



CONNECTED COMMUNITIES

BUILDING RESILIENT YOUTH COMMUNITIES



Ensuring that all young people are empowered to develop the skills and confidence to fully participate as active citizens in an inclusive society

About the National Youth Council of Ireland and the National Youth Health programme

The National Youth Council of Ireland is the representative body for national voluntary youth work organisations in Ireland. It represents and supports the interests of approximately 50 voluntary youth organisations and uses its collective experience to act on issues that impact on young people. It seeks to ensure that all young people are empowered to develop the skills and confidence to fully participate as active citizens in an inclusive society. NYCI's role is recognised in legislation through the Youth Work Act 2001.

REPRESENTS
AND SUPPORTS

50

VOLUNTARY YOUTH
ORGANISATIONS

The National Youth Health Programme (NYHP) is a partnership between the National Youth Council of Ireland, the HSE and the Department of Children and Youth Affairs. The NYHP's work has, and continues to be informed by key strategic and policy developments within the Health Sector. The HSE Health Promotion Strategic Framework¹ (HSE, 2011) promotes a 'settings based approach' for health promotion in Ireland. The youth setting is identified in the Strategic Framework as a key setting for health promotion. The NYHP works to develop and build the capacity and sustainability of youth health promotion across the youth sector in line with evidence based and evidence informed practice. The NYHP endorses a settings based approach, focusing on the broader determinants of health rather than simply addressing individual, behavioral risk factors. The approach is underpinned by values such as empowerment, public participation, equity and partnership.

Healthy Ireland 2013 - 2025² is the Government Policy Framework for action to improve the health and wellbeing of people living in Ireland over the coming generation. It sets out a wide framework of actions that will be taken by Government Departments, public sector organisations, businesses, communities and individuals to improve health and wellbeing and reduce the risks posed to future generations. The NYHP aims to ensure that the youth sector plays its part in working towards the goals identified in the framework.

THE APPROACH IS UNDERPINNED BY VALUES SUCH AS:

**empowerment, public participation,
equity and partnership.**

HEALTH
QUALITY
MARK

A key component of the NYHP is the Health Quality Mark. The Health Quality Mark encourages and supports organisations to promote, develop and deliver a 'whole organisational approach' to health promotion practice. It underpins the principles and values of the settings based approach, working to create health promoting youth organisations. The process supports the development of standards in the delivery of health promotion programmes. The criterion for this award is based on best practice in health promotion and has been drawn from WHO criteria developed for the health promoting schools initiative. The NYHP currently work with 34 organisations through this process. These range from youth work services; voluntary organisations; Youthreach centres and family support services.

¹ HSE Health Promotion Strategic Framework. HSE 2011

² Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025. Department of Health 2013

Background to this proposal:

The National Youth Health Programme secured secured funding from the National Office for Suicide Prevention (NOSP) to implement a 'Building Resilient Youth Communities' scheme. This scheme is designed to enhance 'the resources people develop and draw on to increase their confidence and self-esteem, their sense of connectedness, belonging and ability to bring about change in their lives and communities' (Social Capital Theory).

A funding award line of up to €8,000 each will be made available to 4 successful applicants who outline a proposed initiative designed to build resilience for the mental health of young people, aged 10-24.



PHASE 2:

The scheme was launched in December 2013 with a call for applications for phase 1 of the project. The Selection Committee met in Dublin in February 2014 to assess the applications. Their final decision identified 4 successful applicants, instead of the initially planned for 3. This was due to the fact that 2 of the applications, whilst being of a very high standard, contained proposed work plans which did not warrant the full award of €5,000. A decision was taken to split the award between these two organisations to the amount of €2,500 each. Successful applicants implemented their proposals between February 2014 and July 2014. An external evaluation was conducted following the completion of Phase 1 and the learning identified has informed the roll out of Phase 2 of 'Building Resilient Youth Communities'.

An initial call for applications for the second phase of this project will be issued in September 2015. A total of 4 applicants will be selected for this application process to participate in the second phase. Successful applicants will implement their proposals between December 2015 and October 2016. A monitoring and evaluation process will be implemented with the successful applicants during this phase. Standardised guidance and templates will be provided to the successful applicants at the information pre-planning day to be held in November 2015. An external evaluation will be completed on completion of Phase 2.

