



Working with young people

research
A profile of projects funded by the
Partnership Drugs Initiative

Effective Interventions Unit



SCOTTISH EXECUTIVE

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Working with young people: A profile of projects funded by the Partnership Drugs Initiative

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Executive Summary

1. Introduction

This report provides interim findings from an evaluation of projects funded by the Partnership Drugs Initiative (PDI) to work with young people. The research was funded as part of the Scottish Executive's Drug Misuse Research programme. The report describes the work of 17 projects funded in 2001. The final report in 2005 will present results from a process and outcome evaluation of a selection of these projects.

The PDI (involving Lloyds TSB Foundation for Scotland, Atlantic Philanthropies - a U.S. based charitable trust - and the Scottish Executive) began issuing grants in Scotland in April 2001 to support voluntary sector work targeted at three groups:

- children and young people in families where parents are misusing drugs
- preteen children who are at high risk of developing patterns of problem substance misuse and
- young people who have already developed a pattern of problem drug use.

By the end of 2003, the PDI had funded 52 projects across Scotland.

The research builds upon and extends a series of reports from the EIU which assemble evidence of effective working in relation to young people and substance misuse. These reports include: *Integrated Care for Drug Users: Principles and Practice* (EIU 2002); *Drug Treatment for Young People: A Research Review* (EIU 2002); and, *Services for Young People with Problematic Drug Misuse: A Guide to Principles and Practice* (EIU 2002). Collectively these reviews have identified the importance of developing services that are appropriate for young people and which avoid a narrow focus on illegal drugs.

2. Methods

The first stage of the research has involved:

- reviewing projects' original applications for funding
- reviewing projects' routine monitoring information
- records of contacts between projects and the funding body
- information on their current and past client lists
- 76 semi-structured interviews with staff in the profiled agencies.

3. Project Profiling

The PDI has led to the rapid development of a wide range of projects across Scotland focussed on the three key target groups. Most of the projects have succeeded in contacting and working with their chosen client group over a sustained period of time. Predominantly, projects attracted their referrals from social work with fewer than expected from education and health agencies. There were also relatively few self-referrals into PDI projects.

The level of client contact varied. The main difference was between projects which were easily accessible or which worked with clients in a low intensity way and those which were less accessible or which were working in a more intensive manner. The former tended to have recruited a larger number of clients.

4. Philosophy and Focus

Despite some diversity in the way they operate, all projects placed great importance on working holistically with clients: drug related problems could not be treated in isolation from other aspects of young peoples' lives. They also emphasised the importance of developing a client centred approach: emphasising the empowerment of the client. All the projects emphasised the importance of working alongside clients, giving them a voice and enabling them to participate in decisions about how the intervention should proceed.

The importance of having a clear focus in their work with clients was emphasised by staff across projects. However it was evident that, in some projects, the breadth of the work with clients and the importance of flexibility in working with them could have an adverse effect upon the clarity of a project's focus. The holistic philosophy underpinning projects could also, on occasion, make it difficult for staff to draw boundaries around their work with clients.

5. Referrals

The principal way projects recruited clients was through referrals from other agencies. There were three aspects of these referrals which could limit the effectiveness of projects in their work with clients:

- low rates of referral
- inappropriate referrals, and
- late referrals.

The main method agencies sought to solve the problem of low referrals was through intensive networking, local advertising and easing the process through which referrals could be made by, for example, enabling referrals to be made by telephone. In some projects staff had needed to devote considerable time and effort to drumming up referrals from surrounding agencies.

However, simply attracting referrals was not sufficient; the referrals also needed to be appropriate. To ensure this, staff sometimes needed to clarify with surrounding agencies the sorts of clients whom they were able to work with. Finally, in relation to late referrals some staff felt that, whilst they saw themselves as part of an early intervention project, in some cases clients were being referred to them at a stage at which their problems were already fairly well advanced.

6. Assessment

All projects assessed clients' needs on initial contact and subsequently set goals for their interventions. Assessment and planning were regarded as vital in individual cases to maintain focus and promote progress towards closure. Most projects sought to involve clients in this process: stressing the importance of meaningful and substantial client involvement towards the achievement of agreed goals.

Across projects, staff were using a variety of assessment tools depending on the client group and the nature of project work. The time taken to conduct the assessment varied enormously. Some assessments took less than an hour to complete while others could involve 4-6 hours of face-to-face work. The range of assessment tools used by projects was quite wide and included the EuroADAD, the POSIT (Positive Screening Instrument for Teenagers), the SCODA assessment instrument, the Parent Hassle Scale, the Department of Health Assessment Framework and the Thomas Kilmann Conflict Mode Instrument.

7. Case Closure

Project staff were reasonably comfortable with the process of assessment and goal setting, but the issue of case closure was more problematic. There were three problems associated with case closure which staff in some of the projects had to deal with.

