WORKING WITH
YOUNG PEOPLE AT RISK

A practical manual to:
Early Intervention
Outreach
Peer Work
Focus Groups
Motivational Interviewing

The manual

This manual is developed within the frame of Correlation – European Network on Social Inclusion and Health and is based on the activities within work package 4 (WP4) «Outreach and Early intervention», which was one of the five vertical working groups within Correlation II. The work and the manual build on the Outreach Manual of Correlation I (2007), this manual however; has a stronger emphasis on street based outreach work and focuses in particular on a younger target group.

The work package 4 (WP4) expert group consisted of partners from 12 countries; United Kingdom, The Netherlands, Italy, The Czech Republic, Serbia, Germany, Belgium, Slovenia, Portugal, Poland, Ukraine and Norway. The work package was coordinated by the City of Oslo Alcohol and Drug Addiction Service, Competence Centre, who were also responsible for the compilation of this manual. The coordination was supported by associated partner DISC in the United Kingdom. The DISC peer programme was inspirational for this project (detailed peer education programme in appendix). All partners have assisted in collecting information about the target group through examples of successful projects of outreach and peer work in their countries. They have also implemented various elements of their project approaches. Seven of the countries (Italy, Norway, Belgium, United Kingdom, Slovenia, Serbia and the Czech Republic) have facilitated focus group interviews with the target group giving an in depth insight and examples of good practice, to which we refer in the manual. Most of the practical examples in this manual are from services in Norway, Serbia and the United Kingdom.

There has also been training and sharing of experience during the general meetings with the expert group in Amsterdam, Porto, and Prague. Continuous contact has been through correspondence and study visits. Experiences gained from these activities have been documented and form the basis of this manual.

Beside all people involved in particular we would like to thank all young people, who participated in the project, in the focus groups or during the outreach sessions. We learned a lot from their input, and they have been a source of inspiration throughout the project.

Anniken Sand
Katrin Schiffer
Eberhard Schatz

Correlation Team
Oslo, Amsterdam November 2011

Background

Correlation II is a European network on social inclusion and health. The overall aim of Correlation is to tackle health inequalities, and to improve prevention, care and treatment services, targeting blood borne infection diseases (BBID's), in particular HIV/AIDS and viral hepatitis (HBV/HCV) among vulnerable and high risk populations (e.g. drug users, young people at risk, sex workers). The project works with an extensive network of grass root organisations, service providers, researchers and activists throughout Eastern and Western Europe.

Target groups are service providers, including peer educators, notably those working in drug services, harm reduction facilities or health services for young people at risk; policy makers, notably those involved in policy development on drugs and BBID. The project approaches the issue from different angles and with interventions, which have been identified as effective, such as outreach/early intervention, e-health and peer support.

Main activities are to
> Review models of good practice
> Implement field testing's
> Develop guidance documents
> Develop and implement training modules
> Support and strengthen capacities of health service providers
> Influence policy agendas by formulating evidence based policy recommendations

An essential method of Correlation II is the multi-disciplinary approach, which combines and bridges the gap between research, practice and policy. Correlation unites health experts from various professional and geographic backgrounds, including peer educators, and combines different approaches to improve health promotion.

One of the work packages within Correlation particularly focused on the issue of outreach and early intervention. The expert group within this work package developed new methodologies and trained outreach workers in order to work more efficient with the target group and to improve access to education, social- and health related services for young vulnerable people between 16 and 23 years. This activity included programs for training harm minimization, as well as recruiting, training and supporting young peer educators.

For more information about Correlation II, please check:
http://correlation-net.org/

THE GOAL FOR THIS PROJECT WAS
TO FIND APPROACHES TO REACH
YOUNG PEOPLE BY VARIOUS
EARLY INTERVENTION STRATEGIES.

1.
INTRO-
DUCTION

1.1.   BACKGROUND

There are many guidelines on how to work with an adult population, and there are many descriptions of general prevention work in youth clubs and in schools. In this manual, we want to focus particularly on young persons between the ages 16 and 23, who experiment with drugs but have not yet evolved a heavy dependence on legal or illegal substances.

These young people are betwixt and between; not completely integrated in society, but they have not fallen out either. Many are still partially in school or employment, they often have their own place to live and many still have ties to family and a more supportive network. If they receive intervention at this stage this may prevent a drug dependence and further marginalisation.

The goal for this project was to find approaches to reach this group by various early intervention strategies. Early intervention is to identify and handle a problem at such an early stage that it will be eliminated or reduced with limited involvement. Outreach work is an efficient method in identifying and contacting hard-to-reach groups.

According to outreach workers, young people in this group might have some of the following barriers:
- they might be difficult to identify, as they still are able to keep their drug use hidden
- they can be identified but difficult to gain contact with
- there is contact but they are not willing to engage with the outreach workers
- outreach workers find it difficult to work for change

Challenges

Young people often feel they are in control and have mastered their drug use. This requires a longer involvement of the outreach worker, before it is clear whether or not the drug use will become problematic, or before the young person acknowledges his/her use as problematic. Eventually, many young people reach a stage where they want to stop. But for some, their drug using lifestyle has led them to become both addicted and more marginalised, with fewer ties to a non-drug using environment. This makes re-integration more difficult and working for change more challenging. At the same time, the lack of a «drug user» identity is an asset and a strong motivational force in the process of working for change.

Many drug services in Europe are aimed at older injecting users and are not suitable for this younger group who are still in a phase of experimentation, not necessarily injecting. The approaches and services should be suitable for the younger target groups, and use appropriate resources. This is where the experience of an outreach worker comes into play, knowing the scene and being able to gain the trust of these young people. The outreach worker has an overview of the services most appropriate to young experimenting drug users, and can provide support whilst referring them to suitable services. In other words; early intervention from the outreach worker is important to prevent further marginalisation.

Still, some groups and individuals continue to be difficult to access - even in outreach settings – and it is even harder to change their behaviours. This is where the Correlation expert group has identified a range of different methods to engage with those young people. During the project a number of innovative strategies were implemented, specifically targeting «underserved» groups.

PROJECT MODEL:

GOAL

– EARLY INTERVENTION BY REACHING HIDDEN POPULATIONS

METHOD

OUTREACH INTERVENTIONS

FOCUS GROUPS

PEER EDUCATION

TRAINING MOTIVATIONAL INTERVIEWING
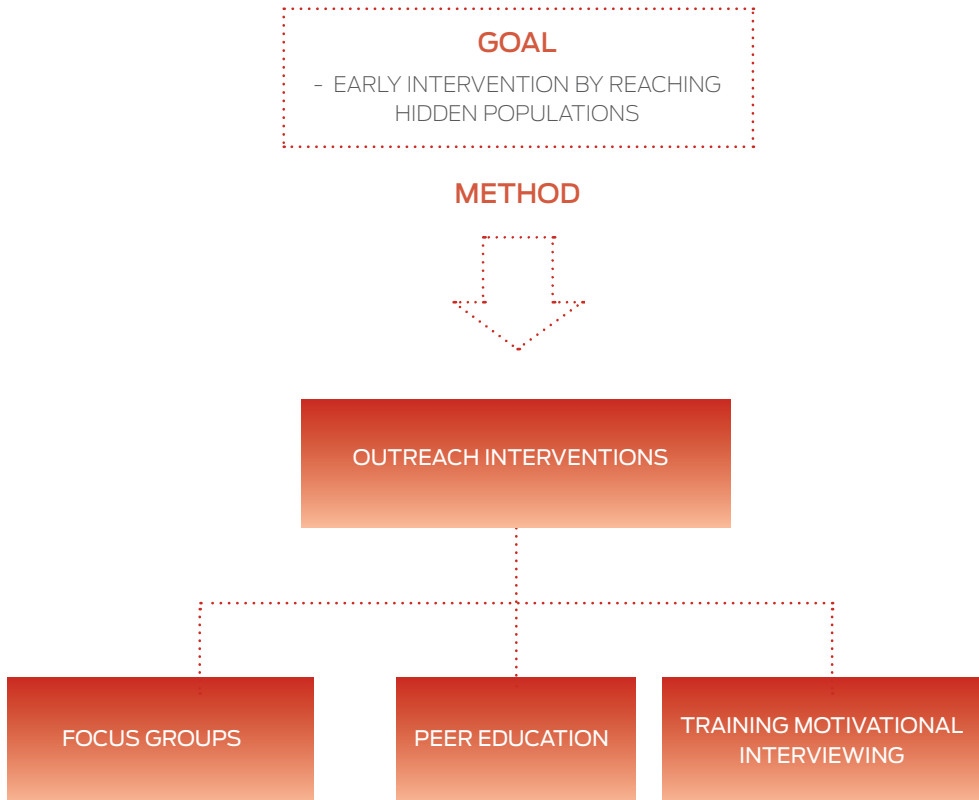
Goal: Early intervention
Strategies:
a.) to improve practice in outreach work by specifically focusing on identified groups, strategic and systematic targeting over time; going outside the outreach workers «comfort zone» to contact more challenging young people
b.) focus groups as a tool for user involvement and information about needs of the target groups
c.) peer education to access the hidden target groups and to motivate positive change
d.) training in motivational interviewing techniques for outreach workers
e.) information to other help-services and agencies about the outreach service

1.2. CONTENT AND THE USE OF THE MANUAL

For whom is this manual?

This manual is targeting professionals, working or planning to work with marginalised, underserved youth who experiment with drugs.

What is the manual about?

The manual contains practical advice and examples from the work of the Correlation project. This will hopefully give inspiration and support to those who want to serve young people more appropriately and earlier in their drug using careers. Readers of the manual will learn to initiate new approaches and improve current ways of working. The manual will describe our practical experiences and also include training examples for outreach workers and peer education projects for young people.

The main methods described are systematic outreach combined with peer work. Focus groups are used as a tool to engage the target group, and to gain information directly from the young

EXPERT GROUP

THE MANUAL WILL DESCRIBE OUR PRACTICAL
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EDUCATION PROJECTS FOR YOUNG PEOPLE.

people, thereby ensuring that their voices are heard. In addition, motivational interviewing is described as a useful method to improve the communication with the particular group and to work for change.

The underlying aim of this project has been to involve young people in all aspects of the work. The manual was developed with the input from outreach workers from many European countries as well as input from young people known by the outreach services. Some of the approaches might already be common and used at your work place; others will hopefully give useful insight and stimulate new ways to reach young marginalised people.

How to read this manual?

The manual is divided thematically. Each chapter starts with a description of general background information with definitions. The working process and the practical experiences form the major part of each chapter. The chapters conclude with key elements and general recommendations.

1.3.   DESCRIPTION OF THE PROCESS WITHIN THE PROJECT

At the first Correlation II meeting in Amsterdam (June 2009), an expert group was formed, consisting of experienced outreach workers from 12 European countries.

During this meeting and later by correspondence, health professionals shared and discussed experiences with various underserved groups. Good practice examples from each country were gathered and shared. All outreach workers identified «hard-to-reach» groups in their countries, but it became evident that there was a lack of knowledge of these underserved groups. This became the focus for the first steps of the project.

Focus groups

The expert group decided to carry out focus group interviews with the target group in each country, in order to identify the needs of these young people. The benefits of the focus groups include gaining insights into the young people's shared understandings of drug use and the ways, in which the individuals are influenced by others. Focus groups are a good way to include users in your work to collect up-to-date and accurate information.

The expert group developed an interview guide, which included information about how to facilitate a group, removing barriers, recording information, duration and frequency. By conducting focus group interviews in this manner, the information gathered was non-judgemental and an accurate picture as a starting point.

Some of the main themes included:
• how people in the target group define risk behaviour
• who they trust
• young peoples' opinions on how to change risky behaviour

Please see appendix 2 for the full interview guide.

FOCUS GROUPS ARE A GOOD WAY TO INCLUDE USERS IN YOUR WORK TO COLLECT UP-TO-DATE AND ACCURATE INFORMATION.

Ten agencies from the United Kingdom, Italy, Norway, Serbia, Slovenia, Belgium and the Czech Republic facilitated focus group sessions with 120 young persons. The participants were recruited by outreach workers during their work on the street. Young people who would normally avoid contact with outreach workers were willing to participate in these interviews. It is as if this was seen as a non-threatening approach and worked as an opening to several of the hard-to-reach groups.

Data processing
The information gained from these focus group interviews was discussed in smaller seminars (each specific target group had one meeting) with users, outreach workers and researchers present, as each focus group had a different target audience. The information gathered from each focus group was utilised to improve practice and approaches by the service that carried out the interviews. Please see the chapter on focus groups for more details.

The focus groups resulted in information on how to best access each particular group of young people. This information was useful in shaping both the outreach and peer strategies chosen. The feedback from young people was that the experience of participating in focus groups was valuable and that they appreciated being asked to share their opinions. In this way we have heard first hand from young people who are not always heard.

Focus group data led to the following outreach strategies:

- systematic targeting of groups over a longer period of time

- recruiting outreach workers with the same cultural background as the target group

- developing harm reduction information together with young people

- arranging meetings with police, childcare and other relevant organisations to exchange ideas

- arranging information evenings on drugs and the role of the outreach services

- outreach workers going into prisons and young peoples' secure units

- setting up information stands in prominent places e.g. at the central station

- using peers to pass on harm reduction messages in their own surroundings

Peer work

The focus group data showed the importance of peers as an information channel for drug information and support. It was decided to use peer education as one of the early intervention strategies. DISC in the UK has 15 years of experience in delivering peer education and gave the expert group training on how to start up, log and evaluate peer education.

Three services in Norway and one in Serbia were inspired by DISCS` peer education programme and implemented it. Several of the partners already had peer programmes. Germany, UK and Norway also gathered further knowledge by conducting a peer exchange. Peer education is considered an effective way of reaching hidden groups. By working with peer educators, we hoped to reach the very specific groups experimenting with drugs, as the peer educators have credibility and access to the hidden populations.

After the initial contact through targeted outreach work and interviews with the target group, the outreach workers recruited persons from these groups to undergo training to become peer educators. The peer approaches implemented are described later. By working with peers we were able to pass on harm reduction messages to young people outside the range of the outreach workers. We extended the outreach strategy to include outreach done by peer educators into their own peer groups.

Motivational Interviewing

Motivational interviewing is a client-centred and goal-orientated approach aiming to bring about change and to challenge ambivalence. Our aim of working for change with this group was to find approaches for young people who have yet to realise the negative effects of their drug use, or have ambivalent feelings about drugs. We chose motivational interviewing for this approach as this is a user oriented method suitable to explore their feelings towards possible change.

Information to other services

Some of the outreach services had meetings with various agencies, including childcare, social services and police. In the meetings the agencies were informed about the outreach work and peer education programmes. The peer educators were able to inform the services they had previously been involved with, on how the service could develop their practice, taking into account the views of young people.

In the United Kingdom, DISC had trained peer educators facilitate training to the police. This training covered topics such as drugs and their effects, street language and the current street value of drugs. The main emphasis of this work was for peer educators to challenge the police regarding their attitudes towards young people. Through this training, the police could see how they often made judgements based on incorrect information about the young people they came into contact with. They tended to present themselves as hostile and not able to communicate effectively with young people. Feedback from the police was exceptional and indicated where they were willing to change their practice. This training has been ongoing and instrumental in the education of new police officers and was featured in the National police magazine.

Target groups of the expert group members

- Our Italian partner had a project called PIN (Nightly Itinerant Project), where they wanted to make contact with young party people. They work with small questionnaires on the streets late at night

- DISC in the UK have a comprehensive peer education programme with young people on various themes including weapons, crime awareness, risk taking behaviour (sexual health) and drugs

- Novadic-Kentron in the Netherlands does outreach with peer workers on the streets, with peer educators on parties, and they also offer drugs testing

- Barca-Leeds in the UK work to empower people in order to make informed choices in their lives and support them if they wish to make changes; outreach/detached youth work and community work in neighbourhoods with younger recreational drug users

- Travail de Rue in Belgium do outreach/detached youth work and community work

- Semiramis in the Czech Republic do outreach and harm reduction with older injecting users

- Veza in Serbia are doing outreach targetting injecting drug users, recruite young drug injectors to peer projects, do needle exchange, train and sensitize health professionals, work to create network of HR organizations, local authorities and community-based organizations

- Gangway - Team Treptow in Germany are doing outreach and community work and are also participating in a youth exchange with Norway and the United Kingdom

- APDES, Portugal, is doing outreach with young marginalised people

- DrogArt, Slovenia do peer work with students and at parties

- Nordstrand/Bjerke, Norway, do outreach/detached youth work and peer education

- City of Oslo Youth Service do outreach and peer work among young people hanging out in the city, young injecting drug users and vulnerable groups like migrants

> Adapting outreach approaches to reach this section of young drug users at an early stage in their drug use, can offer them a good opportunity to make changes in their lifestyle and to significantly reduce their drug use. By reaching these vulnerable drug users early and offering harm reduction strategies, we may be able to prevent the further development of their drug use, for instance the injecting of drugs.

Our main questions *(Q)* and assumptions (A) were:

Q: *How to identify and contact hidden populations?*

A: Through outreach work and focus groups

Q: *How to reach and work with this group and how to refer the target group to existing services?*

A: Improving communication with target group. Systematic questioning, motivational interviewing, systematic information work to other services

Q: *How to initiate activities aimed at prevention and demand reduction?*

A: Through peer education and dialogue meetings

Q: *How to promote sexual health and safer drug use?*

A: Through peer education and dialogue meetings

2.

YOUNG PEOPLE AT RISK

2.1.   WHAT IS SPECIFIC ABOUT WORKING WITH YOUNG PEOPLE?

One of the objectives of outreach work is to engage with marginalized sections of the society; in this case young people that are not reached by general services. In our experience, drug users at a very young age are often identified and dealt with by parents, school, police, outreach workers or other services for young people. There has been development of specialised services for drug users, which operate in the open drug scene in the larger cities. However, specialist drug services dealing with vulnerable young people between 16–23 years are still limited within parts of Europe.

