stress, and overwhelm felt by young adults coming out of care by providing the availability and consistency of a reliable adults in the lives of these young adults. The youth workers are there to talk to about the life challenges being experienced as they arise, and to help the young people to identify how to start addressing them. This level of access and support is extremely valuable and often life-changing.
- **GIVE AND TAKE** is characterised by providing hands-on practical support which can be as basic as driving the young people to and from the delivery Centres or appointments which are important to their development, or accompanying them to challenging engagements i.e. court appearances. In this way the young people are assisted to take the steps they need to take **with** the youth workers rather than begin told what to do on their own.
- To date the delivery of **GIVE AND TAKE** in the two pilot areas of Cavan/Monaghan and Dublin SW/K/WW has resulted in:
  - 30 young people engaging in the programme
  - 19 young people are currently active across both pilot areas
    - A number of young people are on waiting lists for both areas.
  - 17 young people are on track to make good progress towards education, employment or training
  - 26 young people made progressions across the social, emotional, lifestyle, education, training and employment domains.
- After just 1 year of the **GIVE AND TAKE** programme delivery, all 5 performance indicators have been met as outlined the table overleaf. However additionally many more progressions have been achieved – as outlined in Section 4.5 and Appendix 4.

It is anticipated that more progressions will be achieved before each young person transitions out of the programme.

	Description	Target	Actual
PI 1	Young people referred to the programme will complete their induction and assessment programme	70% of participants	<b>90%</b>
PI 2	Young people who complete induction will gain a recognised qualification	60% of participants	<b>63%</b>
PI 3	Young people who complete induction will be supported to engage in life skills	75% of participants	<b>80%</b>
PI 4	Young people who complete induction will be supported to engage with employability skills training	60% of participants	<b>73%</b>
PI 5	Young people who complete induction will have a positive progression	60% of participants	<b>87%</b>

## 6.2 Recommendations

The **GIVE AND TAKE** Programme is a very specialised intervention which is successful by virtue of its holistic focus, adaptive nature experienced and skilled staff and how it is embedded in the community. It has been delivered by Include Youth in Northern Ireland for over 30 years and therefore the model has been well tried and tested over the years.

However the proposition of taking it to a new jurisdiction, working with new a Government Agency and with new community partners in new locations, has naturally provided learning for Include Youth over the course of the first year of delivery. This section outlines some of the recommendations which are based on the learnings from the first year of delivery.

### **Recommendation 1: Funding security**

Initial funding was secured for a two-year period through the Dormant Accounts Fund, which translates to 18-months of programme delivery and work with young people on the ground. Whilst a third year of Dormant Accounts funding is currently being sought to secure the ongoing support of the current cohort of young people in the programme in addition to new referrals who are on a waiting list in both areas, it is hoped that mainstream Tusla funding will be secured for the subsequent years.

Given the importance of the staffing element of the programme delivery being able to secure on-going funding will ensure that **GIVE AND TAKE** will be able to retain the current cohort of experienced Youth Workers who are so critical to the programme’s success.

### **Recommendation 2: Reprofile the funding model for each area of delivery**

The current pilot areas represent a mainly rural area – Cavan Monaghan and a predominantly urban setting of Dublin SW/K/WW. One of the difference in delivering in both areas is the amount of programme costs and time spent on travel by youth workers engaging with the young people referred to the programme. In some cases young people were living in locations which were an hour’s drive from the delivery centre – 2 hour round trip. Therefore going forward, the rurality of a delivery area must be factored into the programme cost profiling both in terms of mileage allocated in the budget and also youth work hours allocated to each area.

Both pilot areas had an allocation of 2 youth workers to work with the young people. The question of whether more rural areas should be allocated an additional 0.5 youth worker post in order to allow for the loss of face-to-face time spent in rural travel. This is important in the context of rural areas where support services for young people are more scarce and often concentrated around county towns which places other rurally located young people at a disadvantage in terms of access.

**Recommendation 3: Access to 1-1 Tutoring**

During the course of the past year, there were some difficulties experienced by **GIVE AND TAKE** DSW in relation to accessing 1-1 face to face tutoring for their young people in respect of progressing essential skills and QQIs. The way the young people currently are engaging with QQIs is remotely and independently which makes it more difficult to track their progress and which does not allow for the young people to access help when they need it.

It would be preferable that in Dublin the young people could travel to a location in the general vicinity of St. Marks to engage on a face-to-face basis with tutors and therefore they would be able to address any difficulties that they might encounter during the attainment of the QQIs.

