

# Early School Leavers and Nutrition

A needs assessment from a nutrition perspective



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# **Early School Leavers and Nutrition - A needs assessment from a nutrition perspective**

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## Foreword

I am very pleased to present this **safefood** commissioned report on Early School Leavers (ESLs) and Diet related health issues. The research was led by Dr Michelle Share at the Children's Research Centre, Trinity College Dublin in collaboration with Dr Barbara Stewart-Knox at University of Ulster, Coleraine. The report represents an all-Ireland needs assessment of food and physical activity-related health issues in alternative education and training settings.

Young people in ESLs settings represent a population group at risk of poor health outcomes. Research into the nutrition and physical activity habits of young people who are ESLs is limited. This survey of young people revealed that their diets and physical activity patterns are a concern and similar to other socio-economically marginalised groups. They are at risk of poor health outcomes in terms of the major non-communicable chronic diseases because of poor nutrition, overweight and obesity.

This key piece of work contributes to the evidence base in the area of ESLs and their nutritional needs on the island of Ireland (IOI). This includes; mapping the service providers on the IOI, gathering perspectives from young people and service providers and making recommendations for improving the nutritional needs of ESLs.

**safefood** have facilitated two workshops, one each in Dublin and Belfast to develop a response to the recommendations. We are committed to playing our part in promoting healthy eating, which facilitates in the overall health and wellbeing of this important group of young people.

Dr Clíodhna Foley-Nolan,

Director of Human Health and Nutrition, **safefood**

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## Acronyms and abbreviations

<b>AEP</b>	Alternative Education Provision/Provider
<b>CPA</b>	Combat Poverty Agency
<b>CRC</b>	Children's Research Centre
<b>CSO</b>	Central Statistics Office
<b>CTC</b>	Community Training Centre
<b>DEIS</b>	Delivering Equality of Education in Schools
<b>DEL</b>	Department for Employment and Learning (NI)
<b>DES</b>	Department of Education and Skills (ROI)
<b>ELB</b>	Education and Library Board
<b>ESL</b>	Early School Leaving/Leaver
<b>ESRI</b>	Economic and Social Research Institute
<b>EU</b>	European Union
<b>FÁS</b>	Fóras Aiseanna Saothair
<b>FETAC</b>	Further Education and Training Awards Council
<b>GCSE</b>	General Certificate of Secondary Education
<b>GYDP</b>	Garda Youth Diversion Project
<b>HBSC</b>	Health Behaviour in School-aged Children
<b>HQM</b>	Health Quality Mark
<b>HSE</b>	Health Service Executive
<b>IOI</b>	Island of Ireland
<b>ISCED</b>	International Standard Classification of Education
<b>JW</b>	Justice Workshop
<b>LCA</b>	Leaving Certificate Applied
<b>LFS</b>	Labour Force Survey

<b>M</b>	Mean
<b>NEET</b>	Not in Education, Employment or Training
<b>NESF</b>	National Economic and Social Forum
<b>NI</b>	Northern Ireland
<b>NICHE</b>	Northern Ireland Centre for Food and Health
<b>NYCI</b>	National Youth Council of Ireland
<b>NYHP</b>	National Youth Health Programme
<b>OCN</b>	Open College Network
<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>ROI</b>	Republic of Ireland
<b>RO</b>	Research Objective
<b>SCP</b>	School Completion Programme (ROI)
<b>SD</b>	Standard Deviation
<b>SEN</b>	Special Education Needs
<b>SPHE</b>	Social, Personal and Health Education
<b>TCD</b>	Trinity College Dublin
<b>TPSP</b>	Teen Parent Support Programme
<b>UU</b>	University of Ulster
<b>VEC</b>	Vocational Education Committee
<b>WHO</b>	World Health Organisation

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# 1 Executive Summary

## Background

This research was undertaken by the Children's Research Centre (CRC), Trinity College Dublin (TCD) and the Northern Ireland Centre for Food and Health (NICHE) at the University of Ulster (UU) in response to **safefood's** call for proposals to carry out an all-Ireland needs assessment of food and physical activity-related health issues in alternative education and training settings.

Nutrition and physical activity research with young people who are early school leavers (ESLs) is limited. Based on their demographic characteristics and on the results of school leaver surveys we suggest that ESLs are similar to other socio-economically marginalised groups at risk of poor health outcomes in terms of food poverty, poor nutrition, overweight and obesity and smoking.

There was no single public database or directory in either jurisdiction that identified the range of sectors, organisations and individuals that provide services to ESLs.

This study aimed to inform the development of a meaningful and socially inclusive response to the nutrition education needs of young people and other stakeholders in alternative education and training settings. The project results will inform **safefood's** and other agencies' future food and nutrition work in ESL settings.

## Research objectives

1. Provide an overview of the key structures/networks for accessing ESLs in NI and ROI [RO1]
2. Identify relevant key existing health promotion activities and gaps in health promoting activities that focus on healthy eating and active lifestyles that target ESLs [RO2]
3. Identify potential healthy eating and physical activity related programmes that are appropriate and acceptable to ESLs in NI and ROI that could be implemented by **safefood** in the out-of-school setting [RO3].

## Methodology

The study used a mixed-methods approach that addressed the three ROs outlined above. It involved:

- An all-Ireland review of the key structures and networks accessed by ESLs in statutory and non-statutory sectors, supported by qualitative one-to-one interviews with eight key informants in ESL settings in NI and ROI.
- Sixteen one-to-one qualitative interviews with key informants in ESL settings in NI and ROI. These aimed to elicit service providers' perspectives on food and nutrition issues for young people in ESL settings.
- Eight focus group discussions with young people in ESL settings that examined their perspectives on food and health issues and appropriate approaches to food and health programmes in their education/training centres.
- An all-Ireland quantitative survey of ESL service providers (n = 239) that examined health promotion activities, policies, curriculum and practices in relation to food and physical activity.
- A survey of 11 dietitians of the extent and nature of their work with ESLs.
- A survey of 472 young people in alternative education and training settings in NI and ROI of food and physical activity attitudes and practices. Food choice motivations and food consumption patterns were examined in a separate survey administered to 100 young people.

## Key findings

### Service provision for early school leavers on the island of Ireland

- In NI service provision crosses a range of government departments but responsibility lies primarily with the Department for Employment and Learning (DEL).
- In ROI, the Youthreach programme is the main formal, statutory response to ESL and is delivered through Youthreach Centres of Education, Community Training Centres (CTCs) and Justice Workshops (JW).
- Formal provision is more structured in terms of: availability of educational and vocational programmes; resources and standards.
- Informal provision is widespread throughout ROI and NI but tends to be ad-hoc and to some extent overlaps with other ESL service provision.

## **Activities and gaps in health promoting activities that focus on healthy eating and active lifestyles that target early school leavers**

### **Activities**

- Food and physical activity issues were frequently addressed by service providers in addition to other issues such as substance use and mental health.
- In ESL settings much effort is made in relation to food provision, curricula and programmes, and the use of health promotion resources.
- Activities related to food and physical activity in alternative education and training settings are wide-ranging but focus mainly on the curriculum and food/recreational provision.
- A wide range of relevant curriculum exists in ESL settings related to the promotion of nutrition and physical activity.
- Food provision formed a major part of the everyday activities in centres, although this was more common in ROI.
- Food provision was a vital part of centres' services for a range of reasons that included:
  - The provision of nutrition for those whose overall nutritional wellbeing has been compromised throughout their childhood;
  - To prevent hunger and ensure that young people are prepared for learning;
  - Socialisation and for learning transferable skills for the workplace and home;
  - Broadening young people's perspectives on food and eating in general so that they can participate more fully in society.

### **Gaps**

- Programmes related to the promotion of nutrition and physical activity tended not to be aligned with other relevant curricula and overall programmes in ESL settings.
- Young people lacked a critical awareness about diet and physical activity in general. Young people have some confusion about food, eating, weight and health.
  - They preferred foods that were convenient and high in fat and sugar.
  - For both young men and women there was some confusion about nutrition and body size. For some young men there was a desire to increase weight while this was the opposite for young women.
- The survey of young people revealed that their diets and physical activity patterns are not optimal for health.
- Challenges for service providers included: resources for food provision; appropriateness of programmes and curricula; and expertise to address the complexity of food issues in ESL settings.

## **Appropriate and acceptable programmes for ESLs in NI and ROI that could be implemented by *safefood* in the out-of-school setting**

### **Approach to programme delivery**

- Current responses to nutrition health promotion tend to be passive and not geared to the lives of young people in alternative education settings.
- Issues such as substance misuse, mental health, troubled family backgrounds, low levels of literacy and a negative experience in the formal school system must be taken into account in how programmes are developed and delivered.
- There is an opportunity for food education to be a focal point for an engagement with other issues in young people's lives.
- Nutrition and physical activity education in ESL settings requires active engagement strategies rather than traditional classroom-based methodologies.
- Diet and physical activity issues for young people in ESL settings require a more critical-edged approach that links physical activity to knowledge and practices about food and nutrition.
- Practical and enjoyable learning that is meaningful to young people is required e.g. games, fieldtrips, food tasting, cookery competitions and research-based activities.

### **Specific programmes**

- In addition to the range of relevant nutrition and health related curricula, a number of special programmes/initiatives support healthy lifestyles for young people in alternative education and training settings were welcomed by service providers. These included *safefood* for Life, Cook It! (in NI and ROI), and the Health Quality Mark (HQM).
- Young people in ESL settings are young adults and many do not shop or cook. Nutrition programmes for low socio-economic groups tend to be built around shopping and cooking; they may thus have limited value for ESL groups. Programmes used for other low-income groups and offered to ESLs require a broader remit and should be geared towards food literacy – growing, production, shopping, preparation etc.
- ESL centres provide education programmes to young parents. For this group there is an opportunity to address food issues for themselves and their children.
- There is a need for better curriculum alignment where subjects connect across programmes rather than being delivered as stand-alone modules.
- Programmes such as *safefood* for Life and Cook It! could be aligned with the overall programme of education in ESL settings.
- Any new or existing programmes related to healthy lifestyles should enhance and align existing modules/subjects and be accredited.

## Conclusion

This study has highlighted the centrality of food in ESL settings in terms of its nutritional and social dimensions. There is an opportunity for **safefood** and other organisations to build on the strengths of the ESL sector and harness the interest that exists to create unique ways of enhancing young people's health and wellbeing by bridging the social and nutritional dimensions of food for and with young people in ESL settings.

## Recommendations

### Policy

There is an opportunity for **safefood** and/or other organisations to inform policy related to the ESL sector in the following areas:

- funding for meals
- kitchen equipment and facilities
- food quality and safety.

### Training

There is an opportunity for **safefood** and/or other relevant organisations to develop/offer training in the following areas:

- guidelines for good practice in food education and provision in ESL settings for staff involved in the delivery of food, health, and physical activity programmes
- food and nutrition policy.

### Programmes

- **safefood**'s work complements the current nutrition education in alternative education and training settings and could be tailored and expanded to reach a wider audience of young people who are ESLs, in particular young parents
- There should be a review of the nutrition related curriculum in ESL settings to determine where subjects/modules can be aligned so that practical skills that can be transferred into young people's lives outside of centres.
- **safefood** should ensure that programmes it develops for ESL settings are accredited by the Further Education and Training Awards Council (FETAC) (ROI) or OCN/OCR/CCEA (NI)
- **safefood** should consider where role-modelling or champions exist that can support the ESL sector in food-related health issues
- **safefood** should undertake a review of its nutrition promotion resources to determine their suitability for the ESL sector

- Meaningful and activity based resources should be developed for the ESL sector that develops young people's food literacy. These should be enjoyable for young people and seek to develop their critical awareness of food and eating and its relevance to other issues in their lives
- **safefood** should consider working with young people in ESL settings to develop suitable resources, for use in settings, e.g. posters, curricular materials, recipes, cookery books, cooking for children.

#### Research

- Further research could be undertaken to examine food provision in alternative education and training settings (quality/cost) and used for the development of best practice guidelines or standards for the sector
- Research should be undertaken that examines qualifications and training needs of staff in ESL settings in relation to nutrition/physical activity/health promotion
- Any new programme/resource/module should be evaluated for effectiveness.

## 2 Introduction and Background

### 2.1 Project objectives

In May 2009 **safefood** issued a call for proposals to undertake a research study: Early school leavers (ESLs): a needs assessment from a nutrition perspective. Following a competitive tendering process, the research contract was awarded to Dr Michelle Share (Children's Research Centre (CRC), Trinity College Dublin (TCD)), who brought together an all-island interdisciplinary team with research expertise in educational disadvantage, nutrition and health promotion. The team comprised Dr Barbara Stewart-Knox (Northern Ireland Centre for Food and Health (NICHE), University of Ulster (UU) and researchers Marita Hennessy (CRC) and Jennifer Davison (NICHE).

The research objectives (ROs) established by **safefood** were to:

- Provide an overview of the key structures/networks for accessing ESLs in NI and ROI [RO1].
- Identify relevant key existing health promotion activities and gaps in health promoting activities that focus on healthy eating and active lifestyles that target ESLs [RO2].
- Identify potential healthy eating and physical activity related programmes that are appropriate and acceptable to ESLs in NI and ROI that could be implemented by **safefood** in the out-of-school setting [RO3].

The ROs were initially explored through a thorough review of the available evidence on ESL provision on the island of Ireland (IOI); and of nutrition and physical activity health promotion issues for young people in ESL settings; and associated issues for service providers.

The research adopted a mixed-methods approach that addressed the three ROs and allowed for an in-depth investigation of ESL settings. It will inform the development of a meaningful and socially inclusive response to the nutrition education needs of young people and other stakeholders in ESL settings, and will recognise the multidimensionality of settings and needs. The project results will inform the future work of **safefood** and other agencies in relation to food and nutrition work in ESL settings.

## 2.2 Early school leavers

ESL is regarded as a major issue not only on the IOI, but across Europe. In the EU, 14% of young people are ESLs (16% of males, 13% of females). Reducing the incidence of ESL to 10% by 2020 is a benchmark of EU education strategy (European Commission 2011).

Inequity in education contributes to poorer health for excluded individuals. ESLs in the US have a life expectancy nine years less than high school graduates (Dale, 2010). In Europe, pregnancy, crime, violence, substance abuse and suicide are significantly higher among ESLs and many of these are also causes of ESL (European Commission, 2011).

The causes of ESL vary and the National Economic and Social Forum (NESF) has proposed three ways to understand these:

1. The 'deficit' model: labels young people who leave the formal education system on or before the statutory leaving age as drop-outs to reflect some personal failure.
2. The 'push-out' model: puts the blame on structural factors within the school such as school type, curriculum, disciplinary procedures, and pupil-teacher interactions.
3. The 'rational choice' model: ESL is seen as a cost-benefit analysis undertaken by the student on the basis of the direct costs associated with schooling as well as income foregone while at school (NESF, 2001).

The NESF states that, in reality, school leavers drop out and are pushed out; a combination of the first and second models. In the rural context a range of other issues impact on ESL such as lack of sufficient numbers to avail of programmes; lack of choice regarding subjects on offer; transport; and access to non-traditional programmes such as the Junior Certificate School Programme.

### 2.2.1 EU/International definitions

This study concerns ESLs and the organisations that provide for them. At the outset it is important to consider what we mean when we use the term 'early school leaver'. The term presents definitional difficulties and is used differently across the research literature and policy documents in the European Union (EU), the ROI and in NI.

The EUROSTAT indicator for ESL denotes three conditions that characterise being an ESL:

1. Aged between 18 and 24 years
2. With at most ISCED<sup>1</sup> Level 2 (below upper secondary qualification)
3. Not in education or training (in the last four weeks before responding to the Labour Force Survey (LFS) (European Commission, 2011).

The OECD<sup>2</sup> definition applies a narrower age profile:

1. Aged between 20-24 years
2. Not currently in education
3. With education level below upper secondary (GHK, 2005).

### 2.2.2 Northern Ireland definition

The label 'Not in Employment Education or Training' (NEET) has been in use in the UK for a number of years. This term replaced 'Status Zero' [sic] to clarify the concept and to convey the diverse nature of this population group (Furlong, 2006). The term NEET has not been without criticism. It has been seen as problematic inasmuch as it defines young people by what they are not doing (Raffe, 2003; Evans *et al.*, 2009) and lacks an agreed definition (Furlong, 2006). Further, the characteristics, experiences and needs of young people who are NEET are diverse and cannot be reduced to one category (Raffe, 2003; Furlong, 2006).

Since 2010, the Department for Employment and Learning (DEL) has worked with stakeholders to produce a strategy for young people who are considered NEET. A consultation was held on 'Pathways to Success' in 2011 (DEL, 2011). An initial scoping study for the strategy focused on 16-19 year olds, subsequently expanded to include data on 16-24 year olds (DEL, 2010). Using data on young people aged 16-18 from England and Wales the DEL categorises 'NEET' young people as:

#### Group 1: 'Out of Scope'

- Young people undertaking some form of activity not formally counted as education, employment or training, e.g. gap year students undertaking voluntary work (22%).

#### Group 2: Young people with an identifiable barrier

- Young people who have an identifiable barrier to participation, such as they have a child or are experiencing serious illness or disability (23%).

#### Group 3: No identifiable barrier

- Young people who are not in education, employment or training (NEET)<sup>3</sup> but who are in neither of the above categories (55%).

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<sup>1</sup> International Standard Classification of Education

<sup>2</sup> Organisation for Economic Cooperation and Development

<sup>3</sup> Training is defined as government-supported and education is restricted to full-time education.

Based on 2010 figures, there are 46,000 young people aged 16-24 who are NEET in NI. When the above percentages are applied to the 14,000 16-19 year olds which the LFS records as NEET in NI (December 2010) the proportions are:

- Group 1: 'Out of Scope' - 16% (2,240 young people)
- Group 2: Young people with an identifiable barrier – 18% (2,520)
- Group 3: No identifiable barrier – 66% (9,240) (DEL, 2011).

The DEL scoping study drew upon research conducted by the National Foundation for Education Research that examined youth cohort data in England and Wales and refined its definition of NEET to include:

1. Transitional or Gap Year NEET (41%)
  - Young people waiting to commence further education
  - Highly qualified and not engaged in education, employment or training by choice.
2. Floating NEET (22%)
  - Not considered to have substantive barriers to educational progression
  - Have relatively good qualification levels but complain of a lack of suitable provision.
3. Core NEET (38%)
  - The most difficult group to reach
  - Likely to experience barriers outlined in the preceding sections
  - Experiences of educational disadvantaged are most often intergenerational.

The NI NEET consultation uses the definitions above and prioritises those aged 16-19 years (DEL, 2011).

In NI the ESL definitions focus on young people's activities and the rationale for being categorised as an ESL, rather than age or absence of a particular level of education.

### **2.2.3 Republic of Ireland definition**

In the ROI the legal definition of ESL is outlined in the Education (Welfare) Act 2000 as 'non-participation in school before a young person reaches age 16 or before completing three years post-primary education, whichever is later' (Government of Ireland, 2000).

The Department of Education and Skills (DES) generally considers ESLs to be young people who have not been retained in the full-time State-aided schooling system. This includes those pursuing alternative pathways, such as Youthreach; those in Fóras Aiseanna Saothair (FÁS) programmes including apprenticeship training and in Community Training Centres (CTCs); and those taking a Leaving Certificate course at a non-recognised 'grind' school (Byrne & Smyth, 2010).

The Combat Poverty Agency (CPA) defined ESL as leaving the education system without a minimum of five passes in the Leaving Certificate or equivalent qualification (CPA, 2001). They further recognised

that, within this definition, certain groups of ESLs were likely to experience greater disadvantage than others: those who leave the system before completion of the Junior Certificate (CPA, 2001).

A recent Economic and Social Research Institute (ESRI) study adopted a similar definition to the CPA. ESL was defined as leaving full-time second-level education before completion of the Leaving Certificate (LC Established, LC Vocational Programme or LC Applied Programme) examination (Byrne & Smyth, 2010). In these definitions, the emphasis is on the absence of qualifications rather than age.

The Central Statistics Office (CSO) defines ESLs as those aged 18 to 24 years, whose highest level of educational attainment is lower secondary or below, and who have not received education (either formal or non-formal) in the four weeks prior to the survey. This permits data comparisons with other countries in the EU LFS.

Eivers *et al.*, (2000), provide a finer-grained definition and group ESLs into four categories (encompassing anyone who leaves school without completing Senior Cycle in post-primary school) as those who:

1. do not complete primary schooling
2. complete primary schooling but do not transfer to a post-primary school
3. attend Junior Cycle courses in a post-primary school but who leave without taking the Junior Certificate examination
4. leave full-time formal education after taking the Junior Certificate examination (Eivers *et al.*, 2000).

In the ROI the NESF has identified ESL priority groups. These include those who do not make the transfer from primary to second-level; drop out before sitting the Junior Certificate; and those who leave school immediately after Junior Certificate without any effective examination results (less than five passes which is the minimum recognised by potential training providers and/or employers) (NESF, 2002).

Owing to the variation in definitions there are different data sources on rates of ESL in ROI. Based on a detailed analysis of the records held in the DES Post-Primary Pupils Database (PPPDB), the adjusted Leaving Certificate retention rate was 88% for the 2004 cohort<sup>4</sup> (DES, 2011). Gender differences in the Leaving Certificate retention rate are apparent (males: 82%; females: 87%). PPPDB data also reveals that 95% of pupils sat the Junior Certificate (N=56,948). Based on unadjusted figures for the 2004 cohort, 85% had completed the Leaving Certificate, 10% had completed the Junior Certificate examination before leaving school while 5% left without any qualifications (DES, 2011).

The CSO's Quarterly National Household Survey (QNHS) shows a decrease in the proportion of ESLs from 13% in 2004 to 10 in 2010 (some of this decrease may be due to changes in methodology). The proportion of female ESLs decreased from 10% to 7% over the same period and the proportion of males decreased by a similar amount to 12% (DES, 2011).

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<sup>4</sup> The report provides data relating to pupils who entered the first year of the junior cycle in the years from 1991 to 2004 and completed second level schooling no later than 2010. This report is limited in that it deals only with retention within the State-aided schooling system.

A number of subgroups have higher rates of ESL than the general population. These include males; some students with special educational needs (SEN); Travellers; and students experiencing mental health/emotional difficulties/trauma (Houses of the Oireachtas, 2010).

#### **2.2.4 Definition of ESL used in this study**

Based upon the review of ESL definitions<sup>5</sup> outlined above, this study considers ESLs as young people aged 16-20 years who have:

- left full-time post primary education on reaching the statutory leaving age (16) or on completing three years post-primary education, whichever is later; or
- left without achieving upper secondary educational qualifications.

We considered that these categories would capture ESLs most in need of intervention – the core ESL/NEET group.

### **2.3 Food and health issues among ESLs**

Nutrition and physical activity research with ESLs is limited. Based on their demographic characteristics and on the results of school leaver surveys (Smyth, 1999) we suggest that ESLs are similar to other socio-economically marginalised groups at risk of poor health outcomes in terms of food poverty, poor nutrition, overweight and obesity and smoking.

Food hunger and food poverty have been highlighted as significant issues among marginalised groups (Friel & Conlon, 2004; Manandhar *et al.*, 2006; Molcho *et al.*, 2007). 'Food hunger' emphasises dietary inadequacy when food consumption does not meet basic nutritional requirements.

'Food poverty' encapsulates nutritional and social dimensions; it considers issues of affordability and access and the need for food to be purchased and consumed in socially acceptable ways (Dowler *et al.*, 2001).

The existence of 'food deserts' is associated with food poverty and is a phenomenon experienced by low-income people, in particular those with mobility difficulties. In recent times it has been exacerbated by the relocation of supermarkets to the outskirts of towns (Furey *et al.*, 2001). Dowler and O'Connor (2011) argue for a rights-based approach: food and nutrition are clear determinants of health outcomes and there is a need to approach food poverty from a social justice and human rights perspective. They argue that too often food poverty responses are 'downstream' with a focus on

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<sup>5</sup> Boldt (1994) has argued that the term 'ESL' is somewhat misleading and in a way does an injustice to those labelled as such. A similar perspective is held in the current study but, for consistency and clarity, this term will be used throughout the report.

upskilling local people through initiatives in budgeting, shopping, cooking and community gardening rather than addressing structural dimensions of income poverty, unemployment and the food system.

Research that has specifically examined this issue with young people from socio-economically disadvantaged backgrounds in ROI has found that students attending schools with disadvantaged status (DEIS) reported being too hungry to do their work at school (Downes & Maunsell, 2007).

Young people who come from lower socio-economic backgrounds (classified as manual or unemployed) have a much greater likelihood of leaving school before completing their Leaving Certificate. This needs to be considered in the context of the research evidence that shows a strong social class gradient in food and eating practices. Those in the lowest social class are most likely to consume more high fat and high sugar food and are less likely than higher social class groups to eat the recommended five-a-day servings of fruit and vegetables (Morgan *et al.*, 2008).

UK research finds that educational attainment is associated with 'food involvement': the level of interest and interaction with food in such domains as purchase, preparation and choice - considered to impact on dietary practice and food choice (Bell & Marshall, 2003). When compared to higher educated women, women with low levels of education report lower fruit and vegetable consumption, lower levels of food involvement (Barker *et al.*, 2008) and poorer well-being (Jarman *et al.*, 2010).

While there is limited evidence of studies that have examined food and nutrition issues with ESLs, research with young people in other educational settings provides useful indicators of food and nutrition issues of relevance for ESLs. **safefood**-funded research indicates that NI students who attend secondary schools, where the majority do not stay on to attain A levels, have less healthful diets than students in grammar schools (Share, 2007). Another **safefood**-funded study (Trew *et al.*, 2005) of 3,436 young people aged 12-18 across the IOI found that those from more affluent family backgrounds reported a healthier diet. Gender differences were also observed, with boys reporting a less healthy diet than girls.

In the US, Georgiou *et al.* (1997) found young adults not engaged in the formal education system to have higher rates of overweight; smoking; and consumption of higher fat and lower fibre foods, compared to college students and graduates in the same age cohort. Relevant to the issue of overweight and obesity is Scottish research that found young people living in areas of socio-economic disadvantage to have greater acceptance of body-size and fatness than middle class young people (Wills *et al.*, 2006).

Substance use in terms of cigarettes; alcohol; and legal party pills; and cannabis and other drugs for school students in ROI is similar to the levels reported among school students in 34 European countries (Hibell *et al.*, 2009). When substance use is examined by ESL status, notable differences in usage are observed. In ROI, a study of substance use among 912 young people, of whom 412 were ESLs in alternative education/training centres, found a higher level of substance use among ESLs than among school students (Haase & Pratschke, 2010).

## 2.4 Interventions that address food and physical activity in ESL settings

### 2.4.1 Community-based food and nutrition programmes aimed at disadvantaged groups

Specific food and physical activity related interventions aimed at young people in ESL settings are limited. Nevertheless, a range of policy-driven initiatives exists in ROI and NI aimed at dietary and nutrition behaviours of socio-economically disadvantaged young people and adults. From these it is possible to glean some understanding of the features of programmes that may have resonance for young people and service providers in ESL settings. Such initiatives<sup>6</sup> include: **Decent Food for All; Healthy Food Made Easy; Community Food Projects; the Health Quality Mark (HQM); safefood for Life; the Food and Health Project, Food Values, FRESH (Food Relaxation Self Esteem Health), Milk It: Much Ado About Nothing?** (Whelan & Kearney, 2010) and **Cook It!**. Apart from **safefood for Life** and the **HQM** these are all community-based nutrition education programmes.

Community-based programmes are considered ideal as they provide a comfortable, informal and familiar environment for participants (Hillier *et al.*, 2011). When community-based programmes have a peer-led dimension there is the potential to enhance their impact (Share *et al.*, 2009; Gibson, 2007).

#### Healthy Food Made Easy

Healthy Food Made Easy is a community food project delivered in the ROI. It is a health service initiated, community-based and community-delivered food and nutrition programme delivered in a range of settings, primarily aimed at people on low incomes. Participants attend sessions on food preparation, cooking, shopping for food, and budgeting. They learn about and discuss food in interactive group settings. Based on qualitative self-reports at the end of the programme, two types of outcomes were identified: most obtained new knowledge and felt their food practices had changed; participants strongly emphasised the programme benefits of social interaction and leisure and recreational aspects (Share *et al.*, 2009).

#### Community Food Project

Growing in Confidence - A Community Food Project was initiated in 2004 by the Health Promotion Department of the (then) North Western Health Board in partnership with the Organic Centre (Rossinver, Co. Leitrim). It aimed to help people learn to grow, prepare and cook organic fruit and vegetables. The programme ran from March to October. Weekly two-to-three hour sessions were held and the programme ended with a harvest celebration. It was aimed at people managing a tight budget. Two projects started in 2004: one at St Michael's Family Life Centre, Sligo Town, and the other

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<sup>6</sup> **safefood** provides support to many of these initiatives

at the Organic Centre, Rossinver Co. Leitrim. On completion an external evaluation found the project had produced tangible results in relation to participants' wellbeing (Share & Duignan, 2005).

#### Cook it!

**Cook it!** is an all-Ireland nutrition education and skills programme that addresses nutrition, knowledge, eating behaviour and lifestyle changes. An evaluation by the Health Promotion Agency (HPA, 2009) found the programme to be successful in changing participants' behaviour towards buying food. Dietary changes were reported, with a decrease in the consumption of convenience foods and an increase in that of fruit and vegetables.

It is important to note community food projects have not been subjected to a systematic effectiveness review and many would not meet criteria for inclusion in a systematic review. Furthermore, according to Balanda *et al.* (2008) there is a lack of robust evidence that such initiatives have effectively changed dietary intake and subsequent health long-term.

#### 2.4.2 Programmes aimed at ESLs

The programmes above are not specifically aimed at young people or those in ESL settings. Nonetheless, relevant nutrition and health programmes that are directed towards young people in ESL settings are the National Youth Council of Ireland's (NYCI) **HQM** and **safe food for Life and Milk it**.

#### Youth Health Quality Mark

The **HQM** was developed by the NYCI to enhance practice and standards of health promotion in youth organisations. Organisations are assessed against 12 criteria, based on the World Health Organisation (WHO) Health Promoting Schools Initiative. Three levels of the **HQM** are available - bronze, silver and gold, that depend on the level achieved in the criteria. Twenty-seven organisations currently hold the **HQM**. These comprise: youth organisations/services (n=16; 10 gold, 6 silver); Youthreach centres (n=7; 6 gold, 1 silver); CTCs (n=3; 2 gold, 1 silver); and an **STTC**<sup>7</sup> (n=1; gold) (National Youth Health Programme (NYHP), 2011).

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<sup>7</sup> STTC = Senior Traveller Training Centre

### *safefood* for Life

**safefood for Life** is an online programme, developed by **safefood**, that enables participants to develop food safety knowledge and skills. Topics covered include personal hygiene, food contamination, food delivery and storage, food preparation and cooking, cleaning, design and layout of food premises and HACCP<sup>8</sup>. Participants can sit an online food hygiene examination at the end of the programme. In ROI, the online examination 'Primary Certificate in Food Hygiene' is certified by the Environmental Health Officer's Association (EHOA), while in NI the online examination 'Level 2 Award in Food Safety in Catering' is certified by The Chartered Institute of Environmental Health (**safefood** 2012).

Developed initially for post-primary school students (Transition Year and Leaving Certificate Applied (LCA)) in ROI and subsequently students in NI (Key Stage 3 & 4 Home Economics), its dissemination was extended to Youthreach centres in 2009. Following an evaluation the programme was revised in 2010 to incorporate suggested changes, mainly to literacy (Personal Communication, **safefood**, 15 February 2012).

To date two-thirds of Youthreach centres have received the '**safefood** for Life' pack (71 centres out of 108) and learners from 14 centres<sup>9</sup> have completed the online exam (Personal Communication, **safefood** 15 February 2012).

### Milk It: Much Ado About Nothing?

A forum theatre production, 'Milk it! Much Ado About Nothing?' was developed from women's stories of their experiences of infant feeding, commissioned by the Health Service Executive (HSE) (Dublin Mid-Leinster) and the Area Breastfeeding Steering Committee. The play was performed to four different audiences, one of which included Youthreach participants. Data collected after performances indicated that over 90 per cent of audience members thought the play was a good way to discuss breastfeeding and more effective than distributing health promotion leaflets. The play heightened people's awareness of breastfeeding, the importance of support and engaged people in discussion and debate around breastfeeding (Whelan & Kearney, 2010).

### Peer-led health programmes for early school leavers

Research interventions with ESLs have tended to focus on peer-led programmes particularly on issues of sex education and teenage pregnancy. Paul *et al.* (2010) tested the feasibility of a peer-led sex education programme for ESLs that incorporated peer educator training to pregnant women that explored peer educators' and participants' experience of the intervention. Although the small sample size did not permit an effectiveness evaluation of the programme's impact in reducing teenage

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<sup>8</sup> HACCP = Hazard Analysis Critical Control Point

<sup>9</sup> Ballymun, Cabra, Cavan (1), Cavan (2), Clare, Delvin, Dungarvan, Fermoy, Gorahork, Mallow, Sligo, Tramore and Wexford.

pregnancy and risky sexual behaviour, it showed that peer-led interventions are successful in changing participants' knowledge and attitudes towards sexual behaviour.