Some of the reasons for the difficulties in engaging with these sections of drug users are that:
- they often live independently in an own flat
- they have access to a local network of drug dealers
- they are not dependent on visiting the open drug scenes in downtown areas
- they do not identify themselves with the more «visible» drug users
- they consider themselves in control of their drug use

2.2. WHY DO YOUNG PEOPLE NEED A SPECIAL FOCUS?

In our experience the open drug scenes are more accessible for outreach workers and other service providers. Younger drug users are more likely to «hide» their drug use, and many do not recognize their drug use as problematic enough to call for changes in their lifestyle. Often they do not admit that their drug use is problematic and will withdraw from confrontational contact. They are still enjoying the more favourable sides of drug use and have yet to experience the more negative sides. This makes working for a positive change more of a challenge.

Even if young people experience the negative effects, they do not always seek help, or even know where help can be found. Some might be known by and in contact with the local outreach services. Working with the young person's ambivalent feelings towards their drug use requires methods that accept this ambivalence. Motivational interviewing is a method for change, but - more importantly when considering the needs of this group - it also has a strong focus on exploring feelings and resistance to change. It is therefore a suitable method for this group. You can read more about how to use this method later in this manual.

2.3. CHARACTERISTICS OF THE TARGET GROUP WITHIN THE PROJECT

The focus within our project was to work effectively with marginalized young people between 16 and 23 years who are experimenting with drugs or spend time in an environment where drugs are used. They may not necessarily be injecting, but might be approaching more problematic drug use. Outreach work aims at engaging both young people experimenting with drugs and the ones that are at risk of developing more serious drug problems.

The target group has many of the following characteristics:
- school drop-outs and/or unemployed
- poverty
- association with drug using peers
- alcohol and/or drug use at an early age/ recreational use of drugs
- poor relationship with parents
- unstable living conditions – moving around, living with friends (couch-hopping)
- parents/siblings with substance abuse
- involvement in sub-cultural groups
- migration background, newly arrived or poorly integrated in society

Outreach workers were asked to identify underserved groups. By the term underserved we mean persons in the following groups:
- they might be difficult to identify as they still are able to keep their drug use hidden
- they are identified but difficult to come into contact with
- there is contact but they are not willing to engage with the outreach workers
- working for change is perceived as too difficult

2.4.   OUTREACH IN THE EUROPEAN CONTEXT
– A SNAPSHOT OVERVIEW

The expert group carried out a survey about the situation of outreach work in Europe with the help of members of the Correlation II network. The survey was sent to 400 outreach services of which 84 responded from 23 countries.

Two thirds of the responding services were non-governmental organisations that receive their main funding from the state and local municipalities. Many have to apply for funding every year. Their clients range from young people to adults with drugs being the main issue. Two thirds have some kind of peer work, but the involvement from peers is varying. Peers are considered important in the design of the services, due to the needs of a target group at the centre of their focus, and they are easily accessible. The services provide their clients with health promotion, informal education, support, harm reduction and referrals to other institutions. The services have the need of their target groups in focus and the services are low threshold, i.e. easy to reach for the target group. The greatest barriers to this work are a lack of resources and a lack of permanent funding.

Please see appendix 1 for a more detailed overview of the outreach situation in Europe based on the survey.

3.

EARLY INTER–VENTION

3.1. BACKGROUND AND DEFINITIONS

Early intervention means to intervene as early as possible to prevent further harm. It is about identifying and handling a problem at such an early stage that the problem disappears or is reduced with limited intervention[1].

> Early intervention can be a goal or a strategy, but is no method in itself. There has been growing awareness about early intervention in Europe lately. This might change the trend of decision makers of waiting to address the problem of young people experimenting with drugs until it has led to habitual drug use, and the drug use is «visible», or causing public nuisance. But most importantly early intervention may be able to prevent a lot of suffering both for the person in question and his/her family and friends.

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[1] *«From Concern to Action»* (authors translation), Norwegian Directorate of Health, 03/2010

Outreach work is an efficient tool in early intervention. Being in contact with larger groups of youth over time makes it easier to detect signs or symptoms of drug use and intervene as early as possible. It is an effective way of coming into contact with people at risk on their own territory. It is a way to build relationships that can be the start of changing risky behaviour.

Traditionally, early intervention was used to describe interventions that took place early in a person's life. It is now also used for interventions that are initiated at an early stage when problems are evolving. This means that not only children and young people are possible target groups, but that early intervention also is used for other groups. Early intervention is about preventing minor problems becoming chronic. The timing of the intervention is crucial. Sometimes there may only be a «window of opportunity», meaning that after a certain point it is no longer possible to solve the problem only with low level interventions. The problem might have escalated, causing the person to become more marginalised and requiring greater interventions. Early intervention can be placed somewhere between prevention and treatment.

3.1.1.   Key competencies for succeeding in early intervention

The outreach worker must have the following skills to be able to carry out effective interventions:

- knowledge of risk and protective factors
- knowledge of signs and symptoms of drug use
- knowledge of critical phases in children/young people's development
- role-awareness: It is vital that the professional understands his/her role in discovering, intervening and acting on basis of concern for a person or group
- knowledge of routines and procedures in own work place and in the rest of the help-service circuit
- contact with the population at risk (op cit).

[2] «Resilience and Vulnerability - Adaptation in the Context of Childhood Adversities» Edited by: Suniya S. Luthar, Columbia University, New York (2003)

3.1.2.   Risk factors

According to psychology research[2] there are some traits that may put a young person at risk. The following characteristics can tell us something about who of the young people we work with might be more vulnerable than others:
* low social competence
* involvement in anti-social behaviour
* hanging around in drug using environment
* school drop-outs
* homeless or conflicts at home
* migration background with poor social integration

Other factors, like changing schools or the transition from school to employment, might contribute to the vulnerability of young people who are otherwise not considered to be in a risk group. In general, early intervention aims at strengthening protective factors and reducing the possible damage of risk factors.

3.1.3.   Protective factors

The following factors are referred to as protective. This means that even though young persons might seem at risk, the presence of some of the following factors might reduce the impact of the negative factors, or that negative experience does less damage to them than to persons that do not have them. This is also called resilience[3]. These factors are for instance a positive relationship with a competent adult, being good learners and problem-solvers, that they are engaging with other people, and/or that they have areas of competence and perceived efficacy valued by themselves or by society[4].

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[3] Resilience can be defined to be 'a set of qualities that helps a person to withstand many of the negative effects of adversity.......Bearing in mind what has happened to them, a resilient child does better than he or she ought to do' (Gilligan, R. (2000) Adversity, resilience and young people: the protective value of positive school and spare time experiences. Children and Society, Vol 14 (1), 37–47 Wikipedia: Resilience in psychology is the positive capacity of people to cope with stress and adversity. This coping may result in the individual «bouncing back» to a previous state of normal functioning, or using the experience of exposure to adversity to produce a «steeling effect» and function better than expected. Resilience is most commonly understood as a process, and not a trait of an individual

[4] Masten, A., Best, K and Garmezy, N (1995) «Resilience and Development: Contribution from the study of children who overcome adversity» in: Development and Psychopathology 2, 425–444.

To sum up, it is protecting to have:
- at least one important other stable person in your life
- friends
- high social competence
- a sense of self-value
- competence/mastering – being good at something
- sense of social coherence and meaning of life

So how can outreach workers use this information in their work to reduce the impact of the risk factors, and to increase the resilience of the young persons?

The Correlation working group on this issue (WP4) aimed at identifying these risk groups in an early stage to implement some of the following strategies:
- find the specific resources of individuals - everyone has some, even if not at first glance
- find what motivates the young person
- help to enforce a positive self-image
- develop talents and interests
- give a sense of achievement through appropriate challenges
- help the young person to build positive relation- ships with family and friends in his/her environment

3.1.4. Ethical aspects

Even if a person is belonging to a so-called risk group or is showing some signs of problematic behaviour, this does not mean that he/she will develop problems. This is extremely important to keep in mind. The fact that more persons in these groups statistically tend to develop problems at one stage than the whole youth population seen as one should never be used to label young people.

RESPECT OF THE PERSON'S OWN PERCEPTION
OF THE SITUATION IS CRUCIAL AND SHOULD
ALWAYS LIE AT THE BASIS OF SOCIAL WORK.

It is in the nature of early intervention that if you intervene early the person might not agree that there is a problem. There is therefore a risk of becoming patronising in defining a problem where the person doesn't necessary agree it to be one. Respect of the person's own perception of the situation is crucial and should always lie at the basis of social work.

3.2. KEY ELEMENTS IN EARLY INTERVENTION AND LESSONS LEARNED

3.2.1. From concern to action

You don't need evidence of drug use to start working with a young person. It is important to act on symptoms and knowledge of the young person's life situation, even though they might not be substance abuse related. Early intervention aims to reduce the impact of risk factors and strengthen the protective factors of the person in question.

Experienced outreach workers often report that they have a sense of the young people who might be in specific need of support when they meet youths during outreach work. This sense, or »gut feeling», is often based on the amount of many

small signs. Outreach services might benefit if they encourage their employees to openly reflect on what these minor signs are, and to be aware of this silent knowledge their personnel may have. It might be an idea to create opportunities to ensure the transfer of practical knowledge between experienced and less experienced personnel within the service.

3.2.2. What are the benefits of early intervention?

The main benefits of early intervention are:
- not allowing problems to escalate
- less intense interventions necessary
- avoiding the emotional costs for individuals, their families and the society as a whole
- cost-efficient[5]
- more opportunities for change at an early stage of problematic behaviour

3.2.3. Early intervention and outreach

Outreach services have an increased awareness of issues young people face, which contributes to their knowledge base. They meet young people in different environments, compared to other services; they have the opportunity to see the individual in various contexts, thus getting a broader picture. Outreach workers have an extended knowledge of the places young people frequent, making them qualified to judge whether a young person seems to be at risk or not. Outreach workers are flexible in their approach, which allows relationships to develop and to be there when the young person is ready to be involved in the intervention. In this way, outreach services are lowering thresholds for the initiation of early interventions for marginalised groups.

[5] The prevention of one person becoming a habitual drug user saves the society a lot of money. In Norway the calculated life-time costs of one drug user amounts to 2,5 mill Euros (PPP Erling Pedersen, Director Bergen Clinics 2005).

3.2.4.   Key elements of early intervention

Early intervention is a way to avoid problems to escalate by initiating and implementing the right measures. To succeed with early intervention, the outreach workers must know about

- risk and protective factors
- signs and symptoms of drug use
- what the critical phases are in children's/young people's development and in the life of adults
- role-awareness in discovering, intervening and acting on bases of concern for a person or group
- courage and possibility to act
- knowledge of routines and procedures in the own work place and in the rest of the help-service system
- contact with the population at risk
- early intervention as a means of preventing problems to escalate

Outreach work is used to describe a wide range
of activities including
· the distribution of harm reduction material
· working with individuals in crisis
· therapeutic interventions
· preventive work in the community[6].

[6] See Svensson, Njål Petter og Tommy Huseby. 2003. *Outreach work with young people: Young drug users and young people at risk.* P-PG/prev (2003) 6. Council of Europe, and Outreach work among marginalised populations in Europe. *Guidelines on providing integrated outreach services 2007.* Foundation Regenboog, AMOC Correlation Network

4.

OUTREACH AND SOCIAL STREET WORK

4.1. BACKGROUND AND DEFINITIONS

Björn Andersson[7] describes outreach as follows:

«Outreach work is a contact-making and resource-mediating social activity, performed in surroundings and situations that the outreach worker does not control or organise. It is targeted at individuals and groups who otherwise are hard to reach and who need easy accessible linkage to support».

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[7] Andersson, Björn (2011): *«Finding ways to the hard to reach - considerations on the content and concept of outreach work»*, European Journal of Social Work. Available on-line at: http://www.tandfonline.com/doi/abs/10.1080/13691457.2011.618118

He emphasizes that the work takes place in situations or environments that are not controlled by the outreach worker, and that the work is to gain contact with hard to reach groups to distribute resources and information.

EMCDDA[8] defines it more specifically in relation to the drug field:

«Outreach work in the drug field is a proactive method used by professionals and trained volunteers or peers to contact drug users. Its aims are to inform them about the risks associated with drug-taking, to support them in reducing or eliminating such risk, and/or to help them improve their physical and psycho-social circumstances through individual or collective means.»

This definition gives more emphasis to the informative part about risk or harm reduction elements, and does not mention the surroundings in which the work takes place. According to EMCDDA, outreach can also be divided into

- *domiciliary,* meaning outreach in people's homes
- *peripatetic,* meaning that outreach is done in the framework of other community agencies like prisons, youth clubs, schools and health centres
- *detached* youth work is not connected to agencies but would take place in a street, railway station or shopping malls.

The difference between peripatetic and detached is varying between countries. Among street workers, some distinguish clearly between «outreach» and «detached youth work», and others argue that the division between «outreach» and «detached youth work» is an artificial one[9].

Detached youth work is often with a younger age group. A study found that the largest group the detached youth workers worked with was less than 16 years old[10]. Southern Europeans have a strong tradition of street pedagogy or street education, also most

[8] European Monitoring Centre of Drugs and Drugs Addiction (EMCDDA) 1999. Outreach Work Among Drug Users in Europe: Concepts, Practice and Terminology Luxembourg: Insights, issue:276
[9] M. Smith http://www.infed.org/youthwork
[10] G. Tiffany, 2007 *«Reconnecting detached youth work: Guidelines and standards for Excellence»*. The Federation for Detached Youth Work.

often aimed at youngsters. At the same time, the educative part is also an important part of what is considered social street work[11].

Youth Link[12] describe detached youth work as
«…*a model of youth work practice, targeted at vulnerable young people, which takes place on young people's own territory such as streets, cafes, parks and pubs at times that are appropriate to them and on their terms. It begins from where young people are in terms of their values, attitudes, issues and ambitions and is concerned with their personal and social development. It is characterised by purposeful interaction between youth workers and young people and utilises a range of youth and community work methods*».

On the other hand they define outreach work as
«…*normally related to services which are available elsewhere and are generally aimed at feeding young people in to those services. Whilst it can and does take place on young people's own territory, it can also include work in existing youth facilities, educational institutions and commercial settings. It is characterised by purposeful interaction between youth workers and young people and involves contact, information giving, and the invitation to join existing or proposed youth programmes and other services designed with them in mind*».

According to Youth Link outreach and detached street work is delivered in order to:
• identify the needs of young people
• give them a voice in their community on issues that affect them
• ensure that they have access to informal learning, or a particular service or opportunity
• reach the excluded young people who are not reached by mainstream youth work and services
• release resources within the persons, either by the help of the social workers, conversations or guidance into other help services

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[11] «*International guide on the methodology of street work throughout the world*», Dynamo International 2008
[12] Youth Link: «Good practice guideline» Scotland 2000

4.1.1. Summary outreach and detached youth work

To sum up, outreach work can be a means to reach an already defined end, whereas street-based youth work or detached youth work will not necessarily have the goal of the interaction specified beforehand; it will rather develop the goals in collaboration with the persons they work with. In social street work or detached youth work, contacting a person is just the beginning of forming a working relationship, but in some outreach approaches, this can be the goal, for instance having delivered harm reduction equipment or information about a shelter. Social street work or detached youth work is «outreach» taking place on the streets or public places. Outreach is a broader term, including several approaches like needle exchange or home visits, «out of the office». Most outreach services and detached youth work services cooperate closely with or would refer the people to other services, like counselling, unemployment services, and health services. In the remaining part of this manual, «outreach» will be used referring mostly to the work done in the streets. One worrying tendency among some decision makers is to see outreach services as «social task forces», a tool for social control or to monitor the target group. This leaves the outreach workers in a difficult and pressured situation concerning loyalties and ethics, and is hard to combine with the values that should be guiding the work.

4.1.2. What is specific about doing outreach with a younger age group?

Voluntary, trust, accessibility, continuity, professional confidentiality, flexibility, accountability are all essential terms in outreach work according to Svensson[13], and should be the guiding principles for outreach work with young persons as well.

When doing outreach with older drug users or sex workers, they tend to be easier to identify. They are often in specific areas of the city, such as drug selling zones or red light districts. When

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[13] Svensson, Njål Petter og Tommy Huseby. 2003. *Outreach work with young people: Young drug users and young people at risk.* P-PG/prev (2003) 6. Council of Europe.

working with younger target groups, not all the people you work with will appear to be vulnerable. Part of the outreach approach is to be accessible to the entire group of young people, so that those in need of your support can build up a relationship with the worker. By being accessible to the wider community, any stigma or judgements made upon those young people accessing support from the outreach worker may be avoided. This is a great advantage when implementing early intervention strategies.

Challenges in outreach work with young people:
- target group is difficult to identify
- not everyone contacted may be part of the more narrow target group
- it is more difficult to explain the support you can offer, since they may not be in acute need of help
- there is a big chance of rejection at the first contact
- outreach workers are not always comfortable outside their «comfort zone»; meaning that approaching unknown and hostile groups takes an extra effort and may require encouragement and additional supervision
- targeting younger groups can be time consuming and must not be to the detriment of the 16-18 years olds at risk
- in many countries the work with under-aged groups is influenced by the jurisdiction in this field. This has implications on the time an outreach worker can spend building up a relationship with those young people who have problematic drug use, before reporting to Children's Social Services. It requires careful management and consideration and where possible close partnership working with Children's Social Services.

4.2. THE PROCESS AND PRACTICAL EXPERIENCE OF IMPROVING PRACTICE IN OUTREACH WORK

Many of the outreach workers reported challenges of making contact with new groups and described how some groups were more difficult to reach than others. This could often make them hesitant in approaching the groups. The work of Erik Henningsen who did a study on outreach work in 2008[14] supports this notion. What are the reasons behind this and how can we change it?