In Cavan the young people were able to attend the local ETB office personally to access 1-1 support which worked out exceptionally well. However the consultant has been informed that some of the tutors accessed at the Cavan Monaghan ETB are available through a SEUPB PEACE Plus-funded programme which will be time limited to the current programme which ends in 2027. Therefore Include Youth would need to investigate how to sustain the model of access to 1-1 QQI tutoring in the wake of this programme of funding.

**Recommendation 4: Building of Strategic Relationships with Corporate Partners/ Employers**

Recently Include Youth in Ireland has secured the support of a new corporate Partner in Nando's, the restaurant chain. This opportunity will support the **GIVE AND TAKE** programme by offering young people opportunities to improve their employability through work placements and potentially job opportunities. It will also support with programme with catering for events from time to time.

Going forward Include Youth wishes to continue building relationships with employers and corporate partners in the locality of their programme delivery areas so that the programme can build on its ability to link with real employment opportunities for the young people participating in the programme thereby enhancing their progression outcomes. This step is particularly relevant now that one year of programme delivery has been achieved and the young people in the programme are closer to being employment ready.

**Recommendation 5: Develop Specific Transition Support**

Include Youth is very mindful of nurturing young people in the programme in a way that supports the growth of their independence whilst ensuring that they do not become over dependent on the individuals who support them in the programme.

As mentioned earlier in the report, the duration of engagement in the programme will be dependent on the needs of the young people and the pace of their progression. In order to facilitate the transition of each young people out of the programme, Include Youth would like to introduce a Transition Support Service for each delivery area which would be charged with managing a step-down process out of the active programme participation and into education, training or employment.

This is a role that already exists in the programmes being delivered in Northern Ireland by IY and so there is a well-established methodology. This support will be necessary over the course of the next year as some of the young people will be ready to move out of the programme. Providing effective transition support helps maintain continuity, fosters trust, and equips young people with the knowledge and confidence to make informed choices and stay on a positive path forward.

**APPENDIX 1: List of complexities experienced by the young people engaged in the **GIVE AND TAKE** Pilot Programmes**

		Dublin SW		Cavan/Monaghan		Total	
TRAUMA RELATED		No.	%	No.	%	No.	%
1	Experienced abuse/neglect	16	100%	14	100%	30	100%
2	Poor/disorganised attachment	7	44%	13	93%	20	67%
3	Emotional dysregulation/ difficulty in regulating	10	63%	13	100%	23	77%
4	Developmental Trauma	16	100%	14	100%	30	100%
5	Disruptive behaviour disorders	7	44%	8	57%	15	50%
ADDICTIONS							
6	Substance misuse/addiction	12	75%	8	57%	20	67%
OFFENDING/RISK RELATED							
7	At risk of involvement/threats from gangs	5	31%	13	93%	18	60%
8	At risk of offending/reoffending	4	25%	12	86%	16	53%
9	Has a criminal conviction	3	19%	7	50%	10	33%
10	Known to the Gardai	6	38%	7	50%	13	43%
11	Subject of active police investigation	3	19%	3	21%	6	19%
12	Pattern of devious/risk taking behaviours	6	38%	14	100%	20	67%
13	A risk to others	2	31%	9	64%	11	37%
14	Involved in antisocial behaviour	4	25%	12	86%	16	53%
15	Aggression/Challenging behaviour	5	31%	8	57%	13	43%
VULNERABILITIES							
16	Currently at risk of Child sexual exploitation (CSE)	0	0%	2	14%	2	7%
17	Has engaged in harmful sexual behaviours	0	0%	4	29%	4	13%
18	Experience of CSE	2	13%	5	36%	7	23%
19	At risk to themselves	5	31%	6	43%	4	13%
20	At risk from others	8	50%	10	71%	18	60%
21	Has experience of Racism	1	6%	2	14%	3	10%
22	Resided in secure accommodation	2	13%	4	29%	6	20%
GENERAL HEALTH							
23	Physical injury/ailment/ill-health	3	19%	1	7%	4	13%
24	Complex disability	1	6%	0	0	1	3%
25	Mild disability – physical or intellectual	4	25%	5	36%	9	30%
26	Diabetes	0	0%	1	7%	1	3%
27	Overweight	7	44%	3	21	10	33%
SELF SUFFICIENCY & SELF CARE							
28	Lacking confidence & self-esteem	7	44%	14	100%	21	70%
29	Low motivation	14	88%	14	100%	28	93%
30	Poor ability to initiate tasks	3	19%	13	93%	16	53%
31	Poor sleep routine	16	100%	14	100%	30	100%