A seven-week nutrition intervention aimed at pregnant teenagers and delivered by two midwives consisted of behavioural and motivational approaches in which participants were encouraged to cook for themselves from recipes and food/nutrition fact sheets that were provided (Wrieden & Symon, 2003). Despite the young women's poor attendance, which may have suggested apathy towards the intervention, the views of participants were favourable with self-development also being reported. Again the findings were limited owing to the small sample size.

While peer-led interventions are favourably received by ESLs there is also evidence that one-to-one mentoring is effective. A report by Network of Experts in Social Sciences of Education and Training (NESSE) (2010) discusses research for policy makers in addressing ESL, suggesting that a key feature in effective programmes is mentoring. Positive effects are more likely when one-on-one mentoring is implemented; participant attendance and enrolment improved when mentoring techniques were applied (Newburn & Shiner, 2006).

On the basis of this review it is evident that there is a gap in specific nutrition and health programmes for young people who are ESLs. Nevertheless, the range of community-based programmes that have been developed for marginalised groups, and the evidence of promising approaches in peer-led health education programmes, provides a basis to inform future programme development.

## 2.5 The Study

The study commenced in March 2011. It used mixed-methods research for a comprehensive examination of the ROs. It involved a review of ESL provision, qualitative interviews and focus groups, and quantitative surveys.

A review was undertaken to provide detail on the key structures and networks accessed by ESLs. The review involved an examination of ESL services in statutory and non-statutory sectors including: DES (ROI); Department of Education and DEL and Learning (NI); statutory youth training and employment services e.g. FÁS (ROI); CTC; youth diversionary schemes; community and youth work organisations; and faith organisations. This review was supported by qualitative one-to-one interviews with eight key informants in ESL settings in NI and ROI. These aimed to get a deeper insight into ESL provision in each jurisdiction.

Sixteen one-to-one **qualitative interviews** were conducted with key informants in ESL settings in NI and ROI. These aimed to elicit service providers' perspectives on food and nutrition issues for young people in ESL settings, barriers and facilitators within settings and views on appropriate approaches to responding to food and health issues.

Eight **focus group** discussions were conducted with young people in ESL settings. These broadly examined young people's perspectives on food and health issues in their everyday lives, and what

they regarded as the most appropriate approach to delivering food and health programmes in their education/training centres.

A **quantitative survey** of 239 NI and ROI ESL service providers examined health promotion activities, policies, curriculum and practices in relation to food and physical activity. A short-survey of 11 dietitians examined the extent and nature of their work with ESLs.

Finally, to gain insight into the food and physical activity attitudes and practices of ESLs, we conducted a survey of 472 young people in alternative education and training settings. It examined food consumption patterns, breakfast consumption, dieting status and interest in food and cooking. It also examined participation in physical activity. Young people's food choice motivations and food consumption patterns were examined in a separate survey administered to 100 young people.

## **2.6 Overview of the Report**

The ROs and the methods employed to examine these are detailed in Chapter 3. Here we provide description on the research methods, the approach to, and timetable for the data collection, the study participants, data analysis and the ethical protocol.

The study results are presented in three chapters and linked to the relevant ROs. Chapter 4 provides a context for understanding the ESL sector, while Chapter 5 draws upon the results of the ESL food and physical activity survey. It presents us with a picture of key food and health issues for ESLs. Chapter 6 draws on the service provider survey data and qualitative interviews and focus groups to describe the range and type of health issues addressed in ESL settings and service providers' perspectives on the delivery of services. Chapter 7 returns to the ROs and considers the key issues from the research for future food and physical activity related interventions in ESL settings in NI and ROI. Chapter 8 provides conclusions and recommendations from the study.

## 3 Research objectives

This chapter provides an outline of the study objectives and a description of how these were investigated. It describes the research design and timetable; ethical considerations; methods; detail on study participants; and the approach to data collection<sup>10</sup> and analysis.

### 3.1 Objectives

The study aimed to:

1. provide an overview of the key structures/networks for accessing ESLs in Northern Ireland (NI) and the Republic of Ireland (ROI) [RO1]
2. identify relevant key existing health promotion activities and gaps in health promotion activities that focus on healthy eating and active lifestyles that target ESLs [RO2]
3. identify potential healthy eating and physical activity related programmes that are appropriate and acceptable to ESLs in NI and ROI that could be implemented by *safefood* in the out of school setting [RO3].

### 3.2 Tasks

Appendix 1 provides an outline of the project tasks, as per Annex 2 of the research contract - 'Work plan schedule'.

### 3.3 Overview of materials and methods

The study commenced in March 2011 and final data collection was completed in December 2011.

Table 1 provides an overview of the study methods and timetable.

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<sup>10</sup> Copies of all research instruments are available on request from Dr Michelle Share, Principal Investigator, Children's Research Centre.

**Table 1: Overview of study methods and timetable**

Mar '11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb/Mar'12
	KI Interviews – Phase 1 ( n=8)	Key Informant (KI) Interviews – phase 2 (n=16)									Feedback focus groups: Service providers (n=3); young people (n=2)
Review of provision		Focus Group with young people (n=8)									
Data base of service providers developed						Survey of service providers					
Literature review of service provision								Surveys of young people: Main (n=472); Food Choice (n=100)			
			Literature review of interventions								

**Key:** Purple = RO1; Blue = RO2 &RO3

### **3.4 Ethical considerations**

Research ethics approval was obtained in both jurisdictions; in the ROI from the Research Ethics Advisory Committee of the School of Social Work and Social Policy, TCD and in NI from the UU Research Ethical Committee.

Information leaflets were provided to all participants in advance. These outlined the research to be undertaken; the benefits of the research for individuals and organisations; what participation in the research would involve; and issues of confidentiality. Written informed consent was obtained from participants aged 18 years and older. Those under 18 years provided signed parental consent and individual written consent.

### **3.5 Qualitative Methods**

#### **3.5.1 Review of ESL service provision**

Qualitative methods, combined with desk research, were used to examine the key structures/networks for accessing ESLs in NI and ROI (ROI).

Identification of the key agencies/networks/structures accessed by ESLs was achieved through a review of organisational websites and documentation and personal communications between March and May 2011. A protocol was devised to guide the review of ESL service providers (Appendix 2). The review was enhanced by qualitative interviews with key informants in ESL settings, to be discussed below. The review provided the foundation for the database of service providers that was also used to develop a sample frame for the survey of service providers.

#### **3.5.2 Interviews with service providers (Phase 1)**

Key informants from statutory, voluntary and community-based organisations were invited to participate in semi-structured interviews. They were identified through the systematic review process and the Study Advisory Group.

Two key informants in NI were invited to participate: one declined due to time constraints; the other agreed and asked that a colleague participate in the interview as they would complement each other's knowledge and expertise. Two more key informants were invited to interview and one agreed. An original key informant circulated the study details to NEET service providers: as a consequence, an

individual contacted the research team and asked to be interviewed. Thus, three key informant interviews were held in NI, one of which comprised two informants.

Of the five key informants in ROI invited to participate in interviews, three agreed to participate while two nominated representatives in their organisation they deemed more appropriate. Thus, five key informant interviews were held in ROI.

Each interview aimed to establish:

- the remit of the participant's organisation and their role in it
- provision for ESLs in NI/ROI, as applicable
- the importance of nutrition and physical activity issues
- Curricular and non-curricular activities that addressed nutrition and healthy lifestyles (if any) that took place in ESL settings.

Interviews took place between 29 April and 23 May 2011 and lasted between 25 minutes and 1.5 hours. Interviews were digitally recorded and transcribed. Participants were invited to review their transcripts and make any changes they deemed appropriate; four did so.

### **3.5.3 Interviews with key informants (Phase 2)**

Issues relevant to the promotion of healthy eating and physical activity among ESLs [ROs 2 and 3] were explored through key informant interviews. Sixteen one-to-one, semi-structured interviews were conducted with a sample of key informants in ESL settings in NI (n=6) and ROI (n=10). These interviews aimed to:

- assess the views of ESL service providers on food and nutrition-related issues for ESLs and the level of importance of these issues in ESL settings
- determine ESL service providers' perspectives on barriers and facilitators to addressing food and nutrition related issues in ESL settings
- investigate ESL service providers' perspectives on appropriate approaches to addressing food and nutrition related health issues in ESL settings.

Participants were chosen from the service provider database and every effort was made to ensure a mix of organisations.

In NI, six organisations aimed at re-engaging young people aged 16-25 in education, employment and/or training were invited to participate in the second phase of interviews. Organisations were randomly selected from the service provider database. Of the seven informants that participated in six interviews, five held managerial positions and two were project co-ordinators. Organisations

represented included training service (n=1), employment service (n=1), youth services (n=2) and community-based providers (n=2).

In ROI, service providers in a variety of geographical locations were sampled. The sample primarily comprised Youthreach centres and CTCs as they work specifically with ESLs. Youth services and other services that target young people were also included for their particular insights. Some organisations that hold the Youth HQM and Youthreach centres participating in the SEN Initiative were also approached. Interviews in ROI were conducted in Cork, Dublin (3), Galway, Limerick, Sligo, Tipperary, Waterford and Wexford.

Interviews took place between 23 June and 10 November 2011 and lasted between 36 and 85 minutes. All interviews were digitally recorded and transcribed. Participants were invited to review their transcripts and all NI and two ROI participants accepted.

### **3.5.4 Focus groups with young people**

Rather than solely relying on the perspectives of service providers it was important to capture the perspectives of ESLs about food and physical activity related health issues. This was achieved through focus group discussions that aimed to:

- elicit young people's perspectives on food and nutrition-related health issues in their everyday lives and in the context of ESL settings
- determine young people's views on the feasibility of addressing food and nutrition issues in these settings
- assess young people's views on the most appropriate approach to the delivery of programmes in these settings.

Eight focus group discussions were conducted with young people in NI (n=3) and ROI (n=5) in alternative education and training settings. Access to young people was facilitated via key informants who had already participated in the research, a member of the Study Advisory Group and by coordinators of centres/projects listed in the database. As with the key informant interviews efforts were made to include a variety of organisational types and geographical locations. Food was brought to focus groups discussions with young people instead of thank you payments (Curtis *et al.*, 2004) and to generate discussion. Groups were conducted between 28 June and 10 November 2011; they lasted between 35 minutes and one hour.

In NI, three groups were conducted in Ballymena, Belfast and Derry/Londonderry. These comprised 14 young people aged between 16 and 20 years; 10 males and 4 females. All groups were mixed.

In ROI, five focus groups comprising between seven and 10 young people were conducted in Dublin (n=2), Galway, Tipperary and Waterford. Two organisations invited to participate in this phase of the study declined; one due to prior commitments, the other was unable to gather young people for the group within the time period. Overall 41 young people participated; 15 males and 26 females. All groups were mixed, with the exception of one female-only group.

### **3.5.5 Follow-up focus groups**

Follow-up focus groups with service providers and young people were conducted during February and March 2012 to elicit views on the research findings and draft recommendations. In NI two focus groups were held; one with service providers (n=2) and one with a group of young people (n=5).

In ROI two hour-long consultation workshops were held with service providers at the National Association of Youthreach Co-ordinators' Annual Conference on 22 February 2012; a total of 31 Youthreach Coordinators participated. The research findings were presented to each group and then participants were invited to discuss these in small groups. The content of their discussions was noted.

An hour-long feedback session was held with 13 young people in a CTC in Dublin on 7 March 2012. Participants were provided with statements of the findings and asked to discuss them in small groups. They made brief notes of their discussions (in some cases 'agree' or 'disagree') and the researchers then brought everyone together to discuss the issues. The discussion was recorded and has been used to inform the study conclusions and recommendations.

## **3.6 Quantitative methods**

### **3.6.1 Survey of service providers**

Activities and gaps in health promoting activities for ESLs were explored with a survey of service providers (Figure 1)<sup>11</sup>. Three pre-piloted surveys were administered to service providers in ROI and NI to gain a deeper understanding of the extent and type of nutrition and physical activity interventions in ESL settings. These included a screener survey of all those listed on the database developed as part of ROI, a survey of dietitians and a final service provider survey. They were administered electronically (via Survey Monkey), and by post in some instances.

### **3.6.2 Service provider screener survey**

Due to the diverse nature of ESL provision in NI and the lack of data in ROI about provision outside of the Youthreach programme, a screener survey was employed to provide a more comprehensive overview. This would also reduce the burden for participants and the research team as the main survey could be more focused in its questions and targeted at the most appropriate audience.

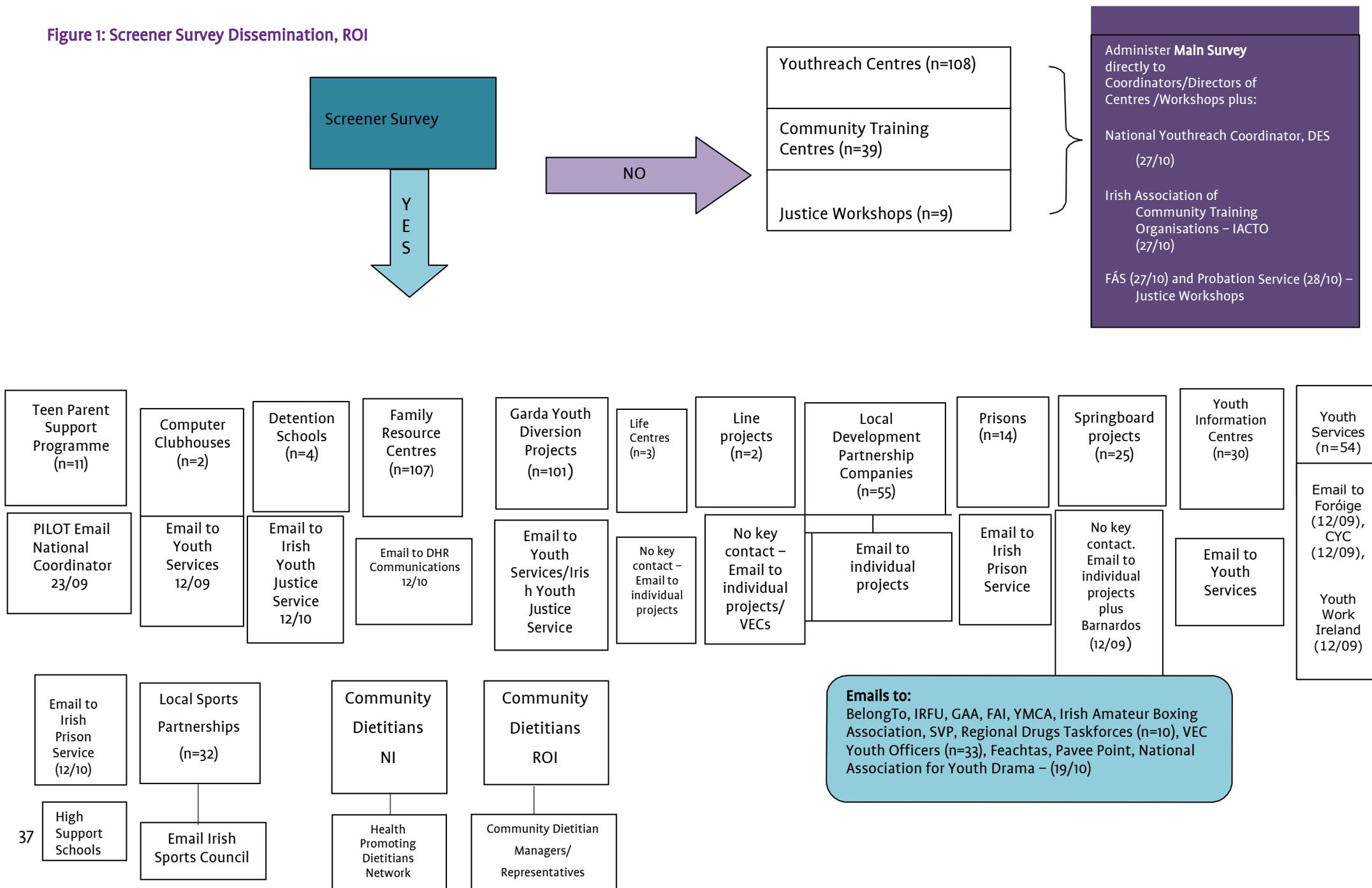
The screener surveys contained standard questions on common issues and tailored questions appropriate to each jurisdiction. Questions aimed to establish organisational details; location; work with ESLs (if applicable); demographics of ESLs who use their services; services provided to ESLs (alternative education/training, food provision, information/advice, other); and contact details. The survey was emailed to all service providers listed on the ESL service provider database. Organisations known to specifically target ESLs were excluded<sup>12</sup>. In NI, a postal survey was sent to organisations for which no email address was available. Fifty-one organisations responded to the survey: 20 online and 31 postal. In ROI, 188 responses were received: 185 online and 3 postal.

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<sup>11</sup> In addition to the service provider surveys activities and gaps in health promoting activities for ESLs nationally and internationally were examined through a review of literature. See Appendix 2 for the review protocol.

<sup>12</sup> Alternative education providers and some youth projects and community based providers (NI); those that delivered services under the National Youthreach Programme: Youthreach centres, CTCs and JWs (ROI).

Figure 1: Screener Survey Dissemination, ROI



### **3.6.3 Survey of dietitians**

During interviews with key informants and reviews of provision it became apparent that dietitians were involved with services. The exact involvement and nature of provision was not known and so a dietitian survey was developed, similar to the screener survey. This six-item survey was circulated to community dietitians. Questionnaires contained standard questions on common issues and tailored questions appropriate to each jurisdiction. Questions aimed to establish organisational details; type of work undertaken with ESLs (if applicable; including duration, age range and numbers of young people); and contact details.

All members of the Health Promoting Dietitians Network (HPDN) in NI (n=43) were invited to participate in the online survey and to circulate to any relevant personnel within their team. There were six responses to the survey. All Dietitian Managers/Representatives in each HSE area (n=11) in ROI were invited to participate in the online survey and to circulate to any relevant personnel within their team. Five responses were received.

### **3.6.4 Main survey of service providers**

Surveys were conducted with service providers that specifically target ESLs in order to establish the extent of food and health-related activities in their organisations.

The survey was piloted in each jurisdiction with those who had previously participated in key informant interviews (NI: 6; ROI: 7). The main issue identified in the pilot concerned the extent of incomplete submissions using the Survey Monkey administration. To address this, the final survey included a progress bar at the end of each page.

Surveys contained standard questions on common issues and tailored questions appropriate to each jurisdiction. Questions aimed to establish:

- demographic characteristics of ESLs who use their services
- the range and extent of activities in relation to the promotion of food and health issues
- barriers and facilitators to the promotion of food and health issues.

In NI, the survey was emailed to 101 organisations. These included community-based providers (n=36); employment/training services (n=10); youth projects (n=48) and alternative education providers (n=7). The original two-week period closing date was extended by three weeks to increase participation. Twenty-three online responses were received.

In ROI, the survey was emailed to Managers/Co-ordinators of all CTCs (n=39), Youthreach Centres (n=108) and Justice Workshops (JWs) (n=9). Contact was also made with relevant individuals in the Irish

Association of Community Training Organisations (IACTO); the DES (National Coordinator, Youthreach); FÁS; and the Probation Service to inform them the survey was taking place and to increase response rates. A reminder email was also sent. Seventy-five online responses were received, including one postal response.

### 3.6.5 ESL Survey

The needs assessment aimed to understand attitudes and practices in relation to food and physical activity among young people in ESL settings. An insight into ESL attitudes and practices strengthens and adds context to RO3, concerned with the identification of relevant health promotion activities and gaps in health promoting activities that focus on healthy eating and active lifestyles that target ESLs.

#### Survey structure

A quantitative survey of 472 young people in alternative education and training settings was conducted. It aimed to examine young people's food practices; their attitudes to food, eating and cooking; and their levels of physical activity.

The survey drew on pre-existing questionnaires used with young people, but not specifically ESLs. The 19-item questionnaire was divided into four sections: demographics; educational information; food and nutrition; and physical activity. Food consumption patterns were assessed using the WHO Health Behaviour in School Children (HBSC) Survey 17-item food frequency questionnaire, with two items added: 'diet Coke or other diet soft drinks' and 'fish'. Attitudes to food, eating and cooking were assessed using the Food Involvement Scale (Bell & Marshall, 2003, adapted by Barker *et al.*, 2008). Breakfast consumption, dieting status and food sufficiency were measured using scales and items from the HBSC Survey (Nic Gabhainn *et al.*, 2007); and physical activity by the short-form International Physical Activity Questionnaire (IPAQ) (The IPAQ Group, 2001). Self-efficacy in relation to reducing 'junk food' and increasing fruit consumption was assessed using a scale used by Ball *et al.* (2009) adapted from Neumark-Sztainer *et al.* (2003).

### Pilot survey

The questionnaire was piloted among groups of young people in NI (n=12) and ROI (n=13) to identify any issues regarding content, layout, understanding and the operationalisation of the scales, and to assess the completion time. Feedback on the survey was also obtained from staff in the centre. Adjustments were made to the list of courses; despite issues completing the physical activity section (required assistance from the researcher) it was retained intact as it was a standardised scale.

### Survey administration

The study took place in NI across counties Antrim (in the Belfast area), Armagh and Derry/Londonderry during October/November 2011. Contact was made with youth and training services focused on engaging young people back into education, employment or training and included community-based services; training and employment services; and youth projects. Surveys were conducted in 13 different locations: in Armagh (1), Ballymena (1) and Belfast (11). The sample comprised 168 young people.

The majority of participants self-completed the questionnaire in small groups of five to six in a quiet room on the premises of the participating centre<sup>13</sup>. A researcher was present to ensure a relaxed and informal atmosphere was maintained, to assist with completion and to clarify any issues. The questionnaire took approximately 15-20 minutes to complete.

Survey administration took place in ROI during November/December 2011. A stratified sample was drawn from Youthreach centres, CTCs and JWs. Access to participants was facilitated by key informants and Managers/Coordinators of the various centres. Fieldwork in ROI was conducted in 21 different locations and involved 304 young people in Carlow, Cork (3), Donegal, Dublin (5), Galway, Kilkenny, Limerick (2), Louth, Meath, Sligo, Tipperary, Waterford (2) and Wicklow.

### 3.6.6 ESL food choice survey

A separate survey that aimed to elicit determinants of food choice among ESLs was conducted with 100 young people in ROI. Food consumption patterns were assessed using the WHO HBSC 17-item food frequency questionnaire, while food choice motives were assessed using a modified Food Choice Questionnaire used previously with a sample of young people in another *safeFood*-funded study (Share, 2007).

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<sup>13</sup>In some cases in NI, the researcher privately read the questions to participants and completed the questionnaire on their behalf due to literacy issues experienced by the young person.

The food choice survey was piloted with a group of seven young males in a CTC in inner-city Dublin, all aged over 18. It took five to ten minutes to complete. No difficulties were encountered by participants and no changes made to the survey.

One hundred young people completed the food choice survey in eight locations across ROI: Dublin (n=2), Meath, Kilkenny, Sligo, Tipperary, Waterford and Wexford. Access to young people was facilitated as for the main survey.

## **3.7 Data analyses**

### **3.7.1 Quantitative data**

Quantitative data derived from questionnaires was analysed using SPSS 16.0. Postal surveys completed by service providers and the ESL surveys were coded and entered into an SPSS database. The data-entry was checked for errors or missing data. Data from the online surveys with service providers were transferred into SPSS and cross-checked.

Categorical data were described as frequencies and percentages. Continuous variables were described as frequencies, mean (M) scores and standard deviations (SDs). Factor analysis was undertaken on the food choice scale and the food involvement scale. Pearson's correlations were performed on the food frequency data and food choice factors.

Independent samples T-tests were used to examine differences in food choice motivation scores by gender and age-group.

### **3.7.2 Qualitative data**

At the end of each fieldwork exercise research staff compiled a reflective memo on the process and key outcomes from each exercise. Analysis of the transcribed interview data involved the whole study team to ensure that the interpretative processes were insightful and collaborative. The transcripts were initially read through repeatedly and cross-compared to establish the emergent and recurrent themes in the data. Members of the research team each produced accounts of their own determination of themes and sub-themes for discussion at team meetings. This process ensured that individual interpretations of the data were validated by other team members before being introduced into the coding framework. Following this process NVivo qualitative data analysis software was used to assist in the management and storage of the transcripts and the development of a thematic coding index.

## 4 Provision for early school leavers

An understanding of the structures and networks for accessing young people classified as ESLs is necessary at the outset of this needs assessment. A comprehensive literature review was conducted by the research team, supplemented by information gathered through meetings with the Study Advisory Group members and initial interviews with key informants (n=8).

There was no single existing public database or directory in either jurisdiction that identified the range of sectors, organisations and individuals that provide services to ESLs, so a contact database of service providers was developed for each jurisdiction. A better understanding of service provision was subsequently developed through surveys with service providers. This chapter presents the findings from the review and surveys and discusses provision for ESLs<sup>14</sup> on the IOI.

### 4.1 Northern Ireland

#### 4.1.1 Overview

Service provision for young people considered NEET is difficult to identify and categorise and is addressed across a range of government departments. Nevertheless, responsibility for NEET young people lies primarily with the DEL.

Two reports provide a starting point for the mapping of NEET service provision in NI. One (DEL, 2010) resulted from a scoping exercise conducted by DEL in 2010; the second (Northern Ireland Assembly, 2010) derived from a subsequent DEL Committee Inquiry into the issue of NEETs. Both acknowledge the limitations of the information available.

Many service providers are funded through the European Social Fund (ESF). DEL has two main programmes targeted at NEETs – Apprenticeships NI and Training for Success (Tfs), delivered by training organisations contracted by DEL and funded through ESF. Contracts are tendered regularly and therefore service provision is subject to change. There are other programmes targeted at NEETs delivered on a regional basis, e.g. Prince’s Trust XL programme and Bytes (also ESF-funded). Alternative

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<sup>14</sup> For NI, ESLs are termed NEETs as this is the terminology used in that jurisdiction.

Education Projects (AEPs) are somewhat similar to the Youthreach measure in ROI; though they cater mainly for young people aged 12-16 years. In NI, Barnardos plays a leading role in advocating for NEETs and chairs the 'NEET Forum' that works with DEL to develop and implement a strategy targeted at young people who are NEET.

Table 2 outlines service providers in NI; while all organisations have a role in working with NEETs, the extent to which they do so and the nature of the programmes offered was not clear at the outset of the study. A short screener survey was emailed to all projects listed below to establish the extent of their work with young people. A number of projects were excluded from the screener survey as they were known to work with NEETs; these included AEPs and Include Youth.

There are various established programmes and initiatives that assist young people aged 16 to 25 years within NI to find suitable training or employment. The main types of organisations, services they provide and young people they engage, are detailed in Table 3. Appendix 3 provides details on organisations in each category.

**Table 2: Service Providers in NI**

Alternative Education and Training	Youth and community /voluntary sector	Miscellaneous
<ul style="list-style-type: none"> <li>• DEL</li> <li>• Further Education Colleges</li> <li>• Department of Education</li> <li>• Alternative Education Providers</li> <li>• ESF-funded projects</li> </ul>	<ul style="list-style-type: none"> <li>• Barnardos</li> <li>• Prince’s Trust</li> <li>• Bytes Projects</li> <li>• Computer Clubhouses</li> <li>• Action for Children in NI</li> <li>• Opportunity Youth</li> <li>• Rathbone</li> <li>• Include Youth</li> <li>• NIACRO</li> <li>• Youth Action</li> </ul>	<ul style="list-style-type: none"> <li>• Education and Library Boards</li> <li>• Sport NI</li> <li>• Church of Ireland Youth</li> <li>• Healthy Living Centres</li> <li>• Sure Start</li> <li>• St. Vincent de Paul</li> <li>• Careers Service</li> <li>• Children in Northern Ireland</li> <li>• District Councils</li> <li>• Voice of Young People in Care</li> <li>• Youth Council NI</li> <li>• Gerry Rogan Initiative Trust</li> <li>• Frank Buttle Trust</li> <li>• Crossroads (young careers)</li> <li>• NI Youth Forum</li> <li>• Arts Council NI Screen</li> <li>• DETI</li> <li>• Fast Track IT</li> <li>• Young Offenders Centres</li> </ul>

**Table 3: Overview of service provision in NI**

Type of Organisation	Examples	Service	Users	Numbers
Alternative Education Providers (n=8)	Conway Education Centre	Essential skills in literacy and numeracy. AQA entry level technical design motor vehicle repair.	11–20 year olds.  Includes: single parents; young people with learning difficulties; young people with mental health issues; young people in care; and young people who are homeless.	10 young people (3 female; 7 male)
	Training by choice	Computing Gaming App Development & Animation Entrepreneurial Education.		30 young people (8 female; 22 male)
	The Pathways Project	Wide range of essential skills offered through CEEA, AQA, OCN and OCR.		10 young people (3 female; 7 male)
Community Based Projects (n=36)	The Bytes Project (n=11)	Independent living skills (cooking/budgeting), OCN/OCR ICT, OCN in Law and Order, Bridge to Employment Programme.	16–25 year olds. Includes: single parents and homeless young people.	On average 60 young people attending each centre.
	Rathbone (n=1)	City and Guilds Employment and Personal Development.	14–20 year olds.	
Youth Services (n=75)	Include Youth (n=4)	Essential Skills (literacy, numeracy and IT); Entry levels 1, 2 and 3; Employability, Prep for Placement and Getting Ahead, all level 1.	16-25 year olds.	140 young people in total using Include Youth (70 female; 70 male)
	Youth Action NI (n=6)	Youth work training employability progression programme.		45 young people at each centre.

Early School Leavers and Nutrition - A needs assessment from a nutrition perspective

Employment/ Training Services (n=15)	Springboard (n=1)	Six-month programmes offered include: Youth Work, Sports, Music, Film Production, Community Reconciliation and New Horizons.	16–25 year olds.	105 young people (45 female; 60 male).
	Dr B's (Barnardos)	NVQ (up to level 2) in Catering Subjects. Health & Safety and Food Safety (level 2) offered by Royal Society for Public Health.	16–20 year olds, young people with learning disabilities and support needs.	24 young people (12 female; 12 male)
Further and/or Higher Education Setting (n=40)	Training for Success	Training to provide young people with relevant qualifications as well as the required personal and behavioural skills to progress into work.	16–20 year olds Includes single parents; young people with learning difficulties; and young people with mental health issues.	95 young people attending each outlet
	Apprenticeship NI			92 young people attending each centre
Trusts and Initiatives (n=2)	Prince's Trust	Course for people working less than 16 hours a week, providing a wide range of skills and experience.	16–30 year olds.	1,894 young people in total across NI
	Frank Buttle Trust	Charity offering financial support to engage young people into training/work, as with practical issues like setting up home/work equipment.		No direct contact.

The majority of programmes are run NI-wide, but a main focus is the Belfast inner city and surrounding county Antrim area. The programmes on offer in each organisation had potential to lead to eight qualifications. These include Essential Skills (ICT, numeracy and literacy) and personal development programmes (sexual health, mental health, independent living skills and activate programme). Organisations also offer access to formal, recognised qualifications such as NVQ (National Vocational Qualification); OCR/OCN (Open College Network); and CCEA (Council for the Curriculum, Examinations and Assessment)/AQA (Awarding Body for A-Levels) in subjects such as Maths, English and ICT (Table 4).

**Table 4: Programmes offered by NI youth organisations**

Qualification/Programme	Subjects	% (n=23)
<b>Essential</b>	Literacy, numeracy, IT, Catering (n=1), Computer Gaming (n=1), Occupational Studies	61
<b>OCN ( Open College Network<sup>15</sup>)</b>	Technical Design, Motor Vehicle Repair, Hairdressing, Retail, Childcare, Catering, Technical IT	48
<b>OCR<sup>16</sup></b>	Numeracy, Literacy, IT	39
<b>Personal development programmes</b>	Money Budgeting, Cooking, Health and Safety, Independent Living Skills, Employability progression	39
<b>National Vocational Qualifications</b>	Youth Work, Creative Arts	17
<b>GCSS (CCEA and AQA Awarding Body)</b>	Maths, English and ICT	30
<b>Duke of Edinburgh Award</b>	Recreational qualification, levels bronze, silver and gold	17

<sup>15</sup> OCNs are licensed by NOCN. They are locally managed, not-for-profit partnerships committed to providing a flexible and responsive local accreditation service for a wide range of learning activities.

<sup>16</sup> OCR (Oxford Cambridge and RSA Examinations) is a leading UK awarding body, committed to providing qualifications that engage learners of all ages at school, college, in work or through part-time learning programmes to achieve their full potential - <http://www.ocr.org.uk/>.

#### 4.1.2 Alternative Education and Training

A number of statutory and community-based organisations are involved in the provision of alternative education and training for NEETs. DEL funds a large range of training organisations to deliver programmes such as TfS and Apprenticeships NI. Further Education Colleges, although targeting young people who have left school after the GCSE, also provide specific training to NEETs through DEL-funded programmes such as TfS and the Prince's Trust XL Programme. The Department of Education targets NEETs in conjunction with DEL (through programmes outlined above) and also works with non-statutory agencies to deliver training programmes such as Youth Works. There are six community-based organisations in Belfast, known as 'Alternative Education Providers', that provide an alternative way of learning for young people aged 11 to 16 (and post-16 in one instance) classified as NEET.

##### Department for Employment and Learning (DEL)

DEL has a wide range of programmes and initiatives to help and support NEETs, for example through the Essential Skills Strategy. Programmes such as TfS, Apprenticeships NI and Programme-led Apprenticeships are jointly led by DEL and the Department of Education due to the overlap of their target age groups (DE cater for young people <16 while DEL cater for people aged >16).

