



OUTREACH WORK

among marginalised
populations in Europe

*guidelines on providing
integrated outreach services*

OUTREACH WORK

among marginalised
populations in Europe

*guidelines on providing
integrated outreach services*

Colophon

Copyrights © 2007

Copyrights remains with the author (s) and the publisher

ISBN/EAN: 978-90-812297-2-2

Editing:

Mika Mikkonen, A-Clinic Foundation, Finland (co-ordination)

Jaana Kauppinen, Pro-tukipiste, Finland

Minna Huovinen, Pro-tukipiste, Finland

Erja Aalto, Pro-tukipiste, Finland

Publisher

Foundation Regenboog AMOC

Correlation Network

Postbus 10887

1001 EW Amsterdam

Netherlands

Tel. +31 20 5317600

Fax. +31 20 4203528

<http://www.correlation-net.org>

e-mail: info@correlation-net.org

Layout: S-Webdesign, Netherlands

Correlation is co-sponsored by the European Commission, DG Sanco

And the Dutch Ministry of Health, Welfare and Sport (VWS)

Foundation Regenboog AMOC and the editors can not be held responsible for the contents of the articles in this publication.

Neither the European Commission nor any person acting on its behalf is liable for any use of information contained in this publication.

Participants of the Correlation Outreach Group:

Mika Mikkonen, A-Clinic Foundation, Finland (co-ordination)
Borge Erdal, City of Oslo Alcohol and Drug Addiction Service, Norway
Dominic Blackburn, Blackpool Drug Action Team, UK
Jaana Kauppinen, Pro-tukipiste, Finland
Minna Huovinen, Pro-tukipiste, Finland
Jason Farrell, Positive Health Project Inc., USA
Henning Pedersen, City of Oslo Alcohol and Drug Addiction Service, Norway
Monika Filipowicz, Stowarzyszenie MONAR, Poland
Malgorzata Firek, Parasol, Poland
Olga Kolpakova, Stellit, Russia
Macek Kubat, Monar, Poland
Tanja Tuori, A-Clinic Foundation, Finland
Vlastimil Necas , SANANIM, Czech Rep.
Marta Sofia Pinto, Apdes Portugal
Igor Sobolev, Convictus ngo Estonia

Editing team

Mika Mikkonen was the co-ordinator of the Correlation outreach expert group 2004-2007.

Mika has worked as an outreach worker and outreach work developer over the past twelve years in harm reduction and juvenile care services in Helsinki. As from the year 2000, his work has included the development of peer education. At the moment, Mika runs two small needle-exchange drop-ins for the A-Clinic Foundation in Helsinki. Mika also works as a clinical supervisor for peer workers and in the social and healthcare field. Mika is a qualified drugs counsellor, clinical supervisor and attendant nurse in the field of mental health and substance.

Jaana Kauppinen is the Chief Executive of Pro-tukipiste, an organisation that runs low-threshold social, healthcare and outreach services for sex workers in Helsinki and Tampere in Finland. Jaana also works as a clinical supervisor, specialised in health and social work, crisis intervention and in the field of trauma care. She is the local co-ordinator for the TAMPEP network. She has a masters degree in Social Sciences (sociology) and is a qualified supervisor.

Minna Huovinen has worked as an outreach social worker over the past ten years at Pro-tukipiste, an organisation that runs low-threshold social, healthcare and outreach services for sex workers in Helsinki and Tampere in Finland.

At the moment, she is the manager of the Outreach Unit in Pro-tukipiste. Prior to this, she worked with looked after young people and people with substance use problems. She is a qualified social educator.

Erja Aalto is the service co-ordinator in Pro-tukipiste, an organisation that runs low-threshold social, healthcare and outreach service for sex workers in Finland. Erja is a qualified nurse. Prior to Pro-tukipiste, she worked in a low-threshold harm reduction service (needle exchange, sexual health and outreach work) in Scotland for 13 years. During this time, she also conducted qualitative research in drug injecting, risk behaviour and paraphernalia use. She has a degree in Social Sciences Research from Glasgow University.

Executive summary

These guidelines for the implementation of outreach activities have been compiled in the framework of Correlation - European Network Social Inclusion & Health. Correlation is based at the Foundation De Regenboog AMOC in Amsterdam and is financed – among others – by the European Commission. In its 2005-2007 working plan, Correlation implemented various expert groups, relevant to the issue of health and social inclusion. Those working groups exchanged knowledge, experiences and views; the working group members gathered and shared information and working methods that were expected to be valuable for colleagues all over Europe working in this field. This publication focuses in particular on issues around outreach towards marginalised populations, in particular in the area of intravenous drug use (IDU). The authors come from different professional and geographical backgrounds and have wide experience in the area of outreach.

For the entire work plan and the other Correlation working groups, please see:

www.correlation-net.org.

The first section of this publication gives an overview over the main principles of outreach, i.e. the ethics – in particular regarding individual and human rights – and the ideological background, as well as the terminology applied in this field. The information is illustrated by some concrete examples of outreach activities and projects.

The second section looks into practical aspects of outreach. It describes the main areas, in which outreach strives to achieve change, i.e. the individual level, the community level and the policy level. In addition, the authors provide information about working methods in the area of outreach towards marginalised populations. They make a division between outreach by (health) professionals and by (voluntary) peer supporters, and they present concrete guidelines for the interaction between outreach worker and clients. Attention is also paid to the required personal characteristics of outreach workers.

In the third section, management aspects of outreach are discussed. This part covers a broad range of issues, from funding aspects to lobbying and the justification of the work, from the safety and well-being of the staff to concrete organisational aspects of the work. The authors stress the specific management skills required in a field that differs from other working environments, in particular in regarding the safety and well-being of those working in outreach projects.

In the fourth section of these guidelines, the authors address the issue of cooperation between outreach workers/projects and other relevant parties. They stress the need to present outreach work to other organisations and individuals, in order to create a better understanding and to promote fruitful cooperation. Examples are given regarding cooperation with the police or with other (social and health) institutions. National and international networking is considered essential as well.

Finally, the fifth section pays attention to creating a supportive working environment for those involved in outreach activities. The need for a good introduction into outreach, appropriate training and a good support system, e.g. through regular supervision, is stressed. The authors give concrete examples of supervision sessions and present strategies to prevent risks for the well-being of outreach workers.

In the appendices, these guidelines contain brief descriptions of activities in the area of outreach, such as a study programme, two outreach interventions with new communication tools, one safety form and a needs assessment form.



Acknowledgements

This reader has been compiled within the framework of the Correlation Project – European Network Social Inclusion & Health. According to one of the main principles of Correlation, we brought together experts with a wide range of expertise and knowledge, in order to ensure innovative and efficient approaches.

We are grateful to all authors, who contributed to this reader. Thanks as well to the members of the Correlation expert group ‘outreach’, who supported actively the developments.

In particular we would like to thank the members of the editing committee, Mika Mikkonen, Jaana Kauppinen, Minna Huovinen and Erja Aalto.

Finally, thanks are due to our main funders, the European Commission (DG Sanco) and the Dutch Ministry for Health, Welfare and Sport (VWS) for providing financial support.

Amsterdam, January 2008

Ingeborg Schlusemann
Director Regenboog AMOC

Eberhard Schatz
Katrin Schiffer
Project Coordination

Contents

Executive summary	7
Acknowledgements	9
Preface	12
Introduction	14
1. Central themes underpinning outreach work	17
1.1. Ideological concepts and ethics of outreach work	17
1.2. Terminology and main definitions	20
2. Outreach work in practice	25
2.1. Main target groups and aims	25
2.2. Outreach methods and ethical considerations	26
2.2.1. Outreach work by professionals	26
2.2.2. Peer driven outreach (volunteers)	28
2.3. Characteristics and required qualities of an outreach worker	29
2.4. Outreach workers peer discussions during the Correlation Network meetings	31
3. Managing and leading outreach work	37
3.1. Outreach work and data collection	41
4. Networking and co-operation	43
5. Creating a supportive working environment for outreach	47
5.1. Induction and training	47
5.2. Supervision	49
5.3. Well-being at work	53

Appendix 1:	Post-degree education in outreach work - 30 ects credits - study programme	56
Appendix 2:	First homeless kid in Second Life and Dutch homeless journal appears in Cyberspace.	57
Appendix 3:	How to utilize mobile phones in low threshold customers' health counselling, Finland	58
Appendix 4	Risk assesement Form	60
Appendix 5	Rules of Patrol	62
Bibliography		65

Preface

The earliest notions of outreach work can be found in the history of the British Salvation Army, starting from the beginning of the 18th century. Salvation Army workers were searching for people and families in need of help and assistance in the slums of some major cities in England. The British class society was deeply divided and helping the poor and disadvantage was not seen as a top priority. The circumstances Salvation Army workers found themselves in, were alien and sometimes frightening. Today's outreach workers face similar issues, when they work with the traditional and official structures of social and healthcare systems.

Outreach work can be described as frontline, low threshold work. The principle aim is to establish contact with marginalised groups and provide them with appropriate support. Many European countries allocate minimal funding to outreach work. The workers are often students, funding their studies and moving on to better paid jobs after graduation. The Correlation Outreach working group concluded that outreach work itself is very demanding, and the qualities required for an outreach worker are often unreachable. My own experience (Mika Mikkonen), working as an outreach worker for more than ten years, can confirm this view. The contrasting demands will often create a paradoxical situation, where the workers opinion is that you need extraordinary skills and knowledge in order to perform well, but on the other hand the resources given to outreach work are minimal with a few exemptions.

The second issue discussed in length by the Outreach working group was the conflict between the modern busy working life combined with target and outcome orientated work emphasis and the way in which outreach work operates. An outreach service may encounter difficulties when attempting to quantify and document its work, which may progress slowly and is usually based on a long-term contact with clients. Tiny, cumbersome progress in the life of an individual or community is difficult to document in an administrative language or in meaningful figures that can be fully understood by decision makers and funding bodies.

The core principle of outreach work is an ethical requirement of constant reflection on both the content of your work and the methods used. We work with people that are either marginalised or live in situations that place them at risk of dropping out from the mainstream society. Our clients may experience "the official helping machine" as threatening in the circumstances that they are confronted with.

The central force for change in outreach work is recognising and showing that a client is interesting, valuable and valued. It is crucial to acknowledge a person's subjectivity and allow the person to guide his/her life regardless of the aims and objectives of our work (Zotow, 2003).

The Correlation Outreach working group meetings have been valuable and fruitful. The stories that unite us, both workers and clients, are encouraging, interesting, full of rich detail of life and most of all, they tell us about people that, even when marginalised, are able to create something good, if given the opportunity, knowledge and means. Through our concrete, common stories, the negative label that is often given to our clients as sick, criminal, addict, prostitute or Roma people becomes invisible to me. But how can we make these stories visible, heard and understood outside our circle of outreach workers to a wider audience?

The development of these guidelines has been an interactive process. Participants from across Europe, Russia and the USA have contributed, by putting together their thoughts and

experiences on various aspect of outreach work. The sub-group in Finland received a variety of interesting and valuable observations and stories. The work was challenging, especially due to the huge variation of ways, in which outreach work is organised and resourced in different European countries. Some countries have a long history of “doing” outreach work, theoretical frameworks and training in place. Some other countries are in the process of setting up outreach services, at times under exceptionally challenging and complex circumstances.

Our aim was to collate the information in such a way that the main issues involved in setting up outreach work are looked at from four dimensions:

- the ideological context of outreach work
- management and leadership
- professional practise
- the working environment.

We hope that this will make the use of this document useful and easily accessible.

Finally, the Correlation Outreach Group would like to thank all the colleagues around the world in the outreach field who have helped to create these guidelines. We sincerely hope this work proves to be of value and interest.

Mika Mikkonen
Project coordinator

Introduction

These are outreach work guidelines compiled by the Correlation Outreach Group. This expert group's principle task was to map existing models of best practice and – by doing so – to contribute and work towards improving and developing outreach services to meet in a better way the physical and psycho-social needs of marginalised groups in Europe and to improve their access to medical and social services.