- First, case closure could be slow because of the intensive and protracted nature of some of the work. Staff in some projects highlighted that successful outcomes and enduring changes for clients could take a long time to bring about and that the very nature of a project's work with clients militated against the rapid onward movement of cases.
- Secondly, case closure could be impeded by difficulties in referring clients on to other services. This could result in projects acquiring backlogs of cases.
- Thirdly some projects experienced difficulties in identifying clear criteria by which cases could be defined as satisfactorily concluded.

8. Confidentiality

Confidentiality was an important issue for all of the projects. Staff were acutely aware that any breaches of confidentiality could be highly damaging to clients and to the wider project. Whilst clients were reassured that information on them would not be divulged without their permission, it was also recognised that, in circumstances where there were concerns over child safety, staff would be required to breach confidentiality. Similarly, it was also recognised that client confidentiality could be particularly difficult in rural areas where individuals' movements were more visible and where there was a greater likelihood of clients and staff members being known to each other.

9. Relationships with Host Agencies

Each PDI project was located within a larger 'host' agency which provided an appropriate administrative and professional context for the project and its work. The extent to which a project was integrated with its host agency played a significant part in its ability to function effectively, according to many project staff. There were three main elements of integration that bore upon project working:

- First, a complementary relationship with the host agency increased the perceived value of the project in the eyes of staff in the wider organisation and facilitated cross referral and joint working.
- A second important element of integration concerned the extent to which the members of the host agency understood the nature of the PDI project's work and objectives. In two of the profiled projects this understanding was lacking and staff had to devote time to developing it.
- Finally integration could be facilitated or impeded by the way in which the projects and their host agencies were organised. There was greater potential for integration where project and host agency staff were based in the same building and attended joint meetings. The majority of projects seemed to have established good relations with their host agencies. In a small number of cases it was evident that the relationship was rather more strained.

10. Relationships with External Agencies

Developing and maintaining constructive relationships with a range of external agencies was regarded as crucial to the work of the projects. This was especially important for referrals. External agencies could be important to a project in other ways. For instance, they could deliver specialist inputs, supply important information or assist a project in its activities. Most projects had worked hard at networking with related services and agencies and mostly reported having developed constructive relationships with them. It appeared that positive working relationships were easier to establish in rural communities where there seemed to be an enhanced culture of partnership working. This may be a consequence of the relatively small number of agencies and services working in these areas.

Relationships with other agencies could be adversely affected by perceived overlaps in their work or by boundary disputes. This could give rise to serious tensions. Sometimes boundary problems occurred because the nature and purpose of the project had not been communicated to outside agencies with sufficient clarity.

It was helpful for projects to be able to claim that they were providing a service which addressed a clearly identified gap in provision. In this respect, the more a project was able to present itself as offering a unique service the better. This not only avoided problematic overlaps with other services, but also enhanced the project's perceived utility and made it more clearly identifiable as a potential referral outlet. A final danger for projects in their relationships with other agencies was that their very usefulness could rebound on them in the sense that they could find themselves being used to supplement, or substitute for, statutory provision where resources were short.

11. Relations with Funders

Several projects altered their aims or approach from the original proposal to accommodate changed circumstances or priorities. In every case this was only undertaken with the approval of the PDI sponsors. The latter were universally praised for responding flexibly and supportively to proposals for changes to the original specifications. This flexibility was greatly valued by the projects concerned and was regarded as having made a significant contribution to the appropriate and successful development of their initiatives. The PDI's willingness to allow projects to innovate and take risks was especially appreciated by some of the projects.

Many projects felt that 3 year funding might have an adverse impact in the future if continuing funding could not be secured. Several workers and managers claimed that the typical three year funding period imposed restrictions on their project's strategic activities and could have an adverse impact upon the career decisions of staff members. It was feared that anxieties over the continuation of funding might encourage workers to leave, especially when a project entered the final stages of its funding. Staff also expressed concern at the difficulty of replacing staff at that stage and that a project might close just when it was beginning to establish itself.

12. Management, Teamwork and Safety

Most projects seemed to be well managed with clear lines of authority and accountability. Regular supervision appeared to be a feature of all of the projects and many staff reported feeling well supported by their managers. Frequent team

meetings were a feature of all of the projects and these appeared to be important to their success. The culture of informal support between staff was highlighted as equally important to formal meetings.

The safety of staff was an important issue for a number of projects. This applied particularly to those working on an outreach basis or undertaking home visits. All such projects had developed policies and procedures for minimising the risks to staff. This included ensuring that a worker was never alone in a project's premises, holding client meetings on neutral territory such as schools and health centres and requiring lone workers to phone into the project/host agency before and after a home visit.