##### Training for Success (TfS)

A young person is eligible to enter TfS<sup>17</sup> provided they meet one of these criteria:

- has attained the minimum school leaving age (16); is under 18 years of age and is unemployed;
- has a disability, is under 22 years of age and is unemployed;
- is in the category of young people who qualify under the Children (Leaving Care) Act (NI) (2002), is under 24 years of age, and is unemployed.

TfS allows young people to enter training at an appropriate level and progress to a stage where they can maximise their potential through the development of personal and employability skills and the achievement of qualifications and employment. All young people entering the programme are assessed to identify their strengths and weaknesses in the context of personal development, training and essential skills needs. Assessment involves drawing up a personal training plan that meets the young person's personal and training development objectives and identifies any requirement for additional support. Additional support is provided through specialist support providers including Disability Action, Sensory Learning Support, the Cedar Foundation, Opportunity Youth and Include Youth.

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<sup>17</sup> A range of organisations is contracted by DEL to deliver TfS, e.g. WADE Training

### 4.1.3 Profile of service providers

Details on the demographics of young people, organisational details, and services/programmes provided to NEETs were obtained through a survey of service provision in NI.

#### Centre size

At the time of data collection 3,153 young people (aged 11-25) were in receipt of services in 23 organisations. Centre sizes ranged from 8 to 419, with an average of 73 young people in each centre. Numbers of young women ranged from zero to 150, and young men from zero to 200.

#### Age profile and numbers of NEETs enrolled

All centres (n=23) targeted young people aged 11-25. Seven (30%) enrolled those aged 11-15 and six (26%) worked solely with young people aged 16-20 (Table 5).

**Table 5: Gender & age profiles of ESL, service provider survey (NI)**

	Total	11-15years	16-20 years	21-25 years
<b>Total</b>	3,153 (n=23)	185 (n=7)	761 (n=20)	1,225 (n=12)
<b>Female</b>	1,030 (n=22)	118 (n=7)	397 (n=19)	515 (n=12)
<b>Male</b>	1,223 (n=22)	67 (n=7)	446 (n=20)	710 (n=12)

#### Work with young parents

All 23 centres responded to this question and 15 indicated that they worked with young parents. A total of 173 young people/single parents were engaged in provision in these 15 centres; the number per centre ranged from 1 to 35.

#### Other Provision

Seven of the organisations reported providing a meal service (breakfast/lunch) to the young people prepared on-site while they were attending their organisation. Seven also reported offering a subsidiary payment (£3-£5) to the young people. In most cases this was to cover meals and was classified as an incentive to attend. Only two of the organisations reported providing both a meal service and a subsidiary payment.

## 4.2 Republic of Ireland

### 4.2.1 Overview

A lack of understanding of programmes, initiatives and services available to ESLs across the EU has been noted and research undertaken to address this issue (Olmec, 2007). Stokes (2002) argues that, while the central issue in most European member states is effective co-ordination, in ROI there is also concern about the plethora of services, with an over-supply of some and a severe under-supply of others. Boldt (1997) found that many young people who leave school without qualifications are not served due to a lack of sufficient places. A lack of provision for 18-21 year old ESLs has been pointed out by the NESF (1997).

Provision for ESLs in ROI can be categorised into formal and non-formal provision (Table 6). 'Formal' provision is supported by Government initiatives such as the Youthreach Programme; 'non-formal' is defined as that providing various activities from sports and entertainment to social education or counselling (Boldt, 1997). A number of authors have found limited participation of ESLs in non-formal provision, as the majority are interested in gaining employment (Rourke, 1994; Boldt, 1997). There is also a paucity of adequate provision for young mothers (Boldt, 1997).

The Youthreach programme is the main formal, statutory response to ESL in ROI and is delivered through Youthreach Centres of Education (n=108), CTCs (n=39) and JWs (n=9). A number of other alternative education projects operate, funded either wholly or in part by the DES, with a similar structure and ethos to Youthreach, albeit with different target age groups: Line Projects, Life Centres, Youth Encounter Projects Schools and Detention Schools/Prisons.

Non-formal service provision for ESLs is less clearly defined and there is some overlap between projects, e.g. Youth Services may operate a variety of projects including Teen Parent Support Programme (TPSP), Youth Information Centre and/or Garda Youth Diversion Programme (GYDP). While all organisations have a role, the extent of this is not clear and the objectives of projects (even under the same umbrella) can vary with local needs. Appendix 4 provides further details of organisations within each category.

**Table 6: Service providers in ROI**

Alternative education and training	Youth community sector	Miscellaneous
<p><b>Formal</b></p> <ul style="list-style-type: none"> <li>• Youthreach (n=108)</li> <li>• Community Training Centres (n=39)</li> <li>• Justice Workshops (n=9)</li> <li>• Line Projects (n=2)</li> <li>• Life Centres (n=3)</li> <li>• Youth Encounter Project Schools (n=5)</li> <li>• Detention schools (n=3) and prisons (n=1)</li> </ul>	<ul style="list-style-type: none"> <li>• Drugs Task Force Projects (n=10 regional taskforces)</li> <li>• Teen Parent Support Programme (n=11)</li> <li>• Family Resource Centres(n=107)</li> <li>• Springboard Family Support Projects (n=25)</li> <li>• Local Development Partnership Companies (n=52)</li> <li>• Local Sports Partnerships (n=32)</li> <li>• Computer Clubhouses (n=2)</li> <li>• Garda Youth Diversion Projects (n=101)</li> <li>• Youth Information Centres (n=30)</li> <li>• Youth services (n=54) plus Church of Ireland Youth Department (n=7)</li> <li>• VEC Youth Officers (n=33)</li> </ul>	<ul style="list-style-type: none"> <li>• Barnardos</li> <li>• St. Vincent de Paul</li> <li>• BelongTo</li> <li>• Sporting orgs – FAI, GAA, IABA, IRFU</li> <li>• Feachtas</li> <li>• Irish Association for Youth Drama</li> <li>• Pavee Point</li> </ul>

#### 4.2.2 Formal provision for ESLs

##### Overview

Formal provision for ESLs in ROI is addressed through Youthreach, a joint programme of the DES and the Department of Jobs, Enterprise and Innovation, directed at unemployed ESLs aged 16-20. It offers participants the opportunity to identify and pursue viable options in adult life and to acquire certification in FETAC modules and/or certificates; Junior Certificate; Junior Certificate Support Programme; and LCA. Its core delivery structure is a two-year programme: the first year is designated the Foundation Phase (initiated with an engagement phase to identify learners' needs) and the second the Progression Phase. In individual instances the two-year programme can be extended. Providers receive an annual allocation of resources towards the provision of psychological, guidance and counselling supports. Learners receive a weekly training allowance.

The DES delivers Youthreach through Centres for Education (n=108) managed by Vocational Education Committees (VECs), with a parallel programme delivered through Senior Traveller Training Centres (to be phased out by 2013). The programme is also delivered in 39 Community CTCs funded by FÁS and nine 'Justice Workshops' funded by FÁS and the Department of Justice and Equality.

##### Youthreach Centres of Education

There are currently 3,629 approved places in the VEC Youthreach programme (Personal Communication, Dermot Stokes, October 2011). Youthreach centres operate a 35-hour week, 48 weeks of the year.

Youthreach centres are subject to evaluation by the DES Inspectorate in line with guidelines for Whole School Evaluations (Department of Education and Science, 2006; DES, 2011) and the Quality Framework Initiative, with an aim of the continuous improvement in the service offered by centres to meet the needs of learners, staff and management.

The buildings that house Youthreach centres vary in size and structure. Recent data is not available, but a 1996 report found that centres were accommodated in disused schools (24%), disused factories (24%), purpose-built (14%), community centres (7%), other (31%) (ESF, 1996). This remains the case, with many of the centres visited during this research housed in otherwise disused schools.

##### Community Training Centres

The first Community Training Workshops were set up in Dublin in 1979 (ESF, 1996). They were since renamed CTCs and, in 1988, became part of the Youthreach programme. While funded by FÁS, they are independent community-based organisations. They cater for the training and employment needs of ESLs, primarily aged between 16 and 21 and provide a mixture of basic vocational skills, remedial

education and personal development. There are currently 39 CTCs around the country, offering 2,074 places. IACTO is the national representative organisation for the voluntary Boards of Directors of CTCs; it provides management services to enhance and promote the quality of training outcomes ([www.iacto.ie](http://www.iacto.ie)). NACTM is the National Association of CTC Managers.

CTCs and Youthreach Centres are similar, though the latter are somewhat more 'educational' whereas the CTCs are usually more 'vocational'. A review (FÁS, 2005) of FÁS provision for ESLs found it to be positive, relevant and effective, but suggested that expenditure per participant should increase, reflecting the complex needs of this group. Investment in improvement to premises and retraining and redevelopment of instructors and other staff were highlighted. Lack of progression opportunities was the major weakness of FÁS provision (FÁS 2005).

#### 4.2.3 Profile of formal service providers and learners

Details on learners, organisational details, services provided to ESLs and other issues were obtained through a survey of all Youthreach Centres (n=108), CTCs (n=39) and JWs (n=9). Seventy-six organisations responded.

##### Centre size

Centre sizes ranged from 15 to 115, with an average of 37 young people in each centre (n=76). Numbers of young women ranged from zero to 40 (n=72), while young men ranged from 1 to 87 (n=72). Twenty-five-place centres were the most common (n=15/20%). Only one centre was male-only, the rest were mixed.

Centres were classified as small (1-20), medium (21-40) or large (40+) by the research team. Based upon this classification, responses were received from 11 small (15%), 43 medium (57%) and 22 large-sized (29%) centres.

##### Age profile and nos. of ESLs enrolled

All centres targeted young people aged 16 to 20. Twenty three (40%) centres had young people aged 11-15 enrolled in their centre (n=73). Numbers of young people in this age bracket ranged from 1 to 17, with one being cited most frequently, by seven centres (10%). Eleven centres (15%) enrolled young people aged 21-25. The total number of ESLs enrolled in the centres who responded to the survey was 2,849<sup>18</sup> (Table 7). This represents 48% of the total available allocation of places to ESLs under the Youthreach measure umbrella.

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<sup>18</sup> There are 5,918 places for ESLs currently allocated to CTCs, (n=2,074), JWs (n=172) and Youthreach Centres (3,672)

**Table 7: Gender & age profile of ESLs, service provider survey (ROI)**

	<b>Total</b>	<b>11-15 years</b>	<b>16-20 years</b>	<b>21-25 years</b>
<b>Total</b>	2,849 (n=76)	132 (n=73)	2,380 (n=72)	128 (n=72)
<b>Female</b>	1,048 (n=72)	41 (n=69)	894 (n=67)	39 (n=69)
<b>Male</b>	1,595 (n=72)	68 (n=69)	1,314 (n=67)	98 (n=69)

### Work with young parents

All 76 participants responded to this question with 61 (80%) reporting that they worked with young parents. Total numbers of young parents ranged from one to 38; with one and two being the most frequently cited (n=16/27% and n=13/22%).

### Ethnic background

Usable data on ethnicity was available for 62 centres. Centres comprised predominantly white Irish young people. One centre reported that it did not currently work with young people classified as 'White Irish' (2%). Fifty-four indicated they worked with young people classified as 'White Irish Traveller' (87%), with numbers ranging from one to 27<sup>19</sup>. The high rate of ESL among Travellers has been noted. Hourigan and Campbell (2010) found that, for both settled and Traveller teenagers, the age 15-19 period is critical in laying the foundations for progression into the workforce or further education. For Travellers, the difference is that large numbers leave the school system at this time in order to marry. Thirty three participants stated that they do not work with young people from 'any other white background' (53%). In the cases of those who did, numbers ranged from one to 31. One centre reported working with 31 young people from 'other white backgrounds.

Forty eight centres (77%) stated they do not currently work with young people from 'other including mixed' backgrounds. For those who did, numbers ranged from one to seven.

<sup>19</sup> Ten centres reported having three (16%), eight centres reported having one (13%), and two groups of six centres reported having four and two (10% each). Three centres each reported having 16, 17 and 27 young White Irish Travellers (2% each) enrolled.

#### Programmes offered

A range of programmes was offered by centres, with FETAC modules/certificates being the most frequently cited (n=75/93%). Further detail on programmes offered by centres can be found in Chapter 5.

#### **4.2.4 Informal provision for ESLs**

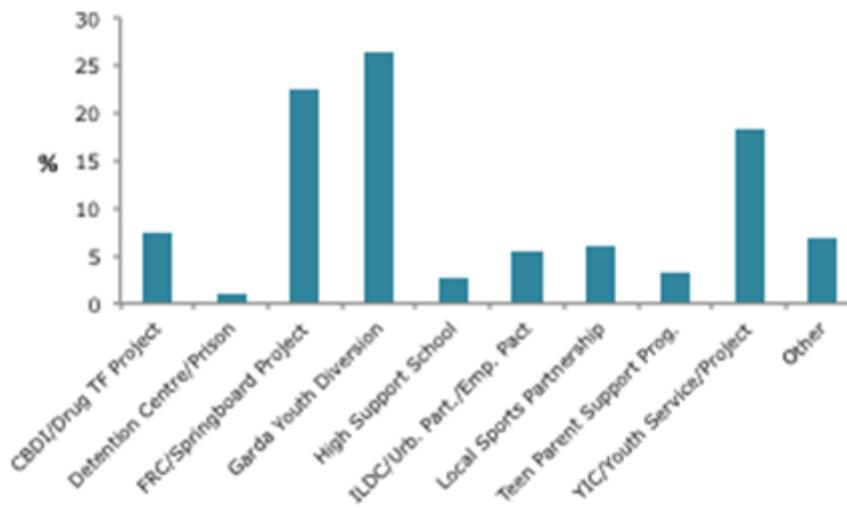
Boldt (1997) reported difficulty in identifying initiatives undertaken by the non-formal sector due to their local, independent and voluntary nature. At the outset of the study, a list of organisations known to be involved in ESL provision was prepared and an online screener survey administered to determine the extent of their involvement with ESLs. The results (Figure 2) show that most organisations work with ESLs to some extent; numbers of young people they engage with are small and information provision and recreational activities are the main services they provide.

#### 4.2.5 Profile of informal service providers and learners

##### Types of organisations

From 475 direct emails to participants, there were 188 responses; 185 online and three postal. Two participants were excluded from the analysis, giving a final sample size of 186. The majority of responses were from GYDPs (26%), Family Resource Centre/Springboard Projects (23%) and Youth Information Centre/Youth Service/Youth Projects (18%) (Figure 2)

Figure 2: Participants in ROI screener survey



##### Numbers of young people engaged by service providers

The vast majority (95%) of respondents to the screener survey stated that they worked with ESLs (n=176/N=186). Total numbers of ESLs worked with ranged from zero to 536 (Females: 0-175, Males: 0-519). Seventeen organisations said they did not work with female ESLs, while four said they did not work with male ESLs.

##### Range of services provided

Of those who worked with ESLs (n=176), data on service provision was provided by 102 participants. Most organisations provided information/advice (80%, n=83); followed by recreational activities (67%, n=70); alternative education and training (52%, n=54); and food provision (30%, n=31). 'Other' was chosen by 45% of participants (n=47).

#### **4.2.6 Summary**

In both jurisdictions formal service provision for ESLs is identifiable, although it has a more coherent structure in ROI.

In NI service provision for young people considered 'not in education, employment or training' crosses a range of government departments but responsibility for NEET young people lies primarily with the DEL.

In ROI the Youthreach programme is the main formal, statutory response to ESL and is delivered through Youthreach Centres of Education, CTCs and JWs.

Formal provision is more structured in terms of the availability of educational and vocational programmes, resources and standards.

Informal provision is widespread throughout ROI and NI but tends to be ad-hoc and to some extent overlaps with other ESL service provision. While there are a large number of organisations involved in informal services for ESLs, the numbers of young people engaged can often be small.

# 5 Food and physical activity among early school leavers

This chapter presents the findings from the surveys of young people in alternative education and training settings. We asked them about their practices and attitudes in relation to food and physical activity. This provides an important context for understanding activities and gaps in ESL settings described in the next chapter.

First, we provide an overview of the young people who participated in this study, followed by a description of their dietary practices and attitudes to food in their everyday lives. We report how often young people engaged in physical activity. We include data from the service provider interviews and focus groups with young people to examine barriers to healthy eating and physical activity among young people in ESL settings.

## 5.1 Young people's demographic characteristics

### NI

One hundred-and sixty-eight young people completed a survey, 97 young men and 71 young women, aged 15 to 25 years (M: 18.2; SD: 3.12). Forty five per cent were aged under 18. All were in receipt of a service aimed at engaging them in education, employment or training.

### ROI

Three hundred and four young people participated in the survey. Six surveys were excluded from the analysis<sup>20</sup>, leaving a final sample of 298: 187 young men and 111 young women. Over two thirds of participants were attending Youthreach centres (67%), while the remaining third were in CTCs (33%). Young people ranged in age from 15-22 years (M: 18.1; SD: 1.4). Almost one third (32%) were under 18.

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<sup>20</sup> Five participants did not meet inclusion criteria and one person who copied their answers from another participant.

### 5.1.1 Living arrangements and parenting status

In both NI and ROI the majority of young people lived with their mother: 53% and 76% respectively. Few of the young people were parents. In NI 19 young people (11%) were parents of children aged from one to six. Seven parents did not live with their children (7; 63%). In ROI there were a smaller proportion of parents (19; 6%). Children ranged in age from three months to five years.

In ROI just under half of young people stated that the head of their household had a job or was self-employed (45%), followed by 41% who stated that they were not working. In NI a smaller proportion of young people reported that their head of household was employed (38%) and just under one quarter (24%) reported that the head of household was unemployed<sup>21</sup>.

### 5.1.2 School-leaving age and educational attainment

#### NI

The modal age of leaving full-time formal education was 16 years and this applied to 44% (n=74) of the sample, (M: 15.04; SD=3.36). Around a third of young men (33%) and young women (37%) left school before the age of 16. One fifth (20%) (n=34) left school at aged 15, and 10% (n=17) at age 14. Eight young people (5%) left school between the ages of 12 and 13.

Just over half of participants (51%) reported having completed the General Certificate Secondary Education (GCSE) prior to leaving school. A further 10% had completed the higher level General Certificate of Education (GCE) including A/AS levels. At the time of data collection, 11% were working towards GCSE qualifications.

#### ROI

The average school leaving age for ROI participants was 15.9 years (SD1.2), ranging from 12 to 19 (n=296). Forty per cent of young people left school at age 16, while almost one fifth left school at age 17 (17%).

The majority (59%) had completed five or more subjects in the Junior Certificate while almost one fifth (17%) had not completed any of the examinations listed<sup>22</sup>.

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<sup>21</sup> Participants were asked to select from: yes has a job or is self-employed; no-not working; no-retired; I am head of household; don't know.

<sup>22</sup>FETAC modules; Junior Certificate; Junior Certificate School Programme (JCSP); Leaving Certificate; LCA; other.

## **5.2 Food consumption patterns and dietary habits**

### **5.2.1 Overview of food consumption patterns**

Young people's food consumption patterns were assessed using a 19-item food frequency questionnaire adapted from the WHO HBSC. Table 8 provides an overview of young people's food frequency patterns in each jurisdiction.

Sugar sweetened beverages, white bread and other food items high in fat and/or sugar were a common feature of the diets of the young people surveyed. Results will be discussed separately for NI and ROI below; differences between jurisdictions were noted. For example, young people in NI reported less frequent consumption of fruit and vegetables, wholemeal bread (and white bread), fish and cheese. Young people in NI were more likely to consume low fat milk than full-fat milk and diet soft drinks over sugar-sweetened soft drinks.

**Table 8: Mean food frequency scores: NI and ROI**

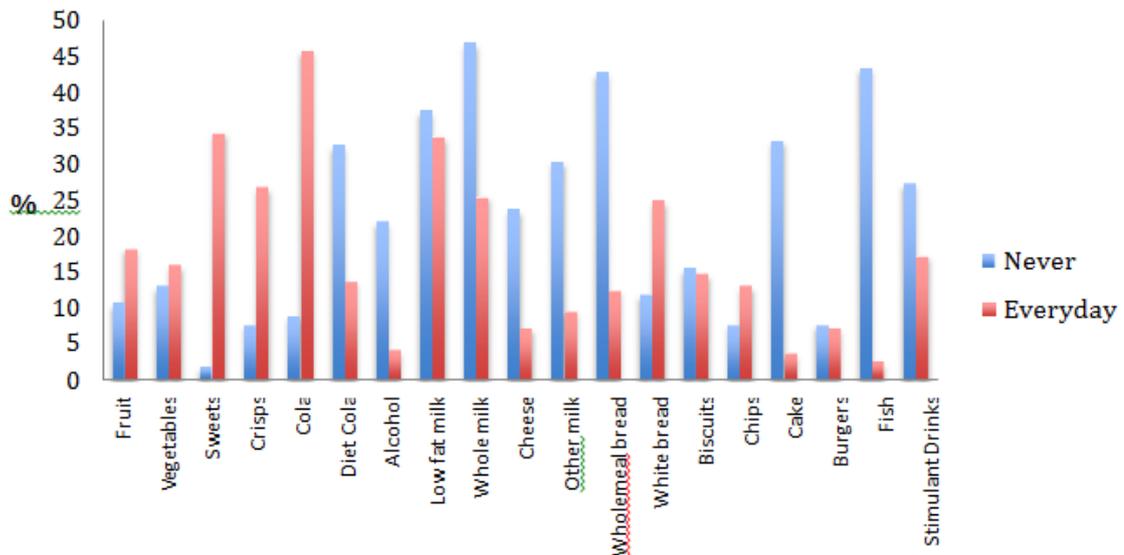
Food items	NI (n = 168)		ROI (n = 297)	
	Mean <sup>23</sup>	SD	Mean <sup>23</sup>	SD
Fruit	3.55	1.74	3.63	1.66
Vegetables	3.65	1.69	4.20	1.69
Sweets (candy or chocolate)	4.81	1.55	4.52	1.72
Cola or other soft drinks that contain sugar	4.89	2.07	5.02	1.79
Diet cola or diet soft drinks	2.96	1.96	2.32	1.82
Alcohol	3.24	1.23	2.57	1.22
Stimulant/energy drinks	3.34	2.03	3.00	1.84
Low fat milk	3.60	2.52	2.39	2.14
Whole milk	3.16	2.39	4.76	2.23
Cheese	3.00	1.62	3.55	1.83
Other milk (yogurt)	2.79	1.73	3.25	1.75
Crisps	4.26	1.79	3.67	1.70
Chips/ fried potatoes	3.82	1.54	3.71	1.48
White bread	4.19	1.78	4.87	1.74
Wholemeal bread	2.72	1.95	3.13	1.86
Cake	2.26	1.37	1.94	1.09
Biscuits	3.51	1.77	3.03	1.64
Burgers/sausages	3.36	1.38	3.33	1.38
Fish	2.12	1.27	2.46	1.43

<sup>23</sup> 1= Never, 2 = Less than once a week, 3 = Once a week, 4 = 2-4 days a week, 5 = 5-6 days a week, 6 = Once a day, 7 = every day, more than once.

### 5.2.2 Food consumption patterns in NI

Energy-dense, nutrient-poor foods including cola or other soft drinks that contain sugar, sweets, white bread, crisps and chips/fried potatoes were consumed most frequently (n=168). Unlike food items promoted as major constituents of a healthy diet such as dairy products, wholemeal bread and fish, foods high in fat and/or sugar were more likely to be consumed every day<sup>24</sup> (Figure 3). Almost half of young people (45%) reported to consume soft drinks every day. One quarter consumed sweets (25%) and crisps (26%) every day.

Figure 3: How often young people eat food items (NI)?



Fruit and vegetable consumption was low. Consumption frequency for fruits on an everyday, more than once a day basis, applied to 9% (n=15), and 9.5% (n=16) reported to eat fruits only once a day. Further every day, more than once vegetable consumption was similar with 7.1% (n=12), and with 8.9% (n=15) eating vegetables once a day. Around one tenth of young people stated that never consumed fruit (11%) or vegetables (13%). Almost one fifth reported that they consumed fruit (18%) or vegetables (16%) every day.

Gender and age differences were observed. Young men were more likely to report that they ate fruit everyday (12% versus 6%). This was also the case for vegetable consumption; 15% of young men stated that they ate vegetables everyday compared with 9% of young women.

<sup>24</sup>Every day combines 'every day more than once' and 'once a day every day'.

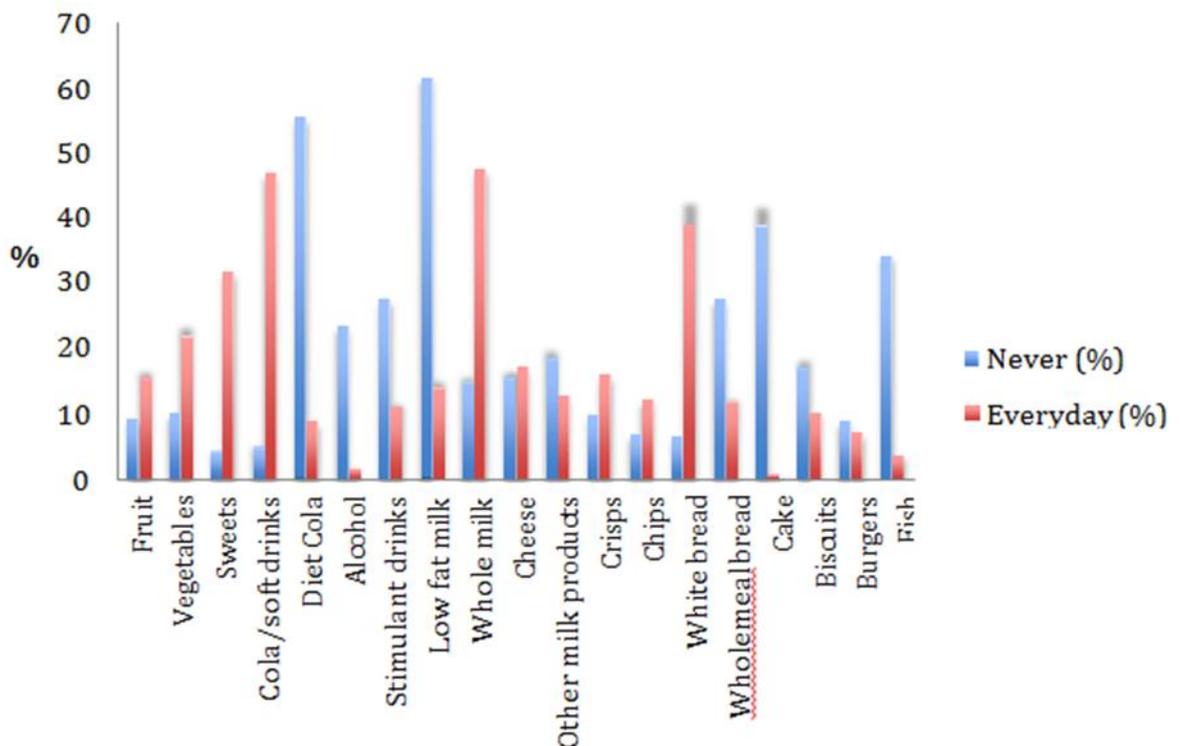
Compared with those aged over 18 under 18s were more likely to eat fruit everyday (15% v 11%), but, under 18s were more likely to report they never consumed fruit (10%) than those 18 and over (5%). Young people under 18 were also more likely to never eat vegetables everyday (16%) than over 18s (4%). Those over 18 were slightly more likely to eat vegetables everyday (12%) than those under 18 (10%).

One fifth of participants reported that they never consumed alcohol (22%) with a similar proportion reporting that they consumed alcohol more than once a week (20%) (n=168). Compared to young women, a higher proportion of young men consumed alcohol more than once a week (22%v 18%). Young men were more likely to report that that they never consumed alcohol (26% v 17%).

### 5.2.3 Food consumption patterns in ROI

Similar to the NI young people those in ROI also reported 'Cola or other soft drinks that contain sugar' as the most frequently consumed item. This was followed by white bread and whole milk (Table 8 above and Figure 4 below).

Figure 4: How often young people eat food items (ROI)?



Almost half of young people (47%) reported consumption of sugar-sweetened soft drinks every day and a third consumed sweets (32%) every day. Fruit and vegetable consumption averaged two-to-four days a week. Seven per cent of young people reported that they consumed fruit more than once a day,

while nine per cent reported that they never consumed fruit. Eight per cent of young people reported that they consumed vegetables more than once a day while a similar proportion (10%) reported that they never consumed vegetables.

Almost a fifth of young men (19%) and one third of young women (31%) said they never consumed alcohol. Not surprisingly, younger participants (36% under 18 years) reported that they never drank alcohol compared to those 18 years and over (18%). One third of participants (32%) stated that they drank alcohol once a week, while one fifth (18%) stated they drank alcohol two-to-four times a week.

#### **5.2.4 Breakfast consumption**

NI

Over one quarter (29%) of young people reported that they never ate breakfast on weekdays and two fifths reported that they never ate breakfast at the weekend (38%)(Figures 5 and 6). Gender differences were observed for no breakfast consumption. Young women were more likely to report that they never consumed breakfast during the week (31% v 27%) and at weekends (42% v 35%). Those over 18 years were more likely than under 18s to state that they never ate breakfast during the week (34% v 22%). Under 18s were more likely to report that they never consumed breakfast at weekends compared to those aged over 18 years (44% v 31%).

One quarter of participants (24%) consumed breakfast every day during the week, with no gender differences evident. Those aged 18 and over were more likely to eat breakfast everyday (32%) than those under 18 (17%).

Over two fifths (44%) of participants reported consuming breakfast on both weekend days; this was slightly higher for young women (47%) than young men (42%). Those aged 18 years and over were more likely to report they consumed breakfast on both weekend days than those under 18 (54% v 36%).

Figure 5: Weekly breakfast consumption (NI)

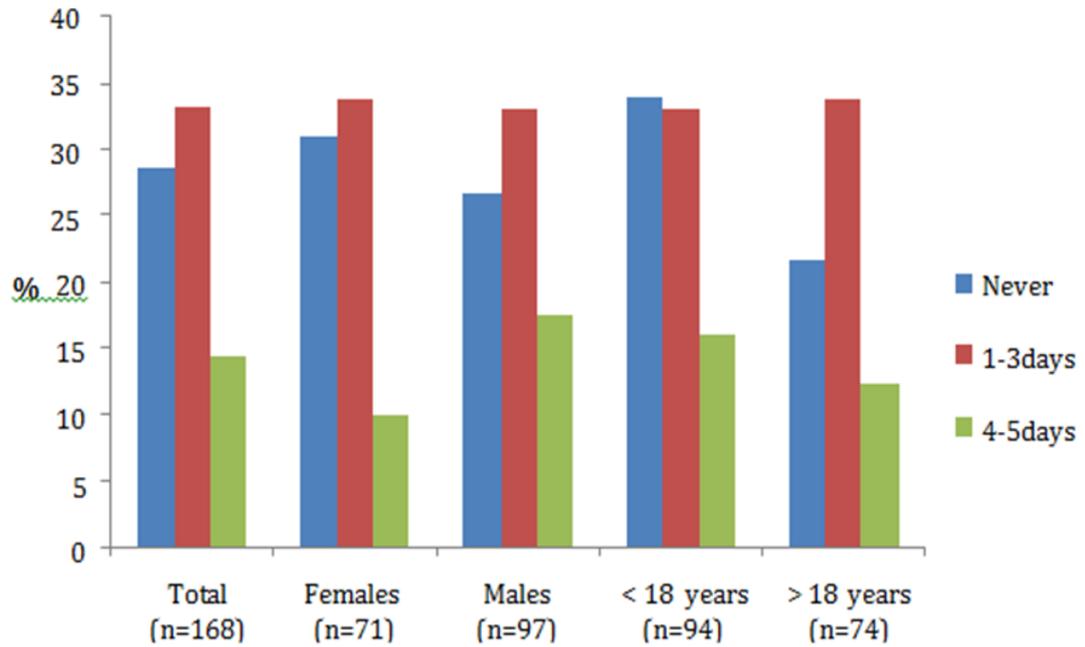
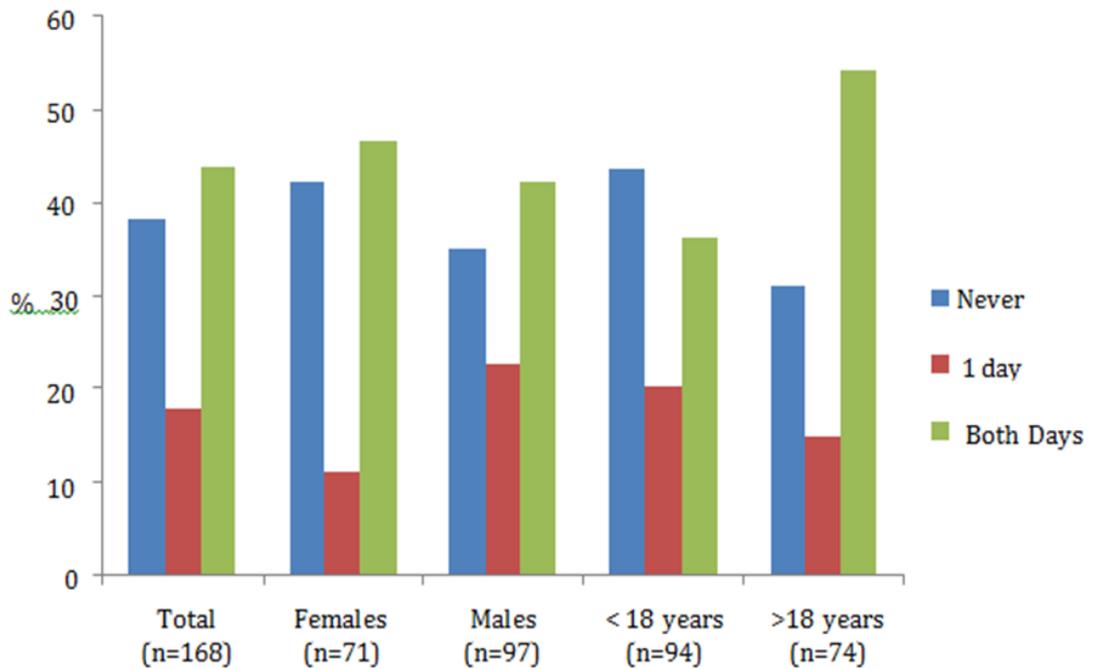


Figure 6: Weekend breakfast consumption (NI)



Republic of Ireland

ROI participants were similar to those in NI with just over a quarter (26%) reporting to never eat breakfast during the week, with slight differences between young men and young women (24% v 29%), those aged under 18 and those aged 18 and over (23% v 27%) (Figure 7).