We have examined the possibilities and differences faced by outreach work both in the European and the global context. We have developed these guidelines on outreach work in order to improve the information available for decision-makers, managers and practitioners. By providing these guidelines, we also hope to continue the process of dialogue about outreach work across countries and between agencies. We want to highlight its value in reaching marginalized people and contributing to the struggle towards a more humane society for us all.

The report has been divided into five distinct sections. Each section contains “real life” examples of outreach situations in separate grey boxes. These stories will offer you one way of working; however, each situation has to be analysed on its own merit, there are seldom magic solutions and there may be other, equally valuable approaches. We should nourish creativity and “out of the box” thinking.

In the first section, we explore some of the general themes, underpinning outreach work and clarify some of the ideological concepts and principles of outreach work. We also outline briefly some of the main definitions and terminologies that may be used when outreach work is described and defined.

The second section offers an overview of outreach work in practice. We will concentrate on issues relevant to people actually delivering outreach services. We look at some common aims of outreach work, describe the main methods and discuss central ethical issues involved in outreach work. At the end of this section, we look at the outreach worker as a person, whose main tool for work is himself/herself. To highlight the issue and to ease the reading process, we decided to leave it as a list of characteristics and qualities required from an outreach worker. This section offers also a personal, reflective account on some of the central themes that were discussed during the Correlation Outreach group meetings. The voices heard are from Poland, the Czech Republic, Finland and Portugal.

The third section describes some of the organizational issues involved in developing outreach services and illustrates the managerial challenges and solutions for the design and delivery of these services.

The fourth section draws attention to the importance and value of networking and co-operation with other service providers.

The fifth section offers a detailed exploration of issues seen as crucial by the Correlation Outreach Group for creating a supportive environment for outreach work. The group considered this topic as one of the main themes arising from group discussions. The way in which outreach workers were supported varied a lot in different countries. Especially in countries struggling with limited recourses allocated to outreach work, we should search for new and innovative ways of ensuring the well-being and adequate support for people working in this field.

Parallel to the above structure, we have included some “stories” and practical examples that were told to the members of the group by both our clients and workers in the field. We hope that by doing this, the picture we are painting about outreach work will become more real and interesting.

The huge variation in both the contents of and the resources allocated to outreach work in different European countries was the other major theme during the group’s discussions. In some countries workers appear to have very little training, are paid minimal wages and work without any formal supervision, often in very demanding situations and circumstances. In other countries, outreach work has a long tradition and has been recognised as a specialised, valuable and well-resourced working method. To illustrate the matter further, we included a description of the post-degree education programme designed in Norway, where outreach work is taught at University level (appendix 1). As an example of how outreach work has adapted and changed to the challenges faced by today’s rapidly changing world, appendix 2 describes the work carried out in an online outreach project in the Netherlands. In appendix 3, an example from Finland describes how mobiles phones can be utilised in low threshold customer’s health counselling. Appendix 4 contains a risk assessment form that has been developed in the framework of the Positive Health Project. Finally, appendix 5 from Norway gives important safety information for outreach workers.

The outreach sub-group in Finland consisted of two organisations that have long experience in outreach work among sex workers and drug users. Writing these guidelines was a process, in which both workers and managers shared their experiences, views and feelings. We also took the liberty of revising the information and feedback received from the wider network. This process enabled us to revamp the content over several months and to focus on the most relevant information. This is also the reason why so many of the examples are from Finland.

We hope that these guidelines will be of use at various levels. We anticipate that the discussion and debate on outreach work will continue. Finally, we hope that the issues highlighted in this document will be explored further at both the national and the European level in terms of policy, funding and practice.



1. Central themes underpinning outreach work

1.1. Ideological concepts and ethics of outreach work

“Social work as a socio-political activity is not worth much if those who perform it don’t have the courage to side with people who cannot defend their right to live by achievements, coping or respectable way of life”. (*Granfeld, 1998*).

Outreach work is primarily an attitude and only after that a method. Therefore, it is crucial that organisations and people involved in outreach work are aware of their own ethical principles and beliefs.

All social and healthcare work should endorse the respect for the basic human rights as their common guiding principle. Especially important is the “human dignity” concept. Each individual has to be seen as valuable and has the right to be treated with dignity in a morally respectable way. Our work should be guided by the need for support, instead of social or legal status, behaviour, ethnic origin, gender or sexual orientation.

Further to the notion of human dignity, our work needs to be guided by respect for self-determination and autonomy. *Talentia Union of Professional Social Workers (2007)* has defined self-determination as follows:

“Social workers should respect and promote people’s right to make his/her own choices and decisions, irrespective of their own values or life choices, provided this does not threaten the rights and legitimate interests of others. A legally competent client is responsible for his or her choices and their consequences.”

The right to make decisions affecting your own life is the innermost principle of humanity: the ability for autonomous decision-making and the sense of dignity this engenders. The respect for autonomy does not mean that we always do what the client wants, but that we respect his/her views and opinions even if they differ from ours.

Outreach work must pay special attention to a person's right for autonomy. It must be conducted in a manner that respects the individual, particularly because of the innermost nature of our work, aiming to reach people living in the margins of society. Those marginalised groups are not in the margins by coincidence and without a reason. They often display by their own existence and behaviour something that the mainstream society does not accept or see as appropriate or "right". Social work is under pressure to act as "control apparatus", whose job it is to change or "rehabilitate" their clients against their own will or views. Welfare services are often designed with thresholds that a person has to overcome and conditions that they have to meet before receiving the services they are looking for. Low-threshold services, harm reduction and outreach work detach themselves from these control mechanisms and base their work on a holistic view of the person, respect for the autonomy of the person and human dignity without any restrictions.

The client has the right to be heard and understood. When we act as professional social or healthcare workers we need to analyse our client's life together with him/her and take into account the wider context of the encounter. A professional outreach worker needs to be able to utilise his/her own training and skills and produce a vision for the client together with information on the different options available. The client can then use this for informed decision-making that suits her/his current circumstances. Advice, guidance and support are not given without a common understanding or goal. Client centeredness does not presume that the worker needs to "dive into" the client's situation; rather it means that the worker maintains his/her professionalism and the right amount of objectivity, so that new analysis and understanding can be found.

Organisations offering outreach services have also an advocacy role. What we see, hear and learn through our work, should be translated into political activity. The knowledge gathered through outreach work is valuable and it should be utilised to advance the rights of people living in margins of our society both in local and national political level and also in international collaborative networks.

Because of the multicultural nature of our society, it is significant to have outreach workers with different ethnic origins. Developing cultural competency among workers is of great importance, when working with people from different ethnic backgrounds. The workers need to develop means to recognize the cultural differences, to be aware of their own attitudes and values and to act according to different cultural contexts. Working with people from different ethnic groups requires also language skills and tolerance of uncertainty that can derive from the cultural clashes.

Gender sensitivity is an important element of competent outreach work. Depending on the target group's composition, it is often wise to consider, whether the outreach workers should be women or men, or should be pairs of both sexes. Sometimes, it is good to have mixed pairs, at times it is better to have female pairs or male pairs – different target groups have different needs. It is important to consider gender issues when organising outreach work.

One day we (two outreach workers) were working in a slum and a drugdealer was talking to us as usual. Suddenly he started to insist that we needed to be armed as well because our work was too dangerous for two girls like us. We said we didn't need any guns and that we were not afraid of doing our job, but he insisted on his idea. Then he disappeared. After a few minutes he appeared with a semi-automatic gun. The gun was very little (feminine, you could say) and capable of shooting six bullets automatically and continually. He wanted to sell it to us. We carefully tried to change his mind but he kept on insisting and suddenly started to shoot in the air. Everyone started to run and only the three of us were left standing there, continuing to talk about the gun. We were both trembling and he just kept on talking like it was the most natural thing in the world and just wanting to help us. Portugal

The outreach worker's principle aim is to work towards a more humane society. This ideology has been defined in a document produced by the Union of Professional Social Workers in Finland (Talentia Union of Professional Social Workers, 2007). The ethical principles listed in the above document have been rephrased here as an ethical guide for outreach workers:

1. **Each individual is valuable and has the right to be treated with dignity.**
2. **Each individual has the right for self-determination and fulfilment, as far as this does not harm other individuals or their rights. At the same time an individual has the responsibility to look after society's well-being.**
3. ***Each society should aim to increase the well-being of each and every individual.***
4. *Outreach workers are obliged to follow the principles of social justice.*
5. Objective and evidence based practise is guiding outreach workers in their professional dealings with individuals and community groups.
6. *Outreach workers respect individual's privacy, confidentiality and the principles of data protection in their professional work.*
7. ***Outreach workers need to work in partnership with their clients, always aiming to increase the client's well-being.***
8. **The basic starting point for outreach work is that the client has the right for self-determination and has the right and responsibility to make decisions about issues concerning his/her life together with an outreach worker.**
9. Outreach workers should aim to minimise all work done without client's explicit consent and avoid needless contact with authorities against the client's will.

1.2. Terminology and main definitions

In short, These principles have been originally developed in Norway for outreach work amongst young people:

- 1. Early intervention: detection of social and health problems among the target group as early as possible.**
- 2. Making the target group's voice heard in policy making.**
3. Providing outreach services: providing services to the target group when the society's existing services are out of reach or insufficient.
4. *Establishing contact with marginalized groups and motivating them and informing them about other treatment or care offers.*
- 5. Providing advice, information and counselling about risk behaviour and harm reduction, treatment services and medical, psychological and social services.**
6. Teaching the target group to utilize "the help apparatus" and ensuring that "the help apparatus" has the optimal services on offer for the target group.
7. *Gathering and providing information about the target group's living conditions and needs. Informing the authorities when planning services and measures appropriate for the target group.*
- 8. Working towards ensuring that the administrative and political authorities take responsibility for the target group's situations and needs.**

The main principle in outreach work is that the (e.g. social or health) services are taken to the target group's own environment. Outreach work appears at many levels and in different connections. It exists in between primary prevention measures and treatment programmes. Outreach work provides direct, flexible and responsive services, including education and preventative services. Delivering the services directly to the target group means, that the work is done in the places, where people spend their time: when working with women involved in prostitution, this means for example restaurants, massage parlours and streets.

ZIPPA-AIDS project operated in Zürich in Switzerland from 1989 to 1992 in a park near by the Central Railway Station. An old toilet building was used as a drop-in for clients, with free tea and fruit available and an office for the outreach workers. They offered harm reduction information, basic healthcare, referrals to other services and exchanged app. 5000 sets of injecting equipment per day. During these three years, the outreach workers provided first aid and basic life support for a 1000 overdosed drug users. In 1992, the park was closed and the drug users moved to another location in Zürich. (Buning 1993)

Outreach work is done by meeting people in their own terms. Work is based on voluntary methods – members of the target group decide whether they want contact with the outreach worker. It differs in many ways from other types of social or health related work. Because