13. Staffing and Recruitment

Staffing and recruitment was a problem for some projects. The progress of one project had been so seriously delayed by recruitment difficulties that project staff had still to make direct contact with young people eight months after its inception. High staff turnover was also a feature which had a negative impact on some projects. Staffing problems could lead to the overloading of staff, the disruption of relationships with clients and to some services not being delivered at all.

The small scale of the projects also meant that staff absences, due to leave or sickness for example, could create significant difficulties. The impression from the site visits was that some projects only survived staffing difficulties because of the professionalism, dedication and sheer hard work of those who worked on them.

More positively, all project managers identified the calibre of project staff as one of the most significant factors in their success. Many had qualifications in social work, youth work, community education or nursing while some also had specialist qualifications in relation to drugs and alcohol. There was a fairly widespread view among managers and co-ordinators that formal qualifications could be less important than the ability to engage effectively with clients.

14. Premises

Appropriate premises was vital to all of the projects. Despite its importance however, several of the projects reported difficulties in acquiring accommodation which they considered suitable. Some premises were regarded as being too small, others as being inadequately equipped. A number of projects reported having difficulties in securing suitable accommodation for outreach work. Some were struggling to find premises that were accessible to their clients.

15. Conclusions

The overall impression gained from the interviews with project staff was that projects were generally well organised and well managed. Many of the projects also appeared to be making significant contributions, often in areas in which service provision had previously been deficient. Many of them were breaking new ground by targeting formerly neglected groups or by employing innovative techniques and methods of working.

A range of factors appeared to contribute to the success of projects:

- a flexible and holistic approach by staff that could deal with the complex needs of clients
- emphasis on client-centred approach-involving clients in decisions about the form that intervention might take in their case.

- a clear model of care and support with well-defined boundaries. If the focus was too broad or too vague workers could feel confused and become swamped by the diversity of demands.

In the main, projects were well integrated with their host agency or agencies. This produced many benefits including, for example:

- the capacity to share resources
- opportunity to take advantage of in-house expertise and training opportunities and
- on occasion, staff to be re-deployed within the host organisation.

The form of integration exhibited by most projects allowed the organisation as a whole to adopt a more co-ordinated and strategic approach. Achieving successful integration required careful planning and preparation, satisfactory staff induction, a clear idea on the part of host agencies of the nature of the project and its articulation with existing services and a management approach which was characterised by inclusiveness and clarity of purpose.

Many of the projects were experiencing difficulties in satisfying the demand for their services. In a significant number of cases this was compounded by staffing problems. Projects' small-scale rendered them particularly vulnerable to problems in recruitment and retention of staff and to staff absences. Although this had had a profound impact on the work of some of the projects, it is difficult to see how this problem might be avoided.

Finally, one area which many of the projects need to address in the future is the question of how to define criteria for the closure of cases. There is a danger that cases will simply drift on and, in the process, block the recruitment of new clients. A number of the projects had recognised that this was something which they were going to have to deal with and some were already actively engaged in the task. The fact that some projects had been able to address this issue successfully demonstrates that it can be done.

Chapter 1: Introduction

This report provides interim findings from an evaluation of projects funded by the Partnership Drugs Initiative (PDI) to work with young people. The research was funded as part of the Scottish Executive's Drug Misuse Research programme. The report describes the work of 17 projects funded in 2001. The final report in 2005 will present results from a process and outcome evaluation of a selection of these projects.

The PDI (involving Lloyds TSB Foundation for Scotland, Atlantic Philanthropies - a U.S. based charitable trust - and the Scottish Executive) was launched in Scotland in April 2001 to support voluntary sector work targeted at three groups:

- children and young people in families where parents are misusing drugs
- preteen children who are at high risk of developing patterns of problem substance misuse and
- young people who have already developed a pattern of problem drug use.

By the end of 2003 the PDI had funded 52 projects across Scotland.

The focus upon these three groups is highly topical within Scotland. For example, the Scottish Executive has recently published the *Getting Our Priorities Right* guidance (Scottish Executive 2003) for services working with families affected by parental drug and alcohol misuse. In addition the Advisory Council for the Misuse of Drugs has just released its report *Hidden Harm* (ACMD 2003) on the impact of parental drug use on children. Both of these reports have highlighted the importance of meeting the needs of children in drug using families.

It has been estimated that there may be between 40,000 and 60,000 children in Scotland with one or both parents with a serious drug problem and between 80,000 and 100,000 whose parents have a serious alcohol problem (Scottish Executive 2003). Recent research has highlighted the multiple ways in which parental drug use can have a profoundly destabilising impact upon virtually every aspect of children's lives including their development, their relationships with parents and peers, their education and their self esteem (Barnard 1999, 2003, Barnard and Barlow 2003, Barnard and McKeganey 2004).