	<b>Dublin SW</b>		<b>Cavan/Monaghan</b>		<b>Total</b>	
<b>MENTAL/ EMOTIONAL STABILITY</b>						
32	Admitted to a psychiatric facility	1	6%	4	29%	5 43%
33	Diagnosed with a mental health condition	5	31%	4	29%	9 30%
34	Poor Mental health/anxiety/low mood	16	100%	14	100%	30 100%
35	History of self-harm/suicide ideation/risk to self	2	13%	4	29%	6 20%
36	Referred to CAMHS	7	44%	5	36%	12 40%
37	Recent bereavement/Grief	6	38%	3	21%	9 30%
38	Avoidance	6	38%	13	93%	19 63%
<b>LEARNING RELATED</b>						
39	Poor Literacy/Numeracy	9	56%	10	71%	19 63%
40	Poor memory /retention	9	56%	13	93%	22 73%
41	Poor comprehension	8	50%	13	93%	1 3%
42	Poor concentration/Easily distracted	14	88%	13	93%	27 90%
43	Sensory Processing Disorders	1	6%	0	0%	1 3%
44	Neurodivergent	11	69%	8	57%	19 63%
45	Early school leaver	13	81%	9	64%	15 50%
46	NEET	14	88%	14	100%	28 93%
47	English as a second language	0	0%	2	14%	2 7%
48	Qualifications from another jurisdiction	1	6%	1	7%	2 7%
<b>RELATIONSHIP DIFFICULTIES</b>						
49	Struggles in social/group settings/building relationships	16	100%	14	100%	30 30%
50	Vulnerable to abusive/unhealthy relationships	8	50%	14	100%	22 73%
51	Difficult family relationships/ no support	12	75%	14	100%	26 87%
52	Difficult peer relationships	9	56%	13	93%	22 73%
<b>ACCOMMODATION RELATED</b>						
53	Unstable housing	14	88%	13	93%	27 90%
54	Homeless	3	19%	2	14%	5 17%
55	Difficulty in securing progression accommodation	14	88%	11	79%	25 83%
<b>OTHER</b>						
56	Economic/social deprivation	15	94%	14	100%	29 97%
57	New community/Migrant	0	0%	2	14%	2 7%

**APPENDIX 2: Support services available in the Dublin SW area**

Name of Service	Details	Location of service	How to access it	Waiting List		Notes
				No	Yes	
<b>Addiction services</b>						
CARP	Community programme	Tallaght	phone call to Sandra	x		
TASP	Tallaght Addiction support services	Tallaght	Phone call to Fiona	x		
YODA	Youth Drug Alcohol services	Tallaght	Phone call to	x		
JADD	Jobstown Assisting Dependency	Tallaght	Phone call to Thomas/Niamh	x		
<b>Educational Services</b>						
An Cosan		Tallaght	phone call		x	next programme
Youth Reach					x	
<b>Employment Initiatives</b>						
TUS Scheme	South Dublin County Partnership	Tallaght/ Clondalkin		x		
CE Scheme	South Dublin County Partnership	Tallaght/ Clondalkin		x		
CE Scheme	CARP	Tallaght/ Clondalkin			x	When there is a vacancy
Social welfare offices	Obair service	Tallaght		x		
<b>Training Initiatives</b>						
Educational Services	South Dublin County Partnership	Tallaght	Phone call/E-mail	x		
Employment services	South Dublin County Partnership	Tallaght	phone call/Email	x		
Education & Employment	Fofoige	Tallaght	Phone call/ Email	x		
Flexible Training Unit	South Dublin County Partnership	Tallaght	Phone call/ Email	x		
<b>Mental Health Supports e.g. counselling, CBT,</b>						
Heads up	South Dublin County Partnership	Tallaght	phone call	x		
Mental health services	Jigsaw (under 18s service)	Tallaght	Phone call	x		
<b>Housing Support</b>						Waiting list for housing
SDCC	SOUTH DUBLIN COUNTY COUNCIL	Tallaght	Phone call/visit		x	
<b>Other</b>						
St. Kevin's FRC	Range of community & family support services	Kilnamanagh, Tymon North, Kingswood				