Outreach work implies being rejected at some time. If experiences with rejection are not dealt with in a good way by the service, this may leave the outreach worker with an uncertain feeling towards representatives of certain groups. Fear of rejection has to be overcome, and all services should work systematically on approaches to deal with rejection. It also happens that there is a shared notion in an agency that some groups or persons are defined as «impossible» to work with. At other times, the multiple problems in some persons' lives makes the outreach workers avoid these cases, in order to protect him/her from feeling helpless. For whatever reason, when outreach services systematically don't work with certain groups, this contributes to a further marginalisation and the societal rejection of the persons in these groups, and they may be kept from services and support they are entitled to.

[14] Henningsen, Erik og Nora Gotaas i samarbeid med Marte Feiring. *«Møter med ungdom i veldferdstatens frontlinje». Arbeidsmetoder, samarbeid og dokumentasjonspraksis i oppsøkende ungdomsarbeid.* NIBR rapport 2008:2

- do not condemn
- show interest
- have an open attitude
- do not try to be the same as the youth (just be yourself)
- have good social skills
- know what young people are interested in (where to go out, music, what to do in leisure time)
- don't be pedantic

Alex and Claudia, Novadic-Kentron,
The Netherlands

The expert group asked the outreach workers to identify the groups they wanted to target during this project. The outreach workers chose to work specifically with the following groups, with specific strategies for each of them. Some of the approaches are briefly described below. The starting point for the work was to conduct focus groups with representatives from these underserved groups. The analysis of the information from the interviews showed us several areas of our work that could be changed or improved in order to reach more young people from the target group. In addition, it identified practical ideas. Please see the chapters on peer work and focus groups for more details.

Here are some of the groups that were targeted and strategies that were chosen:

Target groups

1. **Group of young adults from ethnic minorities who were selling drugs in a specific area.**

They were known to the outreach workers for a long period of time but resisted contact.

The outreach service found out that some of them where in prison, and the prison authorities allowed the service to contact them. When they contacted some of the young adults while in prison, they accepted the outreach workers. They then carried out activities with them in prison, which lead to a changed relationship with these young persons, allowing easier access.

1. Respect the youngster or the drug user you are dealing with and encourage him/her for a change towards less risky behaviour. Also respect his right to refuse that change.

2. Involve young people in your outreach organisation and encourage them to actively participate in your programme giving a stronger user oriented approach

3. Don't panic

Matej, Drog Art, Slovenia

2. Youths socialising in areas of the city centre known for drug dealing

Outreach workers experienced that the young people were avoiding them and cutting the outreach workers short when they tried to approach them. The outreach workers decided to arrange a stand, from which they distributed leaflets, lollipops and a questionnaire. This created curiosity amongst the young people and allowed individual contact with them. The outreach workers were able to introduce the service and themselves in a non-threatening way. The young people were also willing and found it interesting to answer the short questionnaire with some basic questions about age, where they lived, school, and preferred pastime activities.

STAND AT THE MAIN TRAIN STATION

3. **A sub-cultural group (emo/goth) hanging out in the main train station**

The outreach workers gained the trust of this group by regular outreach by the same workers. When they experienced harassment by the police, they turned to the outreach workers who assisted them in holding a dialogue meeting with police. The outreach workers also arranged information meetings about cannabis, treatment and help services at the premises of a youth club. On average, the outreach workers were in contact with 46 young people belonging to this group monthly. By making this group their special focus, they gained access and could start working with them. And by assisting them when they needed support, they developed trust within the group.

4. **Young illegal immigrants – see more detailed case description in section 4.2.1.**

5. **Young adult injecting drug users (IDUs)**

Asking them to distribute short harm reduction information and information about help services to newcomers in the open drug scene, the outreach workers were asking them to contribute information they themselves considered important.

6. **Teenagers with drug/crime and child care experience**

Inviting them to make a peer education approach, and dialogue meetings with police and different help services, see more detailed case description.

7. **Teenagers with injecting drug use, some with Roma background**

Developed a peer education project, which increased the knowledge about harmful drug use and emphasised the reduction of use. This project also focused on empowerment and educated the young people regarding their legal status. Please see a more detailed case description in section 4.2.2.

4.2.1. Case study: Immigrants with unclear legal status

A typical example of how outreach services tried to improve their practice is demonstrated in the following case description regarding a group of young immigrants with an unclear legal status. The case shows how findings from outreach work on the streets influenced the approach required. A group that was perceived as hard-to-reach turned out not to be so difficult to access with the right tools. In this case, knowledge of language and exploring the legal arrangements led to building up trust within this group. Many of them were also interviewed about their life situation. This made it possible to work further with counselling both psychosocially and legally, and a lot of new contacts with this target group were established.

By Bohumila Chocholousova Fagertun and Olivier Thomas,
Oslo Outreach Youth Service

Migration and a young ethnic minority population in most European countries require knowledge and cultural sensitivity or «cultural competencies»[15]. Fieldworkers reported that there was an increasing amount of people with an ethnic minority background in Oslo's drug scene. The globalised society with its complexity is also reflected by the increased internationalisation of our target group. Poverty migration, lack of preventive drug policies, and human trafficking on multinational level might be the reasons. In order to meet this challenge, language skills and cultural mediation are important. The outreach service in the centre of Oslo found it difficult to reach and to work with this group, and decided to recruit a person with a similar background as many of the immigrants to bridge the language barriers and to act as a «cultural mediator». The people they aimed to contact were young adults with migration backgrounds from African and Middle-Eastern countries. The outreach workers had found it difficult to contact these groups because of language barriers and a lack of understanding as to what to offer to these people, who had an unclear legal status and were not always prioritised by the social and health services.

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[15] Svensson, Njål Petter og Tommy Huseby. 2003, p.47. *Outreach work with young people: Young drug users and young people at risk.* P-PG/prev (2003) 6. Council of Europe.

Aims of the intervention

- developing awareness and social/cultural competence in new areas
- gaining more knowledge through intercultural cooperation
- providing the target group with alternative methods of social work
- mapping the social needs of the target groups, evaluating the respective (social, health, crime and other) instances that can cover these needs
- suggest new approaches, develop methodologies and document knowledge

Method

- using a cultural mediator in addition to outreach workers to build trust and relationships through engagement in the target groups' situation
- offering empowerment courses, discussion groups and language training
- open up an arena for playing sports, meeting-point for different cultures
- using peer education methodology to reach hidden migrant populations

Results

- numbers of new contacts increased, 45 out of 52 contacts were previously unknown
- self reported improvements in mental health, knowledge of legal status, bringing in their friends to the outreach service
- self-help groups
- «leisure» activities were actually less popular - since many of them suffered from existential crisis and deep depressions, self-development tasks, discussion groups and counselling scored very high

Why was it successful?

The key was the systematic focus and that two workers had the main responsibility for this focus. Although other outreach workers were in the environment daily, they had limited success in working with the target group. This discouraged them, and left them to work with the ones that were easier to connect to regarding language, or understanding the outreach workers' tasks, or regarding their willingness to engage in contact.

52 immigrants between 16 and 25 years were interviewed about their life situation and their current legal standing. 12 were helped to clarify their legal status. Activities like cinema visit, language training, physical exercise and individual counselling were also provided. They were also given six evenings with skills building sessions (the Norwegian health/social system, drugs, identity, the asylum system, refugee experiences). The focus on working with this group has led to more visits by this group to the office of the outreach service. 45 of these 52 contacts were unknown to the outreach service prior to adopting this approach. The experiences from this work were shared internally in the organisation and across the Correlation network.

4.2.2.   Case study:
Peer education among young injecting drug users in Serbia

Project «Get connected!» By Jovana Arsenijevic

Target population

The project «Get connected!» focused on young injecting drug users (ages 15–21). We were able to reach 50 participants, which is a lot, taking into account that our needle exchange program has approximately 700 beneficiaries that come on a regular basis. Almost half of our participants were underage, 21.7% were female, 65.2% were Roma, and 34.8% Serbian.

Recruitment

We recruited participants by outreach and a method called «Echo», where each of our participants were told to bring along at least one of his/hers friends (also young injecting drug users) to the programme in order to attend project activities. One of the activities was especially motivating for young users; «Constructive leisure time activities» presented different kinds of activities, including trips to the theatre, cinema, carting, playing pool and darts, where they could participate in their spare time instead of spending time in the drug scene.

Educational aspect

The main goal was to give all necessary information about drug use, possible risks of drug use, safe injecting, information about HIV and Hepatitis C, sexual health. There was also information and training for gaining «social competencies», in order to help them function in everyday life. This included training in:

- attitudes
- values
- prejudices and stereotypes
- communication with family
- communication with authorities
- emotions and anger management techniques
- constructive problem solving
- dealing with conflict situations

Social, educational and medical integration

The plan was to support our beneficiaries to receive personal documents, which included a health card, an ID and a passport. We also arranged appropriate health appointments in order to include them in the medical system and to have hepatitis B immunization. Since more than half of our participants had no formal education, we tried to include them in formal schooling systems and different courses in order to get a job and an income. Assistance with finding a job was provided for those who were interested.

Peer support

We used creative workshops to make booklets with necessary information for every topic we covered and also provided training for our peer educators. They were asked to hand out materials and give information about drug use, safe injecting, HIV, Hepatitis C etc. to other young people that were in their social environment.

Challenges to overcome

We did not face any problems with recruitment but we did with keeping participants on the programme. The main problem was that the participants could not get there on time due to various circumstances (collecting money for heroin, not having a watch, problems with the police…) although they were highly motivated to attend the activities, whenever it was convenient for them to come to the drop-in centre. Close trustful relationships were established with the participants, as well as with their families, whenever possible. This was a very important element that supported the young people to join and to remain in the programme.

A lot of young people that attended the programme did not have a clear legal status. Some of them were practically «legally invisible»: they had no birth certificate, so they could not get an ID, health card or any other personal document in order to «be in the system». In most cases, their parents also had no legal status, and those problems could not be resolved. There were also problems at the national level with inclusion of adults in primary education, and very few job opportunities for those without a formal education.

Results

From 50 focus groups and 48 interactive thematic lessons conducted, average knowledge improvement in nine topics was 36,3%. The best results were in the topic «Values, attitudes and prejudices with a focus on drug use and blood born viral infections» (44.3%), which is very important because target population were young injecting drug users.

550 individual counselling sessions and 20 self-support groups led to finding a job for two users, and gaining personal documents for more than ten participants, two were «legally invisible». In 13 cases we established a constructive, continuous and ongoing cooperation with the users' family. In addition, many other personal situations were resolved. Necessary medical help was provided for 5 participants by accompanying them to medical institutions, and 8 users went to VCCT.

Although abstinence of the participants wasn't one of the project's objectives, it happened spontaneously, when young users became aware of possible risks and with minimal motivation from project facilitators and other users in the programme. Until the end of the project, 16 participants maintained abstinence, two of which started a substitution therapy.

- Adapt the harm reduction/prevention messages to the individual (his life history, health issues, experiences, etc) and be moderate with the amount of information you give in each contact; it's better to give little but useful information to a concrete situation, than a lot of general information that might be useful at some time; keep the present as target.

- Create information materials adapted to the specific group you are working with, and involve them as much as possible in the construction and validation in terms of language and slang.

- Involve the target group in the design and implementation of your activities as well as in the search of new solutions to reduce the risks they are exposed to.

Filipa and Susana, APDES, Portugal

4.2.3.   Good practice in outreach work with young people

Good practice is to:
- find the most effective way to reach the target group
- intervene early – before the drug use develops
- reverse harmful developments that may lead to problematic drug use

Good practice is to have relevant knowledge and skills including:
- how to build trust-based relationship to form a working alliance with a young person
- how to undertake motivational work
- how to develop good teamwork
- knowing the framework we work in and the services available to the target group
- how to create a learning organization (Putting tacit (= «hidden» or «silent») knowledge into action)[16]

Establishing contact with the target group requires:
- systematic outreach work to understand who is at risk
- developing a wide range of approaches and using them effectively
- building awareness of the outreach service within the target group
- «tuning in» to meet individuals on their terms
- engagement and positive curiosity
- being prepared for rejection by people in the target group, and establishing structures to tackle and handle rejection

Active approaches to establish contact on the street

1.   General approach:
      Contacting young people, informing them about the service, talking about whatever the young people are interested in: «Hi, we are the «City Youth Workers»; we were wondering whether you heard about us?»

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[16] Power point Henning Pedersen 2007

2. **Contextual approach:**
   Based on location – because the outreach workers know what is going on in the area:
   «Hi we are working for …, we are contacting you because you are in this area where we know there are different things going on. Were you aware of this?»

3. **Individual approach:**
   Based on observation of the particular individual involved in something that is causing concern: «Hi we are from … and we saw you were buying drugs. We work with young people who use drugs, is it ok for you to have a talk with us?»[17]

«I would say: be very flexible!!! Listen, listen, listen!!! Be open to learning! Adapt!! Ask questions – young people are the experts on young people!! Be prepared to work outside of a plan! Many of the important moments will be unplanned and will happen when they happen – do not try and force things. Let the young people lead but make your role and your boundaries clear from the beginning – emphasise your ability to be a resource and for them to come to you and utilise your knowledge and insights, but be really clear that you are human and you have limitations!! Show the young people respect – help them appreciate the value of respect – earn their respect».
Jo – Barca Leeds, UK

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[17] Erdal, Børge. red. 2006a. *Ute|Inne: Oppsøkende sosialt arbeid med ungdom.* Gyldendal Akademisk

Passive approach to establish contact

This may include stands with information and harm reduction materials; the young people approach you giving an opening to talk to them

Who are the outreach workers contacting?

- individuals hanging out in the «wrong» places at the «wrong» times
- individuals who spend a lot of time in public spaces
- individuals holding positions as «informal» leaders
- «sensation-seeking» individuals
- individuals with low social competency

Good practice is reaching the target group

To be able to do that, outreach workers must be dedicated to the main aim, which is to be out there, and doing street work. This seems obvious, however many outreach workers can't wait to leave the street and start other types of work indoors.

Good practice is systematic work

Outreach work should be performed in a systematic way. Ideally this means that a service has enough staff to do the actual work on regular basis with the target group, and over a longer period. You need to balance the street work and other follow up. Systematic work is closely linked to professional social work. This often means process work, and should also include documentation of fieldwork and keeping journals of the client work. The outreach workers should be able to document their work and describe the target group and their living conditions in a way that target group, help services and decision makers can make use of the information.

Good practice is planning the outreach work

Good practice states that outreach work should always be carried

out by two people. Talk over the goals for each session of outreach work with your co-worker on the street. Even if the plan has to be abandoned due to some unexpected events, planning will make you and your partner reflect about the goals and purposes of your work, and contributing to a more systematic practice. Dialogue with your partner while undertaking outreach on the streets is vital. When entering a situation you must observe, interpret and quickly get an overview. Then make a decision on which of you take the lead in making the first contact, and evaluate the situation afterwards. It is through evaluating our work that we can learn from our mistakes and thereby improve and develop further our professional services.

Good practice is to link the young people to appropriate services or organisations

To be able to keep working out there in the streets, outreach services must cooperate with other support services. Outreach workers should not do what others can do better, but rather stick to what they do best. The co-operation with other support services means that the outreach worker is working to enable the target group to make use of help that is available. This can be challenging in many ways, and some see successful outreach workers as some kind of diplomats. The role must balance between the target group and the rest of the society. A lot of the services available are designed for older users. Many are harm reduction services targeting intravenous drug use. They would not be the appropriate services for young people that are not injecting. Young people need services that can meet their needs earlier on in their drug careers. They need linking to school, psychosocial counselling, networking with parents or family. Outreach services, youth clubs, school nurses, youth health

It can be good to have methodical support or a guide. In outreach work, it is important to be human, natural and real. You shouldn't expect happy endings in every intervention. Do not behave superior towards clients.
Michaela, Semiramis, Czech Republic

centre, psychologist are more appropriate services for these groups. The outreach service can offer to find and connect with the young drug user, as they have conversational tools and the time to explore the situation of the young person.

Good practice is enforcing positive identity

When young people are experimenting with drugs or when their drug use starts to escalate, their identity is usually not connected to their drug use. For them it is just something they do at certain times. Statements like «I have control over my drug use», «I am never starting with heroin» or «I just use it when it suits me» are common. They seldom identify themselves with being «a drug user» or with user groups that have a more extensive use of the drug. Sometimes one needs to show what their life style might lead to, or make them see that their control over the drug use is not as strong as they claim, or that the occasional injecting of heroin has become quite habitual. But their identification with the non-drug related parts of society can also be used as a resource and a focus in the work.

Good practice is time and patience

To build trust takes time. The outreach worker and the young person spend a lot of time on the reflective process around the person's substance abuse. Take the time to listen to the target group. Experience has shown that when users or ex-users are asked what they really appreciated about the work of the outreach services, they often say things like «that you took the time to listen to me and heard what I had to say». This is something that we might take for granted, but for the users this is something they did not necessarily experience from others. Patience and support is another side of this, being able to accept that change takes time, and may require many ups and downs. Timing is essential, that the outreach worker is present and acts at the right time and place. This is what makes outreach work different from «office» work; you can work with a situation as it evolves there and then.

Good practice is empowerment and willingness

It is vital not to treat the target group as victims or objects. The work should be based on willingness; force seldom leads to any permanent change. Service users or target groups should be involved in the development of the service. Outreach workers need to believe in every person's ability to take responsibility for their own life. Both when it comes to individual work for change and in community work, outreach work has its strength in working together with the target group. To facilitate change, one has to be able to not take over the responsibility for change. This demands patience, knowledge and enthusiasm. And of course ability to encourage and give target groups responsibility[18].