Research has shown that in some parts of Scotland between 6 and 10 percent of 10 to 12 year olds may have started to use illegal drugs (McKeganey and Norrie 1999, McKeganey et al 2004). Although most of the illegal drug use identified involves cannabis, in a very small proportion of cases children between 10 and 12 have started to use heroin. Research carried out with a representative sample of 10 to 12 year olds in state schools in Glasgow estimated that there may be as many as 60 children in this age range in the city who have already used heroin (McKeganey et al 2004). This research also estimated that around a third of children aged 10 to 12 have been exposed to illegal drugs, either in the sense of having been offered them or of having been in situations in which they were being used (McIntosh et al 2003). The importance of meeting the needs of preteen and teenage drug users has been highlighted in research from the United States which has shown that an early age of onset of drug use is one of the strongest predictors of the development of longer term drug problems (Kandel and Yamaguchi 1993).

Collectively, this research and these policy statements have underlined the importance of meeting the needs of young people affected by their own and others' drug use.

The research described here builds upon a series of EIU reports which present evidence of effective working in relation to young people and substance misuse. These reports include: *Integrated Care for Drug Users: Principles and Practice* (EIU 2002); *Drug Treatment for Young People: A Research Review* (EIU 2002); and, *Services for Young People with Problematic Drug Misuse: A Guide to Principles in Practice* (EIU 2002). Collectively these reviews have identified the importance of developing services that are appropriate for young people and which avoid a narrow focus on illegal drugs in working with them.

In this report we describe the work of projects within the PDI, including their success in contacting clients, the views and experiences of staff, the source of referrals to projects and the links the projects have established with other agencies in their area. The final report of this research will look at the impact of a selection of PDI projects on client outcomes.

Methods

For the descriptive profiling, the following methods were used: analysis of key documents, quantitative analysis of project databases, and qualitative interviewing of agency staff.

• **Analysis of records**

We reviewed all of the original applications for funding submitted to the PDI. We also reviewed the routine monitoring information which projects submitted to the PDI as part of their funding requirements as well as the records of additional contacts between projects and the funding body.

• **Analysis of databases**

It was clearly important in this stage of our evaluation to obtain information on the number of clients projects had managed to contact and work with. Projects were initially contacted to seek their views on whether they would prefer the research team to extract the relevant data from their records or whether they themselves would prefer to provide the team with the information that was required. Since most projects preferred the latter the research team developed a standard pro-forma which agencies were asked to complete for all clients, both current and previous. This form sought information in each of the following areas:

- Date of birth.
- Sex.
- Ethnicity.
- Disability.
- First contact (Date).
- Last contact (Date).
- Source of referral.
- Services received.

All but three of the 17 projects provided the research team with this information. In the case of two agencies, it was possible to undertake interviews with project staff but not to obtain the statistical data. A further project did not have any clients when the research team undertook the interviews.

• **Semi-structured interviews**

To obtain detailed information on the experiences of staff working within the PDI, semi-structured interviews were undertaken with staff in all 17 of the profiled agencies. These interviews encompassed both management positions and front line workers within the projects. In total 76 interviews were carried out with

project staff. In these interviews staff were asked to talk in detail about the following areas of their work: the aims of the interventions, their client group, their use of assessment tools, consistency between the approaches used now compared with those proposed in the original application for funding, their caseloads, staff recruitment and support, referral routes, arrangements for monitoring and evaluation, relations with the host agency, links with partner agencies, and any wider impacts upon the project. All interviews were audio recorded and transcribed. Following the period of fieldwork within each agency the research team prepared a detailed profile report. The present report is based upon an analysis of those profiles and the various documents associated with each agency, together with the statistical information the agencies provided to the research team.

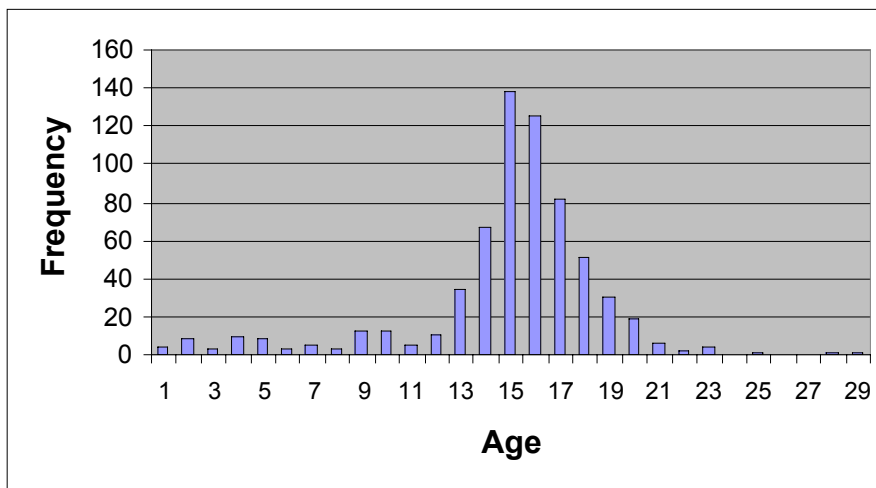
Chapter 2: Project Profiles

This chapter summarises the outline profiles of the seventeen projects included in the first stage of the PDI research. Individual profiles are presented in appendix A.