Figure 7: Weekly breakfast consumption (ROI)

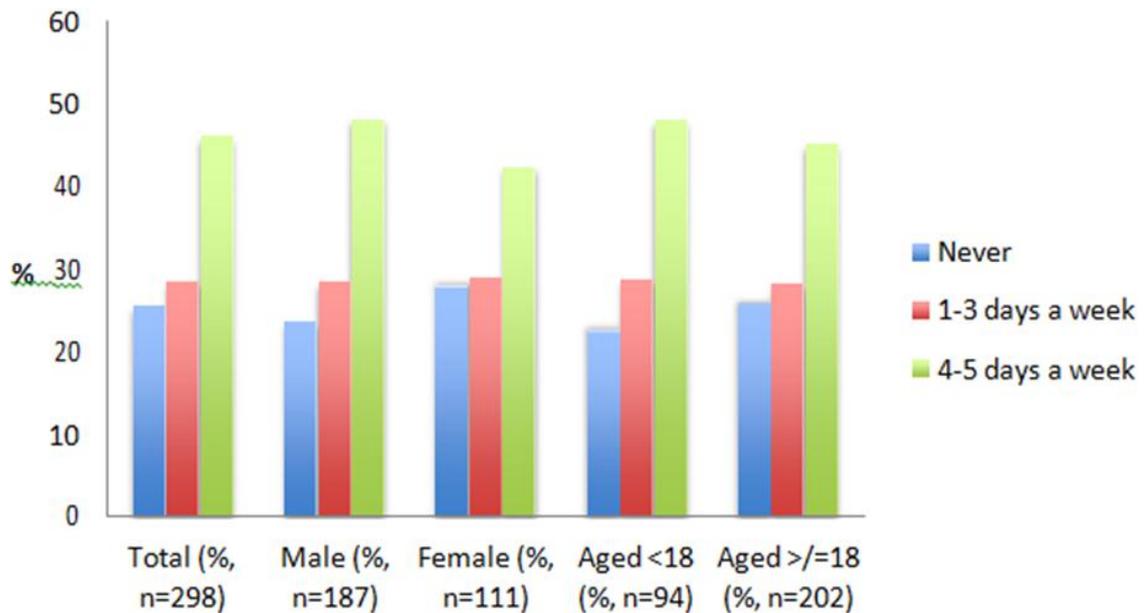
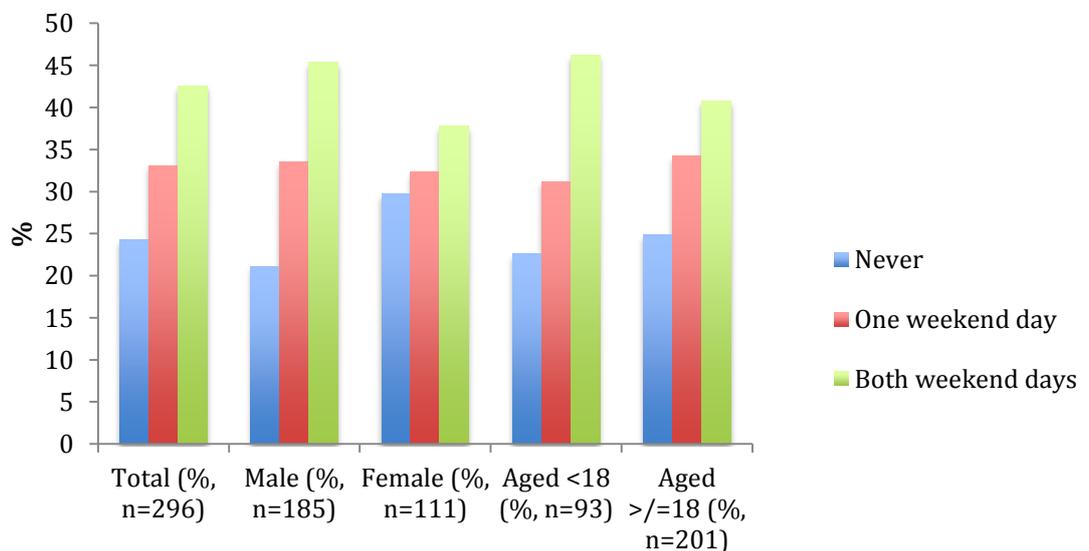


Figure 8: Weekend breakfast consumption (ROI)



Almost a quarter of ROI participants (24%) reported to never eat breakfast at weekends, with differences between young men and women (21% v 30%). Two-fifths (43%) reported they ate breakfast on both weekend days with some differences between young men and young women (45% v 38%) and those aged under 18 and those aged 18 and over (46% v 41%) (Figure 8).

## 5.3 Food sufficiency

### 5.3.1 Northern Ireland

We asked young people if they ever experienced hunger before going to bed or work because of not having enough food to eat at home. Almost half of participants reported that they experienced some level of food insufficiency (44%). It was more likely to be reported by young men (47%) than young women (39%) (Figure 9).

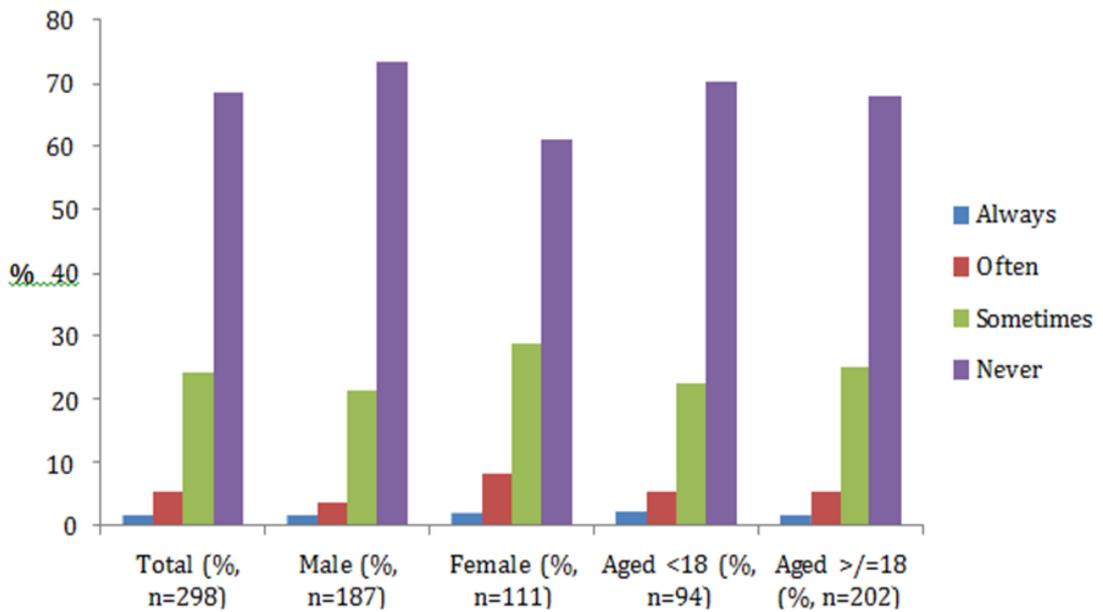
Figure 9: Food sufficiency (NI)



### 5.3.2 Republic of Ireland

The majority (69%) reported that they did not experience food insufficiency. Gender differences were observed with more young men reporting that they never experienced hunger (73% v 61%) (Figure 10).

Figure 10: Food sufficiency (ROI)



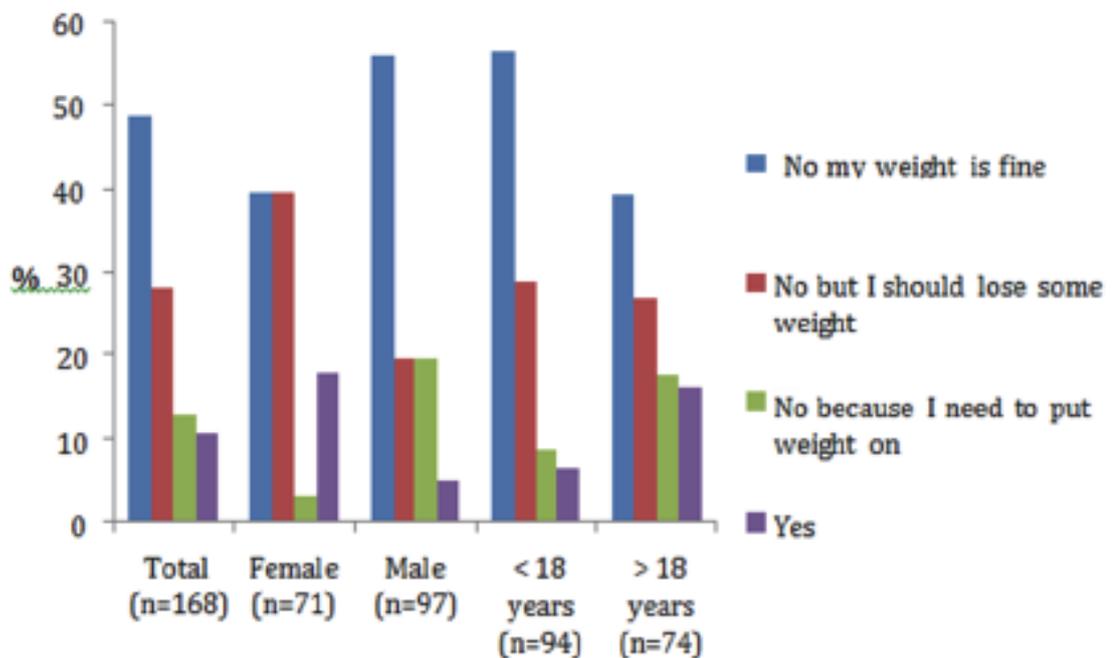
## 5.4 Body weight satisfaction

Young people were asked if they were on a diet or doing something to lose weight. Findings related to body weight satisfaction were quite similar in NI and ROI.

### 5.4.1 Northern Ireland

The vast majority (n=168; 89%) reported they were not on a diet. Of these, almost half felt their weight was fine (49%) and over one quarter (28%) reported they were not on a diet but needed to lose weight, while 13% felt that they needed to put on weight. The latter category was more prevalent among young men (20% v 3%). Approximately one tenth (11%) reported to be on a diet; 18% of young women and 5% of young men (Figure 11).

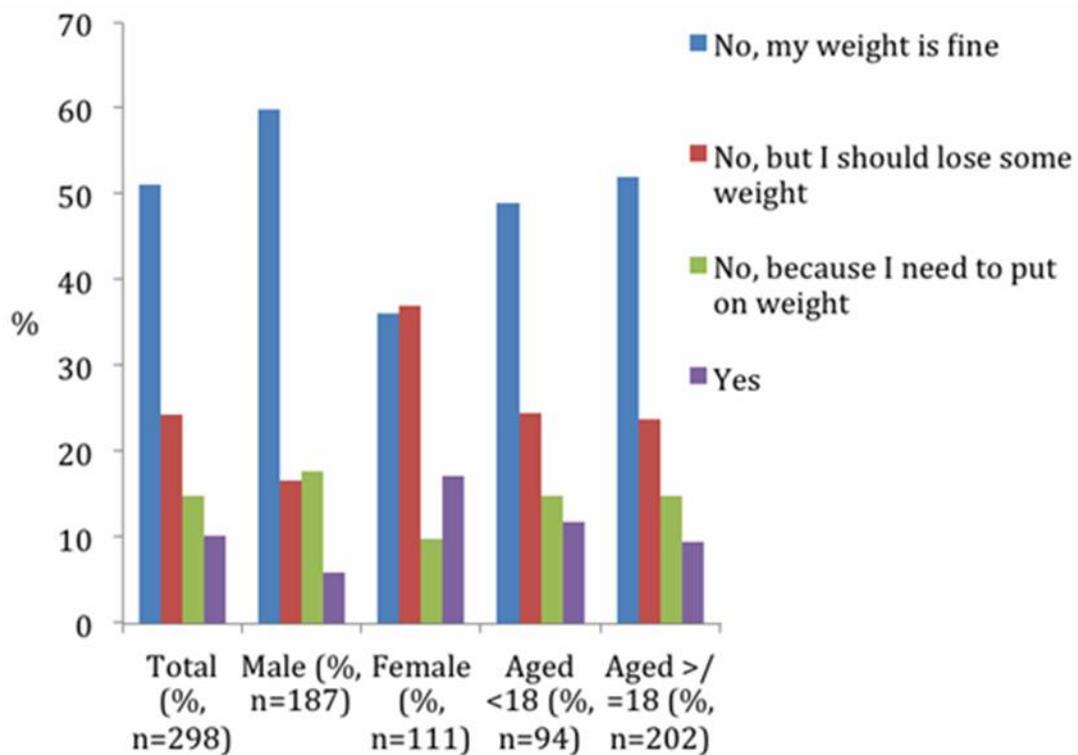
Figure 11: Body weight satisfaction (NI)



### 5.4.2 Republic of Ireland

Most ROI young people reported that they were not on a diet (90%). Of these almost a quarter reported that they were not on a diet but needed to lose weight (24%) and half considered their weight to be fine (51%), while 15% felt they needed to put on weight. Gender differences were observed across all categories. Young women were less likely to report that their weight was fine (36% v 60%), that they were not on a diet because they needed to put on weight (10% v 18%) and more likely to report that they should lose some weight (37% v 17%)(Figure 12).

Figure 12: Body weight satisfaction (ROI)



## 5.5 Food involvement

The Food Involvement Scale (FIS) (Bell & Marshall, 2003) has been used to measure the importance of food in a person's life. This 12-item scale contains two sub-scales: 'set and disposal' and 'preparation and eating'. Higher scores indicate a greater involvement with, and interest in food. Theoretically the scale can range from a low of 12 to a high of 84. Studies of women with low educational attainment show that they have low levels of food involvement low levels of well-being and poorer quality diets (Jarman *et al.*, 2010).

Mean food involvement scores for the NI and ROI samples are outlined in Tables 9 and 10. NI total FIS scores ranged from 21 to 58 (M: 38.81; SD: 7.2) (n=168). In ROI total FIS scores ranged from 16 to 56 (M: 33; SD: 6) (n=297).

The Preparation & Eating subscale<sup>25</sup> has a theoretical range of 15-43. For the NI sample scores ranged from 15-43 with a mean of 28.65 (SD: 5.57); the mean scores for the ROI sample on this subscale were slightly lower (M: 26; SD: 5).

The Set & Disposal subscale<sup>26</sup> has a theoretical range of 3-21. For the NI sample scores ranged from 3-15, with a mean of 10.17 and a SD of 2.79. In ROI, the range was the same but there was a lower mean (M: 8; SD: 3) (n=297).

In NI, no gender differences were observed on the total FIS, the Set & Disposal subscale and the Preparation & Eating subscale. Being older (>/=18 years) was associated with higher levels of total FIS (M=42.46) and with higher levels on the Preparation & Eating subscale (M=30.93). In ROI, there were no differences between total food involvement scores by gender, and age group. This was also the case for the 'set and disposal' and 'preparation and eating' sub-scales.

The relationship between scores on the FIS and fruit and vegetable consumption was examined for young people in NI and ROI. For NI participants a significant positive correlation was observed with high food involvement scores being associated with fruit ( $r=0.34$ ,  $n=168$ ,  $p<0.05$ ) and vegetable consumption ( $r=0.28$ ,  $n=168$ ,  $p<0.05$ ). In ROI the opposite was observed. Negative correlations were observed between scores on the food involvement scale and fruit ( $r=-0.43$ ,  $n=296$ ,  $p<0.05$ ) and vegetable consumption ( $r=-0.19$ ,  $n=295$ ,  $p<0.01$ ).

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<sup>25</sup> Preparation and Eating (9 items): 'I don't think much about food each day'; 'Cooking or barbequing is not much fun'; 'Talking about what I ate or am going to eat is something I like to do'; 'Compared with other daily decisions, my food choices are not very important'; 'When I travel, one of the things I anticipate most is eating the food there'; 'I enjoy cooking for others and myself'; 'When I eat out, I don't think or talk much about how the food tastes'; 'I do not like to mix or chop food'; 'I do most or all of my own food shopping'.

<sup>26</sup> Set and Disposal: 3 items: 'I do most or all of the clean up after eating'; 'I do not wash dishes or clean the table' and 'I care whether or not a table is nicely set'.

Table 9: Mean FIS scores by gender and age (NI)

Characteristic	Total FIS		Set & Disposal		Preparation & Eating	
	Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range
<b>Total</b>	38.81	21-58	10.17	3-15	28.65	15-43
(n=168)	(7.25)		(2.79)		(5.57)	
Male	38.65	21-56	9.95	3-15	28.7	17-42
(n=97)	(7.38)		(2.92)		(5.52)	
Female	39.04	26-58	10.46	4-15	28.57	15-43
(n=71)	(6.95)		(2.6)		(5.69)	
<18y	35.95	21-52	9.09	3-15	26.85	15-39
(n=94)	(6.3)		(2.78)		(4.91)	
>/= 18y (n=74)	42.46 (6.59)	29-58	11.53 (2.16)	5-15	30.93 (5.56)	18-43

Table 10: Mean FIS scores by gender and age (ROI)

Characteristic	Total FIS		Set & Disposal		Preparation & Eating	
	Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range
<b>Total</b>	33.46	16-56	7.89	3-15	25.57	9-44
(n= 297)	(6.30)		(2.62)		(5.22)	
Male	34.17	16-53	8.46	3-15	25.71	9-44
(n=187)	(6.19)		(2.58)		(5.23)	
Female	32.46	20-56	6.93	3-15	25.34	12-41
(n=110)	(6.34)		(2.41)		(5.21)	
<18y	34.96	18-56	8.32	3-15	26.63	13-44
(n=93)	(6.84)		(2.94)		(5.51)	
>/=18y	32.75	16-50	7.68	3-15	24.97	9-37
(n=202)	(5.96)		(2.44)		(5.04)	

## 5.6 Food choice

Young people's food choice was assessed using a modified version of the Food Choice Questionnaire (FCQ) (Steptoe et al., 1995)<sup>27</sup>. This modified version has been used with a sample of school-going adolescents in ROI and NI (Share, 2007).

The modified FCQ was administered to a sample of 100 young people. Data were also gathered on their demographic characteristics and frequency of food consumption (using the adapted FFO).

### 5.6.1 Characteristics of young people

Young people ranged in age from 15 to 23 years, with a mean age of 17.8 (SD 1.64); 60% of the sample comprised young men. The sample was almost evenly divided between those under 18 (52%) and those aged 18 years and over (48%). Most left school at around the age of 16 years (M: 15.8; SD: 1.23). For the majority (61%) the Junior Certificate was the last State examination completed, and just over a quarter had not taken any of the listed State examinations. Just six young people were parents.

### 5.6.2 Young people's food choice motivations

Factor analysis was used to explore the extent to which the 44 items in the modified FCQ exhibited a coherent set of factors that corresponded to the factors identified in previous studies. In this sample just one coherent factor emerged – 'health'<sup>28</sup>. For the sample as a whole, (n=91) health motivation scores ranged from 1.08 to 3.85 (M: 2.43; SD: 0.50). Food choice motivation scores were not differentiated by gender or age group (Table 11).

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<sup>27</sup> Food Choice Motivations in original FCQ: health, price, convenience, mood, natural content, weight control, sensory appeal, familiarity and ethical concern. Participants were asked to read the statement 'it is important to me that the food that I eat on a typical day' for 43 listed food items and select from four possible responses (not at all important, not important, important and very important).

<sup>28</sup>The health factor contained all 6 health items from the original FCQ, 3 items that measure weight, 3 for natural content and 1 for ecological motivation (organic).

**Table 11: Mean health motivation scores by gender and age group**

Characteristic	Mean (SD)
<b>Gender</b>	
Males (n=57)	2.41 (0.48)
Females (n=34)	2.47 (0.53)
<b>Age</b>	
18 and over (n=49)	2.34 (0.45)
Under 18 (n=42)	2.51 (0.52)

### 5.6.3 Food choice motivation and food consumption

Analysis of food frequency data and scores on the food choice motivation ‘health’ revealed associations between particular food items and scores on the health choice motivation factor. There was a significant positive correlation between the food choice motivation factor ‘health’ and consumption of fruit ( $r=0.32$ ,  $n=91$ ,  $p=0.02$ ) and cheese ( $r=0.20$ ,  $n=91$ ,  $p=0.04$ ).

Significant negative correlations were found between the food choice motivation factor ‘healthy’ and the consumption of sweets ( $r=-0.302$ ,  $n=91$ ,  $p=0.004$ ), crisps ( $r=-0.288$ ,  $n=91$ ,  $p=0.006$ ), chips ( $r=-0.317$ ,  $n=91$ ,  $p=0.002$ ), burgers ( $r=-0.253$ ,  $n=91$ ,  $p=0.017$ ) and biscuits ( $r=-0.275$ ,  $n=91$ ,  $p=0.009$ ). Students who consumed such foods more frequently were more likely to score lower on the food choice motivation ‘health’.

## 5.7 Self-efficacy

Young people were asked how confident they felt about reducing their junk food consumption and to increase their fruit consumption in three different situations: when hanging out with friends; when at training/work; and at home.

### 5.7.1 Northern Ireland

Overall young people displayed low levels of self-efficacy. On average, they were either “a little confident” or “confident” in their ability to reduce junk food (M: 7.38; SD: 2.16) and/or increase fruit consumption (M: 7.17; SD: 2.85). There were slight differences in mean scores across the three situations ( $n=168$ ). Young people had higher self-efficacy scores for reducing junk food consumption when at training/work compared to when at home or hanging out with friends. Furthermore, young people were more confident in being able to increase their fruit consumption whilst at home compared to being at training/work or hanging out with friends.

There were gender and age group differences in self-efficacy scores for NI young people. Young women reported lower self-efficacy scores than young men; those under 18 had lower levels of self-efficacy than those over 18 (Table 12).

### **5.7.2 Republic of Ireland**

Overall, participants were “a little confident” or “confident” in their ability to reduce junk food (M: 8.37; SD=2.32) and/or increase fruit consumption (M: 8.01; SD=2.70). ROI young women reported lower self-efficacy scores than young men. Those over 18 years scored higher than those under 18 years with one exception in ratings of self-efficacy to cut down on junk food when at training or work (Table 13).

**Table 12: Confidence changing dietary practices (NI)**

	Total (n=168)	Female (n=71)	Male (n=97)	<18 years (n=94)	>18 years (n=74)
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
<i>Cut down on junk food when...</i>					
Hanging out with Friends	2.44 (1.00)	2.38 (0.97)	2.48 (1.02)	2.27 (0.96)	2.66 (1.01)
At training/work	2.63 (1.00)	2.59 (0.97)	2.66 (1.03)	2.64 (1.01)	2.62 (1.00)
At home	2.31 (1.09)	2.24 (1.05)	2.35 (1.11)	2.08 (1.00)	2.59 (1.13)
<i>Eat more fruit when...</i>					
Hanging out with Friends	2.11 (1.08)	2.03 (1.04)	2.18 (1.11)	1.91 (1.02)	2.36 (1.13)
At training/work	2.46 (1.10)	2.44 (1.05)	2.47 (1.14)	2.36 (1.13)	2.58 (1.06)
At home	2.60 (1.12)	2.54 (1.04)	2.64 (1.18)	2.45 (1.15)	2.78 (1.06)

**Table 13: Confidence changing dietary practices (ROI)**

	Total (n=168)	Female (n=111)	Male (n=186)	<18 years (n=94)	>18 years (n=202)
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
<i>Cut down on junk food when...</i>					
Hanging out with Friends	2.44 (1.00)	2.74 (0.93)	2.83 (0.92)	2.69 (0.98)	2.84 (0.90)
At training/work	3.16 (0.87)	3.14 (0.87)	3.17 (0.86)	3.12 (0.91)	3.17 (0.84)
At home	2.44 (1.04)	2.28 (0.97)	2.54 (1.06)	2.27 (1.06)	2.53 (1.01)
<i>Eat more fruit when...</i>					
Hanging out with Friends	2.48 (1.07)	2.45 (1.08)	2.50 (1.05)	2.27 (1.07)	2.59 (1.05)
At training/work	2.82 (0.99)	2.75 (1.04)	2.86 (0.96)	2.68 (1.06)	2.89 (0.96)
At home	2.75 (1.06)	2.77 (1.04)	2.75 (1.07)	2.76 (1.10)	2.75 (1.05)

## 5.8 Physical activity

Young people's physical activity levels were measured using the shortened version of the International Physical Activity Questionnaire (IPAQ). This measured specific types of activity: moderate-intensity activities; vigorous-intensity activities and walking. Three levels of physical activity are used to classify populations: low<sup>29</sup>, moderate<sup>30</sup> and high<sup>31</sup>.

### 5.8.1 Northern Ireland

The frequency of young people's engagement in physical activity is presented in Figure 13.

#### High level of physical activity

Sixty-eight young people reported engaging in high levels of physical activity 1.24 days (SD=1.865) each week. The majority (60%) did not engage in any high level physical activity.

#### Moderate level of physical activity

One hundred young people reported engaging in moderate forms of physical activity during 1.79 (SD=1.96) days within the previous seven days indicating that they participated in at least one day of moderate physical activity each week.

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<sup>29</sup>Not meeting any of the criteria for either moderate or high categories.

<sup>30</sup> A level of activity equivalent to 'half an hour of at least moderate-intensity PA on most days'.

[3 or more days of vigorous-intensity activity of at least 20 minutes per day **OR** 5 or more days of moderate-intensity activity and/or walking of at least 30 minutes per day **OR** 5 or more days of any combination of walking, moderate-intensity or vigorous intensity activities achieving a minimum total physical activity of at least 600 MET-minutes/week.

<sup>31</sup> At least one hour or more moderate-intensity activity over and above the basal level of activity daily, or half an hour of vigorous-intensity activity over and above basal levels daily.

[Vigorous-intensity activity on at least 3 days achieving a minimum total physical activity of at least 1500 Met-minutes/week **OR** 7 or more days of any combination of walking, moderate-intensity or vigorous-intensity activities achieving a minimum total physical activity of at least 3000 MET-minutes/week.

### Low level of physical activity

The vast majority of young people (98%) engaged in low levels of physical activity on 5.9 days (SD=1.84) each week. At time of data collection, only four had not participated in low-level physical activity during the previous seven days.

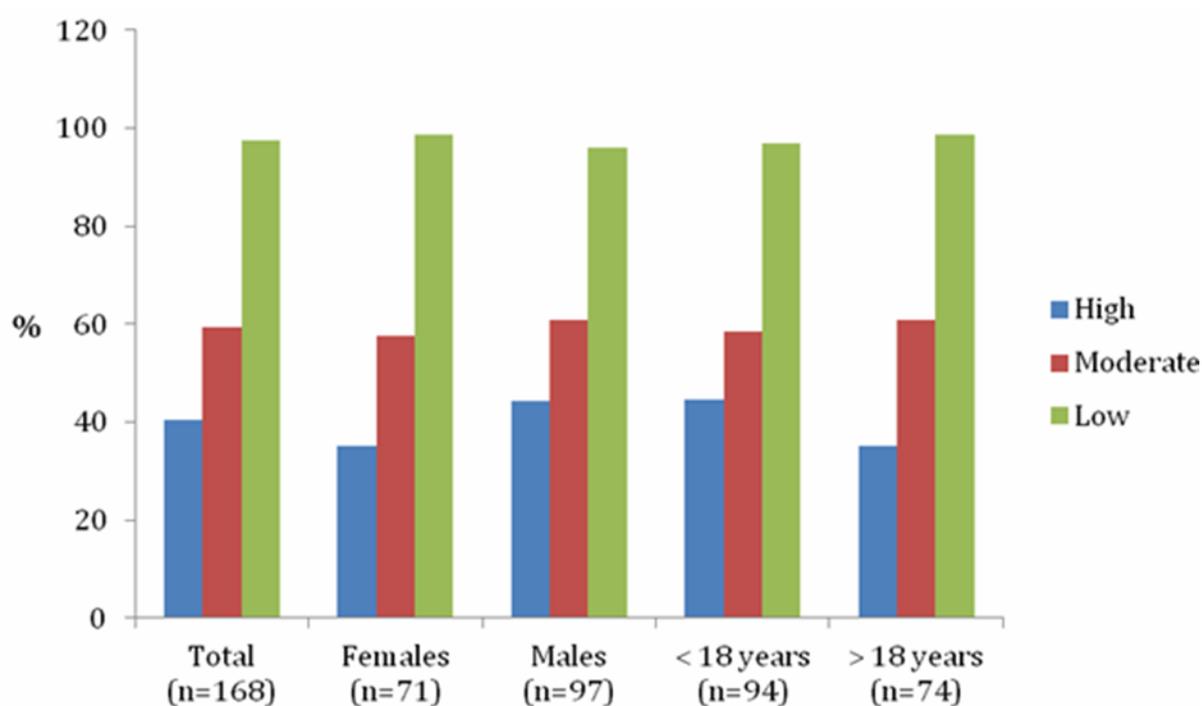
### Time spent sitting

Young people were asked to indicate how often they spent sitting on a week day. The amount of time sitting ranged from less than 1 hour (n=9; 5.4%) up to 12 hours per week day (n=5; 3%). The average time spent sitting was 4.61 hours (SD=2.93).

### Group differences

More young men (44%) reported to participate in high levels of physical activity over the past seven days, than young women (35%). An age trend is evident with younger participants engaged in high levels of physical activity more frequently (45%) than older participants (35%) (Figure 13).

Figure 13: Physical activity levels by gender and age NI



## 5.8.2 Republic of Ireland

### High level of physical activity

Just over 60% of young people reported to engage in vigorous activity on an average of 2.03 days per week (SD: 2.07). Almost two fifths of young people (38%) did not engage in any high level physical activity.

### Moderate level of physical activity

The majority of young people (56%) reported to engage in moderate physical activity on an average of 1.81 (SD: 2.17) days per week in the previous seven days. Just over two fifths (44%) of young people did not engage in any moderate physical activity.

### Low level of physical activity

The vast majority of young people (97%) engaged in low levels of physical activity on 5.7 days (SD=1.97) each week. Just 10 had not participated in low-level physical activity during the previous week.

### Time spent sitting

Young people were asked to indicate how often they spent sitting on a weekday. Almost one fifth (18%) sat for up to three hours a day. The average time spent sitting each day was 6.4 hours (Min: 0.5; Max: 18; SD=3.2).

### Group differences

As in NI gender differences in physical activity levels were observed in ROI. More young men (75%) reported to participate in high levels of physical activity over the past week, than young women (39%). There was little difference in physical activity by age group in ROI. Just over a half (59%) of younger participants versus 64 per cent of older participants had engaged in high levels of physical activity over the past week.

## 5.9 Barriers to young people eating healthily

So far we have illustrated the results of the surveys that examined young people's diet and physical activity related practices and attitudes. These show that young people in ESL settings consume diets that are not optimal for health; they exhibit similar diet and health practices and attitudes as other low income groups. We now consider the perspectives of service providers and young people in relation to the main barriers for ESLs in eating a healthy diet.