4.3. KEY ELEMENTS AND LESSONS LEARNED FOR SUCCESSFUL OUTREACH WORK

The project's experience is that the following factors are important for successful outreach work with a young target group:

- you have to work with the whole youth group to find those most at risk
- contact with the outreach service should be voluntary
- systematic and planned work – down to each new contact establishment on the street
- confidentiality and professional silence - good practice is to make clear to the target group the implications and limitations of professional confidentiality
- time and patience, it takes time to establish contact and build the necessary trust, as well as working for change
- use the resources in the network of the young people
- when targeting hard-to-reach groups, take time to define the groups and keep it at the top of the agenda, for instance by saying that «in the next 3 months we will work systematically towards these individuals in

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[18] Some of the elements are from Børge Erdal, workshop *«What is good practice in Outreach work»* Correlation conference on Outreach and Peer work in Prague 2010.

this specified group». These goals have to be supported by the entire organisation, from management to the outreach workers: this is sometimes more challenging in larger organisations («we hear what you say, but we'll carry on as we always have»)

- practice - if you find it hard to contact new people it might be a good idea to do role-plays with a colleague. Try out themes that the young people might be interested in or have knowledge about – like «how is it to be young in this type of neighbourhood?», leisure time activities, what is missing, how do they like school, music, concerts
- it is important to explain who you are and what you have to offer. Sometimes it is best done by practical examples such as «We know a lot about how to find a job», «We can help applying for money for renting a sports hall», «We can come with you to the social agency»
- use a broad variety of approaches, for example involving other services, have a stand at concerts/ rave parties, information meetings about drugs, attractive activities
- you will work on the young peoples` territories. Since the young persons doesn't «need» the outreach worker, there is a shift in a power relationship, the young person decides if the relationship will be built or not, and is free to reject the outreach worker

- outreach workers are the first and last link in the chain of education and social assistance
- be as easily accessible as possible to children, young people and to adults
- outreach work aims to give the target audience (back) their place as an individual, who can act in his situation, his future, and his environment. The individual should be empowered to take back control of his own life.

Edwin, Travail de Rue, Belgium

5.

PEER
WORK

5.1.   BACKGROUND AND DEFINITIONS

This chapter will describe some important elements in peer interventions, practical knowledge from the project and experience from our partner DISC who has 15 years experience of delivering peer education. There are several forms of peer work, among them peer support groups, peer prevention, peer leadership, peer information, peer counselling, peer involvement, peer-led self-help groups and peer education. We chose to focus on peer education, but to distinguish the self-help or involvement aspect from the educative part is somewhat difficult. Research shows a strong positive impact on the peer educator[19]. The Correlation peer support work package has established a web page where you can find links to a wide variety of peer approaches and examples of projects and programmes: www.peerinvolvement.eu

[19] Prevention Research Quarterly *Current Evidence Evaluated Peer education* Australian Drug Foundation 2006

THE OBJECTIVES OF PEER EDUCATION ARE
TO INFLUENCE AND MODIFY BEHAVIOUR.

5.1.1.　Definition peer education and peer

Peer education can be defined as:

> *«A process of sharing information among group members with similar characteristics, with the aim of achieving positive health outcomes».[20]*

A peer can be defined to be:

> *«…a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic and/or health status, etc.»[21]*

In our view, the likeness is fundamental for successful peer work. When the peer educator and the group s/he is going to work with differ too much, our experience is that the message will neither get through nor be accepted by the receivers. This specifically goes for drug education, where young people tend to trust information provided by friends ahead of information from public sources, or school, etc.

Another definition of peer education:

> *«…alcohol and other drug peer education involves sharing and providing information about alcohol and other drugs to individuals or groups. It occurs through a messenger who is similar to the target group in terms of characteristics such as age, gender and cultural background, has had similar experience and has sufficient social standing or status within the group to exert influence[22]».*

In this definition, the social position of the messenger is emphasized as well. It is not enough to have likeness; you also need the peer educator to have a certain social status related to the group s/he will direct the peer education to, and some social skills as well.

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[20] Bleeker A, 2001 *Drug use and young people – rationale for the DSP* Presented to the 2nd International Conference on Drugs and Young People: Exploring the bigger picture, Melbourne, Australian Drug Foundation
[21] Peer Education - *Training of Trainers Manual*, UN 2003
[22] McDonald, J, Roche, A, Durbridge, M & Skinner, 2003. *Peer Education: From Evidence to Practice: An alcohol and other drugs primer* National Centre for Education and Training on Addiction, Adelaide.

5.1.2. Historical and theoretical background for peer education

Peer education is documented from 1960; it was used in schools as a method for alcohol and drug prevention. The structure of the school was used and students were recruited as peer educators. The peer educators used the classroom as an arena. However, worthy to note is the «monitorial system» set up by Joseph Lancaster in London in the early 1800s, by which teachers taught «monitors» who then passed on what they had learned to other children (see Gerber and Kauffman[23]).

Peer education has also been a popular method in aids/HIV prevention and there are many examples of peer education used in harm reduction projects. Many alcohol and drug prevention programmes used in schools have elements from peer education. Peer education can cover any area. There are fewer examples of peer education used in an outreach setting in the field of alcohol and drug prevention.

The theoretical basis of peer education is rooted within psychological literature. The objectives of peer education are to influence and modify behaviour. Behaviour change is influenced by a number of factors, as individual factors, the social environment, cognitive factors and structural factors. Albert Bandura's theory of social learning is used to explain and support the effects of peer education. Bandura places emphasis on the importance of modelling. Social behaviours are learnt by observing the behaviours of others in a social group. An individual conducts an unconscious cost versus benefit analysis when deciding whether or not to engage in a particular behaviour. Young people spend a lot of time with their peers and are greatly influenced by peer group norms regarding drug use and perceived outcomes.

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[16] Gerber, M. and Kauffman, J. M. (1981) Peer tutoring in academic settings. In Strain, P. S. (ed.), *The Utilization of Classroom Peers as Behaviour Change Agents.* Plenum Press, New York. (Gerber and Kauffman, 1981)

5.1.3.   Effectiveness of peer education

Though many peer approaches lack evaluation and it is described as difficult to assess the effectiveness[24], peer education has proven to be effective. A systematic review and meta-analysis of peer education relating to HIV prevention identified thirty studies, and showed significant increased knowledge about HIV, reduced sharing of equipment among drug users, and increased condom use[25]. Interactive peer educations that focus on developing interpersonal skills were most effective[26]. Tobler [27] did a categorisation of programmes according to their content; knowledge only, affective only, knowledge plus affective, peer programmes and alternatives. Peer programmes were the only ones showing positive results in prevention of drug use, decreased drug use, or delayed drug use. She found that this applied to different drug types, different age groups, and both rural and urban settings. This was when the young persons found the knowledge and skills they learned useful.

The peer educator has benefits from participating in a peer projects as well. A study of 21 projects found that 95 % of peer educators had made changes in their own life and behaviour, 31 % were practicing safer sex and/or were using condoms, 20 % had reduced their number of sexual partners, and 19 % had changed their own attitudes[28]. One of the challenges in evaluating peer education programmes is to assess the impact of the method on the target groups. In peer education programmes that are not structured as in a school programme, the target group is hidden. Even if the target group was not hidden it is more difficult to evaluate behavioural change than changes in norms/attitudes/ beliefs. In our project we had a focus on interactive peer education with a strong involvement from the peers, and thereby ensuring that the young persons consider the knowledge and skills learned interesting.

[24] Prevention Research Quarterly *Current Evidence Evaluated Peer education* Australian Drug Foundation 2006
[25] Effectiveness of peer education interventions for HIV prevention in developing countries: a systematic review and meta-analysis. Medley, A, Kennedy C, O`Reilly K, Sweat M. AIDS Educ Prev. 2009 Jun;21(3):181-206.
[26] Tobler N, Roona M, Ochshorn P, Marshall D, Streke A & Stackpole K 2000 *School based adolescent drug prevention programs: 1998 meta-analysis* Journal of Primary Prevention, 20:4 pp. 275–336
[27] Tobler N 2000 Lessons learned Journal of Primary Prevention, 20:4, pp. 261–74
[28] Flanagan D, Williams C, Mahler H. *Peer Education in Projects Supported by AIDSCAP: A study of 21 projects in Africa, Asia and Latin America.* AIDSCAP. 1996

IN OUR PROJECT WE HAD A FOCUS ON INTERACTIVE
PEER EDUCATION WITH A STRONG INVOLVEMENT
FROM THE PEERS, AND THEREBY ENSURING THAT THE
YOUNG PERSONS CONSIDER THE KNOWLEDGE AND
SKILLS LEARNED INTERESTING.

5.1.4.   *Elements that are important in peer work*

Peer education is best understood as an umbrella term
that refers to a range of activities. Peer education is
widely used, but in very many different ways. It can
refer to many different activities taking place in
different settings.

According to this project the following aspects are
important in peer education:
- information from the target group about use of
  drugs and activities related to drug use
- messages and a peer programme that are created
  together with the young people, based on
  their information
- to let the peer educate their friends or natural
  forming groups
- to have impact on the drug users knowledge,
  attitudes and/or behaviour
- that peer education happens between young people
  who share common characteristics, like age, gender,
  cultural background and have similar experiences
- relies on influential members of a social group
  or category
- resource oriented – the peer is the expert
- user involvement

5.2. THE PROCESS AND PRACTICAL EXPERIENCE OF PEER WORK

5.2.1. DISC «Out There» Peer Education Project

By Andrea Dixon

DISC`s peer education projects are developed and delivered by young people, for young people. DISC uses a peer education approach to support its delivery of interventions in drug/alcohol misuse, weapon crime, and sex and relationships education.

These projects support young people, families and communities in improving knowledge of health related issues.

Projects are developed by young people working in partnership with DISC. The project exists because of the concern held by young people and those working in our projects about the quality of information that young people have in relation to the dangers of drug and alcohol use. Through our work with drug users DISC has become acutely aware of the ways in which young people acquire and use information.

5.2.2.   What information do young people want?

Young people involved in using drugs and alcohol told us a number of things about the information that they used and had available:

- that they didn't believe a lot of the dangers emphasised by national publicity campaigns designed to put young people off drugs
- that their own experiences indicated that the dangers were being exaggerated
- that they would only take notice of people they trusted and rated
- that information needed to be interesting, useful and appropriate
- that information would be most useful at the point at which drugs were being used
- that information would be more likely to be accepted from people from their own generation and with an understanding of drug culture

It seemed to us that young people have a number of inherent advantages as peer educators delivering a harm reduction messages to those involved in substance use. As an organisation we were concerned about the enormous risks that some young people were prepared to take in mixing drugs and alcohol of which they had little or no information. There is also a large amount of seriously flawed information circulating amongst young people and a large proportion of the training for peer educators' challenge these «street myths».

Since DISC became involved with peer education, we found that young people are highly motivated to make a contribution to the safety and well-being of their peers.

They see first-hand some of the disastrous consequences that poor information and risk taking behaviour result in. Some of the young people have had these experiences themselves and want others to benefit from what they have learned the hard way.

It has been an aim of the project that young people should play a critical role in the planning and delivery of its work. The members and volunteers of the project have increasingly set the direction of the work both in terms of their concerns and interests. Their influence and involvement has been important in the development of a number of initiatives. In particular they have pushed forward the following areas of work:

- They want adults to understand youth culture and young people's views and experiences about substances; this has helped to develop DISCs approach to working with parents of drug users.
- They are concerned about the experience of young people getting into trouble with the law and going into prison because of drug and alcohol use, and the lack of support they receive in that environment. DISC now takes its peer education. programme into secure units and young offenders institutes.
- The lack of acknowledgement and understanding of drugs and alcohol issues within schools and amongst young people failing to attend school. DISC specifically aims peer projects to those young people at risk of exclusion and works directly with schools to achieve this.
- Their concern about the increasing involvement of younger children in using substances, and the need to get messages and information to them as soon as possible. This has been supported by peer educators taking their knowledge into primary schools and teaching basic drugs awareness appropriate to the needs of the young people.

Much of the current work around drugs and alcohol is delivered by local governmental organisations including Primary Care Trusts, GPs and Children's Departments; however, young people

are often reluctant to access or are excluded from mainstream provision. In addition, these provisions are led by professionals; young people are very clear that they believe information from peers above adults; including teachers and professionals. They also state that they do not believe the dangers emphasised by national publicity campaigns designed to put them off the use of drugs and only take notice of people they trust and rate, who understand their culture. These young service users ultimately feel that more formal provisions do not meet their needs.

Therefore, DISC base their provision on addressing these gaps by empowering young people to increase both their own knowledge and the knowledge of their peers, enabling them to make informed decisions and receive effective advice and support.

5.2.3. Formal and informal peer work

DISC has been using peer education to address substance misuse issues for over 15 years and has used it in two main contexts:

- Informal; working with individuals or small groups in an informal setting e.g. street work, detached youth work settings in town centres. Because of the nature of the work that the project tries to do in engaging those most at risk from drug use, many of them come with substance use as well as other complex needs such as school excludes, offending, learning difficulties and disabilities.
- Formal; peer education in youth clubs, schools and training provisions. These sessions train groups of peer educators in a training setting following a modular programme, this could include in prison and secure unit training.

The overall aim is to stop young people misusing substances, however we understand that drug use is a part of some young people's culture and therefore in these instances we would aim to minimise the harm from their use.

There is much documented evidence on setting up and delivering peer education in formal settings such as schools and to those young people who are healthy and achieving. DISC however, feel that an area where peer education excels is when it is relayed by young people with experience of drug use to young people who are involved in drug use and at the point of risk.

By understanding all of this information gained from service users it is important that this is taken into consideration and built upon when beginning to start up a new peer education project.

5.2.4.   Where to start with designing and delivering a peer project?

On starting up a project it is important to understand the need for the project, without this it is difficult to establish aims, objectives and outcomes. The need for the project can be identified by young people through consultation and a range of partner agencies including police statistics, community safety reports, youth offending team data, local area planning groups, youth workers, and health groups.

Example 1
A report is delivered to a community safety meeting by community officers that a group of young people are congregating in the park on Friday evenings; it is evident that they are using cannabis, alcohol and possibly tranquillisers; residents find their behaviour intimidating and will not use the park at these times. These issues have been reported to the police and local drug agencies. The young people do not wish to get individual support from the drug agency, and the police tackle the issues at the point of meeting young people, which may result in the young people receiving warnings or cautions; however, this is not addressing the risk factor. The local detached youth workers do however speak with young people and give some basic harm reduction advice. They believe that the young people have very

little understanding of the risks they are placing themselves in and require further education. The youth workers also have highlighted that the young people will not get involved in formal drugs education. However, they do believe that there are several members of the group, which influence the decision making of the group, and they have worked with them on several projects. This is a clear example of where peer education delivered at a street level can work. DISC worked successfully with several of the target group; training them as peer educators who passed on harm reduction messages to their peers. This resulted in the target group having a greater understanding of the impact their behaviour had on the wider community. They also report a reduction in ploy drug use.

Example 2

A school principle has referred six young people to the drug support services, as they were at risk of exclusion due to their on-going substance use, which was impacting on their behaviour and attendance at school. He believes that they may be negatively influencing other young people who are beginning to experiment with drugs and is concerned these other young people will go on to use more frequently. In this situation it was maybe possible to set up sessions in school to deliver training to a group of young people including those who were at risk of exclusion. This will not only train young people to be peer educators but also allow those young people who are using drugs to understand the risk to themselves. Many of the trained peer educators reported a reduction of their own drug use, felt more confident due to their training in communication skills, felt that they had contributed to their community and were believed by their peers.

5.2.5. Aims, objectives and outcomes

STEP 1: IDENTIFY THE AIM:
Aims are broad statements of what learning you hope to generate. The aim is the point of the entire piece of work.

The aim has to draw upon the identified needs; the aim will provide an overarching framework, from which to plan your project.

Examples of aims may include:
- To raise the level of awareness and education of substance misuse amongst vulnerable young people
- To provide training and support to young volunteers to develop their confidence, skills to become peer educators

STEP 2: AGREE ON THE OBJECTIVES:
Objectives are statements of what you are setting out to teach

It is important that the objectives are agreed with young people in order that they have ownership of the project.

Examples may include:
- To ensure that young people understand the dangers associated with drug and alcohol use
- To recruit, train and support young people who wish to become peer educators and who are part of a social network that misuse alcohol and drugs
- To provide positive opportunities for personal, social and educational development for young people who are disengaged from mainstream services
- To contribute to the reduction of the level of substance misuse amongst young people

STEP 3: DETERMINE OUTCOMES:
Outcomes are statements of what you might assess. You may not end up assessing all of them, but they are statements of what a student will know or be able to do

The following outcomes could be achieved:
- increased knowledge amongst vulnerable young people of the issues relating to substance misuse

- raised awareness of available services for young substance misusers
- impact on the public›s perception of young people and substance misuse
- improved confidence and self-esteem of young people involved as peer educators
- contribution to the reduction of young people's substance misuse and anti-social behaviour
- accreditation for peer educators
- parents and carers benefiting from awareness raising by peer educators

5.2.6.   Where do we recruit peer educators from?

The project cannot succeed if it is not delivered and directed by young people. There are a number of referral routes into peer education, such as:

- good networking with partner agencies
- referrals from partner agencies, detached youth workers, youth offending teams, young people at risk of exclusion
- partnership is of key importance not only to establish referral routes, but to also ensure that peer education projects are embedded within local delivery and does not duplicate local provisions
- one of the most effective ways of getting young people into peer education is by young people passing on the work of the project and its reputation
- ask existing peer educators to help in the recruitment of new educators
- inform youth clients at clinics about the programme
- involve tutors and key workers in schools in identifying young people as peer educators from among their students who could be at risk of exclusion
- make presentations in youth clubs and at places where they congregate, such as schools, youth centres

5.2.7. What makes a good peer educator?

The criteria to become a peer educator differs with varied types of peer education and the arena in which it is delivered. We use peer educators that are from the actual group identified as the target group. The young people who could be trained would need to be able to communicate, perhaps even be the voice of the group, the young person with the «Kudos» (strong social standing in the group) in order that notice is taken of their advice. This skill can be developed throughout the training. It is important that the peer educator is comfortable to share information with others using the same language and is familiar with the cultural norms and values of the group. The peer educators should be happy to develop their skills and knowledge and be able to challenge others in a non-judgemental way. These are all skills, which are developed during peer education training.