It is evident from the project outlines that the PDI has been successful in a number of key respects. It has led to the rapid development of a wide range of projects the vast majority of which have been highly successful in contacting their target groups. The projects are geographically dispersed and spread over the three target client groups of the initiative.

In the remainder of this chapter we look at the profile of clients and referrals across the PDI projects as a whole. Whilst not all projects were able to provide specific data on the age of their clients, many of the projects were able to supply this data and on that basis we have analysed the age range of clients in contact with projects. The information here is summarised in figure 1 below:

Figure 1: Number of young people attending one of the projects categorised by age



NB Age data from Dundee Link, Aberlour, Forth Valley Hope, Perth Connect & West Lothian Detached street work was not included in the histogram since it was either missing or grouped into age categories.

It can be seen that most of the young people in contact with projects were in the 14 to 17 age range. This age spread is interesting in its own right. We know from recent research that between 6 and 10 percent of children aged 10 to 12 in Scotland have started to use illegal drugs. While not all of these children will go on to develop long term problems associated with their drug use, the indications are that many of them are highly vulnerable and are certainly at risk of developing longer term problems. On that basis one would say that the needs of the very youngest children starting to use illegal drugs might still not be being met. Similarly, recent estimates that there may be between 40,000 and 60,000 children in Scotland with drug dependent parents suggests the real possibility that many of these children will be in the younger age range and, whilst some of the PDI projects (notably Aberlour) are contacting younger children within the family context, it again seems probable that in many instances the youngest children with drug dependent parents are still not having their needs met.

Figure 2 below shows the profile of referrals to PDI projects. Social work constitutes the largest referrer to the projects by a significant margin; relatively few referrals are directly made by individuals themselves. Similarly, both health and education make fewer referrals into the projects than one might have anticipated.

There are a number of implications which flow from this profile of referrals.

First, the small numbers of self-referrals means that the PDI projects tend to be attracting their clients from agencies that are, in one way or another, already in contact with the young person and his or her family. This would suggest that clients will be coming into contact with the projects at a stage when their problems are more advanced than might be ideal for an early intervention initiative. This is an issue to which we return later in the report. Indeed, to work effectively in an early intervention context would probably require projects to attract a greater proportion of self-referrals.

Secondly, it is surprising that both health and education are providing only a relatively small proportion of referrals into the PDI projects. It is not possible on the basis of these data to comment definitively on the reasons for this. There are a number of possible reasons:

- PDI projects may have a lower profile with the health and education agencies in their areas than they would wish
- Health and education agencies may be less attuned to the work of the PDI projects than their social work counterparts
- health and education agencies may be less attuned to the needs of clients potentially falling within the orbit of the PDI projects than social work agencies.

The profiling of referrals suggests a potential for further unmet need. It seems likely that education and health agencies will be in contact with young people who could benefit from contact with the PDI projects in their area.

Figure 2: Number of referrals to child-focused project by type of referral

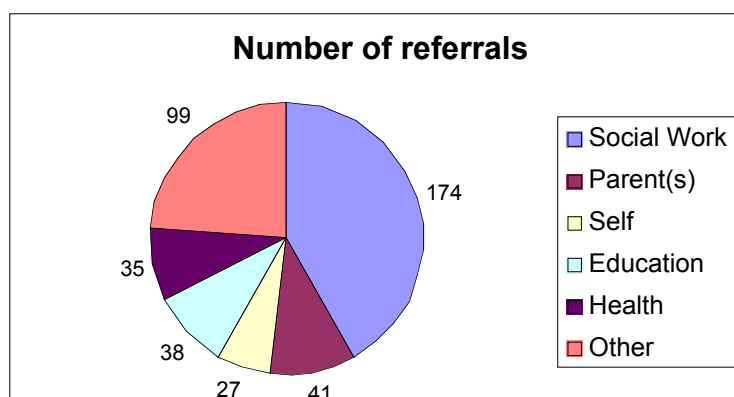
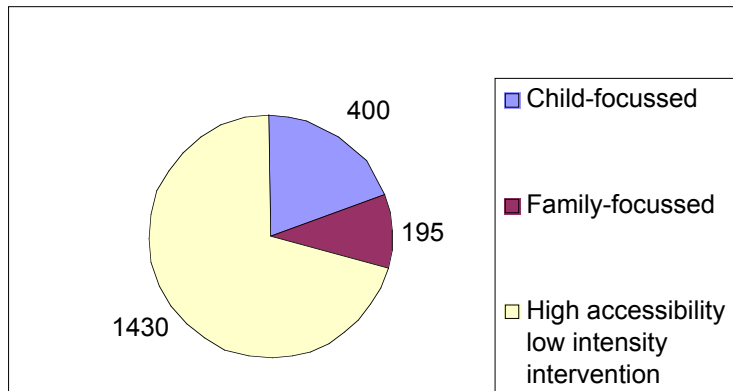