Both NI and ROI service providers highlighted that young people in ESL settings had a preference for foods that were high in fat and sugar that could be obtained quickly:

*A lot of fizzy drink that I think is the biggest offender in here. (NI: K12)*

*Their diets tend to be atrocious, they tend to eat quite a lot of junk. (NI: K13, P2)*

*They will eat from the garage, they will, all the time. I think we had a guy in here who ate nothing except ... last year, he wouldn't eat from the kitchen, he didn't eat at home and he just drank fizzy drinks and, you know, chicken baguettes from the garage, and junk food, and that would have been it. (ROI: K106/2)*

*Oh what they eat, yeah. For a lot of them I mean they tend to eat very processed food and they, they tend to cook instant food, you know, pizzas, chips, stuff that you can just put in the oven and it cooks itself nearly. A lot of fried food, which is why it's good here when they first make something like lasagne and they're like 'I'm going to make this at home!' and you know, and that does change their diet. (ROI: K108/2)*

The focus group discussions with young people also revealed that their preferred foods were not healthy items, but those high in fat and sugar:

*Junk food is nicer than healthy food. (NI FG1, P3)*

*I don't like vegetables so that is why I don't eat them. (NI FG2, P3)*

Service providers' observations on young people's dietary practices corresponded to the survey data that showed that energy-dense-nutrient- poor foods were the most frequently consumed items. The interviews permitted a closer look at why young people in ESL settings had such a predisposition toward unhealthy food. The service providers emphasised that some of the young people in ESL settings have had little exposure to a healthy diet throughout their childhood. Some have grown up in families where they have become accustomed to convenience foods, with little structure around meal provision and family meals, and where cooking meals from raw ingredients is not commonplace:

*(Referring to the young people) they come in and won't have had a decent breakfast or a decent meal so you know they're not coming in you well nourished. (NI: K17)*

*A lot of our young people are brought up by single parents, they have maybe been in abusive families, not really supporting families so they haven't been brought up with a very healthy focus. (NI: K15)*

*Yeah. Well I think it's just the culture of poor diet and nutrition and the background they come from. They've never been, they've never had normal diets so they're not used to it. So some of them, they've grown up where they've, there's no cooking in the home or you know mother may be out all day or there may be problems, there might be an alcoholic mother, you know dysfunctional backgrounds; some are very normal and I hope I'm not making everything sound abnormal. (ROI: K101/2)*

*Yeah I mean we always identify students who you would have concerns that there's not a lot of food at home. Again, you would have students who ... You, I suppose you would have very few students who there would be a cooked meal prepared for when they got home. For some of them it will be 'Oh there's a pizza in the freezer' or there's, you know, whatever there. For some it will be 'Here's the money, go to the chipper or go to the ...'. But there are some who go home every day and mam or dad is there cooking a nice nutritional meal for the whole family so it just, it varies. As I say, there are students that you would be concerned that there isn't enough food at home. (ROI: K107/2)*

*I suppose, you know, the support at home, the family environment, there's a lot of, you know, there's a lot of issues at home for a lot of the kids that we have here and the support network isn't there at home. The support isn't there to encourage healthy eating, to, you know, because they are not eating healthy themselves, you know, and, you know, we see that as an issue. A lot of kids would come in here and they would never have tried a lot of the food, and like we would only be serving basic food here, and they would never have tried various things that we would cook here. You know, they're experiencing things for the first time and it's just amazing, you know? The basic foods so, you know, I suppose from that point of view, from the home front, there's, you know, there's not much support there really, you know? (ROI K105/2)*

### **5.9.1 Gender, dietary practices and physical activity**

The young people's survey data indicated gender differences in attitudes towards food, and body image. Service providers saw differences in practices and in attitudes towards food and eating, and physical activity. Some young women engaged in practices such as not eating breakfast or not eating throughout the day to deal with weight issues. They appeared to lack understanding of the energy values of food and about food and nutrition in general. For some young males there was a pre-occupation with bodybuilding and a perceived need to 'bulk up'.

### 5.9.2 Access and affordability of healthy food

Price, access and affordability of healthy food were raised by service providers and young people as constraints on young people's food choices:

*The issue would be affording healthy food. (NI: K13, P1)*

*Price of healthy foods compared to crappy foods in low income areas is, is crazy. (NI: K14)*

*Food price if big ... they will go for a cheap tin of something rather than you know, or something frozen. (NI: K15)*

*I do think to buy fresh fruit emm and fresh vegetables is a lot more expensive than them going to buy beans and chips. (NI: K16)*

*The barriers I suppose, the ... the convenience of unhealthy foods, you know, the convenience of ... and I suppose they've almost seem to have money to go, you know, they'll scoff off here at paying a euro for a healthy dinner and spend €6 in the shop on, you know, on a roll and sausages and, you know, chips, whatever the hell, you know, and bottles of Lucozade and all that and sometimes ... so I suppose from the point of view of access to disposable income, they seem to have and because they do get an allowance when they attend here, they have enough disposable income to spend on those kind of issues or those kind of, those foods. (ROI: K105/2)*

*There would be a lot of ... Spars and Centras and Maces; there wouldn't be things like greengrocers or ... you know, a butcher's, everything tends to be in a packet. Now there are butchers not too far from here but everything, the local, local shops, everything tends to be pre-packed, pre-made, ready-to-go in an oven, so I do think that yeah, that has an impact on it. (ROI: K107/2)*

Although the NI service providers felt that a lack of money was an issue for ESLs this contrasted with the views of ROI service providers who did not consider young people to lack money for healthy food. This difference needs to be considered in the context of the differences in monetary allowances and food provision in ESL settings in each jurisdiction.

The issue of access and affordability to healthy food was also raised in the focus group discussions with young people. The proliferation and proximity of fast food outlets was perceived to be a barrier to healthy food choice:

*More chip shops, kebab shops, Chinese about the street. (NI: FG1, P6)*

*The chippy is too handy. (NI: FG2, P2)*

For the NI young people a lack of money was considered a major constraint upon their food choice:

*How much money I have got (whether eats or not). (NI: FG1, P3)*

*Vegetables and fresh food is far dearer. (NI: FG2, P2).*

The survey of young people indicated that food involvement was at a low level for the majority and corresponded with that found in research with women of low educational attainment in the UK. Discussions in the focus groups reinforce this finding to some extent when young people have indicated that they lack interest, or indeed experience boredom, in food and eating, and in particular in healthy eating:

*Don't think I could be bothered. (NI: FG1, P2)*

*It is hard, it's easy to eat the bad foods and snacks. (NI: FG2)*

*It is because there is nothing to fill the day with. (NI: FG3, P2)*

## 5.10 Summary

The diets of young people in alternative education and training settings on the IOI were characterised by high fat and/or sugar items such as soft drinks and white bread. Fruit and vegetable consumption was low and fell well short of dietary guidelines. Although most young people ate breakfast during the week this was not the case for about one third. The majority did not report food insufficiency. Yet just over 40% of NI and 30% of ROI young people reported some level of food insufficiency. While half of young people in NI and ROI were satisfied with their weight, almost one third in NI felt that they should be on a diet to lose weight, with one quarter in ROI. Around one tenth of young people felt they needed to put on some weight but these were more likely to be young men.

The young people in this study reported low levels of food involvement in terms of being involved with preparation, cooking and cleaning up and in thinking and talking about food. While none felt very confident most felt a little confident or confident about being able to increase fruit and vegetable consumption and decrease junk food consumption.

There was a mixed picture of young people's physical activity levels in each jurisdiction. While the vast majority reported low levels of physical activity on a weekly basis, young people in ROI were more likely to report that they were involved in vigorous physical activity on a weekly basis.

The results of the ESL survey reflect observations made in the service provider interviews and in the focus groups with young people. Service providers confirm that young people have a preference for energy-dense-nutrient-poor foods and opt for convenience. Service providers also reported on the differences in food practices and attitudes of young men and young women. Young people and service providers considered that the wide availability of convenience/fast food outlets, affordability of junk food versus healthy food and a lack of motivation were among the main barriers to young people eating well.

# 6 Food and physical activity in alternative education and training settings

The previous chapter described food and health issues among young people in alternative education and training settings. We now consider how service providers address such issues. We report on the findings from the online surveys and interviews conducted with service providers. These describe the range of health issues addressed by ESL providers and the various curricular and non-curricular activities aimed at nutrition and healthy lifestyles. We illustrate service providers' perspectives on the barriers and facilitators to the promotion of nutrition and physical activity in their settings and outline service providers' and young people's views on appropriate approaches to food and health issues in these settings.

## 6.1 Health issues addressed by service providers

The online survey provided a list of health issues<sup>32</sup> and service providers were asked how frequently they addressed each of these. These were further explored in the key informant interviews.

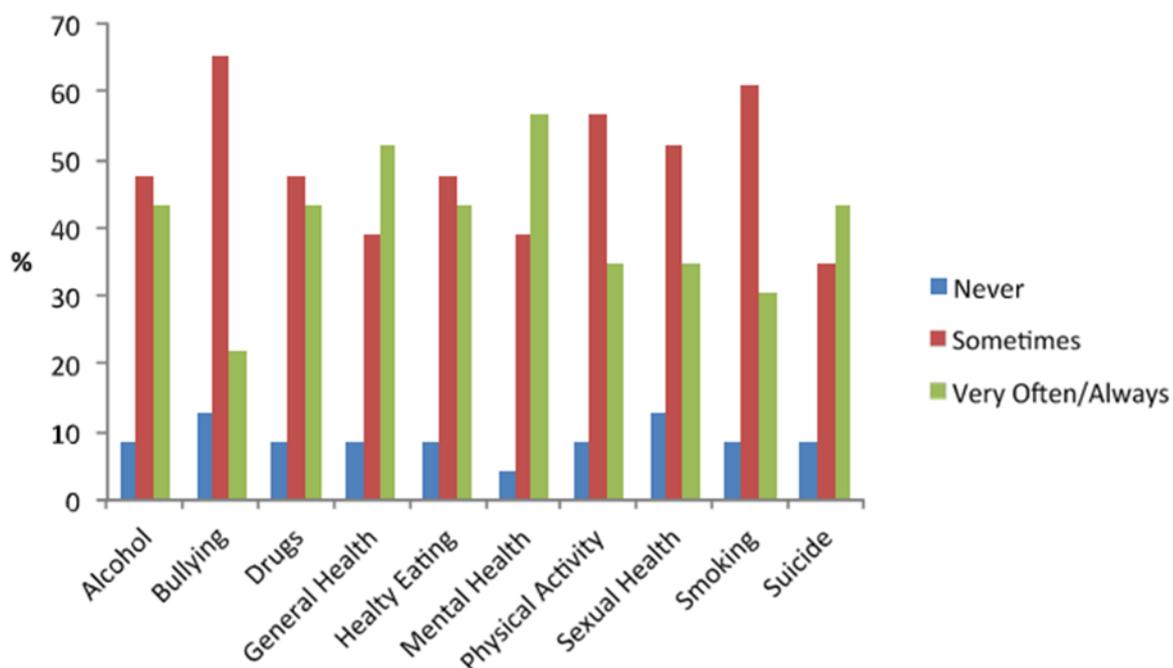
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<sup>32</sup> Alcohol, bullying, drugs, general health, healthy eating /nutrition, mental health, physical activity, sexual health, smoking and suicide.

### 6.1.1 Northern Ireland

In NI, mental health (56%) and general health (52%) were the two health issues that had the highest percentage for ‘always’ being addressed; these followed alcohol drug education, healthy eating and suicide. A greater number of service providers in NI reported to never address any of the health issues listed (Figure 14).

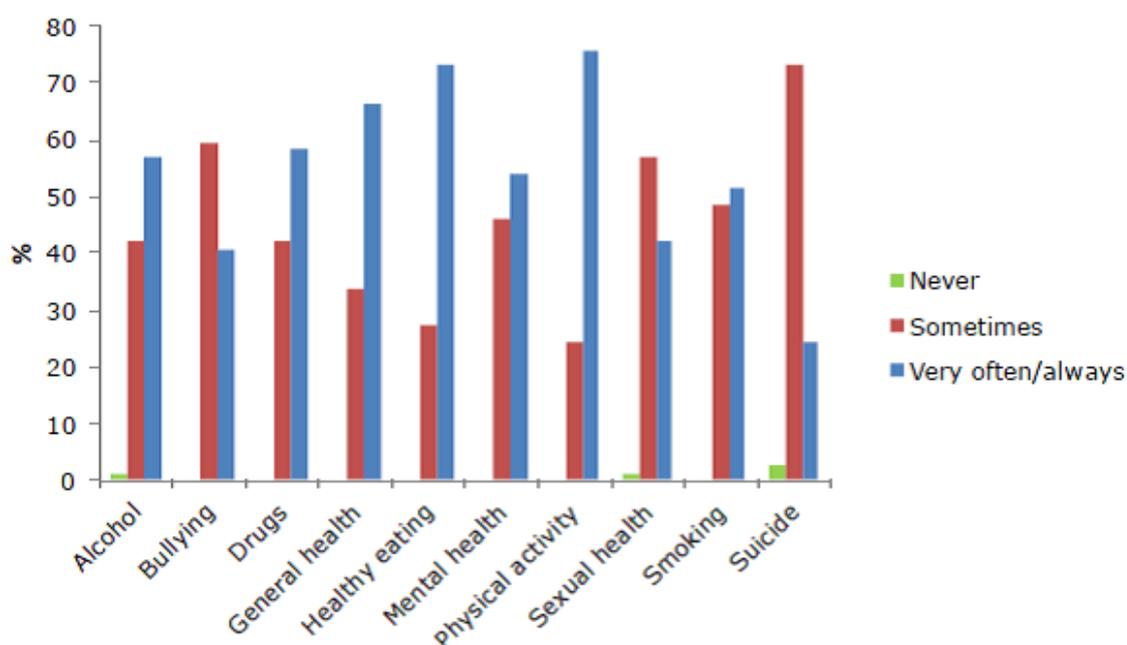
Figure 14: Health issues addressed in ESL settings (NI)



### 6.1.2 Republic of Ireland

In contrast to NI, the ROI service provider survey (n=74) indicated that physical activity (76%) and healthy eating (73%) were the two main issues either very often/always addressed by centres. In general, they addressed all the health issues listed either very often/always. Bullying, sexual health and smoking were more likely to be addressed sometimes<sup>33</sup>. Two participants added other issues: (i) ‘financial situations and housing’ and (ii) ‘self-care, self-advocacy, positive behaviour, choices, goal setting, etc.’ (Figure 15).

Figure 15: Health issues addressed in ESL settings (ROI)



The key informant interviews also explored this topic with service providers. While all the issues identified in the survey were mentioned in each jurisdiction, the key health issues that arose related to drug and alcohol use, mental health and sexual behaviour.

Drug and alcohol consumption was considered by the service providers to be a major health problem for the young people. Many were reported to use drugs and alcohol on a daily/weekly basis:

*There is self-harm, drug and alcohol abuse. (NI: K13, P2)*

*Where health is concerned (refers to drugs and alcohol) ... it is a big issue to address. (NI: K16)*

<sup>33</sup> Occasionally and regularly were combined to create the new category ‘sometimes’.

*But from a health point of view you'll find substance abuse is a major one, whether it be alcohol or drugs at the weekend, you know, that would be I'd say the main health issues that, you know, that they have to cope with. (ROI: K105/2)*

*We would have quite a lot of young people who are doing a serious amount of alcohol and drug use at the weekends. (ROI: K107/2)*

Service providers also reported on how some young people faced mental health difficulties. Some young people have experienced difficult family situations and school life, for others becoming a parent at a young age has placed new pressures on them and some young people were affected by suicide within their peer group:

*And like we're trying to tie it in in a big way now with positive mental health. That's one of the key issues for us at the moment you know? But it ain't easy! (ROI: K104/1)*

*Mental health is a big one for quite a few of them, so for some of them they would have a mental health difficulty because I suppose it's looking at young parents ... that the whole kind of stigma of teenage pregnancy is still there in a sense but for a lot of them it isn't just about being pregnant or having a baby, a lot of them have life difficulties as well. Not just because they've become pregnant but a lot of them are coming from situations where there is domestic violence, there are drug and alcohol issues maybe in the family or in their own lives. Mental health would be quite a huge issue for a lot of them. And that could be a historical thing to do with their childhood or whatever. (ROI: K103/2)*

Although only raised in two instances in ROI, there was a concern about the excessive use of tanning parlours by some young women:

*Well now, there's a few things I'm concerned about. One of them, one of the concerns, nothing at all to do with diet, is the habit of the girls using sun beds. I'm very concerned about that and we try to talk to them about it and you know they are all beautifully tanned and everything but we talk about the health issues and all that so it's something we'll have to address in the future maybe more seriously, because it is a concern. (K102/2)*

*Can I just, one that I forgot to mention which is a serious health issue, is the use of sun beds amongst the Traveller girls and I should have mentioned that because that has been a big problem here and no matter what I say or what we do it doesn't seem to deter them. We've, you know, we've had articles showing people who are severely sun damaged, we'd an article on a girl who had died at 15 because she was over-using sun beds and got cancer from them and it just doesn't seem to make any difference. We've talked to them about spray tans, about tans in a bottle, all of this; it makes no difference, they're still going down and burning themselves on tanning machines and they're going from one tanning centre to another in the same day, where they're members of a few different ones, so while the maximum they might be allowed is five minutes on one, they'll do five minutes in this place and then go five minutes in another place later that day. And they're just, they just, you know, no matter what I've done, I have had very little impact on that one. (K107/2).*

## **6.2 Activities that address food and health issues**

Through surveys and interviews with service providers, we examined the range and extent of curricular and non-curricular activities that address food and health issues in alternative education and training settings. Questions were broadly based on three areas: curriculum, environment (including food, recreation provision and policies) and partnerships/community links. Activities centred on curricular provision and meal provision, although the latter was more commonplace in ROI.

### **6.2.1 Curricular programmes**

A range of health-related curricular programmes was offered to young people in alternative education and training settings. In NI, ESL service provision can be considered as more diffuse when compared with the structured provision under the ROI Youthreach programme.

#### Northern Ireland

In the NI service provider survey participants were asked an open-ended question that related to the types of programmes, qualifications and/or subjects they offered young people who used their services (n=125).

Three fifths of service providers offered Essential Skills programmes, including literacy, numeracy and IT (Table 14). Almost half of centres (48%) offered OCN qualifications specialising in the subject related to their service provision. Two fifths offered OCN and Personal Development Programmes (39% each) and 30% offered a GCSE programme. Almost one fifth of the service providers (17%) offered the Duke of Edinburgh award, an award specialising in young people's development through various social activities.

Table 14: Curricular programmes offered by service providers, NI

Qualification/Programme	Subjects include	%
Essential Skills	Maths, English, IT, Catering, Computer Gaming, Occupational Studies	61
OCN (Open College Network) <sup>34</sup>	Technical Design, Motor Vehicle Repair, Hairdressing, Retail, Childcare, Catering, Technical IT.	48
OCR <sup>35</sup>	Numeracy, Literacy, IT	39
Personal development programmes	Money Budgeting, Cooking, Health and Safety, Independent Living Skills, Employability Progression, and Job Search/Seeking skills	39
GCSE (CCEA and AQA Awarding Body)	Maths, English and ICT	30
National Vocational Qualifications	Youth Work, Creative Arts	17
Duke of Edinburgh Award	Recreational qualification, levels bronze, silver and gold.	17

Table note: does not total 100 because respondents reported on more than one

### Republic of Ireland

It was possible to obtain detailed information in ROI on the health-related modules provided as part of curricular programmes. In the survey, a range of health-related modules under various programmes such as FETAC, Junior Certificate, Leaving Certificate and LCA were listed and service providers asked to identify which ones they provided. Sixty-nine participants provided information on curricular programmes.

The main programmes offered were FETAC modules/certificates and the LCA programme. Food, nutrition, personal development and physical activity-related modules/subjects were commonplace. These findings mirror those of the Youthreach evaluation conducted by the DES Inspectorate. This found that, while such discrete modules and activities were widely offered, a significant proportion of centres failed to provide an integrated health education programme. It called for the development of a national Social, Personal and Health Education (SPHE) programme for implementation in all Youthreach centres (DES, 2010).

<sup>34</sup>OCNs are licensed by NOCN. They are locally managed, not-for-profit partnerships committed to providing a flexible and responsive local accreditation service for a wide range of learning activities.

<sup>35</sup> OCR (Oxford Cambridge and RSA Examinations) is a leading UK awarding body, committed to providing qualifications that engage learners of all ages at school, college, in work or through part-time learning programmes to achieve their full potential - <http://www.ocr.org.uk/>.

### FETAC modules

Of the 70 providers who offered FETAC modules/certificates, 65 provided details of these. Food & Nutrition (90%); Personal and Interpersonal Skills (89%); Personal Effectiveness (89%); Health Related Fitness (77%); and Food and Cookery (71%) were the most often reported modules. Half of centres provided Personal Care and Presentation. Childcare modules were common: Caring for Children (45%) and Child Development and Play (40%). Horticulture was offered by one in four centres.

### Leaving Certificate Applied subjects

Of the 20 centres that provided the LCA Programme, 18 gave details of the specific health-related subjects they offered. Vocational Preparation & Guidance was provided by all centres. Social Education and Hotel Catering & Tourism were each offered by 94%, while Leisure & Recreation was provided by 89%. One quarter provided Agriculture/Horticulture.

### Junior and Leaving Certificate subjects

Fifteen centres provided the Junior Certificate Programme. Of these, 14 offered SPHE and 10 offered Home Economics. It emerged that some centres who stated that they did not provide this programme did in fact provide SPHE (n=11) or Home Economics (n=2)<sup>36</sup>.

Two of the six centres that provided the Leaving Certificate Programme offered Home Economics. One centre, that previously stated that it did not provide the Leaving Certificate Programme, stated that it offered Leaving Certificate Home Economics.

### Summer programme

Most centres (59%) provided a summer programme. Survey participants were not asked to expand on activities provided as part of this programme, but interview data provided some insight into their benefits. One service provider, while acknowledging that the summer programme did not appeal to all young people, said it did provide young people with an opportunity to gain some more experience outside of the classroom and to build up their CV. In the following centre **safe food for Life** and **Cook It!** had been offered during a summer programme:

*(We) provide different types of learning programmes for the kids to try and engage them and give them opportunities to get out of the classroom and have some fun, you know, it helps them to grow up a lot I think. (ROI: K106/2).*

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<sup>36</sup>Some centres offer selected Junior Certificate (JC) subjects to participants who already have completed a number, to bring them up to a full JC. A centre might also use a particular syllabus to frame their programme, such as the JC syllabus in SPHE while mainly focusing on FETAC awards (Centres are allowed to do this since the early 1990s when the then Exams Branch in DES agreed that Youthreach participants could engage with the JC as 'external candidates' - external candidates do not have to take a full JC or Leaving Certificate programme but can present for individual subjects) (Personal Communication, Dermot Stokes, 18 January 2012).

Another centre spoke about Health Week as part of its summer programme:

*We usually have a health week as part of our summer programme where we would have speakers in from ... the local drug programmes ... maybe Aids Alliance or just different every year depending on the needs. (ROI: K107/2)*

The DES Inspectorate evaluation of Youthreach found that the more effective centres had devised innovative summer programmes that engaged learners. These were generally activity-based, learner-centred programmes, such as sports activities, excursions and engagement with local organisations and youth groups (DES, 2010).

The DES evaluation notes that some centres used short courses and/or interventions such as Copping On<sup>37</sup> or anger management and smoking cessation programmes, while others used guest speakers (e.g. HSE personnel and visitors) (DES, 2010). The latter will be discussed in the next section on health promotion resources.

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<sup>37</sup> A Crime-awareness programme that includes an element of drug education

## 6.2.2 Health promotion resources

Service providers were asked to indicate whether they used any of a list of health promotion resources targeted directly or indirectly at them<sup>38</sup>.

Again, knowledge – or perhaps availability - of resources in ROI was greater and therefore more questions could be asked of service providers.

### Northern Ireland

Three in five service providers reported that they used guest speakers. Interview data indicates that these were provided from a range of organisations, including ASCERT<sup>39</sup> (drugs and alcohol); Aware Defeat Depression (mental health); Women's Aid (healthy relationships); Family Planning (sexual health); and the Police/Fire Brigade (health and safety). In relation to practical healthy eating programmes or initiatives, one quarter of survey participants offered Cook It!, while one organisation offered the Healthy Food Made Easy programme. One quarter of organisations said they adapted their own healthy eating initiatives with particular reference to budgeting awareness and practical cooking skills, such as a 'Come Dine with Me' style programme.

Data from the survey of dietitians in NI partially supports these findings. Many reported they provided training to Cook It! Tutors who would subsequently work with young people, among other client groups. Others provided healthy eating talks, workshops and programmes to groups such as young mothers. In all but one instance, programmes were not specifically targeted at ESLs but would often include them. One dietitian had previously delivered a programme called Grubs Up to a local organisation that targets young people within the scope of this study.

### Republic of Ireland

In the ROI, similarly, guest speakers (48%) were the most commonly reported resource used by centres. **safefood** for Life (42%) was the second most frequently reported resource. The cookery book 101+ Square Meals was used by 30%, while cookery programmes such as Healthy Food Made Easy (HFME) (16%) and Cook It! (15%) were used to a lesser extent. Responses to the ROI dietitian survey indicated their involvement in training tutors in or delivering peer-led nutrition programmes such as HFME or Cook It!. Four of the five dietitians stated that in the delivery of these training programmes they linked with providers such as Youthreach and CTCs and youth services.

Resources produced for working with young people around health issues were used less frequently by service providers. These included Healthy Eating Active Living (15%), Spiced Up (9%) and Don't Sweat It! (9%).

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<sup>38</sup> Cook It!; Don't Sweat It!; A Head to Toe Guide to Personal Care and Hygiene (ROI); Healthy Food Made Easy (ROI); Healthy Eating Active Living: A Resource for those working with Young People in Youth Work Settings (ROI); **safefood** for Life; Spiced Up (formerly 'Sugar and Spice') (ROI); 101+ Square Meals (ROI); and guest speakers.

<sup>39</sup> ASCERT – Action on Substances through Community Education and Related Training.

Almost one in five Youthreach centres stated that they did not use any of the resources listed (17%), compared with over half of CTCs (58%).

Interviews with ROI service providers confirmed the wide range of resources used by centres but there was a common view that many resources were appropriate neither for young people in ESL settings nor to the approach to teaching and learning favoured by young people and trainers. In particular, service providers identified the need to ensure that resources were useful for those with literacy difficulties:

*Certainly very minimal literacy work. Lots of creativity, games, posters, interactive stuff that they can use, because as I say we do have a lot of students who are literacy weak, so it's fine to have loads of resources for the ones who are ... you know, who can function literacy-wise and they'll fill it out and they'll do the, ... their sheet and their back-up work and stuff like that, but for the ones who don't, so it's really keeping it quite visual; humour is a great way of engaging these kids so keeping it light-hearted and having a bit of fun with it. (ROI: K107/2)*

*Absolutely, yeah. That's what I'd be looking for as well and that it has, that it recognises literacy deficits in young people as well. That it's not, you know, it's not ok to assume that they're all reading and writing for their age, they're not, you know? (ROI: K106/2)*

### 6.2.3 Environment

There was a wide range of non-curricular activities that aimed to provide supportive environments for young people in relation to nutrition and physical activity. These included food provision, recreational activities and supportive policies/award programmes.

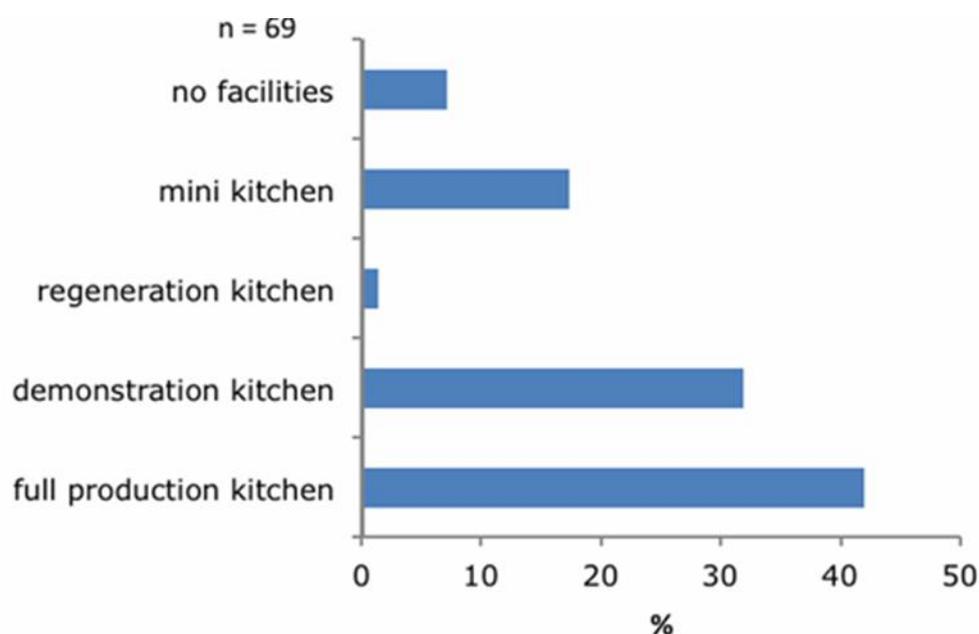
#### Food provision

In the survey, service providers were asked if they provided food (a meal service in NI) in their centre and if they could select, from a pre-determined list, what best described their food preparation facilities. Food provision was also discussed during key informant interviews.

Seven of the 23 (30%) NI service providers reported that they provided a meal service to the young people (breakfast and/or lunch) prepared on-site during the day. Of those that provided food, four had full production kitchens and three had mini kitchen facilities (small production facility). Seven of the organisations also reported offering a subsidiary payment (£3-£5/€3.50-€5.90) to the young people attending their organisation; in most cases this was to cover meals. Only two reported providing both a meal service and a subsidiary payment. The payment was classified as an incentive to encourage attendance at the centre.

Food provision was more commonplace in ROI; 69 of the 75 participants stated that they provided food (92%). Of the centres that provided food (n=69), the majority had a full production kitchen (42%), followed by a demonstration kitchen (32%) and mini kitchen (17%) (Figure 16).

Figure 16: Food preparation facilities (ROI)<sup>40</sup>



Provision of meals in centres and meal-sharing by learners and staff was highly regarded in the DES Inspectorate evaluation of Youthreach (DES, 2010). It considered this as one of the key supports with significant educational, health and social outcomes for learners. The interviews with service providers in ROI also reflect the central importance of food in alternative education and training settings. One service provider (ROI: KI02/1) noted that a Youthreach centre worked for two reasons: one being the provision of food and the other the provision of training and certification. Service providers also reflected on the importance of providing food, particularly breakfast so that young people could engage in learning:

*Food is a big attraction for the kids – particularly the kids who are you know, are genuinely hungry, it’s a big attraction, a chance to get a bit of dinner you know? (ROI: KI04/1)*

*for example, we have a catering training area here and we have our own canteen here and everyone that comes in here gets their breakfast here every day, gets their lunch here every day and again that ties in with the fact that a lot of people in training – trainees - come in to us wouldn’t have had anything to eat before they’ve come in. (ROI: KI06/1)*

Food provision in centres also functioned to support young people’s life skills and broaden their experience of food in general. As noted in the findings from the young people’s dietary survey, fruit and vegetable consumption was low and in general young people had little interest in food. Service providers spoke of how, through food provision, they had the opportunity to expand young people’s food repertoire:

<sup>40</sup> FPK = Full Production Kitchen; DK = Demonstration Kitchen, RK = Regeneration Kitchen; MK = Mini Kitchen; No facilities = hot food transported from another source or sandwich/cold food only.

*Participant: fresh fruit salad, d'you know, just to try and give the twist every so often. Again, like as a chef I see that you have to really sell something to them in that line. Like with the fruit I've taught them how to make a leaf out of an apple, they'll make a rose out of a strawberry, they'll make a rose out of a melon and I put a little pot of yoghurt in the centre and I do it like a little dip and the minute they see it the eye wants it. Now they may not eat every fruit in it but at least they will pick up the plate and they'll go with it.*

*Interviewer: Ok. So it's how to present it is the way you get it into them?*

*Participant: That's how I feel with, what the eye sees is what they'll go for, you know, another one I'll do is ... I'll do kebabs, fruit kebabs and they go down great with them. But like if you put a bowl of fresh fruit salad there they'd walk by it. (ROI: K108/2)*

Young people's participation in food preparation in the centres gave them another opportunity to learn skills, particularly in relation to food hygiene:

*And I suppose the reason we rotate everybody through that is because by providing lunches, there's the clean-up that's associated with that and, you know, nobody likes to do it, so we, you know, we just rotate everybody in, there's different groups and everyday a different group goes in and does the clean-up and to be honest the skills that they're learning there are huge in terms of, you know, you bring kids in there, to be honest they've never held a sweeping brush, they've certainly never mopped before, they've never washed up to a decent standard and all those, you know, using gloves, you know, hair nets, whatever it might be, and they're great skills and the reasons behind safety around a kitchen, you know, there's huge skills there that they wouldn't have seen before. (ROI: K105/2)*

*But the other side of it is, a kitchen, a fully working Fetac Level 4, Level 5 kitchen is, it has two benefits, it provides the food for the centres so the kids are cooking for themselves but the discipline of a kitchen is incredible. (ROI: K102/1)*

Food provision in centres went beyond nutritional support and life skills training as it extended to the social care dimension of centres' work. In centres young people and their trainers sat and ate together. Such activities and their involvement in food preparation gave young people and staff important contact points in which other issues could be discussed, or indeed served as a welcome diversion when class-room learning was not working:

*and if somebody is particularly troubled, what we find is that we have a mentor in the centre and if, ... she's great at cooking, I'm not great now but she's great and like she can cook ... and if somebody wants to talk to [Name], talk to [Name] means 'Go up to [Name]' means 'Go upstairs, peel the spuds and be with [Name] and talk out whatever the issue is'. But you don't do it in a face-to-face, it doesn't feel like counselling, it doesn't feel like, you know, it's problem-solving but it's all disguised into like 'peel the potatoes there while you can', you know? But we found before what worked very well in the centre is when we had a staff member allocated to the kitchen. (ROI: K106/2)*

*The kids need to be sitting down with the adults and eating with the adults, ok. We'll feed them breakfast, we'll feed them break, we'll feed them lunch, we'll feed them break. They can forage all day, but the skills both of sitting down and having conversations while you're eating, these kids never do it you know, it's a new experience and its fascinating to watch kids come into a centre, and I'd call into them a lot 'cos I need to get fed as well and you'd sit down with them and you'd know immediately which kids had just been coming into the centre because the reserve, they hang back, they don't know how to react within this environment of sitting and eating and talking and then you watch other kids and their confidence grow. (ROI:KI02/1)*

#### **6.2.4 Policies**

Service providers were asked to indicate from a list of three<sup>41</sup>, if their centre possessed any of a number of health-related policies.