5.2.8. Reviewing, evaluation and logging

There are various ways of reviewing a project, and the methods should be chosen appropriately to the aims of the project.

Examples:
- gathering feedback from service users
- peer focus groups
- peer interviews
- group leaders
- self assessments
- recorded messages from peers
- through the inclusion of case studies

Evaluating your work is important. It should be a part of the whole project planning. In social work, process evaluation is to look at the activities and quality of the activities in the project. Impact evaluation is to assess the immediate and short-term results.

THE CRITERIA TO BECOME A PEER EDUCATOR DIFFERS
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IDENTIFIED AS THE TARGET GROUP.

Main questions to be answered through evaluation:
- Are the models/methods being implemented as planned in the outreach services?
- Are we reaching the target group?
- How many peer educators are recruited and are using the services? (Including dropouts). This should contain a description of how the outreach services are able to use the young people's resources to reach people from the target group, working with more people in the target group. How is this resource used?
- The peer educators own experiences from the training, tutorial sessions and the peer educating
- Changes in attitudes, knowledge and behaviour in the peer educators and other young people in the target group, reported by the youth themselves
- Benefits and challenges by using peer education

Different tools can be used in the evaluation process:
- The outreach workers and the peer educators should register the different activities and key factors in the project. This should contain information about the number of people recruited to be peer educators and trained.
- Logging of delivered messages. This will be done by using a sheet which describes to whom, where, how and what was delivered. You might provide your peer educators and outreach workers with a log book/diary when working. We found this sometimes was too complicated to follow-up. It is possible to let the outreach workers ask their peer workers how many people they have talked to since the last meeting, about what, and the context of the conversation.
- Outreach workers and peer educators who participated in the project might be interviewed. Peer educators and others in the target group will report on their attitudes, knowledge and behaviour before and during the project period. A scheme for self-assessment will provide the possibility for measuring change. This might contain self-evaluation

ranging from one to ten when it comes to knowledge of the topics/themes in the programme, and also self-assessing one's own perception of how confident they are in delivering the messages. Own attitudes and behaviour during this period could also be included.

5.2.9.   Supervision

Supervision of the peer worker is a very important part of peer education. Throughout the Correlation II project the peer educators had regular meetings with their group in the presence of an outreach worker. They talked about what had happened since the last meeting, how many people had been involved and how many had delivered peer education. They reflected on the different educational elements and their experience of delivering these lessons to their peers. In addition to the support in a group situation, peer educators were given the opportunity for counselling if required. As we chose to train peer educators who may still be using drugs it is crucial that they always have the opportunity to have conversations about their own issues with the outreach worker. Through experience the peer workers should be given supervision or counselling both about their work and their personal situations.

5.2.10.   Case study – peer education

By Linda Svalsrød

An outreach service in a suburb of Oslo received information that there was cannabis use and the dealing of cannabis among a group of young people. They had contact with some of the girls in this group, as several of the girls had been involved in different sorts of trouble previously, and as some were under the childcare system and had been in care homes. The girls were 17 and 18 years old. The boyfriends of these girls had been involved in more serious

crime. The outreach workers knew the girls were attending school at the time, and it looked like their lives were more on track.

The girls were asked if they wanted to help the outreach team improve their services and take part in a focus group interview. They were willing to do so, the focus group interview was taped, transcribed and the outcome of the focus group interview was later presented to the girls during a meeting.

At this meeting they were asked if they wanted to develop a peer education programme together with the outreach workers. The girls were excited about the idea to be part of a peer education project. It was made clear to the girls that the reason they were asked was because of the experiences they had, and because they had a broad social network also into groups the outreach services were not able to reach.

• Some of the themes the girls had talked about during the focus group interviews were presented to them. Among these were: Cannabis, life in prison, what would have happened if they continued with drugs, what motivates the police as they sometimes felt harassed by them. They lacked knowledge of the local youth health clinic. The girls talked about the conflicts in their group, and that it wasn't always easy to prevent the conflicts from escalating.
• This was given as a kind of «menu» they could choose from.

After a couple of planning meetings, the girls and the outreach workers had made an educational plan where they decided to focus on:
• drugs and harm reduction strategies
• mental health
• visit to the local youth health clinic
• resolving conflicts
• prison visits
• dialogue meetings with the police

The girls had to arrange the meetings and were to explain what the peer education project was about. They really wanted to meet with people in prison, and also with an ex-drug user. The outreach workers were sceptical about this, as they were afraid these people might represent exciting lifestyles to the rather thrill-seeking girls. The outreach workers had previously decided this was not going to be another project with just limited user involvement. Therefore, they agreed to both the prison visits and the meeting with the ex-drug user. This turned out to be an experience that triggered lots of reflections for the girls afterwards, and had a deep impact on the girls. They set up a six-month meeting plan, with meetings every second week. At the end of each meeting, they would discuss what had been the educational outcome from the meeting, and what kind of information they would pass on to their friends. At the beginning of each meeting, the girls were asked how many of the messages they had passed on and to how many people.

They reported to have passed on information on average 40 times each, to their peers during this six-month period. The girls were called certified peer educators after the programme ended, receiving a diploma of the knowledge they had acquired and qualifications they had been trained in. They have now been given more responsibility and recruit their peers into training, and are working on how to further develop the peer education programme.

A similar project was carried out with some boys in a different service; these boys were heavy cannabis smokers. The positive long-term effect of these boys' involvement in the project was that they cut down on their cannabis use, from averagely 5 grams daily to

half a gram per day. This was not the focus of the education, but a side effect of participating. Several of the boys also started seeing a psychologist after a visit to the psychological counselling office, which they had been refusing to do earlier. One of the boys, who had never been able to follow up on any organised leisure activities, also continued rock climbing weekly after this being one of the activities he did through the peer education project.

People with more chaotic lifestyles

With injecting drug users it is often difficult to develop a structured programme. Sometimes, there have to be practical adaptations, such as giving the education there and then on the streets, and one-on-one rather than in-group. The young injecting drug users can be asked to help the outreach services by informing new people in the drug scene about who the outreach workers are and what services they can provide. On the other hand, our partner in Serbia was very successful in giving regular peer education to this group, so even when young people have chaotic lifestyles, they might still benefit from peer education. It just requires some adaptations.

5.2.11.   Key elements and lessons learned in peer work

- Peer education happens between young people and it is necessary that they share common characteristics, like age, gender, cultural background or have similar experiences, and it relies on influential members of a social group or category
- friends are the main source of information when it comes to drugs, let the peer educate their friends or natural forming groups
- peer work is resource oriented – the peer is the expert
- choose themes for the peer education based on the outcomes from focus group interviews, create messages and a peer programme together with the young persons, or use DISC's peer education as an inspiration (you can find a more detailed peer educational plan in appendix 3)
- sometimes the young people might lack ideas; you can present a list saying «other young people have been interested in the following themes.. Maybe this could be something for you as well..»

- moral judging messages are not welcome, factual information is what young people want
- start each meeting with a reflection and a «what has happened since last meeting» to be able to log the passing of messages, and end them by reflections on what is learned and what to pass on to friends
- ask the young people to bring a friend to the peer education training, as this makes it more likely that they will show up
- natural forming groups might be easier to work with; this does not say that you cannot put together young people who do not know each other, but this has to be done with care. Too heterogeneous groups tend to be hard to work with
- mark the «formal ending» of the peer education by a ritual or a celebration and hand out a diploma describing competencies learned

5.2.12.   Key elements of successful peer education – for the peer

By Andrea Dixon, DISC

For a peer education project to be successful the peers must be at the heart of the activity. It is important to have a well-developed varied training programme with input from young people, including both the style of delivery as well as the content. Young people are generally up to date with the changing drug scene, therefore this information shoult be utilised and kept up to date. Often young people report that not only has their confidence grown but that the education and support they received whilst training has had a postive impact on their own substance use, where they have either decreased their use or have abstained. Peer educators should feel that they are making an important and positive contribution to their community and that they are respected by others.

This is what a young person could expect to get out of the participation in a peer project:
- to achieve something personally when they have had few chances to succeed
- to find support from adults prepared to listen and try to understand the culture in which they live
- to discover and develop skills they hadn't realised they had
- to be accredited for their efforts
- young people are bringing other young people to the project
- recruitment of project staff by peer educators
- development of marketing materials
- development of training resources and the learners handbook
- recorded messages to peers

6.

FOCUS GROUPS

6.1.   BACKGROUND AND DEFINITIONS

Focus groups are a great supplement to outreach work and ensure service user involvement whilst gaining an insight into their life-worlds and motivations. We found this to be such an effective way to gain contact with hard to reach groups that we chose to extend the use of focus groups: from *research* to *reaching*.

An everyday working situation does not give so much room for reflections, as conversations tend to evolve around practical issues. Focus groups give different knowledge through working in a systematic way with simple tools. It makes it easier to realise more targeted interventions. Sometimes a focus group might be too comprehensive. Also more «general» (but still systematic) interviews with the target group will give more and different information than what you may gain from everyday conversations. Several of the outreach services that participated in this project are now doing focus group interviews on a regular basis. They have now become one of their strategies for accessing hard-to-reach groups, and for ensuring high quality in their work.

6.1.1. Definition focus group

A focus group is:

> «a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment»[29]

A focus group is different from other group discussions by:
- having a clear plan for a controlled process and environment, in which interactions among participants take place;
- using a structured process to collect and interpret data; and
- selecting participants based on characteristics they share, as opposed to differences among them[30]

It is an effective way of gaining insight into shared values and ideas of a group. The focus group is neither for building consensus, nor for evaluating impact of a programme or for educational purposes (op.cit).

6.2. THE PROCESS AND PRACTICAL EXPERIENCE OF FOCUS GROUPS

When we decided to use focus groups as the initial method to gain information about and to reach the groups, there was some resistance among the outreach workers. «We have so many tasks already; this is just another task that takes attention away from the real work». They argued that «we talk to clients all the time, that is actually what we do, we know the youth we work with». We explained that this might give them insight into different ways of communicating with their target group, and that they might learn something by changing the way of asking questions. Even though there was some initial resistance, the outreach workers did the interviews, and it led to some very positive experiences.

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[29] Krueger R, and Casey M.A, 2000, p. 5 *Focus Groups: A Practical Guide for Applied Research* 3rd ed. Thousand Oakes, Calif: Sage Publications, Inc.
[30] Larson et al. 2004 *Can you call it a focus group?* Departments of Sociology and Agricultural Education and Studies Iowa State University

We also had support and positive attitudes from all managers. The outreach workers saw the benefit of spending the time to do the focus groups. It gave them an opportunity to contact youth in a different way when recruiting them for the focus groups. The outreach workers had to ask the young persons if they could get their help in becoming better at their work. Focusing on the resources of the target group, and not the problems is a common goal for outreach workers, but not always easy to fulfil in practice. By using this method this came naturally.

During the interviews, the outreach workers realized that asking open questions about the life worlds of the young people also gave quite different information than what they normally would get. In an everyday work situation they would focus much more on day-to-day practical issues, and maybe not so much ask for the reflections from the youngsters.

One of the more sceptical outreach workers was a silent observer to an interview, which a colleague did with two of his clients. He had been working with these two young people for a couple of years, but said afterwards that he got to know them better and had more information from them in two hours than in the two years he had worked with them previously. These two were long time injecting users, and for various reason it was difficult for them to attend a focus group. The outreach workers did the interview in a café for convenience reasons. A public place like this is not a very good location, but this was weighed against not getting their viewpoints at all. The two of them were very proud to be the centre of an interview, and being of help to the outreach workers that had assisted them in different matters earlier. The role reversal of who were the provider and the receiver was in some ways a new experience for both parties. One of the interviewees was proudly telling the waitress as she was cleaning the table that «she should hurry up, as there was an interview taking place!»

6.2.1.   Themes and questions

The focus groups were a useful supplement to the outreach work to get more information from the target groups. The instruction to the outreach workers was to choose groups they had difficulty getting into contact with when doing outreach. The definition of «hard-to-reach», and who was considered «marginalised» was therefore left to the outreach workers discretion. They decided which groups to target based on the knowledge they had from their daily outreach work.

Examples of themes that were talked about in the focus groups (see appendix 2 for the full question guide):
1.   **Use of drugs/alcohol**
2.   **Drug using arenas**
3.   **Norms and attitudes about drug use**
4.   **Friends/networks**
5.   **Activities that can challenge drug use**

There were many questions aiming at getting the target group to define risk behaviour and to get their opinion on how to change risk behaviour. Questions like what is risk behaviour, who might influence this kind of behaviour, knowledge of drugs, where they get their knowledge, attitudes, and who they trust, both in terms of providing information, but also if they encounter problems.

All in all, approximately 120 young persons in seven countries (by 10 different outreach services in UK, Italy, Norway, Serbia, Slovenia, Belgium, and the Czech Republic) were interviewed. These interviews gave a lot of information to show where the outreach services had to make some changes in their work, and formed the further strategies for reaching these groups in a better way. A positive side effect was that the actual recruitment process gave practice in approaching these groups of young people that had previously been considered hard to reach by the outreach workers.

Both outreach workers and the young people reported that it had been a very good experience. Outreach workers reported that the interaction was on more equal terms than usually; some described a role reversal where the young person was the expert. The young people also reported that it had been a new and giving experience. Asking different and more open questions than in an ordinary setting did not only provide other information, but also richer descriptions and in some cases more useful information. The young people also clearly benefited from their role as experts.

6.3. KEY ELEMENTS AND LESSONS LEARNED OF FOCUS GROUPS

6.3.1. What has to be considered when you do a focus group?

- Define an objective and/or a research problem. Brainstorm with your colleagues to make a good question guide
- do a test-interview with a colleague or a young person to check how the questions work out
- think about group composition, on the basis of shared characteristics
- location – be sure that you avoid interruptions
- you have to promise the members confidentiality of information discussed
- have a colleague observe the group, and take «field notes» about the group dynamics. This can help to identify voices if the interview is recorded and is later transcribed
- the material should be analysed systematically
- focus group data are group data, and are not the same as individually obtained data. They reflect the collective notions shared and negotiated by the group
- if individual data are needed, include this information by adding a questionnaire administered to participants before the group session

6.3.2.   Moderator's job

- The moderator's job is to make each participant feel comfortable to express his/her thoughts openly in the group
- allow the group to be silent, don't panic, this often gives room for further reflections. The moderator might ask follow-up questions if the topic is not thoroughly discussed, or simply change topic to the next. It might be necessary to control dominating respondents while encouraging passive group members
- introduction to the theme; explain the project's aim and how a focus group operates. Give information on how the outcomes will be used
- have a warm-up activity to help people relax and create an open environment
- list the basic rules or guidelines for the interview: an open, polite, and orderly environment where everyone in the group will be encouraged to participate, and that you want to hear all opinions
- the moderator should give structure and direction, but not deter the conversation away from the group's thoughts unless the conversation is inappropriate – the moderator's job is to maintain effective discussions, at the same time ensuring the outcome and the open dialogue. It is important to have an agenda during the focus group, but it should never be so inflexible that interesting topics that spontaneously come up cannot be discussed

6.3.3.   Participants

- If sensitive themes are discussed, everyone must agree that what is said in the room stays in the room. To avoid too personal stories, you might want to state that it is *general* opinions that are required. Give information of rights and information on a sheet that is signed and a copy is kept by each participant

6.3.4.   Practicalities

- Be pragmatic about how and when you are carrying out the focus groups with a hard-to-reach group – it might not be at the planned time or location, and you might have to change it to a simpler interview – some information is better than none.
- Assistance might be required to meet young people from the target group at a convenient location. You may have to drive them/walk them to where the interviews are taking place, or even to go out and find them.
- It may be a good idea to serve a snack. Not a good idea to serve «noisy» food like crisps or chocolate in wrappers if you want to record the interview.
- It is good practice to inform your interviewees of the outcome and the results from the focus group interview – as these are groups that are not often asked to voice their opinion and their feedback is extremely valuable information.
- After some focus groups the participants received a gift or a voucher for a music store. The young people were not aware of this prior to attendance to ensure that their participation was voluntary.

6.3.5.   Outcomes

The material from the focus groups was analysed and discussed in several working meetings with outreach workers, researchers and people from the target group. The interviews had given information about «gaps» in the provision of services; this was taken further separately as this is important information for improving the services for the target group. The following aspects were recommended by outreach workers and young persons to reach young people successfully. They are all based on what the young people themselves had communicated in interviews.

• **Spend time!** *It is the time spent on the streets, actually doing outreach that is one of the keys to success; one young girl commented that «we see you everywhere, always». The actual time the outreach workers spend with these young people is the fundament to build trust. Many mention a lack of attention from the grown-up world. Their feedback is that the grown-up people they trust are the ones taking time for them.*

• **Have interest in them!** *Young people «see through» people who do not really care about them. Many described that they were easily identifying the professionals that are not really interested. The outreach worker that is able to stay through the initial rejection is the one making the young person believe in their sincerity. We know from research that the quality of the relationship is more important than whatever treatment method used. The young persons report that they expect a good worker to be present, and to see their needs.*

• **Ensure confidentiality!** *Conversations need to be kept confidential. These young people considered this extremely important, and together with trust, confidentiality is the foundation of working together towards an aim.*

• **Friends:** *When it comes to knowledge on drugs, the majority report friends as their main information source, in addition to the internet. Street workers are also mentioned; governmental campaigns were not trusted for the kind of information they were looking for.*

• **Trust:** *When it comes to whom they trust in a problematic situation, even the most marginalised mention family in addition to friends. Many have resources in their network that they can rely on. These resources are not necessarily systematically used by outreach workers; some tend to focus on one-on-one work with the young person in question.*

• **Resource focus:** *It is important to turn problem focus into resource focus. The outreach workers reported a change on how they looked upon the young persons as they went through the peer programme with them. The young peer educators also reported a changed self-perception and a higher feeling of mastering several skills.*

Focus groups are:
• able to give new and more elaborate knowledge about your target group through working in a systematic way with simple tools
• an efficient method to access the needs of your target group and get insight into their life worlds
• able to ensure user involvement and user-related information and give the young persons the opportunity to be the experts
• a method of improving communication with target group
• potentially the starting point of a peer education strategy

7.