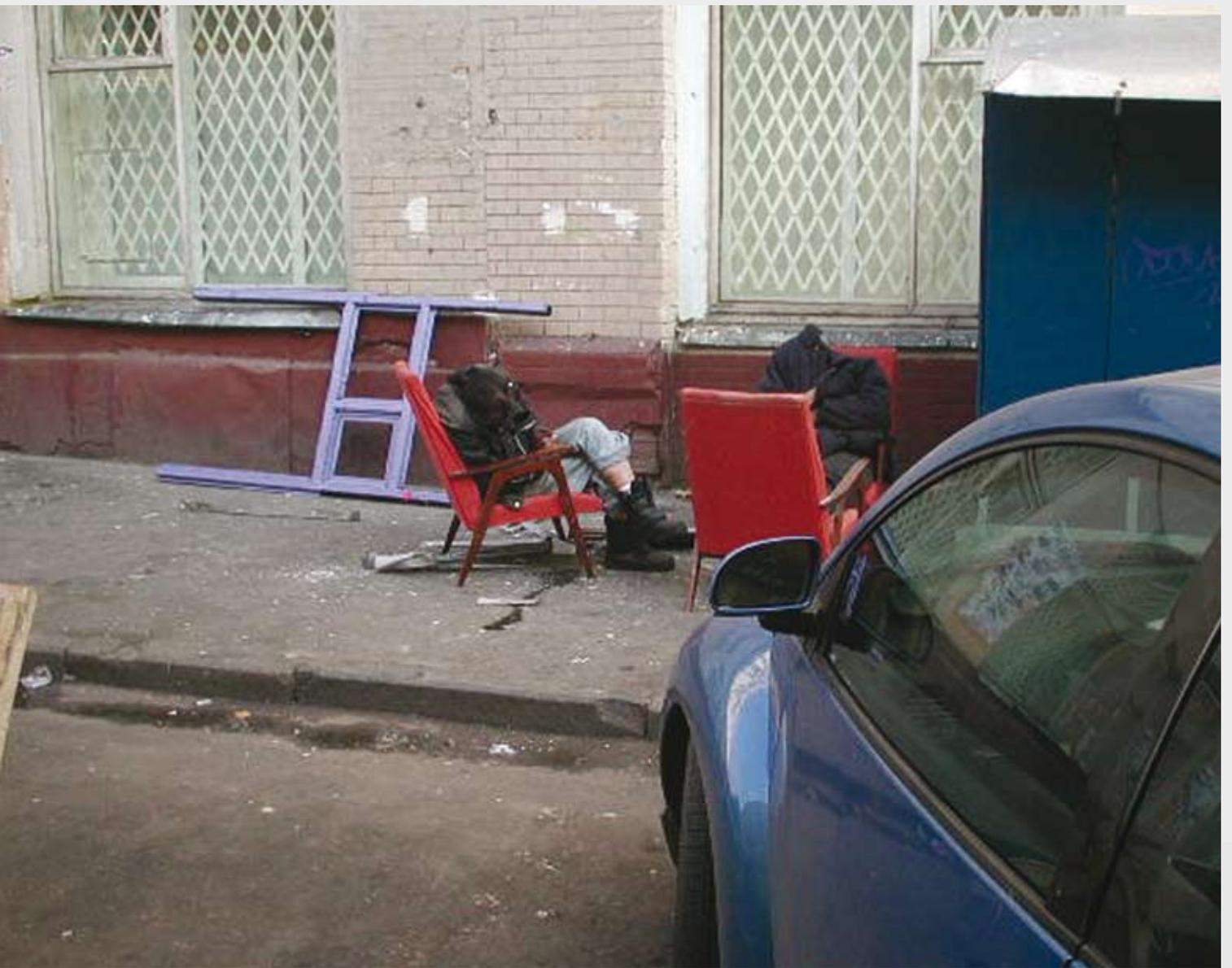
outreach work is done in the target group's own environment, the worker lacks the protection of "normal" working surroundings and exterior symbols of power and authority, such as office doors and tables. Outreach work is also less bureaucratic and more easily accessible compared to other types of social work. This is the strength of outreach – it reduces the distance and increases the intimacy between the worker and the client. On the other hand, it places demands upon personal security: the intimacy can be very tough and challenging. Therefore, it is vital to organize appropriate tuition and supervision for everybody involved in the delivery of outreach work.

Outreach work utilizes a diversity of working approaches. It can include multiple activities, such as a variety of ways in establishing contact and different interventions. Besides offering services for hard to reach groups, outreach work is also an important tool for gathering information and knowledge about the target group's living conditions, needs and perceptions of services. An important aim is to make the voice of the target group heard, when designing policy concerning them. It is delightful that politically active rights movements, organized and managed by marginalized groups themselves, are being set up. In these organizations, marginalized groups are themselves fighting for their human rights.

Outreach work has been described in a variety of ways and concepts. Outreach work methods have been defined by a mixture terms. The cultural and professional context, the working environment (e.g. street, home, service unit, Internet) and the variety of target groups have influenced these definitions. Outreach work needs also to react to changes in the society and the work settings. Rapid technological advancements, for example, are creating new opportunities and environments for outreach work. Innovative methods of contacting marginalised groups, such as the use of Internet and/or mobile phones, are examples of these new ways of working (see appendix 2 & 3). What unites all these definitions of outreach work, is the fact that they aim to describe the nature or the purpose of the work: where it's done, what the goals are, or what kinds of services are on offer.

Outreach work can be seen as an umbrella term that contains diverse methods and approaches. Outreach can also be understood as an ideology and attitude. We work on our clients' terms in surroundings where they live their daily lives. Outreach work and the workers are accepted as part of this environment only if they genuinely respect the people and their world. Our clients need to feel that they gain something from our work. Outreach work can be justified and the success measured always only out in the field.

The following examples demonstrate two different ways of describing outreach work. The first example is Rhode's (example 1.) definition on outreach work, which is focused on working environments. The second example is a definition by the TAMPEP-network (example 2.) that uses outreach work's starting points and aims as the core of their classification.



Example 1

Rhodes divides outreach work into three main categories: detached outreach, domiciliary outreach and peripatetic outreach. (Rhodes 1996, 25-26)

Detached outreach

Detached outreach is work undertaken outside of any agency contact, such as work on the streets, in bars, cafes, clubs, squats, 'shooting galleries', railway stations and so on. Detached outreach aims to facilitate behaviour change either directly or indirectly.

Domiciliary outreach

Domiciliary outreach is work undertaken in the homes of target populations. In the areas where there are no street drug scenes, many drug users can be contacted in their own or others' homes. Domiciliary Outreach is undertaken through regular home visits to clients of projects, as well as to the homes of dealers and visits to home-based 'shooting galleries'.

Peripatetic outreach

Peripatetic outreach is work undertaken in community-based agencies or organisations such as prisons, housing projects, hostels, syringe exchange sites, brothels, schools and so on. Instead of targeting individuals, it targets organisations where target populations can be contacted. Peripatetic outreach places emphasis on broadening the range of people who are reached with health education messages, and on training of other workers and staff to provide education to their clients.

Example 2

The **TAMPEP**- network (aimed at migrant sex workers in Europe) defines outreach work as the most important way of establishing contact with mobile population, in this case sex workers, that move around in different countries and localities. Outreach and street work are the most effective strategies for establishing and maintaining contact with sex workers. Such interventions need to be systematic, frequent and intensive in order to build a relationship of trust with sex workers. Interventions should not be limited to handing out condoms, lubricants or information promoting safe sex practices but should involve establishing personal contact with sex workers, providing guidance and support in social, legal and psychological issues.

Cultural mediators and social care assistants have to be trained in the techniques of outreach work and they have to be able to establish a network of projects for exchange of information and co-operation at local, regional, national and transnational levels.

Aims of outreach work:

- to contact women who are usually extremely isolated and marginalised
- to gain insight into the state of the social and health services that are available and to improve their access to them
- to make them aware of the social and health services that are available and to improve their access to them.
- to encourage and support them in reporting cases of trafficking in women and any other kind of exploitative or abusive incidences
- to inform migrant sex workers, especially the group without work and residence permit, about their rights and legal situation during their stay in the country
- to support and encourage them to develop self-confidence, self-awareness and self-esteem.
- to inform politicians and policy makers about the problems migrant sex workers are confronted with, while staying in a given city/country.



2. Outreach work in practice

2.1. Main target groups and aims

Outreach work is a way of contacting and working with **marginalised groups**. Outreach work can be done amongst any target group. Outreach work method is useful with all excluded groups of people that might benefit from services. Most commonly, outreach work is carried out amongst marginalized group of people such as drug users, homeless, youth at risk and sex workers.

The main aim of outreach work is to design more accessible social and healthcare services for people in need. They are people who otherwise would not be able to use or benefit from the society's "help apparatus". Outreach work has a preventative working approach. It employs harm reduction measures combined with early intervention work and provides means to gain contact with groups at risks, prior to their issues (such as drug use) have become problematic.

The main reasons to provide outreach are:

- existing services are not reaching the target group effectively
- existing services are not offering interventions based on target groups needs

Outreach work is aiming to create change at four different levels.

1. Individual change
 - a. increase in risk awareness
 - b. increase in motivation through knowledge and support
 - c. increase in awareness levels, changes in beliefs/values
2. Changes created by interaction
 - a. individual change affects other people
 - b. one to one communication about the issue
3. Changes in the community
 - a. influencing the culture within the community, group changes the individual, braking the existing taboos / beliefs
 - b. change in the community norms
4. Changes in the social policy
 - a. influencing the atmosphere and attitudes, generating relevant knowledge about the target group
 - b. influencing decision makers, acting as an “interpreter” for other social and health services

Years ago we were visiting a shooting gallery situated in one of our client's home. Whilst we were leaving, the owner of the house came running after us and handed us a plastic carrier bag. He asked if we could hand it over to its proper owner. The content of the bag took us by total surprise – it contained silver bowls used for mass in the near by church. We promised to deliver the goods to their rightful owner. The caretaker of the near by church was speechless when we handed over the goods to him.

I was walking with one of my outreach colleague in a park in central Helsinki and came across a group of Roma people. They had just injected in the park. Amongst Roma people, a person who injects drugs is alienated and removed from his own community. After brief introductions one of the men started throwing his arms about and describing how hepatitis virus can be caught from the air. We were able to tell him about hepatitis and how it's transmitted and at the same time referred the whole group for hepatitis B vaccinations in the nearest health advice point for drug users (Vinkki).

2.2. Outreach methods and ethical considerations

2.2.1. Outreach work by professionals

In professional outreach work, trained social, healthcare and youth work professionals go to work in places where their clients are. So the traditional service model, where clients are coming to the services they require into clinics and offices, is conceded. Outreach work can be organised and carried out by using a variety of different approaches. A common feature for professional outreach work is that workers are in the field in their professional's roles, and the organisation has defined the content and the target group for the work: what, where and when. Professional outreach work can include peer involvement. Outreach workers from similar ethnic

backgrounds as clients can also act as cultural mediators.

Outreach work can be done in different environments: streets and other outdoor locations, homes, homeless unit, brothels, bars, internet, on-call clinics e.g. Regardless of the environment, the common element for all outreach work is the attitude and the style of working. An outreach worker listens actively and finds out what the needs of the client are. Then she/he will search for the appropriate service options available for the client. Outreach workers need to have a good knowledge base on existing services and the readiness to act and give information “here and now”. Chapter 2.3 describes the necessary skills required from an outreach worker. The criteria list has been generated during the meetings held by the Correlation Outreach Group.

Respect for the client’s territory is a distinctive feature for outreach work. The ability to be patient and wait and on the other hand the ability to establish a contact with the client that respects his/her integrity are all integral attributes for a good outreach worker. Outreach work can never be done covertly. The outreach worker needs always to tell who he/she is, what organisations he/she represents and why he/she is in the field.

Outreach work means that the workers reach out to meet peoples’ needs with empathy and solidarity and furthermore with professional attitude and standards. Professional and/or work experience is necessary for understanding and evaluating arising problems and situations. In outreach practice, the knowledge, experiences and methods that the work is based on are transferred from older colleagues to younger. Therefore, it is recommendable that work is done in pairs and in the form of senior (experienced) and junior -model. Working in pairs is also useful, because in this way you can get direct feedback on your own work and you are able to discuss and analyse arising problems and situations with the partner. Furthermore, working in pairs provides protection and the pair can also complement each other.

List

**of principles of pair working on outreach
(generated at the National Outreach
Seminar, Finland, 2004):**

Pairwork’s 10 commandments:

1. Trust your pair and be trustworthy
2. Be open and honest
3. Don’t have lust toward your pair
4. Respect agreements
5. Don’t leave your partner alone
6. Be merciful toward your pair and yourself
7. Appreciate your work and your pair
8. Common work – common plan
9. Remember your works target
10. Sanctify your day of rest

(look appendix 5 rules of patrol)

2.2.2. Peer driven outreach (volunteers)

Voluntary peer outreach work needs to be taken into account as a part of successful interventions, especially in countries and areas where the target group's activity is hidden and can't be found and accessed without difficulties (e.g. no visible drug use in the streets, street prostitution and rough sleepers).

Peer outreach work differs from professional outreach work in two ways: (Rhodes 1996)

- Firstly, it aims to introduce changes in the behaviour of the specific target group from inside the network
- Secondly, the aim is to introduce change via peers/cultural mediators that are either current or ex group members

Peer outreach workers can also be called as peer educators or tutors. Peer workers get seldom permanent contracts. They usually work as volunteers at times that suit them. In many countries, peer outreach workers are paid tax-free remunerations/expenses.