##### Northern Ireland

Just under 40 per cent of NI organisations (n=23) had a healthy eating policy (39%). Other policies included: education and welfare (17%), anti-bullying (9%), health promotion (4%) and safeguarding (4%).

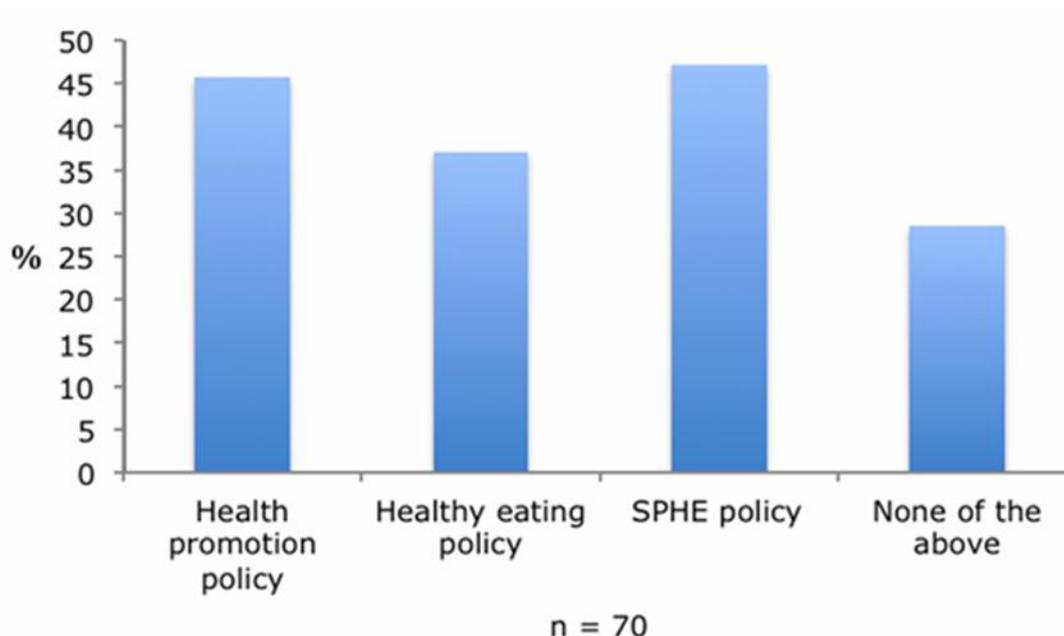
##### Republic of Ireland

In ROI (n =70), almost half (47%) of centres had an SPHE policy and a further half had a health promotion policy (46%). Just over one third (37%) had a healthy eating policy and just over a quarter (29%) said that they had none of the listed policies in place (Figure 17). Four respondents reported 'Other' policies: these included a substance misuse policy (n=2); a physical education policy (n=1); and 'general policies and procedures' (n=1).

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<sup>41</sup>Health promotion policy, healthy eating policy, and SPHE policy (ROI)/ Education and Welfare Policy (NI).

Figure 17: Health-related policies (ROI)



#### Award programmes

All ROI service providers (n=76) were asked if they held the Youth HQM Award. One fifth of organisations reported to hold this award (n=74); three organisations held the silver award, while 12 held the gold award. Four CTCs held the award (two 'Silver' and two 'Gold') and 11 Youthreach Centres (one 'Silver' and ten 'Gold').

### 6.3 Barriers/facilitators to delivery of nutrition and health-related programmes

The service provider surveys and key informant interviews examined barriers and facilitators in the delivery of nutrition and health-related programmes. Participants were asked to indicate agreement or disagreement with nine statements that covered adequacy of funding and/or resources; curriculum content/programmes; recreation facilities; and kitchen/food preparation facilities. They were also asked if they felt they had appropriately skilled staff; leadership and/or a champion; strong partnerships; competing priority issues; and if they felt food and health issues were a priority issue for their parent organisation/funder. ROI responses were analysed by size of the organisation<sup>42</sup>, geographical location and regional location.

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<sup>42</sup>Centre size was classified as small (1-20), medium (21-40) and large (40+).

### 6.3.1 Funding and resources

#### Northern Ireland

Two fifths of organisations (39%) agreed that they had adequate funds and resources.

#### Republic of Ireland

Just under half (42%) of centres felt they had adequate funds/resources (n=69). Participants working in centres categorised as small were more likely to agree with this statement (50%) compared to medium (39%) and large (45%) centres.

The interviews with the service providers reveal in more detail the challenges related to inadequate resources/funds. There were particular difficulties in both jurisdictions where there was no dedicated budget for food provision and/or a lack of funds to provide suitable food provision. While some centres, in particular in ROI, did successfully provide a full meal service, they had to avail of other funding channels or deliver a food service 'under the radar' as part of a food and cookery module.

*Well I think if they're early school leavers it means they're outside the school system. And if they haven't been picked up by another education facility, and the most difficult cohort don't be, it's a question then of saying 'ok well what organisations are in a position to give them a service and can that service include a dinner and can it include access to a good quality health programme and a good quality physical education-type programme' you know? And the difficulty for most centres trying to do that would be the actual funding for the food itself because, even if you're just looking after a cohort of ten and you're doing it every day a week ... But all that takes time and energy but if there was access to a food budget it would make a big difference you know? (ROI: K104/1)*

### 6.3.2 Curriculum content/programmes

#### Northern Ireland

Three fifths (61%) said they had adequate curriculum content/programmes.

#### Republic of Ireland

Almost three-quarters (71%) stated they had adequate curriculum content/programmes. Those in small centres were more likely to agree with this statement (80%) compared to medium and large centres (69% and 70%).

While the majority of those surveyed considered they had adequate curriculum and programmes, the service provider interviews revealed that resources for nutrition and physical activity were not adequately geared towards the needs of young people in ESL settings. Service providers also spoke about the need to ensure that programmes were not developed around traditional approaches to teaching and learning: many young people in ESL settings had left the school system early because of barriers experienced with conventional classroom teaching.

### 6.3.3 Recreation facilities

#### Northern Ireland

One quarter (26%) stated they had adequate recreation facilities.

#### Republic of Ireland

Two fifths (42%) stated they had adequate recreation facilities. Those in medium (44%) and large-sized (45%) were more likely to state that they had adequate recreation facilities than those in small centres (30%).

Service providers located in urban areas were more likely to state they had adequate recreation facilities (49%) than those in rural and 'both urban and rural' areas (29%). All those based in centres in the northern region disagreed with the statement that they had adequate recreation facilities. Figures for the Dublin city and county and western areas were also low, with only one quarter agreeing with this statement. Centres in the south and east were more likely to agree that they had adequate recreation facilities (60% and 56%, respectively).

The service provider interviews explored how centres catered for young people's recreational activities. As with food provision, in each jurisdiction there was a wide variation in the capacity of centres to address recreation provision largely because of inadequate resources:

*Physical activity, again it's access to facilities, tends to be the difficulty there you know. You know we would generally be able to access a local community hall for a bit of five-a-side football or the local all-weather pitches in the local school. (ROI: K104/1)*

*Physical activity is like, you know, once a year for a ten-week period, Young Enterprise come to us with this, it's a programme called – if I can remember – Key Start or something like that and they take ten of them away to [Name of Camp] which is in [Location 9] and they pick them up on a Monday morning and they're away for the day. In the morning they do business studies activities and then in the afternoon outdoor pursuits – see some of the photographs over there – it's that sort of thing. So it's a balance but because of their budget restrictions we can only provide, well they can only take ten so we have to rotate it each year between the centres. (NI: K108/1)*

### 6.3.4 Kitchen/food preparation facilities

#### Northern Ireland

Two fifths (43%) agreed that they had adequate kitchen/food preparation facilities.

#### Republic of Ireland

Three quarters (74%) stated they had adequate kitchen/food preparation facilities. Small centres were less likely to agree with this statement (50%) compared to medium (77%) and large-sized centres (80%).

Service providers located in urban areas were more likely to agree that they had adequate facilities (84%) than those based in rural (53%) and 'both urban and rural' areas (57%). Centres in the Dublin city and county region were most likely to state that they had adequate facilities (93%).

### 6.3.5 Appropriately skilled people

#### Northern Ireland

Over three quarters of participants (78%) believed that they had appropriately skilled people.

#### Republic of Ireland

The vast majority of centres (86%) stated they had appropriately skilled people. Service providers located in urban (91%) and 'both urban and rural' (86%) were more likely to agree that they had appropriately skilled people than those in rural areas (71%).

The service provider interviews illustrated how having appropriate expertise was a constant issue that could impact on the sustainability and development of programmes, particularly when staff leave and there is no-one to fulfil their role:

*I've just been on to them actually this week with a view to getting someone else trained up to deliver that [Network for Teaching Entrepreneurship] and re-engage with it because in the past we've had good success, one of our students went to New York, but the person who was delivering it left a couple of years ago and we've had a large turn over in staff actually in the last year because one guy retired to go to Spain and another woman retired through ill-health and two of the staff members were here one day a week as part-timers and working three or four days a week elsewhere, so they converged so they were doing full-time in their other places, which I could never offer them, so for that reason...now the new staff are on board, we're just ready to re-engage with some of the other external programmes. (ROI: KI10/2)*

*It's probably expertise more than anything else. We don't see everything here I suppose. CTCs I suppose in their nature are independent little organisations and, you know, there isn't a national... FÁS would be the funders but they have kind of sub-contracted out early school leavers to CTCs and I suppose there isn't a national cohort of people who are in CTCs that are thinking about the bigger*

*picture and I suppose we're so immersed in the local issues and the day-to-day operations and things that we don't get a chance to sit back and think about, you know, things like health issues and develop a programme and work with a team, there's no national umbrella organisation at the moment. (ROI: KO5/2)*

### **6.3.6 Leadership and/or a champion**

#### Northern Ireland

Eighty three per cent agreed they had leadership and/or a champion in their organisation.

#### Republic of Ireland

Eighty four per cent said they had leadership and/or a champion. Medium-sized centres were less likely to agree with this statement (77%) compared to small (90%) and large-sized (95%) centres. Service providers located in urban and both 'urban and rural' areas were more likely to state that they had leadership and/or a champion (91% and 86%, respectively), compared with those in rural areas (65%).

### **6.3.7 Strong partnerships**

#### Northern Ireland

Three quarters of organisations said they had strong partnerships (74%).

#### Republic of Ireland

Three fifths (62%) believed they had strong partnerships. Medium-sized centres were less likely to agree that they had strong partnerships (54%) than small (70%) and large-sized (75%) centres.

### **6.3.8 Competing priority issues**

#### Northern Ireland

Two fifths of participants (39%) reported that addressing health issues was not a priority issue within their organisation, and 91% of organisations outlined that they had competing priority issues.

#### Republic of Ireland

Almost half (48%) said they had competing priority issues, while over one quarter (26%) said 'this is not a priority for our parent organisation/funder'. Participants working in small centres were less likely to state that they had competing priority issues (20%). Those in medium (49%) and large-sized (60%) centres were more likely to agree with this statement.

## 6.4 Potential programmes or approaches

We have identified how service providers address food and health issues, with young people in alternative education and training settings as well as what enables and/or inhibits them to do this. Participants were also asked about the type of programmes or approaches that could be adopted to further address these issues. At the end of the service provider survey an open-ended question aimed to elicit suggestions and/or further comments. Key informants were also asked how they thought settings could effectively promote healthy lifestyles for young people; the extent to which this was their responsibility; and what they favoured as supports and approaches. Some issues previously identified as barriers to service provision have been the focus of some of the suggestions. The focus group discussions with young people in ESL centres also explored what young people considered to be appropriate approaches to address nutrition and physical activity in ESL settings.

### 6.4.1 Northern Ireland

Analysis of the open-ended questions in the service provider survey revealed four key themes that require consideration when developing an 'effective' approach to design of a programme to address health-related issues for young people:

- active individualised programmes
- awareness raising of health-related issues among young people
- use of external agencies
- address lack of resources in settings.

Analysis of the key informant interviews paralleled and provided further depth to these four themes, and three additional themes.

#### Take an individualised approach

An individualised, 'one-to-one' approach to intervention was favoured, or a small rather than a large group approach:

*on a one-to-one level with the young person ... they open up and feel more comfortable in their own company. (NI: KI1)*

*we work them in small groups. (NI: KI2)*

### Adopt a needs-led approach

Service providers considered that the needs of young people (as they themselves perceive them) should be considered when designing programmes and initiatives suitable for the target group:

*it needs to be needs led ... sort of pushed along by the young people. (NI: K13)*

*It depends on the young people, kind of what they are coming through and what they are presenting with. (NI: K16)*

### Active rather than passive engagement

Service providers favoured active rather than passive approaches to interventions. They perceived a need for interventions to focus upon engagement so that young people could become active agents in the intervention process:

*If it is hands on they like it, you know what I mean it is not just sitting in a classroom writing or looking at a blackboard. (NI: K11)*

*They learn a lot from peer education, you know sharing among themselves their experiences. (NI: K12)*

*not a lecture style approach, maybe like a let's all find out the information together kind of approach ... so it is almost like a team work style approach. (NI: K13)*

*a holistic approach ... it's about improving their health and well-being so that they are more ready to learn and able to learn. (NI: K17)*

Similarly young people in the focus groups preferred active engagement and did not want to be passive recipients of services. They expressed a wish for practical and interactive approaches towards learning:

*Like us actually doing something. Not just sitting there listening to someone talk on, but us being involved. (NI: FG1)*

*Sometimes people just come in and blab on to us, and we are like do you even know us or anything about us. (NI: FG2)*

*If there was stuff to do ... we never do things now, like we don't go on trips or out to places. Everything we do, we do here. (NI: FG3)*

### Address stigmatisation

The issue of being stigmatised as an ESL needs to be addressed in any intervention for them. There is a need for action to enable young people to become more accepted within society:

*They relate better to people who don't judge them or are quick to form opinions. (NI: KI1)*

*The reaction from people, the young people sense that and kind of feel like maybe they are not wanted. (NI: KI2)*

Young people in the focus groups also raised the issue of stigma and felt more comfortable about learning from individuals who understood them and treated them with respect. Some felt others judged them regarding their circumstances (being NEET):

*We learn at our level, they teach us, they are just like us. (NI: FG1)*

*She looked at us like we had ten heads. (NI: FG2)*

*The way they look at it is we're bums. (NI: FG3)*

### The need for social contact/peers

Participants had no distinct opinions on what to do, as long as they could do it together. They appeared to enjoy working alongside their peers.

*Other people around me doing it too. (NI: FG1)*

*Gets the whole group together. (NI: FG2)*

*Our situations need to change together. (NI: FG3)*

## 6.4.2 Republic of Ireland

Thirty-three participants (43%) provided a response to the survey question about how to address the nutrition and/or physical activity needs of young people in alternative education and training settings. These responses were categorised as follows:

- increased physical activity (n=10)
- active engagement strategies (n=9)
- funding to tackle nutrition-related issues (n=9)
- resource materials/programmes (n=7)
- parental education (n=5).

The interviews with service providers also explored what centres felt could be done to improve current responses to nutrition and physical activity issues in ESL settings. Themes reflect some of those found in the analysis of the survey data: active engagement strategies, funding and resources.

### Active engagement strategies

The ROI service providers reflected their NI counterparts in their emphasis on the type of approach required to address nutrition and physical activity issues among ESLs. For several service providers it was clear that traditional teaching and learning styles were ineffective, particularly those that emphasised theory and writing. There was also a view that some materials used in the school setting were inappropriate as they were seen as childish. There was a clearly acknowledged need for facilitated active learning that was enjoyable and relevant to young people's lived experiences:

*You know, if you're 16 well then so do you see yourself inside making scones or something or other, you know, so it's really just trying to do something that would be ... So I don't know how you would apply that maybe in a Youthreach setting or in an early school leaver setting but it is, it would be, or taking them to restaurants or taking them to somewhere, you know, so they can experience different foods and get them out of their comfort zone as well, you know, or having themed days or something, that they aren't just making soup and scones and whatever, that they're, you know, 'ok, we're going to do Mexican food', or 'we're going to do Italian food' or something or other like that and we're going to do something that is more interesting and exciting rather than making, you know, bread or whatever, you know? That it has to be maybe a bit more cool and trendy. (ROI: K103/2)*

*We need to do more of the, things like the cook-off, that was good fun. We had an Italian Day and again that was based on like ... you know, putting up the banners, inviting people, making the posters, planning the menu, 'What do they eat in Italy?' We did Italian for the first time last year and the Italian Day was brilliant. They like, you know, a few of them tried olives, a few of them tried, you know, they tried new things, different kinds of cheeses and stuff like that, you know? So that worked. We'll do those kinds of things again, you know? And we'll make more of them all of the time but definitely the little team, the competition, of, I wonder would it be, not that we wouldn't be able to enter because we don't have a facility, but you'd love to see some kind of, at a Youthreach level, some kind of cook-off or, you know, some fun kind of a situation that's based around food or I don't know, International Cooking Day or something like that, you know? (ROI: K106/2)*

*I suppose there wouldn't be a huge amount of posters and games and stuff like that that would be available around food and nutrition. I mean we would have, you know, the pyramid posters, we all have those but there's very little else and we like to put a lot of posters around the canteen and around the Centre and that. Like the Maths classroom will have different Maths posters all around it, same in Communications – well there were before they all washed off the walls last night! [Both laugh] But we don't have as much of that stuff for the kitchen and we, certainly there aren't games. ... There's no catering games, there's no food and nutrition games ... So stuff like that I think would be very supportive. (ROI: K1 07/2)*

### Funding and resources

Funding issues were discussed earlier in relation to the service provider survey but they also arise in response to the types of approach that are needed in ESL settings. While service providers highlighted the need for active learning strategies to address nutrition and physical activity issues, they also pointed to the need for improved funding and resources to achieve this. Some physical activities that have been successful with young people are those that require funding and resources, for example, canoeing or outward bound activities:

*I think the other issue in terms of the actual physical activity, again it's access to facilities, tends to be the difficulty there you know. You know we would generally be able to access a local community hall for a bit of five-a-side football or the local all-weather pitches in the local school for ... But that doesn't suit everybody and I think looking at activity programmes for young women is a big, big issue. You know in terms of activity that would appeal to them and that they would be interested in. The activity that we find most of them generally really, really want to do tends to be the most expensive activity like the canoeing and the hill-walking because you have to physically get them there you know? And they all moan about the hill-walk but generally the feedback from them coming back is 'that was absolutely fantastic' you know they're wrecked and shattered and whatever. They really get a great sense of achievement and that you know? (ROI: KI 04/1)*

Service providers also recognised that to roll out innovative approaches to address nutrition and physical activity with young people required extra resources. This was a complex issue that was interwoven with the need for facilities (recreational and food preparation); expertise among staff; accredited programmes that deliver measurable outcomes for learners and centres; and for nutrition and physical activity to be on the agenda of those that govern the service:

*because again I can't speak for other Centres, I mean if we were doing it here, we would be doing it probably just based on our own skills or whatever, but if there was someone available who was, you know, used to working with young people and would try and make it exciting and interesting, you know, I can only make the assumption probably that maybe people who are working in other educational settings, have been trained in the same way as people working in formal education settings, from the point of view maybe of a Home Economics Teacher or something like that who is going to do cooking, if they have been trained the way every other teacher has been trained well they're going to deliver their session the way they would do if it was in a school and those young people have dropped out of school for a reason ... and if there is someone who can make it more Jamie Oliver-ish or something, well then that would be, I think, welcome ... maybe just had a different angle on it or, you know, that's going to make it that little bit more interesting and quirky for them. I mean at the end of the day it's about basic nutrition but if they aren't taking that in, you know, in a formal setting, well they're not going to take it in in an informal setting if it's taught in the same way. (ROI: KI03/2)*

*I suppose if it fulfilled some of the FETAC requirements, so that it wouldn't be a separate stand-alone programme, you could actually use it with them as part of their work; that would definitely be a help. That it wasn't, there wasn't a huge initial cost outlay ... because budgets are all tightening up at the moment, and that there wasn't a huge time commitment in terms of staff training for it. That, you know, you can release staff for a day or two but every time a staff member is released you then have to cover that class (ROI: K107/2).*

## 6.5 Summary

This chapter presented the findings of the surveys and interviews undertaken with service providers. Our aim was to gain an insight into the range and type of health issues addressed by alternative education and training providers in NI and ROI. We were also interested in the curricular and non-curricular programmes offered to young people with specific reference to nutrition and physical activity. We aimed to capture how service providers address food and health issues, what they perceive to be barriers and facilitators to addressing these, and their perspectives on the most appropriate response to these issues. The chapter also outlined the perspectives of young people on how these issues should be addressed.

The survey findings indicated that food and physical activity issues were frequently addressed by service providers, although mental health issues and drugs were more to the fore in NI. Interviews with service providers in both jurisdictions placed a greater emphasis on dealing with acute problems related to substance misuse although mental health was also frequently discussed.

Activities related to food and physical activity in alternative education and training settings are wide-ranging but focus mainly on the curriculum and food/recreational provision. Service providers emphasise, as do young people, the need for innovative and practical responses that are enjoyable for learners. Current responses to nutrition and health promotion tend to be passive and not geared to the lives of young people in alternative education settings. Guest speakers tend to be used frequently, but this was more common in NI.

Food provision formed a major part of the everyday activities in centres, although this is more common in ROI. Food provision was deemed to be a vital part of the services offered by centres for a range of reasons that included: the provision of nutrition for those whose overall nutritional wellbeing has been compromised throughout their childhood; to deal with hunger and ensure that young people are equipped to take on their educational activities; as a socialising process and for learning transferable skills for the workplace and home; and for broadening young people's perspectives on food and eating in general so that they can participate more fully in society. While it was clear that food provision was an important part of service provision a wide range of barriers faced service providers. These included lack of a food provision budget; lack of adequate kitchen facilities; environmental health regulations; and a lack of staff. Nevertheless, many centres were creative in addressing barriers where they provided food as part of offering a catering course and some had managed to obtain (in ROI) funding under the School Meals Scheme. Overall

the findings suggest that there was a lack of uniformity about entitlements and what should be standard food provision in centres.

A wide range of programmes that relate to the promotion of nutrition and physical activity in ESL settings exists but tended not to be aligned in terms of other relevant curricula and overall programmes in ESL settings.

Lack of adequate recreation facilities was a major barrier to health promotion activities and in particular a lack of funding and resources to provide the types of activities favoured by young people.

# 7 Discussion and key findings

This study concerned the needs of young people and service providers in ESL settings on the IOI. Nutrition and physical activity research with ESLs is limited. Based on their demographic characteristics and the results of school leaver surveys we suggest that the issues for ESLs are similar to other socio-economically marginalised groups who are at risk of poor health outcomes in terms of food poverty, poor nutrition, overweight and obesity, and smoking.

We have provided a comprehensive overview of service provision for ESLs in NI and ROI and of the range and type of programmes in these settings that address healthy eating and physical activity. We undertook a survey of the diet and physical activity-related attitudes and practices of young people in ESL settings. This allowed us to provide a context for understanding the current approaches to nutrition and physical activity and the gaps in service provision in ESL settings.

This chapter returns to the study objectives and discusses the key findings for each of these.

## 7.1 Provide an overview of the key structures/networks for accessing early school leavers in NI and ROI [RO1]

A key outcome of this study has been a comprehensive assessment of the range and type of organisations that provide educational and support programmes for ESLs across the IOI. Broadly these organisations were categorised as formal or informal providers with the majority of formal provision found in alternative education and training organisations while informal provision was mainly delivered, although not exclusively, by youth and community, and ‘miscellaneous’ providers.

While there is a wide range of organisations involved in ESL provision, service provision in ROI may be considered more structured than in NI.

### 7.1.1 Alternative education and training

In ROI most formal provision for ESLs takes place through Youthreach centres of education, CTCs and JWs.

Youthreach is the largest organisation in ROI to provide services for ESLs. Under the auspices of the DES and Department of Jobs, Enterprise and Innovation it supports young people aged 16-20 to pursue further qualifications and training over a two-year programme. CTCs are funded by FÁS and are similar to Youthreach services.

In NI alternative education and training providers come under the auspices of a number of government departments, educational institutions and funding agencies, such as the Department of Employment and Learning, Further Education Colleges, Department of Education, Alternative Education Providers and ESF-funded projects. Two key DEL funded programmes, Apprenticeship NI and TfS, are delivered to those aged 16-20 in Further Education and Training settings. Barnardos and the DEL are key agencies in NI for policy development for the NI NEET sector.

### 7.1.2 Youth and community sector

In both jurisdictions there is a wide range of youth and community organisations involved in ESL service provision. Level of provision tends to be small-scale and diffuse and organisations and projects can suffer the vagaries of annual funding cycles. NI organisations include the Prince's Trust, Bytes Project and Computer Clubhouses. In ROI such provision is found in Family Resource Centres, Springboard Family Support Projects, Youth services and the TPSP. There may be an overlap in the services offered by the youth and community sector.

### 7.1.3 Miscellaneous

The review of ESL provision on the IOI found that there is a very wide range of organisations that interface with ESLs in general that we have classified as 'miscellaneous'. These include sporting clubs, arts groups and charities such as the St Vincent de Paul and Barnardos. In ROI the NYCI functions as an important umbrella organisation for the youth sector generally.

In both jurisdictions formal service provision for ESL is identifiable, although it has a more coherent structure in ROI. Formal alternative education and training providers are potentially an important point of access for **safefood** and other organisations involved with health promotion among ESLs.

Although informal provision is widespread throughout ROI and NI it can be ad-hoc and can overlap with other ESL service provision to some extent. Some providers in the youth and community sector may also provide opportunities for young people to undertake FETAC qualifications. While there are a large number of organisations involved in informal services for ESLs, the numbers of young people engaged can often be small.

As formal provision is more structured and there are clear programmes, resources and standards in place, they are well placed for any potential **safefood** initiative. Nevertheless, there are potential secondary stakeholders from the non-formal sector. These include organisations in ROI involved with the TPSP, Family Resource Centres/Springboard Projects, Garda Diversion Projects and Youth Information Centres. In NI organisations include Computer Clubhouses, Barnardos and the Bytes Project. The nature and level of any **safefood** initiative would most likely vary according to the capacity and needs of organisations within each sector.

## **7.2 Identify relevant key existing health promotion activities and gaps in health promoting activities that focus on healthy eating and active lifestyles that target early school-leavers [RO2]**

To identify health promotion activities and gaps it was necessary to have an understanding of the diet-related and physical activity-related health issues for young people in ESL settings. Without this information it would be difficult to assess the relevance of existing health promotion activities and the potential of other approaches identified in this research.

### **7.2.1 Young people's dietary practices and physical activity levels**

The diets of young people in alternative education and training settings on the IOI were characterised by high fat and/or sugar foods such as soft drinks and white bread. These results are similar to those reported by the Irish National Teens' Food Survey of second-level students (IUNA, 2008). Fruit and vegetable consumption was low and fell well short of dietary guidelines. Most consumed breakfast but at least a third went without breakfast during the week. Some young people reported food insufficiency: 30% in ROI and 40% in NI.

Overall young people were satisfied with their weight but young women in particular were less satisfied. Young men were more likely to want to increase their weight. In the latter case this finding was reinforced in focus group discussions with young people where they emphasised young men's interest in bodybuilding, 'bulking-up' and the use of dietary supplements.

The young people reported low levels of food involvement in terms of its preparation, cooking and cleaning up, and in thinking and talking about food. This finding corresponded with research that has examined food involvement in women with low educational attainment (Barker *et al.*, 2008). While most had some confidence about being able to increase fruit and vegetable consumption and decrease junk food consumption, none was very confident.

In NI and ROI the vast majority reported low levels of physical activity on a weekly basis. Those in ROI were more likely to report involvement in vigorous physical activity on a weekly basis.

Service providers confirmed that young people in ESL settings prefer 'junk food' and opt for convenience. They also noted gender differences in young people's food practices and attitudes. The wide availability of convenience/fast food outlets, affordability of junk food versus healthy food and a lack of motivation were among the main barriers to young people eating well.

These findings support other Irish research undertaken with young people in the formal school sector that shows that young people in lower socio-economic groups have poor dietary practices (Trew *et al.*, 2005; Share, 2007).

### **7.2.2 Relevant existing health promotion activities**

Surveys and interviews of ESL service providers provided insight into the range and type of health issues addressed by alternative education and training providers in NI and ROI and the curricular and non-curricular programmes offered to young people with specific reference to nutrition and physical activity.

There was a strong interest among service providers in young people's diet and physical activity related health. Although service providers addressed a range of health issues, notably those of mental health and substance misuse, food and physical activity issues were frequently addressed and regarded as a central issue within alternative education and training settings.

Activities relating to food and physical activity in alternative education and training settings are wide-ranging but focus mainly on the curriculum and food/recreational provision.

### **7.2.3 Curriculum**

Service providers offered a wide range of curricula for ESLs that were relevant to nutrition and healthy lifestyles. There was a strong focus on food safety in many of the modules offered in ESL centres. Young people also frequently referred to food safety when they discussed what they learned about food in the focus group discussions.

Just over a third of NI organisations provided personal development programmes that included subjects such as cooking, health and safety and independent living skills. The same proportion offered programmes under the OCN such as childcare and catering.

The range of health-related curriculum in ROI was more easily defined. FETAC modules and LCA programmes were commonplace. FETAC subjects such as personal development; food and nutrition; health-related fitness; food and cookery; leisure and recreation; and childcare were provided by the majority of service providers. A minority of centres provided the Junior Certificate programme and within this they offered SPHE. While all centres have a remit to provide SPHE some did this outside of the Junior Certificate programme. Horticulture was offered in a minority of centres either as a FETAC module or within the LCA programme. Summer programmes were provided by just over one half of ROI centres and some centres focused these around health issues, including food and nutrition.

#### **7.2.4 Food provision**

Food provision formed a major part of the everyday activities in centres, although this was more common in ROI. Food provision was deemed a vital part of centres' services in terms of supporting young people's nutrition, life-skills and socialisation.

The provision of food enabled centres to support young people's readiness for learning. Most did this through breakfast and lunch provision. While the day-to-day nutritional support was important for learning it also had the potential to enhance young people's overall nutritional wellbeing. According to service providers many young people had experienced poor nutrition in their childhood and, as noted in the survey of their food practices, as young adults they were further compromised by a reliance on junk foods. This must also be considered in the context that service providers reported that many young people engaged in substance misuse.

Centres that provided a food service also used it to support young people's education and life skills. While students involved in catering courses were formally engaged in an accredited educational programme, some centres also involved young people in the preparation and clean-up at mealtimes. Even if young people were not undertaking a catering programme, they received important life skills about food preparation and food safety that could be extended to the workplace and to home. This approach had the potential for a broadening of young people's perspectives on food and eating in general. The young people's survey indicated the narrowness of young people's foodways in terms of interest, variety and involvement. The follow-up focus groups conducted with young people towards the end of this study revealed that they were wary of foods that were unfamiliar to them but on occasion in their centres they had the opportunity to try out new foods.

Food provision supported young people's socialisation and the social care dimension that is integral to the work of alternative education and training settings. Research in young people's residential care settings highlights the necessity to attend to the symbolic meaning of food. Food can serve as a tool to address issues or problems in young people's lives (Punch *et al.*, 2009). This has been affirmed in the current study of alternative education and training settings. Many young people had experienced unstructured family mealtime practices and were unaccustomed to eating together. Many had troubled personal lives. In the centres sharing meals with staff and other students and being involved in food preparation provided moments where other issues could be discussed and where relationships could be built.

#### **7.2.5 Gaps**

While a number of health promoting programmes and educational curricula in ESL settings exists, the findings from the service provider surveys and interviews and focus groups with young people highlight programme and curricular gaps that could be addressed. In the following section we discuss gaps related to programme curricula, policies and resources and food provision. In the case of food provision the study did not assess food quantity, quality or eating environment.

### Programme curricula

As noted above a wide range of subjects/modules that relate to the promotion of nutrition and physical activity in ESL settings exists, but tends not to be aligned to other relevant curricula and programmes in ESL settings. There is an opportunity for greater alignment between relevant subjects and for practical transfer of learning to home and community life.

### Policies

Health-related policies were not widespread in the organisations. Just over a third in each jurisdiction had a healthy eating policy. While the surveys and interviews with service providers indicated a strong interest in young people's diet-related health they must also contend with other health issues such as substance abuse and mental health. This may indicate a lack of awareness about the relevance of a healthy eating policy within ESL settings. It may also reflect some centres' preferences for informality in this area. As many ROI centres provide food, more specific policies in relation to food quantity, quality and price may facilitate this work.