MOTIVA–TIONAL INTER–VIEWING

7.1.   BACKGROUND AND DEFINITIONS

Communication is the basis of outreach work. Our positive experience doing interviews and focus groups led us to work further on how we could improve our way of communicating with the target group and to improve the communication skills of the outreach workers. We chose motivational interviewing as a tool.

> Motivational interviewing is a non-moralising communication technique that can be useful when working with persons that have not necessarily done a lot of thinking about their drug situation or the possible consequences, or who are not sure whether they want to change their behaviour. This method is especially suitable for exploring ambivalence, which is typical for the young drug users who are still enjoying the more favourable sides of their drug use.

MOTIVATIONAL INTERVIEWING IS ABOUT
WORKING FOR CHANGE.

Motivational interviewing is about working for change. This is done through an exploration of the ambivalent feelings a person has about change. By resolving these feelings, you work towards strengthening the person's own motivation and commitment for change. It is working for change through processes *within* the individual, not externally imposed forces. The change should be based on the person's own values, beliefs and wishes. To find the best way to change, one has to identify, examine and resolve the ambivalence towards change. Motivational interviewing (MI) sees ambiguous feelings about behaviour change as a natural part of the change process.

These three elements are essential in MI:

1.   **«MI is a particular kind of conversation about change** (counselling, therapy, consultation, method of communication)

2.   **MI is collaborative** (persons-centred, partnership, honours autonomy, not expert-recipient)

3.   **MI is evocative** (seeks to call forth the person's own motivation and commitment)[31]»

Motivational interviewing means reflecting values that are important in outreach work generally, like respecting the person's own ideas and not being the expert talking to the client; in addition, the outreach worker is rather a catalyst and the drug user the agent of (possible) change; the change has to come from the person him/herself.

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[31] www.motivationalinterview.org where you also can find various articles and example of trainings.

7.2.   PROCESS AND PRACTICAL EXPERIENCE OF MOTIVATIONAL INTERVIEWING

7.2.1.   *Training communication skills*

The basic training in motivational interviewing was given in a two-day skills building training. The training included the following themes:

- how to improve the motivation to change
- what is resistance to change
- what are communication techniques like *a.)* open questions *b.)* simple reflections *c.)* complex reflections *d.)* summaries
- the five major stages of change
- the four core skills: express empathy, roll with resistance, develop discrepancy, support self-efficacy
- exploring ambivalence
- what is change talk, and how can we use it
- video demonstrating MI techniques
- practising skills in small groups

Important elements in motivational interviewing are the use of open questions, and to take the time to listen carefully to the responses to the open questions. The second core communication skill in MI is reflections. Reflections are useful to communicate empathy and to steer the conversation into areas that can be productive towards creating motivation for change. Repeating the young person's statement is a way of validating and giving support. In the beginning of the conversations it is advisable to reflect what the young person has said by using the same words or the same meaning that s/he has used. More complex reflections are still referring to the meaning of what is said, but the outreach worker might add some meaning, strengthen the expression, or relate the statements to a certain feeling that the outreach worker believes s/he may feel. A complex reflection is giving back the meaning of what the young person just has said,

but you might choose to put more emphasis on certain elements of the statements, or give attention to something that was not the main topic. It is often considered as good practice to leave more complex reflections to a later stage in the conversation, when there has been time to build a trusting relationship between the outreach worker and the young person; otherwise, it might trigger resistance. Making use of summaries is the third main communication skill in MI: the use of summaries is a useful tool for creating a reflective room where the young person can listen to himself, as the outreach worker is presenting accurate summaries. In addition, the summaries are helpful tools for leading the conversation into areas that might bring up more change talk.

7.2.2. Change talk and exploring ambivalence

Open questions are an important part of this method. So is exploring the ambivalence towards change before making any decisions on whether to make a change or not. This means that you go into both the positive and the negative sides of the lifestyle or issue raised. There is no talk about whether there is a solution and how it would look like. You do not favour the negative sides or impose your own ideas on what is «the solution». There are several techniques to explore ambivalence. You may check out www.motivationalinterview.org or some further literature on motivational interviewing. The point of exploring the ambivalence is to contribute to the process of building motivation for change on one hand and to avoid resistance that might occur otherwise.

A central part of the method is to notice and encourage «change talk». Change talk refers to statements that are change-related, steering the person towards a decision. By repeating statements that are about change, like «I would like to have my own apartment», «I would like to be a better Dad», or «my life would be easier without drugs», you are mirroring the person's

own statements, and make her/him explore such statements in detail. This is encouraging and helping the person build her/his own motivation. The focus on change talk creates reasons for change, need for change, and hope for a better future and energy to carry out the change work. You can also help the person with committed language. «What are your further plans?»«How would it be possible for you to proceed?» It is about making the person see that change is possible, and to encourage this in the tempo that is right for the person.

7.2.3.   Examples of conversations

The following transcript is an example of a real conversation; the MI basic communication technique (skills) is put in brackets.

This meeting took place in the open drug scene close to the central station in Oslo. The two outreach workers are intervening in the middle of a group selling and buying drugs. They talk to several of the users, when a boy they don't know (about 20 years old) gets their attention. They see him buying something; they wait until he is done with the business and approach him afterwards. They introduce themselves, talk a bit, and give some information about their organisation.

By Linda Høgheim, Uteseksjon, Oslo outreach youth service:

OW: *What are you doing, Andreas? (Open question)*
A: I am shopping, buying stuff, clothes, and some other stuff.
OW: *Clothes and stuff. Stuff (implying drugs) from this area?*
A: Yes.
OW: *Are you often shopping here?*
A: When I am in Oslo.
OW: *When in Oslo. (Simple reflection)*
A: Yes, I have a (bad) reputation at home.
OW: *How accurate is that reputation?*
A: It is very accurate, but I don't want it to be…

OW: *You would like to have a different reputation.*
(Simple reflection)

A: Yes, I have to.

OW: *Have to. (Simple reflection)*

A: Have a son, and the childcare service says that I cannot have contact with him as long as I use as much drugs as I am using now.

OW: *You want to have more contact with your son. (Complex reflection)*

A: Yes.

OW: *Ok, you have a son, but you don't get to see him because you are using drugs, and you have a reputation as a drug user at your home place. Is this right? (Summary)*

A: Yes, but it isn't any good.

OW: *You want to change the situation. (Complex reflection)*

A: Yes, I would like to get work, so that I am not only using drugs.

OW: *Worked before?*

A: Yes, as a plumber.

OW: *Possibility to get work as a plumber again?*

A: Yes, if I quit using drugs.

OW: *So if I get you right, you experience your drug use to prevent you from working, and to see your son? (Summary and checking that the situation is understood correctly)*

A: It is a bit like this, I would say.

OW: *What are your thoughts on this? (Open question)*

A: I don't want it to be like this.

OW: *You want to change it. (Complex reflection/open question)*

A: Yes.

OW: *How would you like your life to be in 5 years' time? (Discrepancy, trying to make client explore the difference between the present situation and an ideal situation)*

A: I would at least like to have contact with my son, and work.

OW: *Work and have contact with your son. Anything else? (Summary + open question)*

A: Not that I know of.

OW: *To me it seems like you have quite a clear idea of what is difficult in your life at the moment, and you hold a view that this is not how you would like it to be in the future. What could be the first steps to get your life towards the direction of where you would like it to be in the future? (Complex reflection + open question encouraging change talk)*

A: Stop using drugs, so I could start to work, earn money.

OW: *Most important to stop using drugs. (Complex reflection)*

A: Yes.

OW: *Do you have any ideas of how you can quit? Or use less than today? (Open question)*

A: I am not sure.

OW: *Would you allow me to speak of some experiences we have from working with other people trying to quit drugs? (Asking permission to give information)*

A: Yes, yes.

OW: *At our organisation, we have different programmes to support young people who want to stop using drugs. (OW informs briefly about programme A, B, and C.) Could any of these be helpful to you?*

A: Well, yes, really, yes.

At this point the conversation is being interrupted by outer circumstances, and the session stops here. The outreach worker gives Andreas her phone number and asks him to make contact if he wants to continue the conversation or wants other support from the outreach service.

When using MI, these outreach workers do not give as much advice as they might have otherwise. They are able to keep a curious and respectful approach by having an open and exploring conversation, and the outreach workers let the person they contacted stay at the centre of the conversation. The outreach workers are actively listening and responding to Andreas' story. To a large degree they are mirroring his own

statements to encourage him to talk more. When the outreach worker wants to present some information, she respectfully asks for his permission before she gives a piece of information. She then checks what this information means to him. Here she was interrupted, but this dialogue would normally continue. This part of MI is called Elicit – Provide – Elicit. This means that you should check out what previous knowledge the person has, then ask if it is ok to provide some additional information, and after having delivered the information you consider useful for the client, check out how the information was received, what the person thinks about it, and if additional information is required.

Asking for permission sounds simple, but many outreach workers found that this small adjustment has had huge impact on how the information is received and considered by the young people. One outreach worker told that when she had asked for permission to give out information on cannabis, she experienced that the resistance she was used to encounter disappeared just by the mere asking of permission before informing.

7.2.4. Supervised groups

The implementation of theoretical knowledge in a practical setting is not something that goes automatically. After some time we experienced that changing behaviour of the outreach worker needs more than just training – it needs practising and reflections on practice to make the outreach workers comfortable in mastering their new skills. Two days of training in motivational interviewing did not lead to the changes in practice that were intended. We therefore arranged a supervised group of motivated outreach workers that met 3 hours once a month for a year. It is probably necessary to take this time to see some real changes of practice. The group was given tasks in between meetings of what to practice on, and had to present examples of conversations to the rest of the group.

This is how one of the outreach workers experienced the supervisioned groups:

By Bente Bjørdal, Kongsberg:

> «I was invited to participate in this supervised group of motivational interviewing, where practical training in groups with examples from everyday work situations was the method. During these months with trainings, I have improved my theoretical knowledge as well as the practical skills; I have practised and evolved my skills while performing my work. I have experienced that this technique is not only efficient, but can be of great importance in how a conversation will run. I have long known that the way you ask questions, reflecting what the other person says, and the way one listens and how you summarize the important elements in a conversation is of importance. My awareness of these elements is even heightened now. The possibility of letting the method sneak «under my skin», has made me a more competent outreach worker. This has been made possible through training, the use of real conversational examples in training, and constructive feedback from colleagues on what was working/not working in a conversation. The training has shown me that the small talk we have with young persons on the street is not random conversations, it is theoretically based, systematic work. I use my new skills on a daily basis, in the beginning I caught myself using it without being aware that I used motivational interviewing skills. I am no longer surprised when I recognise the use of MI in my everyday conversations, but proud and content, proud to be an outreach worker, and of the work we do».

7.3.   *Key elements and lessons learned in motivational interviewing*

- Experience from focus groups showed that young people were tired of grown ups telling them what to do. Even outreach workers made the mistake of being too occupied with giving the right sort of advice to young people, focusing more on the messages they gave out than listening to what the needs of these young people actually were. By the use of MI, the outreach workers practiced on how to work more client-centred by the use of this non-moralising approach.
- Our experience showed that MI was helpful both in the process change work over time, but also in brief interventions on the street, where it was both efficient in maintaining focus on change processes, or like in the example above, even useful in a first contact.
- The outreach workers found that when they were able to ask open questions it resulted in more elaborate answers. It is a way of avoiding yes / no answers or ending up with asking questions that are perceived as confrontational.
- Focus on change and «change talk»: the increased focus on change talk has given insights in how persons' own statements about change are referring to their motivations and are therefore more likely to bring about change.
- We worked a lot with exploring ambivalence. This is efficient when working with persons in early stages of a problematic drug-using career. Pushing for change before the person is ready often results in resistance; one has to resolve the ambivalence first. This approach was not as efficient with injecting drug users with multi-faceted problems.
- One of the more efficient and widely used MI strategies tested was asking for permission to come with advice, never giving unwanted advice. The outreach workers were amazed about the impact it made on the quality of the conversation, when they tried this out on persons they were working with, and about the change regarding the willingness to accept the information or advice.

8.

CONCLU-SIONS AND RECOMMEN-DATIONS

The experience of the past two years gives useful insights in the needs of young people at risk and indicates a number of recommendations for practitioners, managers and policy makers.

8.1. FOR PRACTITIONERS

Outreach workers need to develop skills and knowledge on how to
1. *identify* young persons at risk
2. *establish contact* and engage with young people
3. work for *change* by using different tools and/or linking to other services

When the aim is *early intervention*, there are several ways to reach underserved groups in an early stage of their drug using careers. First of all, one needs knowledge of risk and protective factors, and signs and symptoms of drug use. In this manual, we showed how outreach work can be supported by methods like peer education, focus group interviews and various communication techniques to reach and work with these groups. These methods ensure user involvement and access to user-positioned information. This project has shown that some of the underserved groups are not so hard-to-reach after all. It is more a question of adjusting tools and approaches, and sometimes only minor adaptations to the regular work methods are needed, for instance by changes in focus when out doing outreach in the streets.

Young drug users often have a hidden drug use, and many do not recognize that their use of drugs is problematic and requires changes in their lifestyle. It is sometimes hard to get drug use confirmed, and young people might also withdraw from confrontational contact. They are still enjoying the more favourable sides of drug use and have yet to experience the more negative. This makes working for change more of a challenge. Working with the young person's ambivalent feelings towards his/her drug use requires methods that accept this ambivalence.

Training in communicational methods like motivational interviewing can be fruitful reaching these hard-to-reach groups. The experience from the project was that looking into own practice and testing out different approaches and trainings is rewarding, but the implementation of new methods needs close follow-up to avoid falling back to old habits.

Sometimes outreach workers tend to work mainly with severely marginalised young persons, being caught by the acute situations of their lives, seeing it as impossible to prioritise the work with the less «visible» marginalized young persons. It is important to remember that the gain of intervening before experimentation

with drugs has led to addiction is enormous, so prioritising working with these groups will give benefits in the long run. Outreach services should work on how they are dealing with rejection from individuals and groups, as these rejections may lead to certain groups or individuals not being addressed and thereby being underserved.

Our goal was early intervention, and we have tested and implemented the following strategies:
a.) to improve practice in outreach work by specific focus on certain groups, strategic and systematic targeting over time; not always contacting only those with easy access but go outside the outreach workers «comfort zone»
b.) focus groups as a tool for user involvement and to gain information about the target groups' needs
c.) peer education to access hidden target groups and to motivate for positive change
d.) training in motivational interviewing for outreach workers
e.) information work to other help-services and agencies

8.2. FOR MANAGERS AND POLICY MAKERS

Based on the experience in the past two years, the exchange between the partners and the results from the survey[32], we can give some general feedback for managers and policy makers.

Outreach work is an important and successful method in early intervention strategies by contacting and working with underserved groups, such as drug users and young, marginalised people. There exists a broad range of meanings and definitions of the concept of outreach work. Aims, settings and the concept of outreach work need to be distinguished, in order to create a better understanding and a common ground for future discussion.

Outreach workers know the youth population and have a broad knowledge on the organization of the health and social care

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[32] Survey was sent to more than 400 respondents all over Europe. 84 questionnaires were returned from 23 countries, see results in appendix 1

services, thereby helping young dropouts to integrate into existing structures again. In general, five main aims can be distinguished, when it comes to outreach work:

- to identify and contact hidden populations
- to refer and link the target group to existing care services
- to initiate activities aimed at prevention and reduction of harmful drug use
- to promote safer sex and safer drug use
- to analyse living conditions and describe needs for underserved groups and report these to decision makers

By intervening early, outreach work can be a cost-effective strategy to recognize or prevent marginalisation, criminality and problematic drug use among young people. Outreach workers are close to young people on a long term. Therefore outreach workers are crucial for the first contact when it comes to advice and support on youth-related problems, such as school-drop-out, criminality, drug use, violence, family problems, psychiatric disorders, sexual crimes, suicide and auto mutilation (self-harm).

It is important to keep investing in qualitative strong outreach teams, that are able to respond quickly to the developments on the street, adapting methods and approaches if necessary and support young people, where needed.

Although the need for evaluation is widely recognized, both within individual outreach projects and at policy level nationally and at the European level, it needs to be mentioned that there is a huge gap between the requirements for ‹evidence-based› programmes and the needs for a practical programme, which takes into account the various obstacles and pullbacks in the daily practice. The focus on evidence-based and manual-based (ART, MST) programmes, is currently dominating interventions targeting young people. The expert group on outreach within

Correlation is worried about this development. It is assumed that these concepts might be effective and promising, but only on a short term, without considering the necessity of a long-term involvement and a trust-building relationship between the worker and the target group. Although the standardized programmes might seem easier to implement and to evaluate, it should be noted that they often lack the flexibility and the possibility of adapting the work to each specific situation. The strong point of outreach workers is that they are flexible, and able to choose different approaches from their «tool box», adapting and fitting each intervention to the individual's specific situation.