Harm reducing peer support is based on the idea that peer workers can act responsibly as important information distributors and support mentors, even if they themselves use drugs or work in the sex industry. Peer workers belong to the target group that the support organisation offers services to. The strength of peer activity lies in the similar lifestyles of the peer workers and the people they are helping. Peer workers can ultimately change attitudes, habits, beliefs and risk behaviours in their own social networks. Peer workers have the unique opportunity of getting involved in those concrete, daily situations in which the target group lives. Peer workers can also reach those people who do not otherwise access the services offered by the organisation.

The status of peer workers can be defined three dimensionally as follows: (Rhodes, 1996)

Peer supporter: a person from the peer group who offers support. In principle, this can be anyone. This position does not include any obligations or responsibilities.

Peer educator: a person from the peer group that has completed peer education training and is committed to a certain time limited undertaking.

Peer worker: a person from the peer group who receives continuous training and ongoing supervision, provided by the organisation that provides services.

Peer workers can also have an important role in developing services. They can supply up to date information on possible changes and additional needs amongst the target group. Peer activities must meet the ever-changing needs of the clients and adapt to each challenge, phenomenon and problem typical for that time. The work must be persistent, continuous, and constantly developing. Peer workers must be a part of the development.

Peer workers need professional, social and medical support. Both individual and group support is important. The support generated by peer educators when they work, access and analyse their work together can also develop the peer activities further.

Peer workers require a clear definition of their role. They need to be treated with respect as fellow associates and the organisation needs to ensure that their voice is heard. This is important for peer educators development and motivation. Respecting peer workers and taking them seriously will enhance their self-esteem and motivate them to continue and develop their work.

Snowball method

The Snowball Education Programme is aimed at preventing the spread of HIV and hepatitis amongst injecting drug users. It is based on the active participation of drug users. Originally, the snowball method has been developed in Belgium in 1987. It differs from other preventive drug services, because the workers are either former or still active drug users. Each individual who has undergone A-clinic foundation's Snowball Educational Programme is an active drug user. The trainee's main goal is to create new contacts with other drug users. Their task is to gather information on the ways in which individuals use drugs, and inform them about the prevention of risks associated with infectious diseases (e.g. risks associated with injecting and sexual contacts). The trainees also give out information amongst their peers about how to prevent poisonings and drug overdoses. First aid advice is also delivered by trainees.

The main goal of the Snowball method is to minimise the harm associated with drug use by informing drug users about the risks involved and by giving out evidence based appropriate safer drug use and safer sex advice. The second goal is to inform drug users about services available, such as health advice centres. The third goal is to collect information on drug users' experiences, behaviour patterns and attitudes, and to communicate this silent knowledge to decision makers.

The trainees have to participate in the entire training course. The training course consists of 4- 8 thematic education sessions (depending on the needs of the group)) and a fieldwork period. During the outreach period, trainees must meet 10 different drug users and interview them. During this period, trainees are also taught how to act as peer workers and share information about harm reduction. Trainees will also commit to sharing their own experiences, thoughts and opinions with other trainees and teachers. Listening to and respecting others means respecting also yourself. This is important because the trainees must remain non-judgemental towards their fellow drug users whilst working in the field.

Trainees are encouraged to contact the organisers every time they come across questions, to which they do not know the answers. The outreach period of the educational programme is demanding and may create problems and situations that seem impossible at the time. Together, with the instructor and possibly with another trainee, solutions will be found to all problems. Mutual support and solidarity are both concepts learned during the Snowball Project.

2.3. Characteristics and required qualities of an outreach worker

Besides working methods, outreach worker uses also himself/herself as a working tool – to be successful in outreach work it is essential to have some special personality features. Here are some characteristics that can be described as necessities for an outreach worker: the most important factors are the characteristics which influence ones ability to be in contact with people and the way in which you treat other people. Besides being a working method, outreach work is also an attitude.

To be a good outreach worker, one needs to be

- tolerant
- confident
- courageous and tough; you should not take things too personally and give up easily
- committed
- humble
- independent
- sensitive
- non-judgmental and open-minded
- organized
- flexible when necessary
- easy to approach

And needs to have:

- credibility
- good ability to motivate

Outreach work is based on voluntary methods – it is not compulsory for the target group to be in contact or to take part in activities. A good outreach worker doesn't have a need to engage people to himself / herself; one should be able to let people go when they feel like it.

Besides these characteristics mentioned above, there are some other important factors that are essential for outreach workers. Some of these skills and knowledge are the type of things you have to possess from the beginning and others are skills that can be learned.

These are the skills and knowledge an outreach worker has to have from beginning:

- ability to analyse and report
- ability to communicate
- documentation skills
- good knowledge of service system
- good knowledge of legislation
- good life skills
- good social skills
- practicality
- understanding of the everyday life of your clients
- respectful attitude towards clients
- respectful attitude toward your working environment
- clear understanding about your role as an outreach worker, about your goals and limits

These are the skills an outreach worker has to learn, if he/she doesn't have them already:

- needs assessment; what the client needs from the outreach worker and the organization
- updating your knowledge continuously
- practical skills; tailored skills

- usage of the increased and sometimes very intimate knowledge with respect of integrity and dignity of the client
- recognizing the individuality and the own will of every client
- understanding of the relationships in the community
- co-operation skills (with different service providers and agents operating in the same area)
- working with different pairs
- sharing knowledge so that it benefits the clients
- sorting out information; recognizing the difference between small and big things

2.4. Outreach workers peer discussions during the Correlation Network meetings

This section gives you an opportunity to hear some thoughts and feelings expressed by some experienced outreach workers during the Correlation Outreach Group's discussions. The discussion will offer you an illustration of "real life" outreach work / worker.

1. How to find enough strength to work as an outreach worker.

You need to have other free time activities and hobbies, such as sports or music. It is important to have some different "life" which is not connected to work or to people in the outreach team. You should have a clear border between working time and your other life (for example some ritual while coming to and from work, changing clothes when you come to work, have a coffee or tea before you start working etc.) Positive feedback is very important. But we have discussed already that it is not easy in the low-threshold services.

2. Working pairs (successes and problems)

Most of the Czech outreach teams' people are used to work in pairs, if it is possible, a man and a woman. When you work with minorities (e.g. Roma people, Russian speaking people), we have very good experience with "cultural mediator", a worker who comes from the respective minority and knows the culture, language and habits.

3. Peer work and voluntary work

As mentioned earlier, in bigger cities we use peer workers (external outreach workers). It is not voluntary work, because they get regular salary. We find this very helpful. We get a lot of information from these workers about the situation in the drug scene in Prague. Because most of the outreach programmes in the Czech Republic are done by NGO's, it is necessary to use volunteers in order to survive. The problem is that they have to be trained and vaccinated against hepatitis before you can take them on the street. And there are not many trained and vaccinated volunteers. In Prague we have established so-called "trainees" – volunteers who come for short term involvement and can do some work, but they can not work with potentially infectious materials or do counselling.

4. How is your work seen by others?

There is a general lack of appreciation towards our work. For example, if we compare the reactions towards people who are suffering mental health or somatic problems and our clients, they are in totally different positions. Drug use is considered illegal, and drug users have created their problems themselves. In the Czech Republic, it is legal to use drugs (possession, distribution or production is illegal – not consumption). Although drug addiction is officially seen as an illness and drug users are considered ill people who have the right for treatment, public opinion and the general approach to these people is mostly negative. The situation is different in the case of alcohol addiction, which is more tolerated.

5. Work satisfaction?

General work satisfaction surveys show that workers need general acceptance and appreciation to be satisfied and motivated to go on. This aspect is closely connected to the earlier mentioned “public” approach. If the society does not accept drug users/addicted people as ordinary sick people, the people who help them cannot be seen as regular social workers or people who are helpful to society.

6. Do you speak about your work to your friends or family members?

My personal opinion is that it is not good to bring work back home; this is my personal experience. There is a risk, that you might “overload” your wife or girlfriend. This means, that you have to find a different way to express your feelings and to decrease the work-related pressure. Most of the outreach workers share this pressure with colleagues during the work or after work in a pub.

The majority of the outreach workers answered that they talk about work mostly with colleagues.

7. Is it possible that you stay in your working role at leisure time? What does this mean?

If you are outreach worker, it is almost impossible to leave the role when you finish your work. If you live in the same city, you meet your clients on public places, in shops, parks, concerts, pubs everywhere. And it is very hard to step out of the role. In a big city it is much easier, because the clients are spread, but in small cities you cannot hide.

8. How do you take care of yourself?

Interviewed outreach workers described a variety of different activities that they do in order to have a “positive” approach to work. In general, we can identify three main categories.

1. Leisure activities (religious activities or other kind of spiritual life, sports, hobbies, culture events, cinema, friends)
2. Identifying and having boundaries between work and personal life.
3. Trying to strengthen the positive aspects of the work (good team, friends in the team, good management)

9. What are the forums where you as a worker can speak about your work or difficulties?

Most of the low-threshold facilities have group supervision at least once a month. You can share your professional problems and difficulties there.

Usually once a week there is a team meeting. There is time to discuss about clients etc.

10. Is it possible that our clients' stigma causes fears / emotional reactions in you? What kind?

I am not sure, if I get the meaning of your question. If you mean stigma connected to the position of drug users within society - sometimes it causes emotions in public. Sometimes you meet people who think that you help to spread drugs, that you support people in taking drugs. But usually it is very hard to discuss with these people, because in most cases they don't want to listen to arguments.

11. Difficulties in referral systems. How does this affect the individual worker or a work place?

In the Czech Republic, as an outreach worker you often face problems in referring clients to any kind of facilities. If you call a hospital and say: "Hello, I am an outreach worker and I have a client for you", they are often quite unfriendly. Simply said, there are not many places where they like drug users with problems (no wonder sometimes). It happens that clients don't go to hospitals, because they are afraid that they will be treated as "junkies". Sometimes it is true, sometimes clients are lazy and don't care about themselves.

12. What are the possibilities for an individual worker to influence you're his/her own work?

Most of the interviewed workers did not answer this question. I have got a simple answer in my mind: "Do your work the best way you can":)

In our case, if you have a new idea / innovation, you can discuss it with your team and if they agree, you can implement it to practice.

13. Lack of possibilities to progress in your career in outreach work?

Our experience is, that usually people from low threshold facilities stay there for two or three years; then they leave completely from this field or they move to a facility with higher "threshold" like daily clinics, therapeutic communities or treatment centres. Within outreach programmes, there usually is no possibility to build up a career.

Face to Face - Do's & Don'ts, January – 2006 (Lifeline)

Eleven people who use services met to discuss what helps, and what doesn't, in face-to-face meetings with a worker.

DO:

Try to relate to us:

- try to understand where people are coming from regardless of your background
- don't guess at what my background is, or what my goals are
- be open-minded and recognise that everyone is different
- be informal when you can
- be approachable
- at least try to understand what we are going through!

Pay attention to us:

- pay attention to what we are saying
- take in what we are saying in order to give back the kind of service people expect
learn about each person's individual need and interests
- have 'listening skills', but please 'hear' what we are saying!

Actively support us:

- try to support us to the best of your ability
- give friendly, helpful advice where you can – it's our lives
- recognise that people have genuine problems
- learn to spot when people need help!