In the case of health promotion policy development in the formal school sector Denman (1999) noted that many barriers faced by schools in the implementation of health promotion policies were not related to a lack of interest but to limited resources, other priorities and workload. Similarly, in the current study, we found that the vast majority of NI organisations and just under half of ROI centres reported competing priority issues.

### Lack of expertise

The service provider surveys indicated that the majority felt that they had appropriate expertise to deliver health programmes. Many staff brought their own enthusiasm and personal interest about food/physical activity/gardening and/or cooking into the programmes they delivered. While this had advantages it could also present disadvantages in the case of personal versus expert knowledge about food/nutrition/physical activity.

Although there were individuals in many centres with interest in nutrition and physical activity for young people, in interviews staff spoke of a lack of expertise to deliver health programmes. In particular, this became a pressure when staff with expertise left the organisation. Most centres used one-off speakers to address health issues. It is not clear if one-off speakers or external agencies were used as part of a structured programme that involved preparation and follow-up. The limitations of using one-off guest speakers have been documented in the case of formal school health promotion (Nutbeam *et al.*, 1987). It is possible that lack of expertise could be addressed by the use of external speakers but for this to be effective it should occur in the context of a structured programme (Smith *et al.*, 1992).

## Resources

Centres faced material and financial barriers in their attempts to deliver appropriate nutrition and physical activity programmes.

Physical activity programmes were hampered in many centres by a lack of adequate recreation facilities. Activities favoured by young people were those that were novel and had some excitement. Many such activities required additional resources and this constrained what was possible.

Some service providers considered they were constrained in their efforts to deliver appropriate food and nutrition programmes because of a lack of suitable material for young people in ESL settings. In particular much of the available material in nutrition programmes did not consider low literacy levels and tended to adopt passive learning approaches. It was noted that in other areas of the curriculum interactive learning material was available such as board games and quizzes and that the provision of such materials in relation to food and nutrition would be useful for young people in ESL settings.

## Food provision gaps

While it was clear that food provision was an important function in centres, service providers faced a number of barriers. In both jurisdictions, but more so in NI, some centres lacked kitchen facilities entirely and had to rely on a kettle, toaster and microwave. Some centres fared better with full production kitchens and teaching staff professionally trained as caterers. One of the most pressing food provision gaps concerns the lack of a budget for food.

In their attempts to provide food, centres have been creative. They draw on other funding sources such as the School Meals Programme (ROI) or the catering course budget and young people may make a small contribution for meals from their training allowance. Yet there is a lack of uniformity about entitlements and what should be standard provision for alternative education and training centres. Although food provision in alternative education training settings is highly valued by service providers and young people alike and contributes to young people's nutritional wellbeing, there is a lack of clarity about the status of food provision in centres. As this study has observed alternative education and training providers operate from premises that are diverse. Some are well resourced with space, staffing and facilities for food provision similar to those found in a commercial kitchen while others are more restricted.

### **7.3 Identify potential healthy eating and physical activity related programmes that are appropriate and acceptable to early school leavers in NI and ROI that could be implemented by *safefood* in the out of school setting [Ro3]**

As shown in the previous section diet and physical activity-related health promotion is regarded as an important issue to be addressed as part of educational provision for young people in ESL settings. Service providers do this in a variety of ways through food provision; curricula and programmes; policies; and through the use of health promotion resources.

On the basis of the needs assessment and the follow-up focus groups with young people and service providers, we now consider the most appropriate response to the delivery of healthy eating and physical activity programmes in ESL settings that could be implemented by *safefood*. First we outline diet and physical activity issues to address, second we discuss the type of approach required in ESL settings and third we consider issues in relation to specific programmes.

#### **7.3.1 Diet and physical activity issues**

Young people in ESL settings demonstrate worrying food practices. Interest and involvement in food and a limited food repertoire suggests that there is a need to address such issues. Although few young people in this study were parents, most ESL centres provide education programmes to young parents. For such young people there is an opportunity to address food issues not only for themselves but for their child/ren.

Young people in this study lacked a critical awareness about diet and physical activity in general. There was some confusion about nutrition and body size. For some young men there was a desire to increase weight while this was the opposite for young women. They supported stereotypical views on male and female body image and shape. Young people have some confusion about food, eating, weight and health. In many ways they were relatively disempowered in terms of their knowledge of diet and health.

Awareness about food production and growing was limited among the young people in this study. Horticulture/gardening was offered by very few centres. For those undertaking such programmes it was often the first opportunity to obtain an appreciation of food provenance.

The study has shown that young people mainly participate in low levels of physical activity. Age and gender differences in levels of physical activity have been noted. Service providers indicated gender differences in attitudes and practices and that young people favoured high energy and novel activities that increased their sense of achievement and self- efficacy. The diet and physical activity issues for young people in ESL settings indicate that a more critical-edged approach is required that links physical activity to knowledge and practices about food and nutrition.

### 7.3.2 Approach to programme delivery

While there are clear diet and physical activity issues for ESLs that can be addressed it is important to adopt an approach that is consistent with the holistic approach to education found in ESL settings. Current responses to nutrition health promotion, particularly those that rely on Home Economics and SPHE curriculum, tend to be passive and not geared to the lives of young people in alternative education settings. The study has made clear that many young people in ESL settings are challenged in other areas of their lives. Issues such as substance misuse, mental health, troubled family backgrounds, low levels of literacy and a negative experience in the formal school system must be taken into account in how programmes are delivered. The approach to nutrition and physical activity programmes for ESLs must take account of where young people are at in their everyday lives but there is an opportunity for food education to be a focal point for engagement with other issues in their lives.

The approach to nutrition and physical activity education in ESL settings requires active engagement strategies rather than traditional classroom-based methodologies. Young people and service providers have been clear on the need for practical and enjoyable learning that is meaningful to young people. Such activities as games, fieldtrips, food tasting, cookery competitions and research-based activities have the potential to engage young people in health issues related to diet and physical activity.

### 7.3.3 Specific programmes

In addition to the range of relevant nutrition and health related curricula, we identified a number of special programmes/initiatives that supported healthy lifestyles for young people in alternative education and training settings that were welcomed by service providers. These included **safefood** for Life, Cook It! (in NI & ROI) and the HQM. The TPSP (ROI), while not delivered directly in ESL settings, is an important vehicle for nutrition health promotion.

In our consideration of programmes it is important to note that young people in ESL settings are young adults and many do not shop or cook. Nevertheless, many nutrition programmes for low socio-economic groups have been built around such activities; they may thus have limited value for ESL groups. It would be important that programmes based on models used for other low-income groups and offered to ESLs adopt a broader remit and be geared towards food literacy generally from growing to production to consumption; there may also be scope for introducing ESLs specifically to food shopping and preparation activities.

Notwithstanding the limitations of some programmes it is clear that a wide range of relevant curricula exists in relation to healthy eating and physical activity. There is a need for better curriculum alignment in which subjects connect across programmes rather than being delivered as stand-alone modules. In ROI **safefood** for Life operates in Youthreach settings and could be extended to CTCs and JWs. Where programmes such as **safefood** for Life and **Cook It!** are offered they should be aligned with the overall programme of education in ESL settings. As there is a strong emphasis on certification it is important that any new or existing programmes related to healthy lifestyles should enhance and align existing modules/subjects and be accredited.

## 8 Conclusions and Recommendations

This study has been the first of its kind on the IOI to undertake a comprehensive examination of food and physical activity related health issues for young people and service providers in alternative education and training settings.

Young people in ESL settings represent a population group at risk of poor health outcomes. The survey of young people revealed that their diets and physical activity patterns are a concern.

Service providers in ESL settings place a high priority on young people's diet and physical activity and much effort is made in relation to food provision, curricula and programmes, and the use of health promotion resources. ESL settings focus on the holistic wellbeing of young people and in this regard nutrition and physical activity are an important part of ESL educational provision. Yet service providers also address other issues in young people's lives in relation to substance misuse, mental health, family problems, literacy and negative experiences of formal education.

Service providers in both jurisdictions make great strides to offer curricula and programmes that educate young people about diet and physical activity and most support their nutritional wellbeing through food services. Nevertheless, they face a number of challenges that include: resources for food provision; appropriateness of programmes and curricula; and expertise to address the complexity of food issues in ESL settings.

This study has confirmed the centrality of food in ESL settings in terms of its nutritional and social dimensions. There is an opportunity for **safefood** and other organisations to build on the strengths of the ESL sector and harness the interest that exists to create unique ways of enhancing young people's health and wellbeing by bridging the social and nutritional dimensions of food for and with young people in ESL settings. In doing so there is a need to ensure that future initiatives have foundations in the values and principles of education in alternative education and training settings.

## 8.1 Recommendations

### 8.1.1 Policy

There is an opportunity for **safefood** and other organisations to inform policy related to the ESL sector in the following areas:

- funding for meals
- kitchen equipment and facilities
- food quality and safety.

### 8.1.2 Training

There is an opportunity for **safefood** to develop/offer training in the following areas:

- guidelines for good practice in food education and provision in ESL settings staff involved in the delivery of food, health, and physical activity programmes
- food and nutrition policy
- such training opportunities could be developed in partnership with other agencies such as NYCI, Irish Heart Foundation.

### 8.1.3 Programmes

- **safefood**'s work complements the current nutrition education in alternative education and training settings and could be tailored and expanded to reach a wider audience of young people who are ESLs, in particular young parents.
- There should be a review of the nutrition related curriculum in ESL settings to determine where subjects/modules can be aligned so that practical skills that can be transferred into young people's lives outside of centres.
- **safefood** should ensure that programmes it develops for ESL settings are accredited by FETAC (ROI) or OCN/OCR/CCEA (NI).
- **safefood** should consider where role-modelling or champions exist that can support the ESL sector in food-related health issues.
- **safefood** should undertake a review of its nutrition promotion resources to determine their suitability for the ESL sector, for example resources such as 101+ Square Meals; 'How to prepare your baby's bottle'; and 'Food supplements' could be adapted to these settings.

- Meaningful activity-based resources should be developed for the ESL sector that develop young people's food literacy. These should be enjoyable for young people and seek to develop their critical awareness of food and eating and its relevance to other issues in their lives.

#### 8.1.4 Resources

- **safefood** should consider working with young people in ESL settings to develop suitable resources, for use in settings, e.g. posters, curricular materials, recipes, cookery books, cooking for children.
- **safefood** could consider working with other organisations such as the National Association of Youthreach Coordinators and Irish Association of Community Training Organisations to develop a special interest group in relation to food and the development of resources.

#### 8.1.5 Research

- Further research could be undertaken to examine food provision in alternative education and training settings (quality/cost) and used for the development of best practice guidelines or standards for the sector.
- Research should be undertaken that examines qualifications and training needs of staff in ESL settings in relation to nutrition/physical activity/health promotion.
- Any new programme/resource/module should be evaluated for effectiveness.

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# Appendices

## Appendix 1 Project tasks

### Task 1: Project management (Months 1-11)<sup>43</sup>

Work Activity	Start Month	Finish Month	Deliverable
Inception meeting with Study Advisory Group	1 (3)	1 (3)	D1
Weekly research team meetings at each research site	1	11	D3
Monthly research team meeting	1	11	D4
Study Advisory group meeting (2)	9 (11)	9 (12)	D5

### Task 2: Conduct overview of ESL settings (Months 1-4)

Work Activity	Start Month	Finish Month	Deliverable
Develop protocol for the review	1	1	D6
Systematic review of ESL settings & networks	1	3	D7
Literature review of interventions	1 (3)	4 (6)	D8
Conduct key informant interviews	2	3	D9
Develop ESL database	1	3	D10

### Task 3: Quantitative Survey of ESL service providers (Months 3-6)

Work Activity	Start Month	Finish Month	Deliverable
Pilot survey of ESL providers	3 (7)	3 (8)	D11
Administer ESL provider telephone questionnaire	4 (8)	6 (9)	D12

### Task 4 Qualitative Survey of ESLs and providers (Months 4-7)

Work Activity	Start Month	Finish Month	Deliverable
Recruitment and scheduling for interviews/focus groups	4 (4)	4 (8)	D13
Focus groups with ESLs	6 (4)	7 (8)	D14
Interviews with key informants in ESL settings	6 (4)	7 (8)	D15

<sup>43</sup> Month in brackets indicated delivery month where this differs from planned delivery month.

#### Task 5: Quantitative survey of ESLs (Months 4-7)

Work Activity	Start Month	Finish Month	Deliverable
Recruitment and scheduling of ESLs	4 (8)	4 (10)	D16
Pilot questionnaire	5 (8)	5 (8)	D17
Administer ESL questionnaire	5 (8)	7 (10)	D18

#### Task 6: Data entry and analysis (Months 7-10)

Work Activity	Start Month	Finish Month	Deliverable
Transcription of focus groups and interviews	7 (2)	10 (8)	D19
Analysis of focus groups and interview data	7 (2)	10 (11)	D20
Set up of SPSS database, data entry and analysis	7 (8)	10 (11)	D21

#### Task 7: Focus group ESLs and service providers (Months 11-12)

Work Activity	Start Month	Finish Month	Deliverable
Recruitment and set up for focus groups	11	11	D22
Focus groups with key informants in ESL settings	11	12	D23
Focus groups with ESLs	11	12	D24

#### Task 8: Write-up Report (Months 9-12)

Work Activity	Start Month	Finish Month	Deliverable
Report writing	9	12	D27

#### Task 9: Reporting (Months 6-12)

Work Activity	Start Month	Finish Month	Deliverable
Interim progress report to <b>safefood</b>	6 (1,6)	6	D25
Briefing reports to Advisory Group (2)	1 (6)	9 (9)	D26
Final report	12	12	D27

## Appendix 2 Protocol for review of ESL service provision

This document sets out the protocol for the reviews required to be undertaken in part fulfilment of RO one and two of this study:

1. Review of ESL provision, and
2. Identification of relevant existing health promotion activities and gaps that focus on healthy eating and active lifestyles that target ESLs and literature review of evidence-based practice in nutrition education interventions in ESL settings (IOI and abroad).

### 1. Method for Research Objective 1: Review of ESL provision

#### 1.1 Defining the scope of the study

The scope of this research study is young people in ESL settings. A definition of an 'Early School Leaver', 'young person' or an 'early school leaver setting' was not set out in the invitation to tender issued by **safefood** or in the subsequent research contract. One of the first steps to be undertaken by the researchers is to develop agreed definitions for each of these terms and also to investigate if this terminology is applicable, or not, in both jurisdictions, i.e. NI and the ROI. This will better guide the development of inclusion and exclusion criteria for the various reviews and to aid decision making on whether the literature and service providers to be identified fulfil the project's scope, aims and objectives.

A literature search, incorporating internet searches using Google and organisational websites (see Table 1), was used to identify relevant definitions. These were supplemented with information gathered through meetings with the Study Advisory Group and preliminary interviews with key informant.

**Table 1: Organisational websites to be searched**

Jurisdiction	Organisation	Website
Northern Ireland	Department of Education	www.deni.gov.uk
	Department of Employment and Learning	www.delni.gov.uk
	NI Legislation	www.legislation.gov.uk/browse/ni
Republic of Ireland	Department of Education and Skills	www.education.ie
	FAS	www.fas.ie
	Irish Statute Book	www.irishstatutebook.ie
	Irish Vocational Education Association	www.ivea.ie
	Senior Traveller Training Centres	www.sttc.ie
	Youthreach	www.youthreach.ie
	The National Education Welfare Board	www.newb.ie
EU	European Commission	ec.europa.eu

A variety of search terms and words will be used in internet searches, in various combinations. They include:

- 'early school leaver'
- 'definition'
- 'not in education, employment or training'
- 'NEET'
- 'Ireland'
- 'Northern Ireland'
- 'Republic of Ireland'.

## 1.2. Review of ESL provision

There is no single public database or directory, in both or either jurisdictions, that identifies the range of sectors, organisations, and individuals that provide services to ESLs. To ensure that a comprehensive contact database was developed, the researchers drew upon:

- the researchers' knowledge of ESL provision;
- internet searches using organisational websites (see Table 2) and databases;
- the contact databases held by the Children's Research Centre;
- information gathered through meetings with the Study Advisory Group and interviews with key informants.

**Table 2: Organisational websites to be searched**

Jurisdiction	Organisation	Website
Northern Ireland	Action for Children Northern Ireland	<a href="http://www.actionforchildren.org.uk">www.actionforchildren.org.uk</a>
	Barnardos	<a href="http://www.barnardos.org.uk/northernireland">www.barnardos.org.uk/northernireland</a>
	Children in Northern Ireland	<a href="http://www.ci-ni.org.uk">www.ci-ni.org.uk</a>
	Department of Education	<a href="http://www.deni.gov.uk">www.deni.gov.uk</a>
	Department of Employment and Learning	<a href="http://www.delni.gov.uk">www.delni.gov.uk</a>
	Education and Library Boards	<a href="http://www.belb.org.uk">www.belb.org.uk</a> <a href="http://www.selb.org.uk">www.selb.org.uk</a> <a href="http://www.neelb.org.uk">www.neelb.org.uk</a> <a href="http://www.welbni.org.uk">www.welbni.org.uk</a> <a href="http://www.seelb.org.uk">www.seelb.org.uk</a>
	Health and Social Care	<a href="http://www.hscboard.hscni.net">www.hscboard.hscni.net</a>
	Health and Social care in NI	<a href="http://www.hscni.net">www.hscni.net</a>
	Include Youth	<a href="http://www.includeyouth.org">www.includeyouth.org</a>
	Integrated Services for Children and Young People	<a href="http://www.haz-nwbelfast.org.uk/Integrated%20Services.htm">www.haz-nwbelfast.org.uk/Integrated%20Services.htm</a>
	Mencap	<a href="http://www.mencap.org.uk">www.mencap.org.uk</a>
	NI Assembly	<a href="http://www.niassembly.gov.uk">www.niassembly.gov.uk</a>
	NIACRO - NI Association for the Care and Resettlement of Offenders	<a href="http://www.niacro.co.uk">www.niacro.co.uk</a>
	NI Youth Forum	<a href="http://www.niyf.org">www.niyf.org</a>
	Opportunity Youth	<a href="http://www.opportunity-youth.org">www.opportunity-youth.org</a>

Parents Advice Centre	<a href="http://www.parentsadvicecentre.org">www.parentsadvicecentre.org</a>
Police Service of Northern Ireland	<a href="http://www.psni.police.uk">www.psni.police.uk</a>
Prince's Trust	<a href="http://www.princes-trust.org.uk">www.princes-trust.org.uk</a>
Probation Board for Northern Ireland	<a href="http://www.pbni.org.uk">www.pbni.org.uk</a>
Public Health Agency Rathbone	<a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>
The Bytes Project	<a href="http://www.bytes.org">www.bytes.org</a>
Youth Action	<a href="http://www.youthaction.org">www.youthaction.org</a>
Youth Council	<a href="http://www.ycni.org">www.ycni.org</a>
Youth Initiatives	<a href="http://www.youthinitiatives.com">www.youthinitiatives.com</a>
Youth Justice Agency	<a href="http://www.youthjusticeagencyni.org.uk">www.youthjusticeagencyni.org.uk</a>
Youth Link	<a href="http://www.youthlink.org.uk">www.youthlink.org.uk</a>
YouthNet NI	<a href="http://www.youthnetni.org.uk">www.youthnetni.org.uk</a>
Voice of Young People in Care	<a href="http://www.voypic.org">www.voypic.org</a>

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<b>Republic of Ireland</b>	Barnardos	<a href="http://www.barnardos.ie">www.barnardos.ie</a>
	Senior Traveller Training Centres	<a href="http://www.sttc.ie">www.sttc.ie</a>
	Houses of the Oireachtas	<a href="http://www.oireachtas.ie">www.oireachtas.ie</a>
	The National Education Welfare Board	<a href="http://www.newb.ie">www.newb.ie</a>
	Office of the Minister for Children and Youth Affairs	<a href="http://www.omc.gov.ie">www.omc.gov.ie</a>
	Department of Health and Children	<a href="http://www.dohc.ie">www.dohc.ie</a>
	Department of Education and Skills	<a href="http://www.education.ie">www.education.ie</a>
	Department of Justice & Equality	<a href="http://www.justice.ie">www.justice.ie</a>
	FAS	<a href="http://www.fas.ie">www.fas.ie</a>
	Irish Vocational Education Association	<a href="http://www.ivea.ie">www.ivea.ie</a>
	Health Service Executive	<a href="http://www.hse.ie">www.hse.ie</a>

The Probation Service	<a href="http://www.probation.ie">www.probation.ie</a>
Youthreach	<a href="http://www.youthreach.ie">www.youthreach.ie</a>
An Garda Síochána	<a href="http://www.garda.ie">www.garda.ie</a>
Irish Youth Justice Service	<a href="http://www.ijys.ie">www.ijys.ie</a>
Crisis Pregnancy Agency	<a href="http://www.crisispregnancy.ie">www.crisispregnancy.ie</a>
Family Support Agency	<a href="http://www.fsa.ie">www.fsa.ie</a>
Office of the Ombudsman for Children	<a href="http://www.oco.ie">www.oco.ie</a>
POBAL	<a href="http://www.pobal.ie">www.pobal.ie</a>
ISPCC	<a href="http://www.ispcc.ie">www.ispcc.ie</a>
National Youth Council of Ireland	<a href="http://www.youth.ie">www.youth.ie</a>
Youth Work Ireland	<a href="http://www.youthworkireland.ie">www.youthworkireland.ie</a>
One Family	<a href="http://www.onefamily.ie">www.onefamily.ie</a>
Irish Youthwork Centre	<a href="http://www.iywc.ie">www.iywc.ie</a>
Foróige	<a href="http://www.foroige.ie">www.foroige.ie</a>
Treoir	<a href="http://www.treoir.ie">www.treoir.ie</a>
National Parents Council	<a href="http://www.npc.ie">www.npc.ie</a>
Pavee Point	<a href="http://www.paveepoint.ie">www.paveepoint.ie</a>
Focus Ireland	<a href="http://www.focusireland.ie">www.focusireland.ie</a>
Irish Sports Council	<a href="http://www.irishsportsCouncil.ie">www.irishsportsCouncil.ie</a>
Irish Youth Foundation	<a href="http://www.iyf.ie">www.iyf.ie</a>
Atlantic Philanthropies	<a href="http://www.atlanticphilanthropies.org">www.atlanticphilanthropies.org</a>
One Foundation	<a href="http://www.onefoundation.ie">www.onefoundation.ie</a>
Katherine Howard Foundation	<a href="http://www.khf.ie">www.khf.ie</a>
Cloyne Diocesan Youth Service	<a href="http://www.cdys.ie">www.cdys.ie</a>
Ferns Diocesan Youth Service	<a href="http://www.fdys.ie">www.fdys.ie</a>
Kerry Diocesan Youth Service	<a href="http://www.kdys.ie">www.kdys.ie</a>
Galway Diocesan Youth Service	<a href="http://www.gdys.ie">www.gdys.ie</a>

Crosscare	<a href="http://www.crosscare.ie">www.crosscare.ie</a>
St. Vincent de Paul	<a href="http://www.svp.ie">www.svp.ie</a>
National Centre for Guidance in Education	<a href="http://www.ncge.ie">www.ncge.ie</a>
Catholic Youth Care	<a href="http://www.cyc.ie">www.cyc.ie</a>
City of Dublin Youth Services Board	<a href="http://www.cdysb.ie">www.cdysb.ie</a>
Youth Information Ireland	<a href="http://www.youthinformation.ie">www.youthinformation.ie</a>
Irish Association of Young People in Care	<a href="http://www.iaypic.org">www.iaypic.org</a>
Irish Local Development Network	<a href="http://www.planet.ie">www.planet.ie</a>

A variety of search terms and words were used in internet searches, in various combinations:

- 'early school leaver'
- 'not in education, employment or training'
- 'NEET'
- 'service'
- 'training'
- 'education'
- 'support'
- 'policy'
- 'programme'
- 'health'
- Ireland
- 'Northern Ireland'
- 'Republic of Ireland'

Headings in the ESL Service Provider contact database are as follows:

- Organisation Name
- Name of contact person and position
- Address
- Telephone number
- Fax number
- Email address
- Website
- Remit in terms of ESL
- Services/programmes offered (incl. health/nutrition/physical activity-related activities offered)
- Target group (incl. age and nos.)
- Funding source
- Sector (Statutory, Private, Community and Voluntary, etc.).

**2. Method for Research Objective 2 – (a) Identification of relevant existing health promotion activities and gaps that focus on healthy eating and active lifestyles that target early school-leavers and (b) Literature review of evidence-based practice in nutrition education interventions in ESL settings (IOI and abroad)**

2.1 Identification of relevant existing health promotion activities and gaps

In order to identify relevant health promotion activities and gaps, database (see Table 3) and internet searches (including Google and organisational websites - see Table 2 above) and interviews with service providers (n=16) will be undertaken. The outputs will be used to populate the database.

**Table 3: Databases searched**

Jurisdiction	Organisation	Website	Details
IOI	All Ireland Electronic Health Library	www.aiehl.org	A network of websites across the IOI. Each member site contains a range of resources related to health and well-being taken from grey literature. It includes policy and strategy documents, data (quantitative and qualitative), research reports, and details of programmes and interventions.
	Obesity Hub	obesity.thehealthwell.info	An online database focusing on policies and guidance, interventions, data, and research and evaluation on the IOI.
	Childlink	www.childlink.co.uk	An online database focusing on legislation, policies and practices, regarding children, young people and families who live in the UK and the ROI. It includes newspaper articles, research and statistics.
UK	Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre)	http://eppi.ioe.ac.uk/cms/	The EPPI-Centre conducts systematic reviews across a range of topics and works with a large number of funders. Major areas include: Education, Health Promotion, Employment, Social Care and Crime and Justice. An Online Evidence Library provides full reports of specific reviews conducted or supported by the EPPI-Centre.

A range of search terms and words was used in various combinations:

- 'early school leaver'
- 'young people' or 'young person'
- 'not in education, employment or training'
- 'NEET'
- 'nutrition'
- 'healthy eating'
- 'health education'
- 'health promotion'
- 'physical activity'
- 'healthy food choices'
- 'healthy eating policy'
- 'active living policy'
- 'obesity'
- 'travellers'
- 'educational attainment'
- 'youth at risk'
- 'disadvantaged'
- 'Ireland'
- 'Northern Ireland'
- 'Republic of Ireland'.

## 2.2 Literature review of evidence-based practice in nutrition education interventions in ESL settings

Types of literature included:

- articles in academic journals (peer reviewed and non-peer reviewed)
- conference papers
- commissioned research undertaken by consultants and researchers
- systematic research undertaken by government departments, agencies or independent public bodies
- PhD studies.

The identification of relevant literature will be achieved by:

- searching academic journal databases (see Table 4) and relevant organisational websites (see Table 3 above) and databases (see Tables 5 and 6) using key terms and key words;
- collating literature already known to and held by the research team;
- conducting internet searches using key terms and key words (using Google, Google Scholar and Google Books);
- reading the bibliographies/reference lists of relevant books, book chapters, journal articles, policy documents, and reports to identify research that meets the inclusion criteria.

**Table 4: Academic online databases**

Database	Details
MEDLINE ® PubMed Central	These databases generally index and provide abstracts to peer-reviewed articles in academic journals, although some also include trade journals, books, grey literature and conferences.
ASSIA (Applied Social Sciences Index and Abstracts)	
ERIC (the Education Resources Information Center)	
PsychINFO ®	
CINAHL ® (the Cumulative Index to Nursing and Allied Health Literature)	
Embase ® (biomedical)	

**Table 5: Organisational databases**

Jurisdiction	Organisation	Website	Details
IOI	All Ireland Electronic Health Library	www.aiehl.org	A network of websites across the IOI. Each member site contains a range of resources related to health and well-being taken from grey literature. Includes policy and strategy documents, data (quantitative and qualitative), research reports, and details of programmes and interventions.
	Obesity Hub	obesity.thehealthwell.info	Online database focusing on policies and guidance, interventions, data, and research and evaluation on the IOI.
ROI	Barnardos Ireland		Online searchable database of non-peer reviewed publications; provides an index of publications and an abstract; hard copies of publications on the database are held in Barnardos' head office.
	Health Service Executive	www.lenus.ie	Repository of key Irish health reports. Provides direct access to health and health services research, policy and strategy documents relevant to health services, official statistics, and the reports of relevant Government commissions and inquiries; contains a limited amount of peer reviewed literature; updated regularly.
	Office of the Minister for Children and Youth Affairs	www.childrensdatabase.ie	Indexes Irish non-peer reviewed published research and published Irish policy documents. It does not provide abstracts for reports/articles, nor does it provide direct access to documents, the documents themselves must be sourced elsewhere.

**Table 6: Academic databases/library catalogues**

<b>Jurisdiction</b>	<b>Organisation</b>
Northern Ireland	Queen's University Belfast University of Ulster (UU)
Republic of Ireland	Trinity College Dublin (TCD) University College Cork University College Dublin University of Limerick National University of Ireland Galway National University of Ireland Maynooth Waterford Institute of Technology Institute of Technology, Sligo Institute of Technology, Carlow Dublin Institute of Technology Letterkenny Institute of Technology Dundalk Institute of Technology Cork Institute of Technology Athlone Institute of Technology Institute of Technology, Blanchardstown Dun Laoghaire Institute of Technology Galway-Mayo Institute of Technology Institute of Technology, Tallaght Institute of Technology, Tralee

A variety of search terms and words were used in various combinations. These included:

- 'early school leaver'
- 'young people' or 'young person'
- 'not in education, employment or training'
- 'NEET'
- 'nutrition'
- 'healthy eating'
- 'health education'
- 'health promotion'
- 'physical activity'
- 'healthy food choices'
- 'healthy eating policy'
- 'active living policy'

Inclusion criteria: To be included in the review:

- Research has to relate to the ROI and/or NI; Great Britain, other EU-25 countries, Australia, the United States, Canada and New Zealand.
- Research has to be concerned primarily with young people who have left school early as defined within the scope of the project.
- Research can be based on qualitative or quantitative research methods (outcome measures will be assessed).
- Research must be concerned with nutrition and physical activity related interventions/programmes/issues.

Exclusion criteria: The following were not included in the review:

- Research that addresses the issue of young people at risk of ESL.

## **Appendix 3 Formal, informal and miscellaneous service provision (NI)**

### **Apprenticeships NI**

Apprenticeships NI provides learners, who have attained the minimum school leaving age and are in full time paid employment, to gain an industry recognised apprenticeship qualification. Apprenticeship qualifications are at Level 2 and at Level 3, and comprise a technical certificate, a National Vocational Qualification (NVQ) and Essential Skills qualifications. Apprenticeships NI is part-funded by the European Social Fund.

### **Programme-led Apprenticeships**

The Programme-Led Apprenticeships provision, introduced from September 2009, is an intervention measure during the current economic downturn. It gives 16 and 17 year old school leavers the opportunity to gain a full apprenticeship qualification in a chosen skill area, setting them on the path to career success. They will access this through a combination of simulated learning and time spent with an employer on a work placement up to a maximum of three days per week. Programme-led Apprenticeships is part-funded by the European Social Fund.

### **Wider Horizons Programme**

The Wider Horizons Programme targets disadvantaged unemployed people between the ages of 18 and 28 in both NI and the ROI. The aim of the programme is to promote mutual understanding and reconciliation between Catholics and Protestants in each jurisdiction. The programme is funded by the International Fund for Ireland (IFI) and is run jointly by FÁS in ROI and DEL in NI. The programme runs for an average period of 20 weeks and includes 21 participants. It involves training and work experience both at home and abroad. It is designed to provide participants with the personal and practical skills, experiences, and qualifications that will enable them to progress to mainstream training and/or employment. Projects cover a broad range of industry sectors and include areas such as tourism and hospitality, business administration, multimedia, creative technology and web design, media skills, property management and community development (e.g. youth sports).

### **Further Education Colleges**

There are six colleges of further education in NI and each works with young people who are NEET through a variety of measures, e.g. delivery of Prince's Trust and TfS programmes. For example:

Belfast Metropolitan College reported in 2010 that they targeted NEETs in the preceding four years; they delivered nine programmes per year across Belfast using the Prince's Trust Team Programme.

South Eastern Regional College provides teaching and training opportunities for over 1,100 trainees on TfS Programmes. The provision of a cost-effective Personal and Social Development strand for Programme- Led Apprentices in February 2010 offered an attractive and cost effective means of re-engaging NEETs into education.

### **Department of Education**

In addition to the programmes outlined above which are jointly run with DEL, the DE provides a number of NEET-specific programmes.

### **Youth Works Programme**

Youth Works is an initiative developed by the DE, with the International Fund for Ireland (IFI), and managed by the Youth Council for Northern Ireland (YCNI). This programme aims to identify and engage a target group of young people, age 16 to 17, who are NEET, have no formal qualifications, and are from areas where there is a demonstrated need for reconciliation particularly within urban communities suffering the greatest economic and social deprivation. The purpose is to increase their personal development, leadership, entrepreneurial and employability skills using a youth work methodology. The programme commenced in September 2010 and will run over three years and aims to engage with approximately 270 young people over the period.

### **Alternative Education Providers (AEP)/AEP Forum**

AEP falls under the category of Education Other Than at School (EOTAS). The latter covers all forms of education otherwise than at school including home or hospital tuition for pupils unable to attend school through illness or disability, pupils educated at home (because parents choose this method of education for their children), AEP for School Age Mothers (SAMs) and AEP for young people of compulsory school age who cannot adjust to or cope with mainstream schooling (Kilpatrick, McCartan *et al.* 2007).