Policy issues from partners in the Correlation WP4 expert group:
- Gap between the requirements for evidence-based programmes versus the needs of practice-based interventions – the lack of «evidence» should not be mistaken for lack of success
- Alarming tendency to consider outreach workers as ‹task-forces› in problem areas, instead of being seen as builders of local communities together with the local population; missing acknowledgement of the necessity to work in a preventive way instead of «putting out fires»
- Increasing marginalisation of young people, due to school drop-out – consequences of school drop-out on the situation of young people within Europe
- Increasing unemployment rates among young people in Europe – awareness of the consequences of high unemployment rates among young people
- Decreasing quality of youth work, youth clubs, outreach services etc, due to the economic recessions and financial cut-downs in the budgets for youth services
- Development and acceptance of minimum standards for outreach services, to perform high quality outreach work

1:

APPENDIX

SURVEY ON THE SITUATION OF OUTREACH WORK IN EUROPE

The survey was sent to 400 outreach services (addresses provided by members of the Correlation II network). 84 services from 23 countries responded. The survey provided valuable information on the status of outreach work in Europe, about the aims, target groups and methods used by the respondents. It also highlighted some of the structural challenges in this field, issues to bring forward to policy makers.

The results show that outreach is used among a wide variety of services all over Europe, but at the same time they are facing challenges. It gives an insight to what values and ideological backgrounds help services operate from. The survey was mainly quantitative, including a section of qualitative answers to the question «What are the key elements of successful work or good practice?»

It is important to underline that it has not been a representative survey. The answers must be read as the answers of the responding services only. It was beyond the scope of this project to check whether the respondents were representative of outreach services in their countries, or whether their answers

A WORRYING FACT IS THAT 60, 8%
REPORT THAT THEY HAVE TO APPLY
FOR FUNDING EVERY YEAR.

reflect the actual state of affairs. Nevertheless there are some strong tendencies in the responses, so that we can assume that there are general themes and structural challenges that will also be recognised by other outreach services throughout Europe. The qualitative answers broaden and deepen the quantitative information.

Legal status and funding
The majority (65%) report to be NGO`s, and 23,8% are governmental organisations. About 60% have state or municipal funding, and most of the respondents get funding from two sources. **A worrying fact is that 60, 8% report that they have to apply for funding every year.** Only less than 25 % report to be a permanently established service.

Aims and mission
We asked for the aims and the mission of the services, and the main answers are ranging from the very pragmatic, reduction of HIV and STIs and safer drug

use, to working for civil and human rights, and more dignity to the target groups.

A sample of the most typical responses:

> *«Harm reduction, prevention, to reach socially marginalized persons, to improve the physical, psychological, and social health. HIV prevention, reducing the harm of IV drug use, positive changes in peoples life, improve quality of life, promote civil and human rights, psychological and social support, relieve poverty, sickness and distress, counselling, health and social stabilisation, motivational work, reducing drug-use-related health risks, mediate information».*

Size of the outreach organisations

There is quite a variety on the sizes. A large amount (32,1%) report to have a staff of 20 or more persons (fte). 23,1% report to have 4-6 persons. We asked for the number of outreach workers in the organisation; however, those numbers are difficult to interpret, as the respondents do not distinguish between «pure» outreach organisations and organisations having outreach as one of many approaches to reach the target group.

Use of volunteers

More than half of the respondents report the involvement of volunteers, the majority between 1-3 persons.

Target group

About one third report that they do not have any age limitation, and about half report to work with young people less than 25 years.

Main problems of target population

The main problem is substance and alcohol abuse. Psychiatric problems, unemployment, family problems, physical problems, poor housing and poverty are next on the list.

How many people are reached yearly?
More than half (56,6%) report to reach a thousand persons or more per year. Almost 40% report to be reaching thousand or more by doing outreach work. More than 60% do outreach work five times or more per week, but there is a large variety in how many hours per week are spent on outreach work.

What kind of services are they providing?
The most common service is «Health promotion», provided by 93,7% of the services.
84,2% provide informal education,
77,6% offer individual psychosocial support and referral to other services,
53,9% provide needle exchange,
56,6% offer peer support.

When asked what services are provided during outreach work sessions, the distribution is fairly similar.

With which services do they cooperate?
Almost all organisations (89,3%) report to be working with other social, health or drug treatment services. Half also work with hospitas or shelters. 42,7% report to be working with sex work services, and the same amount working with youth clubs or youth centres. This is clearly related to the different target groups.

Cooperation with police, law-enforcing agencies
Over 80% report that they sometimes or on a regular basis work/cooperate with the police.

Many of the respondents emphasize their confidentiality and that there is a one-way com-munication from the police to them, or that they

only do things with the consent of their clients. The exchange of general information seems quite common, e.g. drug alerts, description of milieus. Also in specific violent or life-threatening situations, or in case of concern about the life situation of minors, many will contact the police. There are many that organise training for or with the police, e.g. drug awareness training or how to approach drug users. Many offer follow-up of clients in prison; some are offering alternative penalties, or they organise health education and social programmes in prisons.

Cooperation with childcare services
41,3% of respondents report «Never», 34,7% «Sometimes». Only 12,9% do it on a regular basis. When asked for examples, the typical answer is according to client's wishes, when a client asks, or whenever a child is in a difficult or dangerous situation. Some also report to mediate between client and childcare services.

Peer work
76,7% of the responding organisations work with peers. Mostly (58,1%) they work with 1–5 peers. 14,8% work with 6–10 peers, and 14,8% 11–30 peers.

When asked what kind of work the peers perform, the main answers are outreach work, health promotion (needle exchange) and supportive work.

We also ask whether peers belong to the paid staff, and it seems like practice is varying. The answers are equally distributed between «Yes», «No, but they receive a fee», «No, they are involved as volunteers».

We wanted to know to which extent the peers are involved in the design of the services/interventions given. 37,3% answered «To a great extent», and 55,9% «Only partly».

When asked to explain, the answers range from a clear peer

involvement in all aspects of the work – from designing, implementing, management and evaluating – to responses that clients are asked for advice when developing new services, or that they are regularly asked what they think of the services. In our opinion, this categorises rather as 'user surveys' and not as 'peer work', and there might be a misunderstanding of the definition of «peer work». One respondent commented that only a few persons in his large organisation clearly recognize competences and professionalism of peers.

Training and educational requirements

More than 70% have educational or special training requirements for staff, 19% respond that this only applies for paid staff. When it comes to outreach workers, 75,7% answer that they need to have a formal or non-formal education. About half of these require formal education. The examples given are degrees in social work, nursing, psychology, counselling. The other half give examples of less formalized trainings or training from older to younger workers, that they have to work according to certain outreach and peer education standards, or special education provided by staff depending on the responsibilities of the hired person.

Outreach training

We asked what kind of education/training or supervision is given from the organisation to the outreach workers, and more than 80% report that they do provide some kind of training. More than half of the respondents report that they have regular supervision. The trainings given are in the field of harm reduction like drug education, HIV/STI prevention, first-aid courses, psychosocial support

like counselling, motivational interviewing, crisis intervention, and outreach work training.

Volunteer
About half of the respondents report that the volunteers receive specific education/training/supervision. Some will receive the same as paid staff, some get basic training, practical training, and many mention that they get supervision or tutoring.

Peers
We asked the same question about peer educators, and slightly less than half receive specific education/training/supervision. The examples given are health related-issues, like safer injections, drug awareness, health agents.

What key competencies should staff have?
The responses were a mix between skills, experience and personal traits.

1. **Preferred skills and experience**
   «Bachelor in social work, knowledge of drugs/HIV/safe injecting/prevention/social risk/councelling/addictology/ team worker/group work skills/communication skills. Professionalism in relation to client/adhere to ethics code/boundaries/social worker professional ethics. Case management, experience in working with youth/outreach/ harm reduction. Good knowledge of local services.»

2. **Personal traits**
   The personal suitability for the job is clearly emphasized, given by the following examples: «Non-judgmental, integrity, confidentiality, tolerance, flexible, honest, high motivation, and empathy, acceptance of drug use, discretion, positive attitude, innovative, open minded, strong commitment, and reliable, building trust. To know one's own limits. To be able to create networks between services».

Different models of outreach work

We referred to the models from the EMCDDA report «Outreach Work among Drug Users in Europe» from 1999[33], they distinguish between a «Youth Work Model», a «Catching Clients Model», a «Self Help Model» and a «Public Health Model». The respondents are reporting to belong to more than one model, or that they are likely to be influenced by more than one in one third of the cases.
68,6% *of the organisations identify with the «Public Health» model,*
34,3% *with the «Youth Work» model,*
17,1% *with the «Self-help» model*
13,8% *to the «Catching Client» model.*
When asked whether this is the situation also for the other outreach organisations in their countries, half answered «Yes», 23,2% «No», and 24,6% «don't know».

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[33] Outreach work can be defined as:
«A community-oriented activity undertaken in order to contact individuals or groups from particular target populations, who are not effectively contacted or reached by existing services or through traditional health education channels» (Hartnoll et. al 1990, in: Insights 1999:14 EMCDDA)

The following models describe different types of outreach services (Insights, 1999).
Try to find the model that is closest to the way your organisation works currently. It might be that your organisation has several models. Please choose the model which best fits the philosophy and practice within your organisation.

1. Youth Work Model: The Youth Work Model is the oldest in Europe; since the 1960s, youth workers have been actively seeking contact with 'problem youths'. Characteristically, their aim is to find solutions to young people's problems in their own environment, rather than deciding behind a desk what they consider is best for the person concerned. The goal is to (educate through dialogue and) prevent further marginalisation and encourage social integration.

2. Catching Clients Model: The Catching Clients Model has its roots in the early-to-mid-1970s, and originated in therapeutic communities. Its primary aim is to draw (the target group/) drug users into care programmes, in particular into drug-free, inpatient treatment. Abstinence, followed by social integration, is the ultimate goal.

3. Self-help Model: The Self-help Model, like the Youth Work Model, responds to the wishes and motivation of the (/ target group) drug users themselves. It focuses more explicitly on drugs than the Youth Work Model, and its actions are based more on the perceived interests of the group than on those of the individual. Originating in the late 1970s, it has clear links to drug users` self-help organisations, as well as to the concept of accepting drug taking as a social reality.

4. Public Health Model: The Public Health Model is built on the Self-help Model, the main difference being that it assigns a more important role to professional interventions. This model came into existence in the mid-to-late 1980s, notably under the influence of HIV and AIDS. Its primary aim is harm reduction through safer drug use and safer sex. More recently, outreach work along the lines of the Public Health Model is also being practised among users of 'new' drugs, with peers recruited more for such initiatives than in the case of 'old' drugs.

The key elements of successful work or good practice according to the respondents of the survey:

1. **Work with clients**
   «Needs assessment. Work from the reality of the client and not the reality of the social workers. Professional and committed staff, highly educated, well developed guidelines for outreach work. Knowing the target group and their needs and living conditions, knowledge of the scene, trends. Listening to the needs of target group, active listening. Gaining contact and confidence of the client. Therapeutic relationship as base for working for change. Non-moralistic approach. Stick to the rules with the clients. Peer role models. Empowerment. Communications skills".

2. **Organisational externally**
   «Good reputation among target group, get into contact with target group. Be where the users are. Low threshold activities, accessible. Do regular street work. Multi-sector cooperation, knowledge of the system. Counselling. User involvement. Sustainability, long-term projects. Professionalism. Anonymous and confidential. Continuity, stability, flexibility. Support from the government. Creating networks. Be visible in local community to get recognition».

3. **Organisational internally**
   «Team cooperation, good supervision, reflections in team and by team leader. Balance between street work and follow-up time. Counselling. Time for reflections. Involve target group. Evaluation of objectives. Continually educating staff. Constant new input through actual street work every day, constant output through analysing data and reporting/documenting work».

Which elements decrease the effectiveness of an intervention?

1. **Organisational**
   «*Not having precise work organisation. Lack of strict target and performance indicators. Random work. Focus on quantity and not quality. Lack of planning. Turnover of staff. Lack of ethics and professionalism*».

2. **Work with clients**
   «*You cannot help a person if s/he won't accept your help. Making choices for persons. Not treating them as individual. Pushing somebody to change his or her lifestyle will probably decrease the effectiveness of the intervention. It's important to listen and to try to understand the reasons why somebody chooses a certain lifestyle. Then you can work on this base. Forceful interventions. Isolated actions, not linked to appropriate services. Discontinuity. Not addressing the real issues. Lack of trust, if target group thinks one is the «extended arm» of parents, police or state authorities. To be too close or to be too distant.*»

3. **Staff**
   Helper syndrome, over-identifying with target group, burnout syndrome.

4. **External issues**
   Not having stable funds, uncertain financing. Police, legal problems, lack of support from municipality. Lack of flexibility from public services. Lack of appropriate space to meet with users. Difficulty in demonstrating efficiency of outreach work to the outside, above all politicians. Lack of research showing peer education works.

2:

APPENDIX

FOCUS GROUPS
– QUESTION GUIDE

Instructions
These questions are meant to be a help to start off the interview. The themes are given to the focus group one at the time, and the focus group will talk more or less freely. The questions are meant as follow-up. Often people will talk freely, and in a conversation you will probably get some of the answers without asking explicitly. It is meant to be a guide for the conversations, to steer the direction, or follow up if the conversation stops.

Some questions might not be relevant, others have to be added. You don't have to ask all, and it might be relevant to make a selection and priority of the themes. 3-5 might be enough for one session. In the individual interviews this might be different. If you want to know more about one subject, follow-up questions might be «describe», «tell me more», make a short summary of what they are saying, repeat what they say, ask if this is what they meant, «so you say that…».
Good luck!

ARENA
- Can you describe how it is to be youth in this area?
- Where do you usually spend your pastime?
- What are your pastime activities?
- What kind of activities does your district offer for youth, and what activities do you get involved in? Or why not getting involved?

Your notes: _____

_____

FRIENDS/NETWORK
- What does it mean to be a good friend?
- How do you make new friends?
- Are these the same people you go to school or work with?
- Are your friends spending time with their families, and what do they usually do together?
- What time do you usually have to be back home?
- What do you do in your leisure time that does not include drugs, or would you wish to do more?

Your notes: _____

_____

ATTITUDES
- How often are drugs usually used?
- Do 13- and 16-year-olds share the same attitude towards drugs?
- How do you think this changes over time?
- Is that OK to sell drugs to 13-year-olds? And to 17-year-olds?
- How often do you think grown-ups use drugs, and what kind of drugs?
- What are the personal qualities of a youth you can trust?
- And an adult?
- What is your opinion about your school?

Your notes: _____

_____

DRUGS

- What do you know about drugs? (The relevant drugs, how they work, etc).
- Why does anyone choose to use drugs?
- Where do the youth/teens you know usually use drugs, and what kind?
- What drugs are typically used to begin with?
- What in your opinion are the positive sides of using drugs?
- And the negative ones?
- When do you think a person has a problem with drugs?
- Whom does a person usually use drugs with?
- Ask questions about the vocabulary that is used by youth about drugs.
- Where can youth/teens get drugs?
- How do they get money to buy drugs? (This can lead further in to questions about crime, exchange of sexual favours, etc).

Your notes: _____

_____

DRUG MESSAGES/ HARM REDUCTION / INFORMATION ON DRUGS

- You really do have some knowledge of drugs
  – where did you get it?
- When and where did you learn about drugs?
- What did you learn?
- From whom did you learn about drugs?
- Who would you trust to give you information about drugs?
- What do youth want to know about drugs in order to keep safe?
- Do you have some advice for people teaching young people about these questions?

Your notes: _____

_____

SERVICES

- Who are working with youth in this area?
- What kind of experience do you have with different help services?
- Would you know where to go if you or a friend needed help (with a drug related issue)?
- Where did you get information about the different services?
- Do you know what the different services do?
- Is there something you think they could improve on?
- Can you describe what you find good or not so good about the services you know of?
- What do you think makes young people take contact/ choose not to take
- contact with help services?

Your notes:

_____

_____

FURTHER SUGGESTIONS FROM PARTNERS:

Sex

- Safer-sex
- Exchange of favours for sex, pressure

Family/living situation

- Contact with family
- Sleeping over at friends, no permanent housing

Crime

Your notes:

_____

_____

3.