Know your limits:

- have an understanding of our needs and know your limits
- be honest about what you cannot deal with and then at least address it and...
- get us the support we need by referring people on to the best place for support
- we want people who we think might go that extra mile

Give a damn:

- be passionate if you can and if not at least know why you are there
- believe in us and we might believe in ourselves
- know we might go round, never give up on us
- be truthful and if you can't be truthful...
- at least be genuine

DO not:

Break trust:

- never break clients' confidentiality unnecessarily!
- don't take the piss, we see it a mile off
- don't be two-faced, we see that too

Pretend:

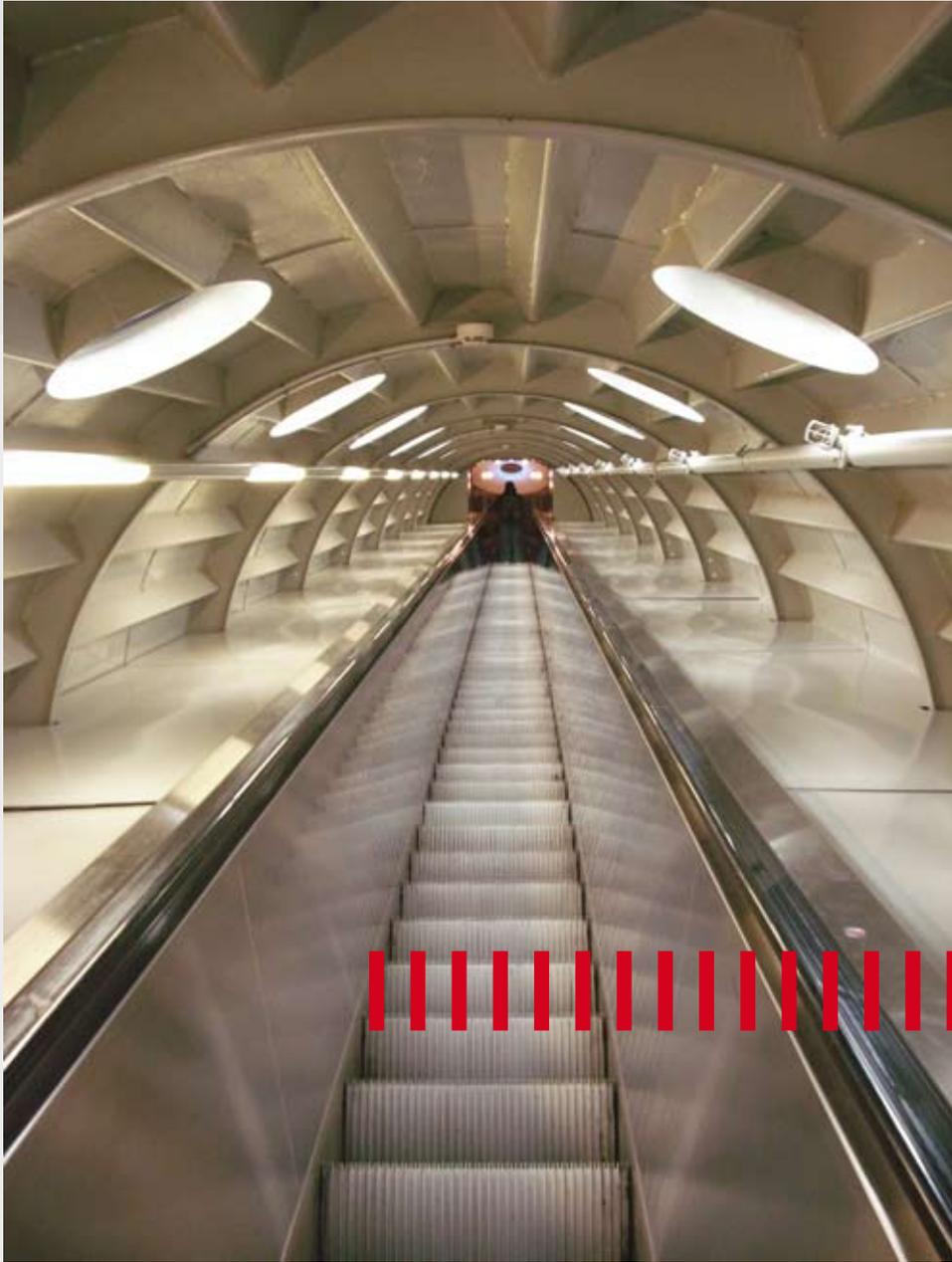
- don't pretend you have knowledge when you don't
- don't pretend you are something that you are not
- don't pretend that you can do something that you can't
- don't pretend you're just where we are

Be slack with information:

- don't take shortcuts to finish a job
- don't leave us to it if you can get something faster or easier
- don't take a gamble with information on serious things
- don't knock other workers or services that we might need
- don't be so ,in' with us you don't do any work

Stay around if you don't like drug users

- don't just be there physically
- don't use paper or notices rather than explain
- don't make us face you if you don't want to face us
- don't withhold information for convenience
- don't ignore what we want if its part of your job to help us get it



3. Managing and leading outreach work

In order to be able and competent to lead outreach work, the manager has to internalise the ideological foundations of outreach work. The manager also needs to understand the special characteristics of outreach work. The management's duty is to obtain adequate resources for outreach work (e.g. money, workers, training, supervision), look after workers' safety and well-being, establish a professional role and status for the work as a part of the service continuum (justification for work) and also organise, lead and steer the work.

The management has to understand the meaning and importance of structures for the working environment and on the other hand allow flexibility that is vital for this type of low threshold work approach.

The Correlation Outreach Group had several discussions on issues that were seen as important for managing outreach work. The themes during the discussions were similar to all the participants, however the resources varied a great deal.

Resources:

- Funding
 - realistic budgets; credibility
 - building alliances
 - joint actions and projects with other service providers
 - ability to use media, marketing
 - awareness of "funding trends"; what words and concepts to use
 - providing information about target groups reality for the funding organisations
 - conception about what politicians, decision makers and the funding organizations want to hear
 - it is good if it is possible to show in figures that society can save money by funding the activity

- comparisons between different projects, cities, countries etc.
- it is good to use measures when possible!
- identification of possible resources
 - national
 - foreign
 - private
- Risk assessment – care plan
 - different levels: clients, personnel, organisation
 - scenarios: from the worst possible to the best thinkable
- Collecting and using data

Professional status and justification for work:

- Justification and protection
 - management's responsibility to justify outreach work to the public
 - management's responsibility to guarantee working possibilities and working conditions to field workers
- Influencing policy at the political level and defending the rights of the clients
 - gaining recognition at the political level is a lengthy process and requires patience
- Making outreach work known and recognised amongst professionals networks

“It seems Portugal is not the only country where outreach workers have difficulties in surviving... The picture is much alike. Workers have very low incomes and work almost always in very uncertain situations and with few rights. It is common to be several months per year without any payment. That's why the team sees their members rotate constantly. This can destroy client's motivation to have a trusty relationship with someone who won't be there for a long time... “

Safety and well-being:

- Safety issues
 - Physical safety
 - possibility to work alone
 - decision making in threatening situations – when to leave the area
 - alarms
 - IDs for outreach workers
 - unexpected situations – strategies in crisis situations
 - Mental and emotional well-being
 - supervision
 - holidays and breaks
 - taking care of employees' working ability
 - sometimes it might be good to work in a different environment

- varies; good to evaluate regularly
 - also “new eyes” are needed on the field
 - ability to see different things
 - it is not always possible to change roles, the organization may not have other jobs on offer
 - sometimes limitations has to be made against employee's own will
 - showing interest in workers' well-being: asking how they are and where they are going
 - emphasizing the importance of taking care of one's private life
- **Environment of outreach work – can it be the same as where the workers spend their spare time?**
 - the situation is not recommended, neither it is strictly forbidden
 - it has to be made clear when the outreach worker is working and when she is not

Organising the work, leadership and recruiting process:

- **Working in pairs**
 - fixed or rotating pairs
 - resources vary: there might only be one outreach worker or one pair
 - relationships among pairs (problems with getting along or getting along too well: for example falling in love or keeping all the information between themselves, not sharing it outside the pair)
- **Probation periods for the new staff**
 - evaluation after few months (legislation varies in different countries from one to six months)
 - sharing mutual feelings and experiences
- **Peer's position (when working with peers)**
 - support for the peers
 - possible payment for the peers
 - standards – who can operate as a peer
- **Rules and workers' commitment to the rules**
- **Difficulties with management of multi-administrative/ multicultural/ multi-professional team**
 - it might be that all members do not belong to the same organization
 - different professions – different approaches
- **Multicultural outreach work / multicultural teams**
 - developing the workers cultural competency
 - cultural mediators / workers with different ethnic background doing outreach work among their own community
 - accepting differences and multiculturalism at work; needs open discussion about how these issues affect the work and the team (what are the strength's and benefits and problems it may cause)

- the cultural mediators are significant for contacting groups with different ethnic backgrounds
 - language skills: verbal and non-verbal communication
 - understanding the meanings of gestures
 - knowledge of signs, symbols and rules in particular cultural setting
 - understanding the prejudice, social exclusion and stigmatisation that migrant people are subjected to

Flexibility with boundaries:

- the management needs to recognise that the circumstances in the field can change rapidly and ensure that rapid changes are possible in the management of outreach work
- the need for change and the way in which change is managed requires good information exchange processes, communication and trust between the workers and the management

Who can lead outreach work?

There are some characteristics that are essential for a competent outreach work manager. For complete understanding of the nature of outreach work, it is recommended that the manager has his/her own experience in outreach work. This is not however a necessity – without practical experience it can be easier to focus on management and to get an overall view. The manager can get all the necessary information from her employees. Outreach work can sometimes provoke resistance and even attacks in the surrounding society. The outreach manager has the responsibilities to justify the work to public and to protect the grass root level workers.

Characteristics of a good outreach work manager:

- documentation skills; ability to analyse information
- ability and willingness to do politics
- good organization skills
- ability to speak politically correct, to do lobbying and advocacy work
- ability to understand financial management
- ability to handle resistance
- creativity
- good listening skills
- good partnership skills
- ability to prioritise
- ability to make sometimes difficult decisions (e.g. notice to quit)
- ability to explain the decisions and to follow-up
- ability to build alliances
- ability and willingness to protect the employees from political, residential etc. attacks
- ability to provide a good atmosphere
- co-operation skills
 - within the own organization
 - outside own organization
 - co-operation with the police, ambulance staff, sex bar owners and staff etc.

Among the characteristics mentioned above, the outreach work manager needs to have skills for personnel administration. Because of the peculiar nature of outreach work, it is very important to take good care of the employees. Besides focusing on the well-being, working conditions and safety of the employees, the manager has to care for the rules and regulations, and follow up, that the rules and regulations are obeyed. Sometimes the manager has to put limits, for example, regarding how far an employee can go with a client.

3.1. Outreach work and data collection

The importance of evaluation is explained in the Guidelines for evaluation of outreach work manual (*E.M.C.D.D.A*, 2001)). In the next section, we have included some issues raised in that document to highlight the value of a systematic approach to data collection as one of the vital parts of outreach work

Because of the close contact with the clients in the framework of outreach work, and due to the special insight the workers are able to get, outreach work is essential for gathering information about the target groups' living conditions and situation. It is important to gather information systematically. This information can be on individual, group or society level, and it can also concern the connections between these levels (*E.M.C.D.D.A*, 2001.)

“First contact with the client

It is very difficult to use a questionnaire in the first contacts with the client because outreach often works with people socially excluded and, in that case, secrecy is one's best friend; so it is not easy to get reliable data without building a trusty relationship with the client first.”

Valid data collection and surveying methods are for examples interviews, questionnaires, focus groups and passive or participative observation. It is of great importance to develop a systematic data collection strategy for your outreach organization. If needed, evaluation and survey methods can be included in the outreach workers or managers training programmes.

- **Data collection and surveying serves the purposes of:**
 - promoting the systematic and methodical work
 - bringing forward the content and the results of the work
 - documentation of the target group's situation
 - visualizing the target group's conditions and unveiling the societal conditions that weaken the target group's well-being (*E.M.C.D.D.A*, 2001.)

As an example, we have included a data collection form used by Positive Health Project, Inc. (PHP) in New York.¹ (Appendix 4).

A Correlation expert group, lead by EMCDDA, is currently developing a data collection protocol for specialist harm reduction service providers. The protocol aims to be a template for describing the profile of services and to improve the quality of data about the utilization of harm reduction services by current drug user

¹ The form has been developed by Jason Farrell, previously at PHP, now CEO at Harm Reduction Consulting Services, Inc. (HRCS)



4. Networking and co-operation

Outreach work is often an activity that is complex to explain to outsiders, especially when it's done by a non-governmental organisation. We need to answer some very strange questions at times, addressed to us either by other social and healthcare professionals or by our clients.