The AEP Forum was established in 1999 and comprises community-based organisations. In response to the increased numbers of young people outside the mainstream school system, the AEP Forum developed 'Alternative Education Centres' across Belfast (McCafferty 2010). There are currently six AEPs in NI; they work across Belfast in Shankill and North, East and West Belfast and serve approximately 150 young people each year. These providers bridge the gap between school and the community by working in partnership with relevant agencies to promote a continuation of training, education and other youth services for young people in their final years of compulsory education (aged 14-16 primarily but one AEP targets 16+). One of the AEPs is the NI counterpart of the Life Centres in ROI. Similar to Youthreach in ROI, they meet young people's needs in a holistic manner and use a multi-disciplinary approach. DE funds some, but not all, places in Alternative Education Centres. They also receive funding from trusts, foundations and the Big Lottery fund.

The AEP Forum comprises representatives of each of the six AEPs.

A common finding across studies of EOTAS in NI is that the young people attending these schemes, for the most part, benefit personally, socially and educationally from them (Kilpatrick, McCartan *et al.* 2007). Horgan *et al.*, further noted that while evaluation of AEPs have been generally very positive

and provision could be expanded as current provision is not meeting the demand for its services, there is also potential for the sector to be organised more effectively (Horgan, Gray *et al.* 2010). Kilpatrick *et al.* (2007) noted that there was no funding formula for AEP and resources were unevenly spread across the sector; there were no clear procedures to access support services for young people; and the nature of funding, resourcing, teaching and professional support services differed acutely across the sector with very few resources available to those in both the community-based and training organisation/school partnership sectors. Kilpatrick *et al.*, (2007) have also highlighted that courses available to young people in AEP tend to be gendered. Kilpatrick *et al.* (2007) have also draw attention to the fact that community-based AEP provides an important vehicle for re-engaging some of the most disaffected young people in education. They argue that the latter is primarily achieved through personal and social development, however there are limited qualifications on offer and the opportunity for vocational and work-related learning is restricted particularly in some community-based AEP (Kilpatrick, McCartan *et al.*, 2007).

### **European Social Fund (ESF)-funded projects**

A wide range of projects is funded by DEL through the European Social Fund and many target NEETs. Funded projects currently include Dr B's (Barnardos), DEL's TFS and Apprenticeship NI, Prince's Trust, FE Colleges, Councils and AEPs.

Priority 1 of the ESF aims to help people into sustainable employment and will contribute towards increasing the employment rate and reducing economic inactivity by extending employment opportunities, particularly for those groups of people at a disadvantage in the labour market. There are 74 projects (mainly from the voluntary and community sector) currently being funded under Priority 1. Priority 2 aims to improve workforce skills and will contribute to increasing productivity, enterprise and competitiveness by raising the skills levels of workers through lifelong learning. There is one project funded under Priority 2, the Apprenticeship NI Programme managed by DEL (DEL 2009).

### **Youth and Community/Voluntary Sector**

A number of youth and community/voluntary sector organisations are involved in service provision for NEETs and many do so in partnership with statutory providers. For many years, Barnardos NI has played a key role in advocating for a NEET-specific strategy and now chairs a Forum (with representatives from many of the organisations listed below) that is working with DEL to progress the NEET strategy (DEL, 2011).

### **Barnardos**

Barnardos provides two main types of service for young people who are, or have recently been, NEET, as well as groups who are at risk of becoming NEET: (i) support services for vulnerable young people facing barriers to participation and (ii) vocational training and work-based learning services (Webb, Kelly *et al.*, 2009). It also chairs the NEETs Forum in NI.

Dr B's is a project in Belfast operated by Barnardos which trains young people with learning disabilities or support needs to gain industry-recognised qualifications in all aspects of catering, including food preparation and front of house skills. Focus is placed on confidence building and young people are given the opportunity to attain literacy and numeracy qualifications (Webb, Kelly *et al.*, 2009).

Newry Adolescent Partnership (NAP) and Armagh and Dungannon Adolescent Partnership (ADAP) provide preventive and intervention support services for children and young people aged 13-18 at risk of offending, of going into care or custody, involved in antisocial behaviour, misusing substances and experiencing difficulty within the formal education system. Activities are individual and family-based with a focus on all aspects of the young person's life, including wellbeing, relationships, education and housing; not only on 'at risk' behaviour (Webb, Kelly *et al.*, 2009). Each service aims to work with 45 young people per year (Gorman, McGeough *et al.*, 2004).

The School Age Mothers (SAM) Programme, co-ordinated by Barnardos Young Parents' Network, offers holistic support to young women who are pregnant or who have had a baby whilst of compulsory school age (up to the end of Year 12). The Project is also available for young women who stay on at school in year 13 and 14. The programme is funded by DE working through local Coordinators in each ELB. Where required, these link young mothers with registered childcare providers through the Department of Health, Social Services and Public Safety, and the DE then funds the childcare enabling them to return to/continue study.

### **Prince's Trust**

The Prince's Trust is a UK-wide charity that helps young people overcome personal, educational and employment barriers and get their lives working. In NI it provides several programmes which target disengaged young people, e.g. Team Programme (funded by DEL Funded Learning Unit), Business Programme, Development Awards, XL-Programme (school-based), Two 'Get-Into' Programmes (funded by DEL Local Employment Intermediary Service -LEMIS), 1-2-1 project (young people leaving custody). The Trust supports 14 to 30 year olds who struggled at school, have been in care, are long-term unemployed or have been in trouble with the law. NEET-specific programmes include:

- Development Awards: cash grants of between £50 and £500 given to young people for whom finance is a barrier to participation in training or employment;
- Team: personal development programme for young people aged 16-25;
- The Get Into Programme: designed for young people who are ready for work but don't have the practical training and hands-on experience to enable them to get a job;

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- Get Started Programme: aims to engage young people through interests such as music, arts or sports.
- The XL Programme: runs in 108 schools and centres in NI, including Special Schools and Education Other than At School (EOTAS) Centres. It is a two-year programme with five modules and is aimed at 14-16 year olds at risk of disengaging from school. It offers personal and social development, citizenship, community projects, enterprise, and preparing for work.

### **Bytes**

Set up in June 1993, the Bytes project offers free, unlimited access to information technology in a non-pressurised environment, to young people aged from 16 to 25 who are classified as NEET. Initially, there were four centres in Belfast - The Ashton Centre in the New Lodge, Worknet on the Falls Road, The Glen Parent and Youth Group in Lenadoon and Rathcoole Youth Club. The name of the project was changed to The Bytes Project in 1996 (formerly 'Bytes for Belfast'); the Derry/Londonderry Bytes centre opened in 1997. The project receives funding from a variety of sources, including DE and DEL.

### **Computer Clubhouses**

The Belfast Computer Clubhouse is a creative, multimedia, learning environment where young people can explore their own creative interests and become confident learners through the use of technology. It is a project targeted at encouraging the creative potential of young people aged 8 to 18 in the West Belfast and Greater Shankill areas.

### **Action for Children**

Action for Children work through family centres and provide a regional young carers service in partnership with Barnardos.

### **Youthbuild Scheme**

This programme, developed in Scotland and linked to the construction industry, works with young people 16-24 who are at risk of offending.

### **Step Ahead Programme**

Provides work experience to young people (care leavers and young people aged 16-17 who are homeless or at risk of homelessness) who are involved in the Sperrin Lakeland Trust's floating support service (WHSCT) and are linked into Prince's Trust courses.

### **Opportunity Youth**

Opportunity Youth was established in 1993 with the specific purpose of providing support services, through a peer education and youth work model, for disadvantaged and marginalised young people. It offers a wide range of programmes and services for young people in addition to tailor-made sessions to meet the specific needs of any youth group. Opportunity Youth is currently delivered under the TfS programme.

### **Rathbone**

Rathbone is a UK-wide voluntary youth sector organisation providing opportunities for young people to transform their life-circumstances by re-engaging with learning, discovering their ability to succeed and achieving progression to further education, training and employment. It delivers street based youth engagement as well as work with young offenders through intensive and learning-centred projects. In 2009, Rathbone engaged with over 17,500 young people in the UK (aged 14-24 years). The Belfast Rathbone centre opened in January 2009. The core programme is the Youth Engagement Programme which is aimed at young people between the ages of 15-19 who are NEET (e.g. young offenders). The programme focuses on engaging and motivating individuals by involving them in outreach activities and adopting a youth work style approach with the aim of supporting them through the transitional period between disengaged and mainstream education, training or employment. Steps to Work Programme is a 12-week work placement to build up a young person's CV.

### **Include Youth**

#### **Give and Take Scheme**

This is one of Include Youth's largest projects. It is an employability scheme for young people aged 16-21 (categorized as NEET) who are not ready to access mainstream education or employment (year programme). It operates in six areas: Belfast, Armagh, Derry/Londonderry, Ballymena, Omagh and Coleraine. Each Trust area holds 12 places; in 2010 Northern and Western Boards extended that to 20 places. The three components of the scheme are: supported work experiences (identified Careers Officer), training (own tutors, previously worked with Further Education Colleges but that system was not flexible enough to meet the needs of participants), and personal development and mentoring. For the majority of young people on the scheme, literacy and numeracy training or basic ICT training is required. Young people also gain a range of other qualifications through the scheme including Duke of Edinburgh Awards, Getting Ahead, First Aid, Driving Test, Drugs and Alcohol Awareness. Include Youth work with 140 young people a year on a regional basis. They also offer

specific support in relation to the In care/Leaving Care population and also offers more general guidance and support to the NEET group.

### **NIACRO (NI Association for the Care and Resettlement of Offenders)**

#### **Youth Employability Programme**

The Programme is delivered in partnership with the Youth Justice Agency and the Probation Board for NI and targets young people 15-18 who have come through the justice system. The programme is delivered over six months and participants are predominantly male and there is NI-wide geographical coverage. The ultimate goal is to get offenders onto programmes offered by DEL-supported providers. NIACRO worked with 188 young people in 2009.

NIACRO also supports those over 18 with resettlement help and a job-led programme called JobTrack. They deliver Give and Take Scheme and the Youth Employability Scheme in conjunction with Include Youth.

#### **Youth Action**

Youth Action is the largest voluntary organization that is grant-aided by the Youth Council. Since the mid to late 1980s they have made working with young unemployed people a priority focus of their work. They offer a number of bespoke programmes to those who are classified as core NEET; these include basic programmes that focus on personal development right through to a level 3 apprenticeship in youth work.

#### **Reach Programme**

REACH is targeted at young people aged 16 to 25 who have few or no qualifications (including those with drug and alcohol abuse issues, homelessness, a history of offending). The programme focuses on personal development and offers young people the opportunity to obtain accredited qualifications, e.g. youth work qualifications from the OCN and training in first aid and computer and literacy skills. They provide six- or 12-week personal development programmes and refer participants onto projects such as Springboard or the Prince's Trust if they are at that stage. Reach is currently funded through ESF and Youth Council for NI.

#### **Moving On Programme**

The Programme is for post-teenage young mothers without qualifications, experience, motivation and confidence, which aims to encourage them to be more active in their communities and in employment.

### **Young Men's Volunteering Scheme**

Delivered over a six-month period, this scheme focuses on developing young men's role and status in their communities.

### **Community Leadership Programme**

Over 20 years in existence, this is an employment and training programme for young leaders who lack the traditional qualifications, confidence and skills to be able to move on into further or higher education. This programme is now recognized by DEL as an apprenticeship in youth work. It is a 16-month course (2 days/week class-based and 3 days/week placement).

### **Youth Service**

The Youth Service in NI is composed of a statutory and a voluntary sector. The statutory sector under the control of the ELBs consists of some 165 youth clubs and 14 residential centres. The voluntary sector is made up of a great variety of organisations; there are uniformed and non-uniformed units; church related and secular units; and headquarter or umbrella bodies. 2,071 voluntary groups are registered with ELBs for the receipt of grant aid.

Participation by young people in the Youth Service is voluntary, and activities which are firmly rooted in a social education ethos, are generally out of school or work time and non-formal.

The statutory provision for the youth service is contained in the Education and Libraries (NI) Order 1986 and the Youth Service (NI) Order 1989. The Department of Education has overall responsibility for the Youth Service.

### **Miscellaneous Provision**

There is a range of organisations that work with NEETs but the exact nature of their activities will not be fully known until the results of the screener survey are analysed. These are listed below:

### **Sport NI**

Sport NI part-fund a number of projects that target NEETs.

### **Careers Service**

The Careers Service in NI offers a sign-posting role to NEETs. They follow-up with young people who have left school at one point in time after their leaving.

### **Children in Northern Ireland (CiNI)**

CiNI is an umbrella group for youth organisations (similar to NYCI in ROI). Policy and training are key areas of its work.

### **District Councils**

Activities re NEETs are unknown at this point but they may fund relevant projects through the Neighbourhood Renewal Strategy.

### **Voice of Young People in Care (VOYPIC)**

VOYPIC offer a number of programmes to young people, including NEETs.

### **Working for Change Programme**

The Working for Change Programme recruits care-experienced young people aged 18-25 to a trainee programme. Young people come out of their employment programme with OCN level 2 and 3 accredited training.

### **Participation Project**

The Participation Project offers an introduction to VOYPIC for care experienced children and young people up to the age of 25 years old. The project aids young people in building up support networks whilst encouraging them to boost their self-esteem and confidence. The project runs different groups and activities in each of the five Health Trusts.

### **Young Reps**

Young Reps is a volunteering programme which aims to get young people involved in the development of VOYPIC services and the wider community. Young Reps work with VOYPIC for a year and participate in a training programme which covers Peer Education Level 1, Child Protection, Group Work and Facilitation Training.

### **Promoting Active Citizenship and Education (PACE) Programme**

PACE is targeted at young people aged 12-15 years and care leavers aged 16-21. The programme aims to create opportunities for participants to build their social, interpersonal and developmental skills

in order to improve their opportunities in both education and employment. Each programme lasts for 12 weeks and there are places for 12 participants on each programme.

### **Youth Council NI**

The YCNI was established under the Youth Service (NI) Order and is funded through grant-in-aid by the Department of Education. It is classified as a 'Non-Departmental Public Body' (NDPB). The Youth Service Liaison Forum comprises all the major youth service agencies, both voluntary and statutory. It is chaired by the Department of Education and the secretariat is provided by the Youth Council.

### **Gerry Rogan Initiative Trust (GRIT)**

GRIT is a personal development programme for young people aged 16-18 years who are on the cusp of becoming NEET. It was set up in 2006 and consists of a pre-residential activity day which is used as a selection process, a one-week residential and follow up mentoring. GRIT, with initial support from DEL, has been piloted with funding from the International Fund for Ireland (IFI) and the Department of Social Development (DSD) since April 2008.

### **Frank Buttle Trust**

The Frank Buttle Trust is the largest UK charity providing grant aid solely to individual children and young people in need. In NI, the Trust works with 150 different referring agencies. The Trust is a founder member of the charity End Child Poverty.

### **Crossroads**

Crossroads Young Carers offers social activities, befriending, practical help and respite to young carers.

### **NI Screen**

NI Screen has an Access Programme which is a volunteering scheme providing mentoring and training through media and arts projects and includes young people who are NEET.

### **Department of Enterprise, Trade and Investment (DETI)**

Youth Enterprise Programme assist young people aged 16 to 24 to start their own business.

### **Fastrack to IT (FIT) NI**

FIT, an industry initiative established in Dublin in 1999, targets NEETs and facilitates the training/up skilling of participants in ICT as a gateway to employment and progressions. FIT NI was set up in 2004 and has delivered the 'Learner Access and Engagement Pilot' project aimed at the 'hardest to

reach' in community and funded by DEL through the FE Colleges. Two specific projects are GAPCs (West Wicklow) and WriTe Skills (Leonardo da Vinci-funded project). FIT courses are run through VTOS and Youthreach programmes in ROI.

### **Young Offenders Centres:**

There are two centres for young offenders in NI. The extent of provision for NEETs is not known at this point but will be established through the screener survey.

### **YouthNet**

This is the Voluntary Youth Network for NI, an independent agency which represents the interests and aspirations of more than 70 youth organisations in NI. The faith based interest group is made up of a number of agencies who have identified themselves as delivering faith based youth work. Members of the group are: Baptist Youth; Boys Brigade; Catholic Guides of Ireland; Church of Ireland Youth Department; Frontier Youth Trust; Girls Brigade; Methodist Department of Youth and Children's Work; Presbyterian Church Youth Department; Youthcom (Catholic Diocese of Down & Connor Youth Commission); Youth Initiatives; Youthlink and YMCA (Macaulay Associates, 2006).

## **Appendix 4 Formal, informal and miscellaneous service provision (ROI)**

### **Teen Parent Support Programme**

The Programme is based on a family support model and aims to be holistic, non-stigmatising and needs led. The Programme comprises a National Co-ordinator and 11 Programmes throughout the country managed by a range of statutory and community organisations (e.g. three projects are managed by Barnardos and one is managed by Foróig).

A total of 1,522 young parents engaged with the TPSP between July 2005 and December 2008; 1,449 of these were young mothers. These women are primarily Irish (85%). One fifth (19%) were aged 16 or under, 28% had some form of social care history and 31% were described as having a high level of need at the time of referral. Over one quarter (29%) were ESLs (in this case, had left school without their Leaving Certificate). Two thirds of ESLs had left school before their pregnancy; they were less likely to be living with their family and more likely to have a social care history than those who had completed their Leaving Certificate. One fifth (21%) of mothers who were ESLs returned to education or training over a thirty month period of engagement with the TPSP.

At the time of referral, 46.2% (623) of young mothers were in education/training. Of the young mothers still in education: second level (65%), third level (10%), Youthreach (8%), FÁS course (8%), Post Leaving Cert course (4%) and Other (Vocational Training Opportunity schemes (VTOS) or private courses) (4%). Of the 63 fathers for whom information on educational attainment was available (51% ESLs), 14% had completed their Leaving Certificate compared to 31% of young mothers and 37% of fathers were engaged in education or training. Eight of the 11 TPSPs received funding from the School Completion Programme (SCP) of the Department of Education & Skills.

An external evaluation of the pilot Teen Parents Supports Initiative suggests that the Initiative is well placed to play an important role in the development of local and regional integrated networks to meet the education and training needs of young parents (Riordan, 2002).

### **Life Centres**

The Life Centre was a pilot project for ESLs set up by the Christian Brothers with assistance from The Holy Faith Sisters. There are four such centres on the IOI; three in ROI and one in NI. Centres cater for young people between the ages of twelve and sixteen (although Centre in Cork caters for up to 18 year olds) who have not made the transfer from primary to post primary who have dropped out, who have been expelled, or who cannot cope with the mainstream school system. Centres operate during normal school hours and for the duration of the school year. Where possible, young people are prepared for state examinations.

### **Youth Encounter Project Schools**

There are five Youth Encounter Project schools (YEPs) in ROI. Originally established in 1977, they aim to provide an alternative model of education for a small number of disenfranchised young people aged 12-16 years. The majority of young people who attend YEPs have had a negative experience of school and many have been expelled from mainstream schools (both primary and post-primary). They provide a non-residential community-based alternative to mainstream schools and provide personalised education and flexibility in teaching and programmes. Day-to-day running costs and the salaries of teachers and bean an tí are funded by the DES.

### **Line Projects**

The Line Projects were developed to meet the needs of young people aged 13 to 18 considered to be 'at risk' or 'outside the system' in their respective communities. They feature various educational and training programmes that are designed as a complementary system of intervention encouraging young people back into mainstream education (Fleming and Gallagher, 2002). Initially three projects were established: The Carline Project, Dublin 22; City Motor Sports, Dublin 8; and The Phoenix Project, Dublin 7, however, only the first two are still in existence as 'Line Projects'. While they are still funded by the DES through the VEC, they are outside of the Youthreach measure, yet operate quite similarly. The Carline Project was originally set up in 1993 in response to a community need in North Clondalkin. Several young people died within the area during this period because of their involvement with joyriding. The Carline Project opened with a basic mechanics programme allowing young people to work with cars in a safe and supervised environment (Stokes, 2002).

### **Children's Detention Schools**

There are currently four detention schools in ROI and these are under the aegis of the Department of Justice and Equality through the Irish Youth Justice Service. Trinity House School; Finglas Child and Adolescent Centre and Oberstown Boys Centre cater for boys under 16 years committed on remand or for sentence. Oberstown Girls Centre caters for girls under 17 years committed on remand and girls under 16 years committed for sentence. The Children Act 2001, as amended, makes it illegal to now order the detention of a child under 18 years to a prison, however, for a transitional period, St. Patrick's Institution caters for 16 and 17 year-old boys while the Irish Youth Justice Service takes steps to develop children detention school places for 16 and 17 year-olds.

The Ombudsman for Children published a report on the needs of young prisoners in St. Patrick's Institution. It noted that young people were very critical of food provision (quantity and quality). Many took part in cooking classes each week as an opportunity to learn how to cook, to make food they enjoy and to supplement the amount of food they receive through the meals provided (Ombudsman for Children's Office, 2011). Improvements in the area of health promotion and education for young people were also recommended (Ombudsman for Children's Office, 2011).

### **Garda Youth Diversion Projects (GYDPs)**

GYDPs are funded by the Irish Youth Justice Service. Established in 1991, they are community-based, multi-agency crime prevention initiatives which, primarily, seek to divert young people who have been involved in anti-social and/or criminal behaviour by providing suitable activities to facilitate personal development and promote civic responsibility and improve long-term employability prospects. The projects contribute to improving the quality of life within communities and enhancing Garda/community relations. The projects also work with young people who are significantly at risk of becoming involved in anti-social and/or criminal behaviour. The projects undertake a series of programmes and activities which are aimed at changing behaviours attitudes and lifestyles of project participants to being about positive change and learning outcomes. The programmes offer opportunities for education, employment training, sport and other activities while providing a structured environment to add stability and support to a young person's life. This work is primarily carried out by a project co-ordinator/youth worker, who operates under the guidance of a project/CBO.

Almost five and a half thousand young people were engaged in GYDPs in 2010. These comprised 3,866 males (71%) and 1,614 females (29%) (Irish Youth Justice Service 2011). The target age for GYDPs is 12 to 17 years. In 2010, 3,648 young people aged 14 to 17 were engaged in projects, with the majority of young people engaged in projects being 15-16 years of age (37%) although ages range from under 12 (6%) to over 18 (10%) (Irish Youth Justice Service, 2011).

Most projects operate outside of school hours. However, in areas with a high proportion of early school-leavers, activities may also be planned during the daytime. The projects seek to encourage a better quality of life for everyone in the community and to support good relations between the Gardaí and the community. There are currently 100 projects in operation.

Guidelines for GYDPs were published in 2003, following research conducted by Centre for Social and Educational Research, DIT and funded by the then Department of Justice, Equality and Law Reform (Ryan, Warren *et al.*, 2003).

The primary project target group is young people who have entered the Garda Juvenile Diversion Programme and are considered at risk of remaining within the justice system. The secondary project target group are young people who, although they have not been referred directly to the Juvenile Liaison Officer, have come to the attention of the Gardaí, the community or local agencies as a result of their behaviour and are considered at risk of entering the justice system at a future date. Project activities that include participants outside of the primary and secondary target group should always have a GYDP strategic purpose or a specific crime prevention purpose.

The IYJS funds organisations and projects providing services, including Garda and Probation Projects, to young people aged under 18 years who find themselves in conflict with the law. These children may be involved with An Garda Síochána, the Probation Service and the Courts Service. The IYJS, in collaboration with the Garda Office for Children and Youth Affairs, is implementing a significant change programme in the existing 100 GYDPs.

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Of the 100 projects operating nationwide, there are 20 Community Based Organisations (CBOs) running 20 Garda projects; 77 projects are run by 3 main CBOs – Foróige and Catholic Youth Care (CYC) are responsible for 39 projects; Youth Work Ireland CBO members are responsible for 38 projects; and Ógra Chorcaí are responsible for the remainder. In 2010 there were 5,480 young people engaged in projects. These projects act as a support mechanism for the statutory Garda Diversion Programme (under Part 4 of the Children Act 2001, as amended). The Garda Diversion Programme deals with children who offend by way of administering a caution rather than a formal charge and then placing the child under the supervision of a Juvenile Liaison Officer (JLO) for a period of 12 months.

In 2010, GYDPs continued to be supported to undertake measures under the part ESF-funded GYDP Human Capital Investment Operational Programme 2007-2013. These measures are designed to provide support for participants of GYDPs in accessing further education and training.

## Youth and Community Sector

### Computer Clubhouses

The Intel Computer Clubhouse Network is an international community of 100 Computer Clubhouses located in 20 different countries around the world. The Computer Clubhouse provides a creative and safe out-of-school learning environment where young people from underserved communities work with adult mentors to explore their own ideas, develop skills, and build confidence in themselves through the use of technology. There are two computer clubhouses in ROI, both in Dublin.

### Drugs Task Force Projects

Regional Drugs Task Forces were established under the National Drugs Strategy 2001-2008 to work with communities who are experiencing issues of drug and alcohol misuse, and to support projects in these communities which address an identified need. The Task Forces now operate under the National Drugs Strategy 2009-2016.

### Family Resource Centres

The aim of the Family Resource Centre programme is to combat disadvantage and improve the functioning of the family unit. Key services provided by FRCs include: the provision of family support, information and advice at local level; practical assistance to community groups (such as training, information, advice and use of shared facilities); education courses and training opportunities; childcare facilities; and after-school clubs. Initiated in 1994, there are now 107 FRCs in ROI.

### **Local Development Partnership Companies**

ESLs are a target group of the Local Development Social Inclusion Programme (Pobal 2006). A number of area-based partnerships and youth services have commissioned research in the area of ESL/young people at risk, e.g. Southside Partnership (McGearty, 2009), Clondalkin Partnership (Fleming and Gallagher, 2002), youth services, e.g. Waterford Regional Youth Service (Community Consultants, 2009) and family support services, e.g. Bray Area Partnership (Curley Consulting, 2008) and Southside Partnership (Curley Consulting, 2009) services for young people in Galway (Webb, 2000) and general services targeted at social inclusion, e.g. Fingal (80:20 Educating and Acting for a Better World, 2007). Area-Based Partnerships also played a major role in local responses to ESL through EU-funded programmes. Such programmes include the following: APPLE (Area Partnership Programme for Language Enrichment); CARA (Clondalkin Area Response to Absenteeism) (Fleming and Gallagher, 2002); CHOICES (Finglas-Cabra Partnership); YSTU (Youth Support and Training Unit, Clondalkin Partnership); BEST (Ballymun Educational Support Team); ESP (Educational Support Project); SIS Project (Stay in School, KWCD Partnership); JETS (Jobstown Education and Training Strategy); PSI (Primary School Initiative, Dublin Inner City Partnership); DFL (Discipline for Learning); SFP (Strengthening Families Programme); PESL (Potential ESLs Programme, Blanchardstown Partnership); and The Youth Support and Training Unit (YSTU, Clondalkin Partnership) (Fleming & Murphy, 2000).

### **Local Sports Partnerships**

The key aims of the LSP are to increase participation in sport, and to ensure that local resources are used to best effect. The three main functions of the LSPs are: information; education and implementation, including participation programmes modified to suit local needs.

### **Springboard Family Support Projects**

Established in 1998 in 14 pilot sites, the national Springboard project is aimed at improving the well-being of children and parents through the promotion of family support services. There are currently 25 such projects in ROI; 11 are operated by Barnardos, 5 by the HSE and the remainder by community/voluntary organisations. Projects are funded by the HSE.

### **Youth Information Centres**

Youth Information Centres (YICs) provide a free, confidential information service to young people and those who work with them on a wide range of subjects including careers, education, employment matters, rights and entitlements, leisure, sport, travel and European opportunities. There are 30 YICs in ROI and these are mainly operated by youth services; Youth Work Ireland (n=20), Foroige (n=4), Catholic Youth Care (n=3), YMCA (n=2) and GYDS (n=1).

## Youth Services

Much of the work in the non-formal sector in relation to ESL is organised through the youth work sector (The NESF, 2002). Youth workers often reach young people who have been excluded from school or who were unable to cope with its demands (Boldt, Devine *et al.*, 1998). The NESF note that there is now a substantial core of young people who are alienated from statutory and voluntary services (The NESF, 2002). They acknowledge the significant potential of this sector in terms of addressing ESL, however, argue that a more co-ordinated response is needed and that all existing community-based youth programmes for ESLs should be linked in effectively with schools and programmes like Youthreach to ensure progression and access to systems of accreditation. They further note that good practice in the non-formal sector varies from project to project and that in some areas, duplication and overlap can result in service provision while in others there may be little provision of services. Also much of the work undertaken is developed on a pilot basis and is rarely mainstreamed (The NESF, 2002).

The National Youth Federation (NYF – now Youth Work Ireland) (1998:35) outline initiatives operated by many youth services to tackle educational disadvantage: alternative progression routes for ESLs; mentoring programmes; careers advice and information programmes; homework clubs and after-school supports; community-based education programmes for parents; school-link projects; innovative responses involving parents; vocational training and return to education options for young mothers; crime diversion programmes for young offenders and those at risk of offending; and drug prevention initiatives. They argue that ‘with proper resources and the right partnerships, the Youth Service throughout the country has demonstrated its potential to develop integrated, community-based, flexible and needs-related responses to the issue.’ The National Youth Federation (1998) published a policy document on ESL in which it outlined key policy statements; context of ESL; definitions, concerns and principles; existing measures to tackle ESL; youth service responses; policy concerns; and recommendations and the role of the youth service (National Youth Federation, 1998).

Established in 1996 as part of the Employment Youthstart Initiative, the Pathways Effective Support for ESLs Model<sup>44</sup> aimed to provide a model of tracking, mentoring and support for ESLs or potential ESLs. It was developed by Local Youth Services, in collaboration with the National Youth Federation, FÁS, Youthreach and the then School Attendance Service in Dublin. The project began in four pilot sites – Waterford, Kildare, Kerry and Priorswood, Dublin. The latter project ended in 1999 but the others continued with the assistance of FAS and the then Department of Education and Science under the Youthstart Initiative up to 2000 and in 2002 and 2003 with the assistance of FÁS (Battell,

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<sup>44</sup> Pathways formed part of a thematic cluster of seven projects, including: The Synergy Project (Mallow); Mol and Óige Project (North Tipperary); Youthlynx (Kilkenny); The National Centre for Guidance in Education; the St Benedict’s Resource Centre (Kilbarrack) and the Tallaght Partnership Project.

2004). The Youth Support and Training Unit is now funded through the Department of Education and Science and County Dublin VEC through the auspices of its Youthreach Programme.

### **National Youth Council of Ireland**

The NYCI is a representative body for national voluntary youth organisations (approximately 50) in ROI. The NYCI operate the NYHP, incorporating the 'Health Quality Mark', in partnership with the HSE and the Department of Children and Youth Affairs. A number of Youthreach Centres, CTCs and Youth Services have achieved a HQM and/or have undertaken training as part of the NYHP. In 2009 the NYCI, in partnership with the Irish Heart Foundation, launched a resource entitled 'Healthy Eating, Active Living: A Resource for those working with Young People in Youth Work Settings'.

Foróige and Youth Work Ireland are the two biggest national youth services; while the three largest regional youth organizations are Catholic Youth Care in Dublin, Ogra Chorcaí in Cork (pop. 136,000) and Limerick Youth Services. CYC provides direct youth work in 10 local youth services and support for voluntary youth work in Dublin City and County, Co. Wicklow and parts of Co. Kildare.

### **Foróige**

Foróige provides a range of youth work services through the operation of Foróige Clubs, Local Youth Services, Local Youth Development Projects and Youth Information Centres.

### **Youth Work Ireland**

Youth Work Ireland is a representative body for 22 local youth services, 500 youth clubs and groups, 30 youth information centres and outlets and 100 youth projects. Its services are provided through a network of 22 Local Youth Services (LYS) delivering a comprehensive national programme. LYS staff work in partnership with young people, volunteers and relevant local and national agencies to provide Youth Clubs/Groups, Information Centres, After School Support Groups, ESLs' Support, International Exchanges and Targeted Youth Initiatives. Many of the Diocesan Youth Services are members.

### **Church of Ireland Youth Department**

Church of Ireland Youth Department is an all-Ireland Youth agency, supporting work with young people and youth leaders across parish, diocesan and provincial boundaries.

### **Catholic Youth Services**

There are five Diocesan Youth services in ROI: Cloyne, Galway, Kerry, Ferns and Ossory.

### **VEC Youth Officers**

Under the terms of the Youth Work Act 2001, all 33 VECs have a statutory obligation to ensure the provision of youth work programmes and services in the county. Each VEC has an appointed Youth Officer under this Act. They are involved in the development and co-ordination of Youth work services and programmes as provided for in the Act, including promoting quality standards in youth work practice and administering grants to youth work organisations

### **North South Education Forum**

The North South Education Forum (NSEF) was set up in 1999 to build on opportunities for cooperation in education and to share practice between the VECs in ROI and ELBs in NI. It published two reports with reference to ESLs. These are: Continuing Professional Development for Youthreach, Senior Traveller Training Centers and Community Training Centers in the Border counties of the ROI and alternative education provision in NI (2004) and Listening to Young People and Education Providers: Raising Issues about Post Primary and Alternative Education (May 2004).

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