APPENDIX

DISC'S
PEER PROGRAMME

«OutThere» Drugs Peer Education

UNIT 1 Peer Education
To demonstrate the meaning of the word peer
To show what Peer can mean
Of the same sex
Of the same age
Who has the same interest or experience
An individual or group with similar interests
That Peers are often those who share information
amongst themselves

UNIT 2 Passing on information
To demonstrate how information is passed on between
groups and to highlight what information is important
To show how information is shared, why the information
is shared and the consequences
of it not being shared
To examine what information volunteers feel
they should know

UNIT 3 Drug Names

To ensure that volunteers understand and know the importance of the correct names for all drugs that maybe used by young people
To match street names and correct names

UNIT 4 Drug Effects

To give a basic understanding of how different drugs fit into categories
To give a basic explanation of the health effects associated with
Stimulant drugs
Depressant drugs
Hallucinogenic drugs
Pain killers
To introduce the idea of set and settings

UNIT 5 Harm Reduction

To introduce the principle of a harm reduction approach and how it relates to the project
Harm reduction in relation to drug use and keeping safe
How harm reduction differs from abstinence

UNIT 6 Helping Agencies

To introduce volunteers to helping agencies and the overall principles
To inform peer educators of agencies
To explain their remit
To dispel concerns

UNIT 7 Communication skills

To introduce a number of communication skills
To introduce ways of passing on information
To explore reasons why some communication skills may or may not be effective
To allow volunteers opportunities of practising these skills in a group setting

UNIT 8 Drugs and the Law

To give a basic understanding of the legal systems relating to drug use within the Misuse of Drugs Act 1971 (UK)
To explain
Classification
Supply and possession
Basic sentencing options

UNIT 9 Risks and dangers

To introduce a basic understanding of the risks and dangers if using substances both illegal and legal
To discuss possible risks in terms of
Social concepts
Communities
Families
The law

UNIT 10 Attitudes

To introduce the concept that there are differing opinions and beliefs towards drug use and drug users
To give opportunity to discuss
To give opportunity to challenge sensitivity to others´ beliefs
To show that others have the right to their opinions
The media's portrayal of drugs

UNIT 11 Sexual Health

To introduce an understanding of sexual health issues and challenge young peoples beliefs
Attitudes to sex
Sex and the law
STIs and Staying safe
C Card registration

SESSION 1

AIM
Introduce young people to the peer education programme,
alcohol, how drugs are classified and street terminology

OBJECTIVES
The learners will have an understanding of the course and will be able to
· Identify the street names for commonly used drugs
· Give ways in which drugs are classified
· Define the terms legal, illegal and prescription
· Demonstrate an overall understanding of alcohol, its effects,
  harm reduction and units

Objective	Activity	Timing	Resource
INTRODUCE YOUNG PEOPLE TO THE EDUCATION PROGRAMME	Introduce yourself Structure to course 8 week programme 90 minute sessions Each young person will receive evidence of work on completion Certificate of attendance Explanation of Confidentiality	5 mins	CERTIFICATES CONFIDENTIALITY FORMS
ESTABLISH GROUND RULES	On flip chart ask each young person to come to the front and put a rule on the chart which the entire group agrees with. Include attendance, behaviour and positive and negative consequences	10 mins	FLIP CHART
STREET NAMES	Discuss why it is important to understand street names and give reasons and examples i.e. brown in one part of the country may mean heroin and in another may mean cannabis		FLASH CARDS WORK SHEET *continues* ⟶

STREET NAMES	Split group into two, give each group a set of flash cards, explain that alcohol is the given name whereas booze would be a street name and ask the group to match the street names to the drug name. On completion, ask the groups to alternate on feeding back giving the street names for each drug. Complete worksheet as evidence		
DEFINE TERMS LEGAL, ILLEGAL AND PRESCRIPTION	Ask the group how drugs are classified ensure they incorporate · by effects, stimulant depressants · by young people uppers and downers · by law ABC · by media soft hard · by legal, illegal, illicit and prescription Then explain that today they were to look at legal, illegal, illicit and prescription today, discuss and fill out work sheet		FLIPCHART WORK SHEET
ALCOHOL	Ask the group to remember a time when they first used alcohol, ask the young people to tell the story and then as a group decide whether they had put themselves at risk. Introduce the group to alcohol units Explain to the group that the strength of an alcoholic drink depends upon how much pure alcohol, or ethanol, it contains. Cans or bottles will show the strength as the percentage alcohol by volume or %ABV. The higher the number, the stronger the drink is Ask the group to complete the unit table for own use Or play the unit game (prepare resources prior to game) Using the worksheet discuss street names, law, effect, risk and dangers and harm reduction Beer Goggles if time permits	10 mins	UNIT TABLE UNIT GAME ALCOHOL WORK SHEET BEER GOGGLES

SESSION 2

AIM
To educate young people in the principles of peer education,
harm reduction and drug classification

OBJECTIVES
The learners will have an understanding of the course and will be able to
· Differentiate between stimulant, hallucinogenic and depressant drugs
· Understand the difference between harm reduction and abstinence
· Identify who their peers are
· Give written examples of harm reduction messages

Objective	Activity	Timing	Resource
RECAP	Ask the group what they could remember from last week, ensuring they pick up on the following · confidentiality · group rules complete alcohol character worksheet		

DRUG CLASSIFICATION	Ask the group to remember back to last session and how they looked at different drug classifications (legal, illegal, illicit and prescription), then tell them that we will look at drugs in relation to effects
	
	Split the group into two
	Place the flip cards on the floor in the following order
	    STIMULANT HALLUCINOGENIC
	    DEPRESSANT
	Explain to the group what each drug does
	
	Stimulants
	Drugs which act on the central nervous system and increase brain activity
	Hallucinogens
	Drugs which act on the mind, distorting the way users see and hear things
	Depressants
	Drugs which act on the central nervous system and slow down brain activity
	
	Now ask the group to put the drugs (last weeks flip cards) in each class, remind them that some drugs can be both stimulant and hallucinogenic and some could be both depressant and hallucinogenic
			FLASH CARDS
			
			continues ➡

DRUG CLASSIFICATION	Ask each group to feedback alternatively on where and why they had put each drug		REVISION SHEET
	Leave the cards on the floor whilst the group complete evidence worksheet Depending on the level of learning, you may like to add analgesics and anabolic steroids		
HARM REDUCTION	Ask the group what is harm reduction and what is abstinence then tell the group why we work towards a harm reduction model Give out and work through harm reduction worksheet. Ask group to shout out how they would keep the children safe, facilitator to write on the board for the group to copy onto worksheet Link this exercise back to the previous session reminding them of the first time they used alcohol and if they put themselves at risk and what they could have done to keep themselves safer.		WORK SHEET
PEER EDUCATION	Ask the group who their peers are		FLIP CHART
	• a peer is somebody who shares or has shared the same or similar experiences. Peer is not necessarily related to age, although this can be the factor – for example other people in your class at school may be referred to as your peers.		
	Ask the group who they would ask about drugs and list on the board Then ask the group to put in order of who they would prefer to get information from The list could look as follows • mates • teacher • police • youth worker • doctor • drugs projects • social worker • probation worker/youth offending worker		
	Research from Peer Education Projects has shown that young people are often more likely to believe their mates when it comes to things like drugs. They see them as being more 'credible'. Do their answers in the above exercise support these findings? If they don't, discuss some of the reasons why.		
	If so; explain to the group the benefits of being a peer educator • can help keep their mates safe when out partying • learn more of the facts about drugs • good for CV		
	Type up flip chart evidence and put in files for following week		

| HARM REDUCTION MESSAGES | Explain to the group that it is very difficult to evaluate peer education and that one of the ways in which we do it, is by completing the «passing on harm minimi-sation messages». Each week ask the group if anyone has passed on any information. It could be as simple as «in some areas brown is cannabis» or something more specific e.g. friend was going to take 3 pills at once, I told him that not all pills had the same strength and to take only half/1 and wait before taking any more» | | HARM REDUCTION SLIPS |

SESSION 3

AIM
To educate young people in the principles of peer education, cannabis and their attitudes towards drugs and drug users

OBJECTIVES
The learners will have an understanding of the course and will be able to
· Identify the street names, effects and harm reduction
  in relation to cannabis
· Demonstrate communication skills
· Challenge common attitudes and stereotypes in relation to drugs
  and drug users

Objective	Activity	Timing	Resource
RECAP	Why do young people make good drug teachers? What is harm reduction? How can we record information (fill in any info passed on)?		
CANNABIS	Put young people into groups of 4/5, give each a flipchart paper and marker, ask the following questions allowing the group to write down answers Give all the street names for cannabis Place a H for herbal or an R for resin next to the correct ones		FLIPCHART continues →

CANNABIS	List all the ways cannabis can be used (eat and smoke) What are the good effects? What are the bad effects? How can you and your friends stay safe? Once completed, ask two people to come to the front of the class and feedback. Speak clearly, slowly and face the class Correct any information after all groups have fed back Photograph flipcharts as evidence and place in young people's files		CAMERA
ATTITUDES	Before discussing problematic drug use it is important to challenge the group's views as many see a drug user as a chaotic un-kept heroin user. Split into groups of 4/5 and ask them to spend 5 minutes drawing a drug user. Ask two of the group to come to the front and show their drawing and why it represents a drug user. It is useful to have some photographs of drug using people, including a patient in hospital, a cigarette smoker, famous people e.g. President Bush (ex-alcoholic), Naomi Campbell (cocaine), Bob Marley (cannabis), Queen Victoria and Sherlock Holmes (opium users) Discuss case studies and link back to cannabis how people may not think they are dependent on cannabis		FLIPCHARTS MARKERS PHOTOGRAPHS
EJECTOR EXERCISE	Continue this session by looking at the ejector exercise, put into groups of 4/5 and give out ejector exercise sheet 1, ensure the groups understand instructions The aim of the session is to get young people to explore their thoughts about drug use and users		EXERCISE PAPER 1 & 2

SESSION 4

AIM
To educate young people in the principles of peer education, in relation to solvents and drugs and the law

OBJECTIVES
The learners will have an understanding of the course and will be able to
· Define the difference between supply and possession
· Identify which category (according to law) each drug falls into
· Give the penalties according to law for possession and supply
  of class A, B and C drugs
· Identify the street names, effects and harm reduction in relation
  to solvents

Objective	Activity	Timing	Resource
RECAP	Complete cannabis granny cannabis worksheet Attitudes – ask young people what they remember from previous session – prompt what is a drug user – ensure they cover prescription, illegal and legal users		WORKSHEET
DRUGS AND THE LAW	Remind young people of how we discussed how drugs are categorized, we have already looked at illicit, illegal, legal and prescription and by effects. This week we are looking at drugs in relation to the law Ask young people if they know what the act is called and how it works, get as much information as possible regarding the law. Ensure they understand the difference between supply and possession, read out case studies, go through case studies Give young people worksheet, as a group, identify which drugs fit into each category and what the maximum sentences are for each Complete work sheet		CASE STUDIES WORK SHEET continues ➝

	Court Room scenarios A really good way to confirm learning is by role play, this is best done with groups of 5 or above Set the scene with the young people, you will need · 2/3 magistrates · 1 defendant · 1 solicitor · 1 court clerk · Bring props wigs, glasses, gowns, suit jackets, gavel, etc Give out case study work firstly with the defendant/solicitor prompting them to give a good defence e.g., no past history, has a job, hard working parent, frightened of domestic violence, deals to support own children, pay the bills etc Then spend time working with the magistrates/judge on what questions they may ask the defendant, pull in all what has been learnt in the previous weeks regarding attitudes to drug use etc, being respectable, being a parent, dealing to children, The bench needs firstly to give out the maximum sentence for the charge under the Misuses of Drugs Act 1971 and then their decision and justification. Photograph the young people whilst they are doing the role play	PROPS WIGS, GLASSES, GOWNS, SUIT JACKETS, GAVEL HANDOUTS CAMERA
SOLVENTS	Working as two groups, hand out flipcharts and markers to each group, ask what they understand about solvents as it is discussed, encourage young people to write down or draw answers on flipchart, facilitator to photograph for file evidence Names · Be aware not to give information to young people if they are not aware of substances that can be used Law · misuse of solvents is not illegal · it is illegal for shopkeepers to sell butane gas to under 18s if they feel it may be used as a drug · if young persons are under the influence in a public place they may be arrested for their own safety · they can be arrested for public order offences Good Effects/Bad Effects Health Risks · suffocation due to becoming unconscious with bag over face	FLIPCHART MARKER CAMERA

SOLVENTS	· suffocation by airways/alveolis freezing, demonstrate this by placing a damp piece of sponge into a freezer bag and spray in gas, the bag represents the lungs and the sponge the air sacs (alveoli). Ask young people how long they think they could hold their breaths for then show how long the sponge remains frozen · long term use can lead to cognitive and coordination problems due to damage to the brain · many people use by themselves Harm reduction: very difficult to reduce the harm – advice: DO NOT USE THIS DRUG

SESSION 5

AIM
To educate young people in the principles of peer education, in relation to stimulant drugs and passing on information

OBJECTIVES
The learners will be able to
· Explore ideas for group presentation
· Determine the level of risk in relation to stimulant drugs
· Identify the street names, effects and harm reduction in relation to ecstasy
· Demonstrate how ecstasy pills differ in MDMA make up

Objective	Activity	Timing	Resource
RECAP	Ask group what they could remember from previous week Solvents – poster go through health effects Give young people their files with all evidence including worksheets, posters, photographs etc to show how much they have covered in the course		SOLVENT POSTER WORK BOOKS
PRESENTATION	Ask the group why they are doing this course (prompt – to keep themselves and friends safe) ask if they have passed on any information to their friends, if so record on harm reduction messages		FLASH CARDS continues ➡

PRESENTATION	Introduce the group to another way of getting information to their peers explain that it could be worked on for the last session, allow the group to come up with their own ideas, below are some examples of presentations/workshops · Posters · T shirt printing · Short film · Presentation to school · Role play · Pantomime · Rap · Themed cheer leader dance · Design a leaflet · Facilitate a workshop for youth club		
STIMULANT DRUGS	Split group into two, place all drug cards on floor and ask group what is a stimulant drug and then pick out which are stimulants and feed back Tobacco, crack, cocaine, ecstasy, amphetamine, poppers Then ask the group to place the stimulant drugs into a ladder of risk (from worst to more acceptable) – which do they feel is the worst drug, ask the group to feedback · Why have they put their drug at the top, usually crack comments will include very addictive, crack head, then challenge the group with tobacco is the worst due to cost to the country e.g. hospitals, doctors appointments, time of work, affects more people		FLASH CARDS
ECSTASY	Split the group into two and ask them to write or draw anything they know about ecstasy, including names, effects, law, appearance, risks, culture, music etc Ask the groups to come to front and present back Ask the group how they could keep themselves safe ensure they include · Don't do it · Take only half · Sip water · Eat before partying · Don't mix with alcohol or other drugs · Know how to get home · Don't be alone Show MDMA chart Explain that MDMA is the chemical formula of which ecstasy is made from. However, there are variations.		FLIPCHART MARKERS CAMERA MDMA CHART

ECSTASY	Tell the group of a study carried out, where the researchers took 7 pills, all identical, all white, all doves from 7 different locations in the UK including night clubs, streets etc. Each one was tested and although they all looked the same they were all very different		
	Write up the following on the flipchart 1 MDMA 120 units 2 MDMA 60 units 3 MDMA 30 units 4 MDA 20 units 5 MDMA 15 units 6 ketamine 7 Ephedrine		
	Explain to the group that when ecstasy was introduced to the UK in the 80s as a party drug, it was extremely strong: 1 pill £25-£30 pounds with approximately 140 units MDMA Most pills on today's streets will most likely have less than 30 units of MDMA; however, there are still some strong pills available but we do not know which ones Ask the group how many pills young people may take at once, then multiply each pill out; this will give the young people the idea of how pills vary with very different effects.		
	This exercise can be done by using 7 cut outs of pills, with each one having the contents written on the back, ask the group not to show each other what is in their pill and ask if they think it is a high amount or low. Use this as an example that although all the pills looked the same none had the same ingredients; therefore all will have different effects on the individual.		PILL CUT OUTS
	Summarise the session		

SESSION 6

AIM
To educate young people in the principles of peer education, in relation to helping agencies and social risks and dangers of drug use

OBJECTIVES
The learners will be able to
· Identify support agencies and where young people can get advice and information for specific problems
· Identify the social risks and dangers to drug use
· Gain more confidence/ideas in presenting ideas to peers

Objective	Activity	Timing	Resource
RECAP	Ask group what they could remember from previous week Use stimulant quiz to assess knowledge		STIMULANT QUIZ
HELPING AGENCIES	Ask the group who they trust most to give them help or good information Then ask how they know the person would give them good advice, tie this back into them; training as peer educators (their role is to give factual harm reduction information) Then split into groups of 3 or 4; give out helping agencies exercise, allow the group 10 minutes to do exercise then feed back, encourage young people to explore other people/ places as well as drugs agencies e.g. · Domestic violence services · Social worker · Citizens advice · Connexions · Youth worker · Mentors · School/college · Family/friends · School nurse		EXERCISE
SOCIAL RISK AND DANGERS	Taking the case study from previous exercise ask the young people to identify what risks other than health could be associated with the issue. Encourage further discussion relating to · Criminal records · Long-term job prospects · Holidays in USA if got a drugs record · Excluded from school · Fall out with parents		
PRESENTATION	Spend rest of meeting working on presentation		

SESSION 7

AIM
To educate young people in the principles of peer education, in relation to heroin and blood borne viruses

OBJECTIVES
The learners will be able to
- Identify the street names, effects and harm reduction in relation to heroin
- Understand the factors which can lead to blood-borne viruses

Objective	Activity	Timing	Resource
RECAP	Ask group what they could remember from previous week Ask to list helping agencies and some of the risks and dangers in relation to drug use		STIMULANT QUIZ
HEROIN	Split the group into two and ask them to write or draw anything they know about heroin, including names, effects, law, appearance, risks, culture, music and how to keep safe Ask the groups to come to front and present back and correct any misinformation – photograph as evidence		FLIPCHART MARKERS CAMERA
BLOOD BORNE VIRUSES	Ask group what is a blood-borne virus Then in groups ask them all the ways in which a BBV can be prevented Then ask the group what would you do if you found a hypodermic needle		BBV INFO
PRESENTATION	Group to deliver prepared presentation		

SEXUAL HEALTH

Aims	Objectives	Time allocation
TO DEVELOP YOUNG PEOPLE'S KNOWLEDGE OF SEXUAL HEALTH AND STIS	· Attitudes to sex · Risk taking behaviour · Names of sexually transmitted diseases · Understand how STIs present · Correct use of a condom	10 MINS 10 MINS 5 MINS 20 MINS

Introduce the aims and objectives of the session – it is a fun and informal session and there are no silly questions – please observe ground rules

Attitudes to Sex
Play the YES, NO, MAYBE Game
Separate the cards into three piles, pick on card from
The Place, The Person and You and ask the young
people whether they would have sex, not have sex,
or maybe and give a reason

Risk Taking Behaviour
Ask young people to place the cards in an order of low
to high risk, regarding the dangers of catching a STI
Shaking hands
Cuddling
Body massage
Kissing
Oral sex
Sex with a condom
Gay sex with a condom
Using sex toys (unprotected)
Sex without a condom
Gay sex without a condom
Girlfriend on the pill

Names of STIs
Put flash cards on the table and ask young people to
pick out the STIs

Identifying STIs
Hand out worksheet
As a group discuss each picture and choose which
STIs they may be
Facilitator to correct any misinformation and what to
do in the event of having an STI – include GUM clinics,
give an example

Practical Session
Young people to learn how to use condoms, use blind
folds, beer goggles etc
Give handouts

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