During street work sessions, Pro-tukipiste outreach workers meet on regular intervals sex workers who ask: What are you doing out here in the rain or at temperatures around -20 C? Sometimes the clients are wondering that we are at work also during the day and feel surprised, when we tell them that outreach is our work and we also get paid regular monthly salaries.

A recognised public image of outreach work organisations helps to diminish the often vague impression of outreach work and outreach workers' role amongst the potential clients and also within the other social and healthcare professionals. Comprehensive and wide-ranging co-operation with other organisations is important. This facilitates better understanding of outreach work methods and the development of needs-based services for the clients.

In Finland, the police contacted Pro-tukipiste and told us about a criminal gang that was robbing and assaulting prostitutes. They asked us to inform our clients and tell that the case is under investigation and additional information can be given to the police anonymously. The police told us the name of the investigator in charge and urged the women to contact him directly if they have any information about the case or if they wanted to put in a report of an offence.

We distributed this information amongst our clients both in our low threshold drop-in service and in the streets. Obviously, contacting the police was left for the client to decide. The feedback we received from our clients was very positive and they were pleased that the police informed them through our workers about the robberies and assaults and informed them about possibly dangerous clients. The fact that police was willing to take note of any anonymous tip-offs encouraged those prostitutes who had been assaulted to put in a report of an offence to the police. The women felt that at this time police was on their side.

In the end the tip-offs received from the women helped the police to catch the criminals. In terms of sentencing it was essential that some of the women had enough courage to put in an official report of an offence.

Co-operation with the police is often a difficult, complicated and also an intricate issue. The way, in which the general public views the fairness and legal position of the police force, can have an effect on people's confidence on the police. In many countries, corruption and violence within the police force can make co-operation impossible. In countries where citizens trust the police force, it is good to consider, from the point of view of your target group, what would be the best possible way to co-operate with the police.

The distribution of general information about outreach work and its' characteristics is important to the police. This will ensure mutual understanding and an agreed working relationship.

The police needs to know the following:

- the outreach worker does not interfere or interrupt police activities
- when the police is informed / knows the outreach workers / outreach organisation they will not interfere and allow the outreach workers to work in peace
- it's important for the police to understand / get factual information about harm reduction/ minimisation and its' possible consequences
- outreach workers can meet clients in police custody in order to discuss with / motivate them

Co-operation with the police is not permitted without the client's permission or wish. Workers and management of security firms operating in areas where outreach work is conducted need to be informed and educated. This will make fieldwork easier.

A good way of getting to know other services and organisations is to organise mutual visits and attend seminars and training days. Co-operation also benefits clients. It is always easier to find the most appropriate service for your client when you know more about the other

organisations and their working methods. It is much easier to get in contact with other services and refer a client when you know somebody in person.

Outreach organisations need to actively organise training events and offer consulting services. This will bring credibility for the organisation and benefit our clients when they deal with other services. During consultations, we can initiate direct discussions about attitudes and lack of specialist knowledge that can affect professional's ability to encounter marginalised people such as sex workers or drug users.

National networks of professionals benefit from information exchange between different organisations and increase the awareness of diverse working methods. Networks are a good way of distributing information about the disadvantages and living conditions of our target groups. In this way we can also have a say when new ideas and wider strategies are discussed and developed. We need to ensure that national strategies take into account minority groups problems and views.

Both national and international networking amongst harm reduction and low threshold services and workers is especially fruitful. Network meetings, training days and seminars where workers and managers can meet fellow professionals, are often the only avenue where you can talk about your work without having to go through lengthy explanations or being afraid of misunderstandings. This kind of "breathing place" should be offered to everybody within the organisation, not only the bosses!

One of the important aims of outreach work is to be the source of up to date knowledge for the society about "the life in the margins". This knowledge is constructive when we consider the possible risks that these groups are facing and the way in which marginalisation takes place. We need to deliver the messages from the field to other services and decision makers in order to foster equality of access to services. An outreach organisation should be constructed and managed in a way that enables this principle.





5. Creating a supportive working environment for outreach

5.1. Induction and training

During the Correlation network meetings, discussions about outreach work training concluded that training about outreach work varied greatly between different European countries, both in terms of the contents of the training and how it was organised.

The induction period for workers was wide-ranging. The way in which induction was designed can be categorised as follows:

1. *Outreach workers train themselves, “learning by doing”*
2. *Expert – apprentice model: experienced outreach workers transfer their professional skills and knowledge to new workers*
3. *Outreach work as a working method and theoretical approach is included to the basic professional training, practical experience and specialist skills are acquired through fieldwork*

The outreach organisation, regardless of how the basic training is organised, has the responsibility to design an appropriate induction programme for new workers. The organisation needs to ensure that information is transferred via suitable and adequate communication channels. It has to make certain that workers have an opportunity to change their role when needed and also to progress in their career.

Outreach workers need to have the opportunity for regular training. They need updated information and extensive training about issues concerning the target group. Outreach workers and people working in low threshold services know how wide ranging these themes can be and how vital it is to be familiar with other existing services.

The target group for outreach work is usually defined (e.g. sex workers, IV drug users). However, in practice marginalisation issues and various aspects of social and healthcare work exist simultaneously. Outreach work does not meet just one type of client but aims to see the person holistically as he/she is at the time when contact is made.

Training is a continuous process and it is especially important to get updated information about:

- services
- prevention and health promotion
- legislation
- human and civil rights

Training for outreach workers should include follow-up or refresher courses every 6 months or at least once a year. HIV prevention and treatment information changes often, as does the need to check in with the team to make sure that misinformation is not being provided by outreach workers. Additionally, from time to time newly published research needs to be shared with outreach workers to improve the work and interventions conducted.

It is also important to have an opportunity to share experiences and knowledge with colleagues.

Organizing networks and seminars with colleagues is vital.

- Besides the official programmes, informal sharing of experiences and feelings is equally important.
- National outreach work networks are a good way to focus and discuss outreach work as a method and ideology regardless of the type of organisation involved or their target group (e.g. in Finland, the National Outreach Network organises 2 day seminars every other year. Outreach organisations have also their own management network with either yearly or twice a year meetings to examine the issues relevant to the development of outreach management),
- International contacts are important, especially if there are only few colleagues working with the same issue and target group in the workers home country.
- The Correlation Outreach Group represents a good example of a forum that offers an opportunity to share experiences and gain further understanding on how the socio- economic context shapes the way in which outreach work can be organised,

In order to manage outreach work successfully training is needed on multiple skills such as:

- financial administration
- personnel administration
- documentation, reporting, project management
- evaluation
- policy making, lobbying

5.2. Supervision

During the Correlation Outreach Group meetings, questions about how to survive as an outreach worker, how to avoid burnout and what is the role of supervision in outreach work were issues raised time after time.

In many European countries, outreach workers are students or peer workers and their employers do not have enough resources to invest into supervision, work development, career development or salaries for outreach workers. Outreach workers are often working alone in the field of harm reduction. This can, in many cases, be one of the most demanding areas of work. Lack of appreciation from the society and inadequate resources is part of outreach workers everyday life.

For many outreach and/or harm reduction services, supervision and well-being at work are unfamiliar issues. The value and importance of investing into these issues is not recognized. In order to be successful in your work, you need space and time to explore the meaning and content of your work, how you co-operate with others, what motivates you and where you find your personal resources in order to develop and cope. Honest feedback on your performance together with how your work is viewed by the wider society, are directly linked with work satisfaction and endurance.

Continuous and rapid changes, increasing emphasis on results and additional roles will intensify the pressure within the workforce. Hectic pace at work requires you to constantly learn new skills and keep up to date. Outreach workers feel often stressed and overworked. Changes that are often introduced without prior consultation, can bring additional stress and insecurity. Fast changes in your work environment can start vague rumours and increase internal competition and mistrust between workers. In these situations, supervision has been and will be the most important way to support your workforce. Through humane supervision we can support our workers to develop and adapt to changes.

The English word supervision originates from the Latin words super = over and videre = look after, see, look. A better term to describe supervision would be work counselling. This term does not contain the hierarchical, “coming from the above” connotations. Supervision should always be voluntary and never be defined by your superiors. In this way we can create an open and constructive dialogue between the supervisor and the worker (equality).

Supervision aims to assist the workers to internalise the organisation’s goals and vision, strengthen their professional identity and support them to cope with the stress factors and frustrations caused by work. The criterion for successful supervision is that any work related issue / topic can be reflected on together with others in a spacious and unhurried atmosphere.

Supervision can be defined as a work method that:

- forms a part of the organisations management process, acts simultaneously as a learning environment
- ensures high quality, client-based services
- enables workers’ growth as a person and a worker
- enhances professional development

Supervision can be divided into three different categories but in practice they can also operate simultaneously.

1. Managerial

- planning, organising, controlling work
- a channel for communication between workers and management (two way)

2. Educational

- contains all the elements required for workers to perform well (openness, honesty, efficiency, effectiveness)

3. Supportive

- supports workers to cope with stress and pressures

Research into the effectiveness of supervision has found a clear positive effect on the workforce at three different levels: (Paunonen-Ilmonen 2001)

- supervision increases work performance and quality of client based work
- supervision enhances and clarifies workers professional identity
- organisation / team work changes clearly to a more positive direction

The supervisor should not be an employee of the same organisation. He / she should be an outsider. Supervision sessions should be organised at least once a month, and these sessions should be seen as a priority, one of the main structural “building blocks” for the organisation. Sometimes the organisation does not have the resources to employ an outside supervisor. A mentor or peer supervision can be used in these situations. The following section describes this method.

Mentor as a peer supervisor

Group and individual supervision is guided by many beliefs and policies that can be used as basic rules for peer supervision.

The basic rules for individual supervision:

- everyone will do his/her best, what is possible here and now
- everyone has the ability and resources to make choices
- everyone has the ability to decide what is best for him/her
- everyone has the ability to take responsibility

The basic rules for group supervision:

- the group enables a process of change
- the group produces the change
- the group is involved in the change process
- the group endorses the change

How to begin peer supervision

Peer supervision can start with one of the more experienced workers taking on the role of a supervisor. He/she together with a worker or group starts by asking questions and by this process creates the supervision sessions. It is also possible to rotate the supervisor role and responsibility so that workers take turns acting as supervisors. Supervision sessions should last at least an hour and be held no less than monthly.

A Swedish “not knowing” supervision model, that is described and considered in the text below, gives you an example of one type of peer supervision. (rephrased from Andersson)

“Not knowing” refers to the supervisor’s position – attitude and belief – that the supervisor can’t access privileged information; he/she can never fully understand the other person, he/she always needs information that the other person shares with him/her and he/she always needs to learn more about what is said or maybe not said.

The main feature in the “not knowing” position is that the supervisee is the key person not the supervisor. The supervisor does not hold the position of an expert. If the supervisor does not know something, he/she needs to learn. The supervisor aims to understand and learn about the matter the supervisees are talking about, and their story becomes the centre of attention.

The supervisor and the supervisee start to look for the meaning of the story through questions. This allows the construction of a shared view on how to solve the problem and how to proceed.

It is a two-way process, a real conversation and a dialogue, where the stories mix together, new stories are created, new meanings are found and change happens.

Supervisor’s willingness to lead an uncertain life is part of this “not knowing”. He/she is ready to question himself and his own assumptions. He/she is open to all the voices and needs to be able to give space to everybody’s story. The supervisor can’t hold onto his/her knowledge so that it becomes a hindrance for new knowledge.

A step by step example of a peer supervision session:

1. Beginning

One member of the group describes a situation or a problem he/she wants support / guidance for.

2. Clarification stage

The supervisor asks non-leading questions so that the individual /group is able to describe the situation in detail, expand on background information, clarify important features and explore feelings.

Open-ended questions are the starting point and recommended when supervising peer workers, so that the group can move on from prior beliefs, prejudices and assumptions to an open space.

For example: What do you think?.....Where does this come from?.....What does this mean?..... What happens next?..... How do you understand this?How are you feeling?What is your plan of action?

Allow enough time for discussion with the individual followed by an open discussion with the group.

3. Reflex ion stage

All the participants can comment and share their views in a positive manner and offer their solutions and ideas based on their own experiences.