PHASE 1
PROPOSALS
IMPLEMENTED

PHASE 2

↓
CALL FOR APPLICATIONS:
SEPTEMBER 2015

↓
4

APPLICANTS

implement proposals
DECEMBER 2015

▽
OCTOBER 2016

Information
pre-planning day

NOVEMBER 2015

EXTERNAL EVALUATION

Outcomes:

Outcomes are defined as the changes for service users or other targets of change that happen as a result of an intervention or service being provided. The outcomes of an intervention identify what is hoped to be accomplished, and provide a consistent framework for agencies and groups to work towards a common end to achieve change required³. Outcomes are categorised as short, medium or long term. The long and medium term outcomes for this project have been identified as follows:



³ Centre for Effective Services (2010). An introductory guide to key terms and interagency initiatives in use in the Children's Services Committees in Ireland.

Who is eligible to apply?

APPLICATIONS ARE WELCOME FROM:

YOUTH ORGANISATIONS

YOUTH PROJECTS

HEALTH QUALITY MARK ORGANISATIONS

Additionally, **3** settings have been identified from which organisations can apply. These are:

1 URBAN SETTINGS:

DEFINED AS A CATCHMENT AREA WITH A POPULATION OF GREATER THAN 10,000 PEOPLE.

2 RURAL SETTINGS:

DEFINED AS A CATCHMENT AREA WITH A POPULATION OF LESS THAN 10,000 PEOPLE.

3 VIRTUAL SETTINGS:

DEFINED AS A COMMUNITY THAT USES TECHNOLOGY TO HELP BUILD RESILIENCE AMONG YOUNG PEOPLE. THIS COULD BE THROUGH VIDEO, WEB OR APP DEVELOPMENT.

Applicants will be selected from each of the three settings. In relation to the urban and rural settings, applicants should identify their application according to where the chosen population group of young people live, i.e. in either an urban or rural setting. Organisations working within the virtual setting will be asked about their rationale for choosing this medium.

APPLICATIONS FROM ORGANISATIONS WORKING ON A COMMERCIAL BASIS WILL NOT BE CONSIDERED.

SPECIFICALLY, APPLICATIONS ARE INVITED FROM ORGANISATIONS/PROJECTS OUTLINING INITIATIVES* WHICH:

- Are designed to build resilience for positive mental health in young people aged 10-24.
- Adopt a clear, partnership/interagency approach to the work (i.e. with other organisations such as youth services, schools, family resource centres, groups working with young people not in employment, education or training, Youthreaches, Community Training Centres, Mental Health organisations etc.) in order to implement the proposed initiative.
- Are related to a universal initiative as distinct from a targeted or crisis response initiative. A universal initiative is defined as one targeting a general or whole population group as distinct from one which has been identified on the basis of risk but which is based on identified need.
- Clearly outline how you will profile the initiative through the use of communications and marketing tools available to your organisation (including social media, supporter databases, regional media, distribution of branded material, external events etc). applicants will receive a visibility toolkit (logos, sample press releases and other relevant material).

*For the purpose of this application, an **initiative** may refer to a programme/an event/series of events/a virtual activity/ies etc.

What is the application process?

All application forms must be submitted **electronically** to Lisa Hyland at lisa@nyci.ie (Applications submitted in hard copy will not be considered.)

Please feel free to direct any queries regarding the application process to a member of the National Youth Health Programme: Ailish O'Neill (Senior Health Promotion Officer) or James Barry (Health Promotion Officer) by calling **01 4784122**. All **queries** must be submitted to the NYHP by Friday **2nd October 2015**, at the latest.

Requests for feedback regarding draft applications will **not** be facilitated.

**CLOSING DATE:
WEDNESDAY 14TH OCTOBER 2015 AT
5.00PM.**

Late and/or incomplete applications will not be considered.

QUERIES MUST BE
SUBMITTED BY:

**2ND OCTOBER
2015**

CLOSING DATE:

**14TH OCTOBER
2015
5.00PM**

Assessment of applications:

EACH APPLICATION WILL BE ASSESSED ON MERIT WITH CONSIDERATION GIVEN TO:

- The eligibility of the applicant (see 'Who is eligible to apply?' on previous page).
- The quality of the proposed initiative/programme.
- The potential for the proposed initiative/programme to meet the outcomes.
- The quality of the partnership approach outlined in the application.
- Demonstration of the integration of best practice in relation to community and youth mental health initiatives in the application which may be evidence based or evidence informed.⁴ The term 'evidence-based' is used to describe a programme that has consistently been shown to produce positive results by independent research studies that have been conducted to a particular degree of social scientific rigour. The term 'evidence-informed' is used to describe practice based on the integration of experience, judgment and expertise with the best available external evidence from systematic research. This approach involves sifting information gleaned from research and other sources such as practice wisdom, policy and consultations with users and experts.
- The proposed budget - is it justified and reasonable.
- The profiling of the project.