Figure 3 below indicates the comparative success of projects in attracting clients. There is a clear difference in the numbers of clients in contact with projects. The largest numbers of clients are in contact with those projects which are highly accessible or in which the intervention is less intensive. An example of such a project would be the West Lothian outreach project which in its first year

recruited 1700 young people in the 10 to 20 age range. By contrast the Alternatives project in West Dumbartonshire - which undertakes one to one counselling with young people affected by their parents drug use or who are using illegal drugs themselves - had dealt with 32 referrals since April 2002 when its PDI funding began.

Figure 3: Number of children by project type



In the remainder of this report we look in greater detail at the experience of children and family work spread across the projects funded within the PDI.

Chapter 3: The Philosophy and Focus of the Projects

This chapter describes the ethos adopted by the projects in the PDI and explores the nature and implications of the ways in which they defined the scope of their work.

Project philosophy

As was apparent in the previous chapter, the projects funded under the PDI varied considerably in their aims, target populations, approaches and methods of intervention. However, while the nature of the interventions and their target populations were highly variable across the 17 projects, there was a high degree of consistency in their underlying philosophy. The great majority of the projects described their orientation as being holistic and client centred.

An holistic approach to clients and their needs was seen as being essential in most projects given the interdependent nature of the range of issues with which clients were confronted. In other words, it was believed that drug related problems could not be treated in isolation and, perforce, the project had to address the broader context of people's lives. The managers of two of the projects expressed the need for an holistic approach in the following way:

"It's no good us banging away about drugs and alcohol if their Dad is kicking the hell out of them, for instance. We need to try and address that first then look at the drug and alcohol stuff. Cos it has to encompass all these things. It has to be holistic. If it isn't, we are wasting our time. You can't just jump in and do drug or alcohol education and pull out and leave them to it, cos nothing has changed for them".

"You have to be prepared to get into areas of a young person's life, and be helpful in them, that really are nothing to do with substance issues. They're lifestyle issues. But it's all part and parcel of the problem".

An example of an holistic approach in action is the Time 4 U project for children affected by parental drug misuse. This initiative addresses home and school issues and wider family concerns alongside an attempt to minimise any immediate risk of harm to a child from a parent's substance misuse. A holistic approach was built into the practice of most of the projects which were also assisted in this endeavour by being part of a wider service or project from which appropriate specialist inputs might be sought and to which referrals might be made.

The other major element of the ethos of the 17 projects was their client-centred orientation. The essential element of this was an emphasis upon the empowerment of the client. A judgemental approach which was critical of clients or one which sought to tell them what to do were both regarded as being potentially counter-productive. All of the projects emphasised the importance of working alongside clients, of giving them a voice and of enabling them to participate in decisions about how the intervention should proceed. The emphasis

was on clients defining their own needs and taking personal responsibility, but within a culture of support:

"We're pretty person-centred. We'll listen to what it is they feel they need to change, and then, if that's totally unrealistic, you're going to have to go through a process with some of them and try and get to the point where they are being more realistic about what they want to change".

"Probably the first kind of thing I'll say is that our job is to create opportunity; it's as basic as that. Create as much opportunity for the client. The client is the expert in his or her life and I'm no' an expert in his or her life. I have expertise in the area of drugs and I'm able to guide and support them and advocate. So the opportunities, whether they take that or nor is a matter for them. But trying to create that, and build relationships. So that's basically the ethos".

Some of the projects expressed a desire to extend client participation beyond the individual's involvement in their own personal programme of intervention to include their participation in the design, development and, in some instances, the running of the project. In these projects the active involvement of clients in the service was experienced by those involved as being central to their achievements. More specifically, working in partnership with clients was seen as a way of getting the services right for them. Some projects were trying to achieve this through the establishment of an Advisory Forum which included volunteers from among their client group:

"That's why we've tried to put together the young person's advisory forum - that's our aim for that, to get young people involved. We recognise in terms of social inclusion young people have huge disadvantages and just don't get involved in community life in any shape or form, so it's about trying to break down these barriers. Our aim for that is really, get young people involved, and for us to consult with them. You know, basically at the end of the day, it will help us to provide better services for young people".