4. End stage

The person who initially described the situation / asked the question can comment on the feedback, ask clarifying questions or transfer the question to the next person.

The following wish list is an example of the qualities expected from a supervisor. Not even a trained supervisor can perfectly fulfil all these wishes, so the list is designed as a reference point for both the supervisors and those being supervised.

- Ethics:** beautiful and respectful behaviour & language
- Comprehension:** desire to understand
- Observation:** holistic
- Transparency:** honesty
- Listening:** without interpretation
- Respect:** unique space/story/human being
- Giving space:** everyone has the right to speak or to be quiet
- Empathy:** ability to remain in the other person's world and to come back
- Answers:** are more important than the questions
- Positive attitude:** when issues are redefined
- Sense of humour:** aesthetic
- Trust:** confidentiality
- Professional skills & abilities:** "adult wisdom"
- Democracy:** hearing everybody's voice
- Openness:** there's more than one truth

Outreach workers and people working in the field of harm reduction clearly need supervision. The people we meet during outreach are living in the margins of our society. The difficulties and problems they face in their everyday life are often deep-rooted. Our duty as outreach workers or managers is to examine these issues and allow time for reflection. Supervision gives us as workers the opportunity to be better heard, seen and understood. Supervision supports our demanding task of bringing our clients' voices, language and stories to arenas where decisions regarding them and us are made. The responsibility for looking after one's well-being and survival is in the end up to you. Take care of yourself.

One element of supervision is the opportunity for personal growth. Good supervision allows space for this process. The following questions/statements form a concrete starting point and can be asked both from the supervisors and the people participating in supervision (Lindqvist, 2002).

1. Facing up to the truth.
 2. Realizing your responsibilities.
 3. Recognizing what kind of a person you are.
 4. Changing what is right and possible.
 5. Taking your place in life but not bowing to it.
 6. Defending what is important.
 7. Asking for what is important.
-
1. Who has defined me?
 2. Whose admiration and approval do I need?
 3. Who am I trying to please?
 4. What causes the most feelings of guilt in me?
 5. Whose rejection do I fear most?
 6. Have I become someone's saviour?
 7. Who am I trying to change?
 8. Do I live through another person or people?
 9. How could I manifest my own boundaries and/or licences?

5.3. Well-being at work

Well-being at work, survival and stress are all expressions that are a combination of many simultaneously existing issues. We do not live in a vacuum but as a part of our own society and there are different periods also in our own lives. The following list describes factors that clearly influence the way in which I experience my work and affect me as a professional person:

- professional maturity and skills
- work experience and general life experiences
- situation in your work environment (argumentative, supportive, non-caring)
- own personal situation (is there a lot of things going on that require a lot of thinking and emotional energy?)
- own health
- how relatives/friends feel about my work
- position of your organization (enough resources, job security, management)
- clients' situation
- clients' position in the society
- public view about my work (respectful, neutral, questioning);
- e.g. outreach work, is it:
 - Strange and not supported
 - Odd but useful
 - Mystic and exotic
 - Nothing special, "work is work"
 - A job requiring special professional skills and methods

Special risks involved in outreach work

1. It is stressful and exhausting to always be reminding about something that others don't want to hear. It is difficult to get adequate resources for outreach work. When you get the money for the project, the aims are often defined so that they are opposed to the ideology of outreach work.

~~~~~▶ We do not live in a vacuum, but as a part of our community. Outreach work, with very few exemptions, is aiming to reach people and phenomena that are situated in the margins of our society and are often unknown to the mainstream society. Outreach organizations and outreach workers remind our own community about something, that is always true, but whose existence we want to deny or forget. In mainstream language, the people we work with are often described as problems, threat or victims. So when outsiders talk about the goals for outreach work their language is similar: Solve the problems, rehabilitate as many as possible back to mainstream society, reduce the possible harm for other people in the society or help the victims.

~~~~~▶ Political activity advocating our clients' rights seldom creates "breakthroughs" and huge victories.

2. In many countries outreach work does not have a status of a professional working method. It means that outreach work is not part of the professional training and outreach organisations have little traditions / official policies on how to manage or obtain resources for outreach work.

~~~~~▶ Outreach work is very demanding and it needs professional boundaries and systematic development. At the moment outreach work is often taught based on expert / apprentice model and seldom even your own organisation leads or guides outreach work.

~~~~~▶ To put it boldly, outreach workers are often left to their own devices and manage simply with the support from their peer group.

3. In the field outreach work does not have traditional professional structures as support mechanisms.

~~~~~▶ Outreach workers have to create their own professional structures by themselves, because they do not have an office or a uniform to create that. They need to know what to do, why they do it, and how they do it. Your own organisation needs to create these boundaries and assist the outreach worker to work within this framework. Further stress is created by the fact that the outreach worker has to gain the trust of his/her clients every time they meet; clients can at any time refuse the contact without any explanations or reasons.

**4.** Outreach workers hear stories and come across destinies that are often sad, unfair and desperate.

~~~~~▶ Our clients' sorrow and unfair stories touch us, regardless that it is our job. Especially stressful is the fact that many of these sad stories would have been avoidable or sorted out if our clients would have been treated equal to other people in our society.