⁴ Centre for Effective Services (2011). *Introduction to Logic Modelling. Produced to support CES Practice Seminar 2011 (Cork, Belfast and Dublin).*
http://www.effectiveservices.org/images/uploads/file/projects/P012/Workbook%20One%2028_2_11%20v5.pdf

Short listing will apply and a selection committee has been appointed to implement this process.

Applicants will be selected from each of the three settings, urban, rural and virtual.



SUCCESSFUL APPLICANTS WILL BE NOTIFIED BY 5TH NOVEMBER 2015.

An initial information/pre-project planning day will be held with successful applicants on **12th November 2015** in Dublin city centre (venue to be confirmed).

Successful applicants will be required to submit a copy of their Child Protection Policy (before drawdown of any monies).

All financial documentation must be kept and be available for inspection on request.

The grant should be clearly accounted for in the organisations annual audit/accounts.

Bank account details must be forwarded to NYCI with BIC + IBAN Numbers.

Summary of key dates:

2ND OCTOBER 2015:
LAST DATE FOR SUBMISSION OF QUERIES



14TH OCTOBER 2015 AT 5.00PM:
CLOSING DATE FOR SUBMISSION OF
APPLICATION FORMS



5TH NOVEMBER 2015:
NOTIFICATION OF SUCCESSFUL APPLICANTS



12TH NOVEMBER 2015:
INFORMATION/
PRE-PROJECT - PLANNING DAY



Key concepts and definitions:

HEALTH:

Health has been defined as ...'a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities'. (Ottawa Charter for Health Promotion WHO, 1986).⁵ Furthermore, health is comprised of a number of dimensions, including physical, mental, social, emotional, spiritual, sexual, societal and environmental health.

MENTAL HEALTH:

Mental health is related to all of the other dimensions of health. Definitions pertaining to mental health are numerous and can be quite complex. The following definitions have been taken from the Mind Out resource⁶ and are as follows:

'Mental health can be conceptualised as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organization, 2001).⁷

'Mental health is the emotional and spiritual resilience, which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being, and an underlying belief in our own and others' dignity and worth.' (Health Education Authority 1997).⁸

'Mental health is how we feel about ourselves and how we are able to meet the demands of life (Mental Health Ireland).⁹

Mental health is a fundamental element of the resilience, health assets, capabilities and positive adaptation that enable people both to cope with adversity and to reach their full potential and humanity.

ADOLESCENT MENTAL HEALTH:

The World Health Organization (2005)¹⁰ defines adolescent mental health as:

"... the capacity to achieve and maintain optimal psychological functioning and well-being. It is directly related to the level reached and competence achieved in psychological and social functioning."

Good mental health facilitates young people in achieving developmental milestones that occur during adolescence (Kapphahn, Morreale, Rickert & Walker, 2006).¹¹ The young person can work productively and fruitfully and is able to make a contribution to their community and society. Therefore, mental health is more than the absence of a mental disorder, and can be viewed as a continuum. This continuum can range from a state of positive emotional health and well-being, where the person experiences a sense of balance and contentment, to a state of poor health, where an individual's thoughts, feelings and behaviours cause them to feel unstable and unwell. As a result, the young person, their relationships and their place and role within the community are also greatly affected.

⁵ World Health Organization (1986). *The Ottawa Charter for Health Promotion*.
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

⁶ *Mind Out Mental Health Promotion Programme. National Youth Health Programme. (2012)*
<http://www.youthhealth.ie/content/mindout-mental-health-promotion-programme-out-school-settings>

⁷ *The World Health Report (2001). Mental Health New Understanding New Hope. World Health Organization (2001)*
http://www.who.int/whr/2001/en/whr01_en.pdf

⁸ *Scotland's Mental Health First Aid* <http://www.smhfa.com/taking-course/about-mental-health.aspx>

⁹ *Mental Health Ireland* <http://www.mentalhealthireland.ie/information/what-is-mental-health.html>

¹⁰ *Child and Adolescent Mental Health Policies and Plans. World Health Organization 2005.*
http://www.who.int/mental_health/policy/Childado_mh_module.pdf

¹¹ *My World Survey. National Study of Youth Mental Health in Ireland. Headstrong – The National Centre for Youth Mental Health, UCD School of Psychology, Dublin. (2012)*
https://www.headstrong.ie/wp-content/uploads/2014/01/My_World_Survey_2012_Online-2.pdf

FOR YOUNG PEOPLE, MENTAL HEALTH IS PART OF THEIR OVERALL HEALTH AND EMOTIONAL WELL-BEING AND IS ABOUT:

- how they feel, think, and behave
- how they cope with the ups and downs of everyday life
- how they see themselves and their future
- how they are affected by and deal with stress
- their self-esteem, self-confidence and self-worth
- their ability to identify and express their feelings appropriately
- their ability to ask for help and to access support
- how they are affected by and cope with interpersonal difficulties e.g. bullying¹²

FEELINGS

THOUGHTS

BEHAVIOUR

STRESS

CONFIDENCE

SUPPORT

RESILIENCE:

Resilience has been defined as “the ability of an individual to function competently in the face of adversity or stress.” An adolescent who is resilient is likely to enter adulthood with a good chance of coping well - even if he or she has experienced difficult circumstances in life.¹³

An adolescent who is resilient has an advantage when it comes to meeting the challenges and responsibilities of adulthood, even if he or she has experienced circumstances such as poverty, health problems, or strained family relationships.

MENTAL HEALTH PROMOTION:

Mental Health promotion involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. It is related to the promotion of well being, the prevention of mental disorders, and the provision of support for people affected by mental health problems. The focus of mental health promotion is on outcomes to strengthen people’s sense of control, resilience and ability to cope with life’s challenges.

MENTAL HEALTH PROMOTION WORKS AT THREE LEVELS:

1

Strengthening individual skills and abilities (resilience, communication, negotiation and relationship skills)

2

Strengthening community by creating conditions that promote mental health and increase support, safety and access to services

3

Reducing structural barriers to mental health (promoting access to education, housing, services and reducing discrimination and inequalities) (Mentality 2003)¹⁴

¹² *Well-being in Post Primary Schools. Guidelines for Mental Health Promotion and Suicide Prevention.* Department of Education and Skills/Health Service Executive/Department of Health Ireland. January 2013
https://www.education.ie/en/Publications/Education-Reports/Well_Being_PP_Schools_Guidelines_Summary.pdf

¹³ *Child Trends. Adolescent Health Highlight.* January 2013.
http://www.childtrends.org/wp-content/uploads/2013/03/Child_Trends-2013_11_01_AHH_Resilience.pdf

¹⁴ *Mentality (2003) 'Making it Effective: A Guide to Evidence-Based Mental Health Promotion'. In Radical Mentalities: Briefing Paper 1.* Mentality: London. http://ped.sagepub.com/content/12/2_suppl/47.full.pdf+html

Supporting documents for the completion of the application process:

APPLICANTS MAY WISH TO DRAW ON SOME OF THE INFORMATION CONTAINED IN THE DOCUMENTS LISTED BELOW IN SUPPORT OF THE APPLICATION.

- **Department of Health (2013).** Healthy Ireland - A Framework for Improved Health and Wellbeing 2013 - 2025.

<http://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf>

- **Young Men and Suicide Prevention** - A report on the All Ireland Young Men and Suicide Project. (January, 2013). Richardstown, R. Clarke, N. Fowler, C. HSE, HSC Public Health Agency, IPH, Institute of Technology, Carlow, Men's Health Forum in Ireland.

<http://www.mhfi.org/ymspfullreport.pdf>

- **Well-being in Post Primary Schools** - Guidelines for Mental Health Promotion and Suicide Prevention. (2013). Department of Education and Skills/Health Service Executive/Department of Health

https://www.education.ie/en/Publications/Education-Reports/Well_Being_PP_Schools_Guidelines_Summary.pdf

- **Exploring community resilience in times of rapid change (2011).** Carnegie United Kingdom Trust.

<http://www.carnegieuktrust.org.uk/carnegie/media/sitemedia/Publications/ExploringCommunityResiliencedownload.pdf>

- **Social Capital, Health and Wellbeing, A planning and evaluation toolkit.** (Edinburgh Health Inequalities Standing Group)

<http://www.scdc.org.uk/media/resources/what-we-do/mtsc/Social%20Capital%20Health%20and%20Wellbeing%20toolkit.pdf>

- **Health Quality Mark Support Manual (2011).** National Youth Health Programme. National Youth Council of Ireland.

http://www.youthhealth.ie/sites/youthhealth.ie/files/HQM_Support_Manual_2011.pdf

- **My World Survey (2012).** Dooley, B. Fitzgerald, A. Headstrong - The National Centre for Youth Mental Health, Dublin, UCD School of Psychology, Dublin

https://www.headstrong.ie/wp-content/uploads/2014/01/My_World_Survey_2012_Online-2.pdf

- **40 Developmental Assets (1997, 2007)** Search Institute

<http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18>