In one advisory group the young people participated in the recruitment of staff and volunteers. This role was much appreciated by the young persons involved as the following comment from a young advisory group member illustrates:

"And it lets us see wha we think's gonna be good for working with us and wha's no really gonna be interested and wha's just like no really cut out to do it".

The workers who were interviewed for this study perceived the client-centred, holistic ethos of their projects as being essential to their success. They believed that these principles provided the only sensible and realistic basis for intervention with their particular client groups. They further claimed that the approach was popular with young people and encouraged their engagement with the project.

Project focus

A recurrent theme in the interviews was the importance which project workers and managers attributed to the need for models of care and support which were realistic, which clearly defined the aims and scope of the project and to which everyone subscribed. Clarity of purpose was regarded as being essential to ensure that a project's mission was pursued adequately and appropriately. Project staff had to have a clear idea of what they were supposed to do and why. Several of the project workers referred to the necessity of having a period of induction at the beginning of a project which allowed sufficient time for them to become familiar with their project's aims and methods and to become acquainted with their host agency and its staff. In some cases, project workers claimed that insufficient attention had been paid to this process.

In a small number of projects a lack of clarity in their focus, or deviations from the project's original conception, appeared to have created substantial difficulties for staff. For example, a lack of clarity and specificity in a project's focus could give rise to difficulties in defining and prioritising the work of the initiative. One worker contrasted her experience in a project with the greater clarity of working in an area social work team:

"There are times where I'm just not quite sure, and again, that is because the role has been a lot broader, it's far broader than anything I've done previously and I personally, at times, kind of, don't lose my way, but it's like in an area team your priorities are clear. You know what's at the bottom of the pile and what's to go to the top and it's very easy to define why that is, why your case load is structured in that way".

However, a much more common problem than vague or changing models of support was the breadth of focus adopted by some projects and an attendant lack of clear boundaries. Some projects appeared to have been defined very broadly. For example, one young person's worker who considered her role to be inappropriately broad was, in addition to offering one-to-one support to young people who were struggling with chronic and often harrowing life circumstances, also offering family support and responding to increasing requests for drugs education from schools and various other bodies. Other projects worked with a very broad age group – in one case 12-20 year olds – or had fairly loosely defined criteria for acceptance onto their programmes. One consequence of this was to present serious challenges to workers in terms of the range and diversity of the issues with which they were expected to deal and in terms of their need to balance the various demands on their time. Sometimes the breadth of a project's focus and a lack of clear boundaries presented difficulties at the point of referral:

"The key thing about this project is that it works with the young people that are at risk of as opposed to currently having an issue with misuse. Now this got – it's really easy for someone to twist if they so choose, to make it seem like somebody's at risk. So we have to filter that out a wee bit. And initially we were probably more relaxed in taking those referrals on. So we're slowly pulling it in tighter and tighter and in the last wee while we've refused a number of referrals whereas initially we didn't really refuse any".

Part of the pull towards breadth and diversity stemmed from the holistic approach adopted by most of the projects. For example, in one of the projects designed for children affected by drug use in the family, much of the worker's role involved developing the children's self-esteem and resilience. However, the task of

minimising the risks to the children within the family also dictated that the intervention go beyond the child and focus on the family as a whole. This, in turn, involved working with parents by making them aware of their responsibilities, providing 'practical home support', facilitating access to services and developing links and joint practice with other organisations. While not directly addressing their drug use, any associated behaviour of the parents that put children at risk might be challenged. Parents would also be supported in accessing statutory services such as health or social work on their own and on their children's behalf.

The level of diversity within projects could involve staff in a difficult balancing act in which they attempted to ensure that a project's focus was not lost, that its priorities were maintained and that the various demands on its resources were met. This could be difficult to achieve and, as a result, project workers and managers often struggled on with highly pressurised caseloads and a sense of being engulfed by the work.

The projects' perceived need to be flexible in dealing with the range of issues presented by their clients also served to increase the breadth and complexity of workers' roles. The need to be flexible was a product both of the holistic approach adopted by nearly all of the projects and the diversity of clients' needs and experiences. In short, a project had to be capable of accommodating and adapting to the variety of needs and circumstances of its clients.

The co-ordinator of one of the outreach projects provided a good illustration of flexibility in action in describing the way in which they deal with young people at risk of establishing problematic drug use:

"If the needs of that young person are around raising awareness in order to reduce harm then that's what we'll do. If the needs of that young person is stabilising certain situations or certain substances in order to address other situations then that's what we'll do. If they're using 4 or 5 substances and one of those substances is creating a chaotic response, is leading them into offending, self harm, and such, then we'll deal with that one first. We'll focus in there and work with that to try and stabilise the situation. In order to start to then address the other things, other issues. So it's a pragmatic approach. That's it, you know, it's on the ground, it's pragmatic in that it's what's best for the young person".