5. It is difficult to explain our work to our family or friends, and outreach workers face the risk of becoming alienated from other social relationships.

~~~~~▶ Our friends or relatives can think that our work is dangerous or something that it should not be done. Constant suspicion about the need or worth of our job or the desire to change into a new "proper" job may alienate the outreach worker from other social relationships (family, friends). The stories I hear and things I see at work may lead me to experience or understand the issues in a different way and I don't feel anymore as belonging to my own old social network. This may have the result that only my colleagues understand me (not only as a professional but also as a person).

## How to reduce the risks?

### Individual level

- Learn to make a difference between big things and small things. Sometimes it is difficult to see this difference in the middle of the chaos.
- Understand the broader context of the conditions people are living in and where you are working. You cannot solve all the problems and you have to understand that there are limits to what can be done.
- You have to analyse your work and find out what is risky for you (individual risk factors) and what is weighing generally (risks built in outreach work).
- At the end of the day, make a summary before going home. Make yourself conscious what happened today and what part of it needs any further actions.
- Teach yourself a way to explain what your job means to outsiders. If someone is critical towards your work in unofficial social situations, do not stay and argue. Just say calmly that there can be many opinions about it, and that at the moment you are off work.
- Remember to take care of your personal life. After all work is just work. Have a life!

### Organisation

- The organisation's ideological approach has to be transparent, and it has to be clearly presented to the staff. By taking this ideological stance, the organisation expresses its commitment and support to outreach work.
- The organisation takes care of the resources: management, enough staff, supervision, work safety, skills training and updating information, possibility to networking etc.
- The organisation has to protect its staff. It has to be a buffer between the field workers and the pressure coming from outside (public debates, local conflicts etc.). Individual outreach workers shouldn't be left alone to justify their work at the general level. It is the organisation that has to promote and justify outreach work to the public and to decision makers.

### Conclusion:

**OUR WORK;**  
THEIR LIVES

## Appendix 1: Post-degree education in outreach work - 30 ects credits - study programme

This study programme is made in cooperation between Høgskolen i Oslo (Oslo University College) and Rusmiddelstatens kompetansesenter (the City of Oslo Agency for Alcohol and Drug Addiction Services' Resource Centre)

### Introduction

Outreach work has existed in Norway since the late 60s. The work is mainly organized in separate agencies, or field teams, and is a part of the public services in 80 out of 435 local councils. These agencies are additional services directed in particular at risk-exposed youths, focusing mainly on selective prevention. There was an outspoken wish amongst fieldworkers for a post-degree education. As a result, this education was established in 2004. The primary target group is field workers who already work in an outreach setting in Norway, or field workers from Sweden and Denmark. The basis of admission is a three-year college degree with subject courses in health, social sciences or pedagogic. So far, three classes have completed the study programme in outreach work. The study programme is recognized as a 30 credits points post-degree programme in outreach work, and the duration is one year. The programme is organized as a part time study programme in order to allow students to combine studies with work. The programme is both practical and theoretical, and the student is expected to integrate and to try out theories and new skills in their daily work-situation during the study.

### Goals

The primary goal is to increase the level of knowledge and skills within the field through a joint, complete and systematic effort. The study program will ensure a systematic and professional quality in the training of outreach worker, based on relevant theories and practical experience. The program will contribute to the collection of knowledge, based on practical experience and skills from the field, and to connect this to current research, established theories and methods in social work or other related subjects. Through lectures, group work and through writing down their own experiences, the students will make their own work visible, and connect it to other outreach workers' experiences and to relevant literature in the field.

The study programme will in particular strengthen the focus on the professional content of selective prevention work.

### Subjects

- The history of outreach work, methods and particularities
- Establishing contact in social field-work (skills training and use of video)
- Tacit knowledge
- Techniques for communication dialogue, motivational interviewing, changes (skills training)
- Anti-discriminatory practice/ethnic minorities/gender perspectives
- Youth and processes of marginalisation
- Documentation in outreach work
- Community work/Work with groups/Peer Education

For more information please contact: [henning.pedersen@rme.oslo.kommune.no](mailto:henning.pedersen@rme.oslo.kommune.no).

## Appendix 2: First homeless kid in Second Life and Dutch homeless journal appears in Cyberspace.

### **How to work with outreach staff and volunteers in an online outreach project.**

Pjer Vriens, Intervention developer, Municipal Health Service Rotterdam Rijnmond.

Online venues are becoming one of the preferred locations for marginalised groups. Therefore, an increasing number of service providers would like to approach their target group directly through the internet. However, many services seem to lack financial resources as well as the knowledge, which will enable them to contact their target group appropriate. What to do when you meet a homeless kid in Second life?

A few small agencies have already started Internet outreach in several European countries. Boysproject and Adzon in Belgium started an experiment with internet outreach, targeting male sexworkers. In the UK, the Working Men's Project and Amoc in the Netherlands started as pioneers with virtual outreach for low threshold customers. Guidelines, protocols and new methods and strategies were developed, because of the specific nature of Internet-based HIV/STI prevention. Some initiatives seem to have very good outreach results among sex workers, among gay men and among young people in specific risk situations. But online initiatives are not always harmless; wrong strategies can harm the whole professional group.

Outreach staff, peers and volunteers working with an online outreach project will be held up to the highest standards of professionalism and HIV prevention service delivery. Eligible outreach staff and volunteers must undergo a outreach worker training. A post training practicum will follow consisting of supervised outreach sessions. If a determination is made that a staff person or volunteer is not an appropriate match for the online outreach project, a recommendation may be made for a more suitable role within the agency.

In the occasion that staff or volunteers work from home or an offsite location, additional guidelines surrounding this type of outreach will be provided. Staff and volunteers may be subject to additional supervision.

When participating in chat rooms or an other virtual community, the online outreach worker must first observe the chat room culture to assess language styles and norms. The online outreach worker will introduce himself as a service provider, state his or her purpose in the room, encourage chatters to view the outreach profile and tell chatters that they are welcome to Instant Message (IM) the outreach worker should they desire a one-on-one session. When in chat rooms that utilize instant message technology, outreach specialists are to allow clients to initiate IM sessions only. Outreach specialists should never IM a chat room member unsolicited.

We need to do research on the effectiveness and desirability of these strategies. We also need evidence based intervention strategies to convince our executives and our government to go online and to increase access for the groups that are overlooked by our traditional outreach programmes. We have to keep up our knowledge about new developments on the internet and new technical possibilities for service providers. But above all, we have to be creative, regarding the following news items.

© [http://www.boingboing.net/2006/12/05/homeless\\_kid\\_in\\_seco.html](http://www.boingboing.net/2006/12/05/homeless_kid_in_seco.html),

© *Street News Service*: [www.street-papers.org](http://www.street-papers.org)

## Appendix 3: How to utilize mobile phones in low threshold customers' health counselling, Finland

Mobile Advice is an anonymous Short Message health care service for low threshold service customers. Mobile Advice operates in the capital region of Finland consisting of about 1,5 million inhabitants, covering the cities of Helsinki, Espoo, Kauniainen and Vantaa. There are approximately 15 000 hard drug users living in the capital area.

The central focus of Mobile Advice is to provide information about daily opening hours and places, addresses and the kinds of health care services available for low threshold customers. With Mobile Advice, the customers are better reached, and the costly infection treatment rates of diseases such as hepatitis C and HIV can be reduced. Therefore, low threshold customers should have unrestricted access to the information and health services they need.

### How Mobile Advice works

Just send a text message and you will receive an answer immediately. All received short messages and answers are processed anonymously by computers. The service is free, does not require any registration and functions on a 24/7 basis.

Short messages are widely used for every day information exchange between people. Mobile phones are useful for saving information regarding opening hours, addresses and contact places. So why not provide this kind of information? In Finland, almost every low threshold service customer owns a mobile phone with a prepaid SIM-card. According to one customer, these messages are not lost as often as written ones.

### Customer response to Mobile Advice

The Mobile Advice was officially launched on the 27th of March 2006. Today (31<sup>st</sup> of March 2007) it has been used for 3941 times by 1079 mobile numbers. In the following figure 1, the Mobile Advice's SMS-subscriptions and new numbers ~ customers are listed quarterly. The figure begins from the service launch.

|          | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | Together |
|----------|-------------|-------------|-------------|-------------|----------|
| Messages | 831         | 1234        | 964         | 912         | 3914     |

Figure 1. Mobile Advice's subscriptions

There is a real need for this kind of service. In a sense, the mobile phone is the most democratic media for reaching low threshold customers.

Mobile Advice was primarily developed by Life Tastes Better without Drugs, EOPH ry. Its aim is to conduct education and training on drug abuse prevention among children and young people in primary and secondary schools and to co-operate with the parents and other adults involved in their upbringing. About EOPH ry see: <http://www.eoph.fi/en>

Our purpose is to increase interactivity and information provisioning. Interactivity has been increased by developing an anonymous web-interface where customers ask questions to health care workers, receive peer support or can change opinions. One of our future plans is to build up harm reduction manual served by SMS messages, including for example overdose

---

instructions. The creation of SMS-reminders improves information provisioning. Customers are able to receive reminders when certain recovery health care stations are open. All of this is done anonymously by computers.

The service has been further developed in co-operation with the Finnish A-Clinic Foundation and the Helsinki Deaconess Institute, which are responsible for low threshold services, needle exchange and substitution treatment places in Finland. Life Tastes Better without Drugs is responsible for the technology and its maintenance.

## Appendix 4



# POSITIVE*health*PROJECT

SEP/ESAP RISK ASSESSMENT

1. **How did you hear about our SEP/ESAP program?**

- Friend
  - PHP Participant
  - Outreach Worker
  - Relative
  - Internet
  - Another Agency
  - Other
- 

2. **How did you hear about Positive Health Project?**

- Friend
  - PHP Participant
  - Outreach Worker
  - Relative
  - Internet
  - Another Agency
  - Other
- 

3. **What drugs do you inject?**

- Heroin
  - Cocaine
  - Methamphetamine
  - Hormones
  - Steroids
  - Buprenorphine
  - Other
- 

4. **How long have you been injecting?**

- 1 – 3 months
  - 3 – 6 months
  - 6 – 9 months
  - 9 – 12 months
  - 1 – 2 years
  - 2 – 3 years
  - Specifically how many years
- 

5. **How many times do you inject per day/week/month?**

Day \_\_\_\_\_  
Week \_\_\_\_\_  
Month \_\_\_\_\_

---

---

6. **Where do you inject on your body?**

- Mainlin       Fore Arm
  - Hands         Groin
  - Neck           Feet
  - Butt           Legs
  - Other Area
- 

7. **Provide Participant:**

- Safe Injection Demonstration
  - Sterile Injection Equipment
  - Safe Injection Information
  - SEP Sites/ESAP Insert
- 

8. **How do you dispose your used syringes?**

- SEP
  - ESAP
  - Fitpack
  - Plastic Bottle
  - Sharp Containers
  - Sewer
  - Garbage Can
  - Other
- 

9. **Do you know your HIV Status?**

- Positive
  - Negative
  - Does Not Know
  - Chooses Not to Disclose
  - Other
- 

10. **Do you know your HCV Status?**

- Positive
  - Negative
  - Does Not Know
  - Chooses Not to Disclose
  - Other
- 

11. **What are your top priorities/needs today?**

- Food
  - Clothing
  - Shelter
  - Medical Care
  - Detox
  - Syringes
  - Other
-

## Appendix 5

### Uteseksjonen<sup>1</sup>, Oslo:

Mountain people have their mountain laws, coastal dwellers the rules of the sea. Now outreach workers have their own:

#### **RULES OF PATROL \***

- **DON'T GO OUT ON PATROL WITHOUT PREPARING BEFOREHAND**

A planned patrol is always better than one with no objective or meaning. Discuss goals and what you plan to do with team-mates before you go out, and clarify these points in your Outreach Log (registration system) entry. Decide who'll take the lead role in situations or how you will share roles/tasks. If there's anything you think is difficult, do a dry run or do some role play in advance. Even world champions have to practise (in fact, they practise a great deal).

- **SAY EXACTLY WHERE YOU'RE GOING**

Make sure you document your patrol objectives in the Outreach Log before you go out, and leave your mobile phone numbers available for your colleagues. If you're on an extended patrol or special assignment, check in with other colleagues or given contacts before and after such assignments.

Generally, it's important that others are aware if you're working with anything risky or available if you need to discuss any problems.

- **SHOW RESPECT FOR THE ENVIRONMENT YOU'RE IN**

Even if you feel safe, always be aware that anything can happen. Always pay attention to back-up and security. Rambo is a terrible role model; we prefer the Ghandi approach. Withdraw from, or avoid getting into, potentially violent or threatening situations. It's by no means cowardly! If a situation arises that's potentially harmful to your life or health, notify the police and/or emergency services immediately.

When you're in the outreach environment, it's important to show respect for the individuals involved. Talk to them before you voice any opinions. Don't base everything on observation. Say who you are and what you're doing. Openness and respect help to break down barriers.

- **BE WELL EQUIPPED, EVEN ON THE SHORTEST PATROLS**

Always have Outreach Service pamphlets, cards and relevant brochures on you. Also sterile wipes, mouth-to-mouth masks/prophylactics, clean needles (five packs), condoms and lube. Make sure you know the telephone numbers and availability of other services. Always have your mobile phone on you, as well as pen and paper.

Be prepared to cope with acute crises or uncomfortable situations. You can't avoid them but you can be prepared when they arise.

---

<sup>1</sup> Uteseksjonen is an outreach service in Oslo targeting youth and young adults at risk up to the age of 25 years. Using street-based outreach social work as a method, uteseksjonen was the first norwegian outreach service when it was established back in 1969. Uteseksjonen is part of the City of Oslo, Drug and alcohol addiction services, and the early intervention and selective prevention is part of the main approach. The outreach service has 27 employees, 24 are directly involved in the outreach work – all professional social workers of whom many have post graduate educational degrees.

- **LISTEN TO EXPERIENCED PROFESSIONALS AND TARGET GROUPS ON THE STREET**

Seek to deepen your knowledge and experience through conversation with colleagues and target youth groups. Be curious. You can never know enough! Actively use the other patrols and other staff members. Routines involving related and emergency services are designed for you and your safety. They have skills you can make use of in crisis situations.

- **GET TO KNOW THE SOCIAL SERVICES APPARATUS, AND USE IT**

Learn about the different offerings and how to use them — we can't solve everything. There's a lot of excellent help out there, and hooking up with it is our primary goal. Go and visit other institutions: it's the easiest way to develop an overview and know how best to help individual young people. Observe, ask questions and dig around. Share what you learn with your colleagues.

- **NEVER GO OUT ON YOUR OWN**

Security first! Always go out two by two; arrange to meet later if you absolutely have to separate for some reason. Never let your partner out of your sight! If it's not safe, withdraw from the situation. Your safety and the safety of client(s) is paramount. It's not professionally defensible to operate independently as a lone Rambo.

Stay together on the street, deal with any disagreements together by withdrawing from the situation. Talking out loud with your partner can help you figure out different options and find solutions together. In this way the client can see him/herself or his/her situation in a new light through you.

- **GET OUT IN TIME; THERE'S NO SHAME IN TURNING BACK**

If you're not on top of a situation, withdraw and/or call for help from the police/emergency services or others. It's professional to be aware of your own limits. Think about the situation afterwards and try to learn the most you can from it.

- **SAVE YOUR ENERGY, DON'T BURN YOURSELF OUT, THINK THINGS OVER, KEEP YOURSELF UPDATED, DIG INTO THE LITERATURE IF NECESSARY.**

We need you on future patrols! Don't be tempted to think you can save the entire world in a day. Take time to think through what you experience so you can find the right balance between your heart and your head (reason and emotion). You can develop yourself and the Outreach Service best through case-by-case input to professional discussion.

Seek new knowledge when you come across a lack of it, and work on your professional skills together with colleagues.

Your colleagues need your care, patience and feedback just as much as you need their's.

Change work is key to the Outreach Service's mission. So that we can make a difference that really counts for a client and his/her network. Change can be difficult and painful. That's why it's important that you manage to "hurry up slowly". Target groups and their networks are our chief focus. You are the means.

Uteseksjonen in Oslo, 2000: Børge Erdal, Carl Thomas Skalleberg & Marianne Otterstad

- New revised version, July 2003.



## Bibliography

**European Monitoring Centre for Drugs and Drug Addiction** (2001) *Guidelines for the evaluation of outreach work: A manual for outreach practitioners*, E.M.C.D.D.A, Lisbon.

**Granfelt, Riitta** (1998) *Stories about homeless women*.

**Harlene Andersson** (1997) *conversation, language and possibilities. A post-modern approach to therapy*. Basic Books New York

**Lifeline Project** Web page ( 2006) UK

**Lindqvist Martti** ( 2002) *Lecture notes*, Finland.

**Mikkonen Mika** (2003) *Supervision training course dissertation*, Finland

**Paunonen- Ilmonen Marita** (2001) *Supervision: a way to guarantee the quality of service activity*, WSOY, Finland. (Työnohjaus: toiminnan laadunhallinnan varmistaja)

**Rhodes, Tim** (1996) *Outreach work with drug users: principles and practice*, Council of European Publishing.

**Saarelainen Ritva** (1999) *When supervision came to Finland*, Helsinki A-Clinic Foundation ( Kun suora työnohjaus suomeen tuli)

**Talentia Union of Professional Social Workers** (2007) *Work, values, life, ethics, Ethical guidelines for social welfare professionals*, The Committee on Professionals Ethics, Helsinki.

**Zotow, Sirpa** (2003) *Personal communication*, Helsinki

**Lie, Gro** (1981) *Gatelangs (Walking the Streets)*, Oslo: Universitetsforlaget (Norwegian University Press).

**Norges offentlige utredninger** (Norwegian Public Reports), (NOU) (1980) Oppsøkende barne- og ungdomsarbeid (Outreach Child and Youth Work).

**Svensson, N, Husebye, T** (2003) *Outreach work with young people, young drug users and young people at risk, emphasis on secondary prevention*, Pompidou Group, Council of Europe, Strasbourg, France.

**Ernst Buning** (1993) *Outreach work with drug users, an overview*,The international journal of drug policy,1993/4

**Borge Erdal** Edit (2006) *Ute/Inne, oppsøkende sosialt arbeid med ungdom/Outreach social work with young people*,Rusmideletatens Kompetansesenter,Oslo Norway,Gyldendal Norsk Forlag AS

This outreach manual is a result of discussions and findings of the Correlation expert group on outreach methodologies and has been edited by *A- Klinikasäätiö and Pro-Tukipiste, Finland*.

The manual highlights outreach from all kinds of angles – from theories and backgrounds regarding outreach to management aspects, from practical experiences to the working environment. The information is illustrated by various practical experiences.

The expert group on outreach has worked in the framework of the European network Correlation, which is addressing a broad range of issues in the area of social inclusion and health. For more information, please see:

[www.correlation-net.org](http://www.correlation-net.org)



Neither the European Commission nor any person acting on its behalf is liable for any use of information contained in this publication.