**APPENDIX 3: Support services available in the Cavan/Monaghan area**

Name of Service	Location of service	How to access it	Waiting List			Notes
			No	Yes	If Yes, Length	
<b>Addiction services</b>						
Cavan & Monaghan drug and alcohol service (CAMDAS) Merchant's Quay Ireland	Cavan Town	GP Referral or drop in		Yes	6-12 mths	
HSE primary care addiction service Cavan/Monaghan	Cavan/Monaghan	GP Referral		Yes	6-12 mths	
MaCYSS- Monaghan and Cavan Youth substance support	Cavan/Monaghan	Referral		Yes	6 to 8 weeks	
<b>Educational Services</b>						We have our own personal tutors for our young people provided by the CMETB
Cavan and Monaghan Education and training board (CMETB)	Cavan/Monaghan	Sign up system	No			
<b>Employment Initiatives</b>						
Workability jobs coach-pathways to employment for young people (Cavan County Local Development)	Cavan	Referral	No			
<b>Training Initiatives</b>						
CMETB Cavan and Monaghan	Cavan/Monaghan	Sign up process	No			We refer young people and are also in the process of sorting out personal training for our own group.
<b>Mental Health Supports &amp; counselling, CBT,</b>						
Teach na Daoline counselling service	Monaghan	Referral		Yes	6 weeks	
Teach Oscail counselling service	Cavan	Referral		Yes	6 weeks	
HSE mental health services	Cavan/Monaghan	Referral		Yes	6 weeks	
SOSAD	Cavan/Monaghan	Referral- drop in	No			
<b>Housing Support</b>						
Cavan County Council	Cavan	Drop in		Yes	Not known	
Monaghan County Council	Monaghan	Drop in		Yes	Not known	
<b>Other</b>						
Teach Oscail Youth Resilience Support	Cavan	Referral	No			
Teach Oscail Beacon Family Support	Cavan	Referral	No			
Teach Oscail - FRC, general community services	Cavan	Walk in	No			
Teach na nDaoline - Beacon Family Support	Monaghan	Referral	No			
Teach na Daoline - FRC, general community services	Monaghan	Walk-in				

## **APPENDIX 4: Progressions made by Participants**

Progression	DSW/K/WW No. of YP	Cav/Mon No. of YP	Total No. of YP	% of all P'pants
<b>2. Social, emotional and independence</b>				
• Personal growth and development				
1. Believe they have a bright future	9	7	16	53%
2. Have flourished in 1-1 settings	13	9	22	73%
3. Improved communication skills	10	9	19	63%
4. Making better life choices	6	7	13	43%
5. Self sufficient	4	5	9	30%
6. Strong sense of self belief	10	3	13	43%
7. Increased in confidence	16	8	24	80%
8. Linked with family to build relationships and access support	1	0	1	3%
• Health and wellbeing				
9. Engaged with GP ref MH issues	1	0	1	3%
10. Registered with GP & secured medical card	3	3	6	20%
11. Managing anxiety better	10	18	28	60%
12. Signposted to counselling & took it up	3	2	5	17%
• Independence & Self sufficiency				
13. Now no longer requires wake-up calls	11	3	14	30%
14. Now making way independently to and from IY	10	7	17	57%
15. Increased independent Living Skills	16	8	24	80%
16. Signposted to addiction &/ homelessness services	3	5	8	27%
17. Opened bank account	0	2	2	7%
18. Linked with Aftercare Worker ref suitable accommodation	3	4	7	23%
19. Linked with other Multi-Disciplinary team supports/services	4	0	4	13%
20. Has applied to local Council for housing	3	5	8	27%
21. Was supported by IY for court appearances	1	3	4	13%
<b>3. Employability skills &amp; employment</b>				
22. Driving theory complete	5	0	5	17%
23. Driving theory in progress	1	3	4	13%
24. Interview skills and CV prep	10	9	19	63%
25. Secured vocational qualifications	12	7	19	63%
26. Employability qualifications gained	14	8	22	73%
27. Volunteering job secured	2	0	2	7%
28. Work placement completed	6	6	12	40%
29. Working part time and sustaining job	4	1	5	17%
<b>4. Learning and Education related</b>				
30. Improved essential skills: English & Maths <i>Note: Essential skills support was imbedded in QQI and 1-1 tutoring in Cavan</i>	12	6	18	60%
31. Registered for PLC/other course with Sept start	5	3	8	27%
32. Completed 1 yr PLC course	0	1	1	3%