A good example of flexibility in response to clients' needs is provided by the Reiver project in the Borders. In order to deal with the problems of geographic spread and of the variety of needs among its target group of 12-16 year olds, this programme is highly flexible both in the extent of its activities and the content of its interventions. Intervention can encompass youth work methods (e.g. talking about issues over a game of pool), addressing risks through education, acting as an intermediary with schools or parents, onward referral or one-to-one counselling. The number of times a young person is seen varies between one and twelve. These contacts can take place on a weekly, fortnightly or monthly basis and the time-scale is tailored to individual needs. Appointments can take place at the young person's home if appropriate. Otherwise, clients are seen in schools, health centres, youth centres or other locations. Where possible and appropriate, parents are involved in the process of intervention.

The irony is that this flexibility could, in turn, also increase the range and diversity of a project's work and impose an even greater burden on workers and managers. Nevertheless, according to the staff who were interviewed, it was vital to the success of a project that it remain flexible and sensitive to the individual needs of its users.

Chapter 4: The Recruitment of Clients and the Management of Caseloads

This chapter describes the ways in which the projects recruited their clients and sought to manage their caseloads.

Inward referrals

The principal way in which the projects recruited their clients was through referrals received from other agencies. However, this was far from straightforward and the nature and quality of inward referrals proved to be troublesome for many of the projects. There were three issues here: low rates of referral, inappropriate referrals and late referrals.

Low rates of referral were a considerable problem for some of the projects, especially in the initial stages of their operation. The problem was that referrals did not occur automatically on the establishment of a project. The business had to be created by the project advertising its presence and purpose to prospective referrers. Some of the projects recognised that, in their early stages, they had not done enough to ensure an adequate supply of cases. An equally significant problem for some projects was referrals that were in a variety of ways inappropriate for their particular model of intervention. As with late referrals, this problem was related to the extent to which projects had been able to communicate clearly to other agencies the nature of their work and the sorts of cases which it was appropriate to send them. Sometimes other agencies were unclear about the nature of the project's eligibility criteria and, on other occasions, they simply did not have an adequate comprehension of its aims and parameters. For example, the Peterhead project experienced difficulties with other agencies who sometimes viewed its service as being similar to an adult drugs service, when in fact its practice and objectives were markedly different. In another instance, it was other agencies' restricted view of what constituted a drug problem that created difficulties for the project:

"I think the other kind of hindrance is that people see drugs problems as somebody that has a heroin problem. They don't realise that a young kid smoking hash or something, that's an issue. Or they're drinking heavily at the weekend, or, you know. These are all still issues that are there and that's where the preventative and the education side of it comes into it, and I think people still perceive it as, we have a heroin user, let's phone (name), you know. So, it's taken a while to break that down, and we're still in the process".

Projects which experienced referral deficits attempted to encourage referrals in a number of ways. The principal way of achieving this was through vigorous promotion of the service by means of intensive networking and campaigns specifically targeted at increasing referrals. In an attempt to boost their referrals and broaden their intake base the Reiver project launched a campaign which targeted all levels of a relevant organisation - for instance, nurses as well as doctors at a Health Centre - with the intention that awareness of the service offered by the project would spread upwards as well as downwards. Contacts established in this way were also subsequently maintained and refreshed regularly. The Peterhead team appeared to work particularly hard at promoting their service. The project manager and the workers regularly engaged in promotional activities which included extensive networking with statutory agencies. Teachers around Aberdeenshire, especially in guidance departments, were targeted with packs produced by project staff and referrals were also actively sought through the ADAT education subgroup. 'Roadshows' to promote

the project's services were also being launched and staff were arranging presentations for GP surgery personnel. The Inverclyde project had introduced a system of telephone referrals to make self-referral by young people easier. All of the projects which had used them reported that these activities had had the desired effect and that referral rates had improved considerably as a result of them. Project managers also emphasised that the attempt to promote their service and ensure an adequate supply of referrals could not be a one off activity but was something that had to be sustained.

Projects also sought to enhance the appropriateness of the referrals they received by improving and clarifying their criteria for referral and by attempting to ensure, by means of the sorts of intensive promotional activities described above, that these were fully understood. In some cases this involved adapting the referral form to make the criteria clearer. For example, the referral form used by the Connect project is very detailed. It gathers contact and personal details on the young person and the referrer as well as details of the concerns or issues leading to the referral. The form creates a substance user profile, with a matrix of drug types by stages of use (experimental to frequent) to be ticked. It also asks why the use is problematic, whether the young person is injecting and what their preferred substance is. To be accepted onto the project, those referred must be within the target age range, have been clearly identified as having problematic substance use, be aware of the referral and be willing to engage with the programme.

Another difficulty encountered by some of the projects was the problem of late referrals; that is to say, referrals which occurred at too late a stage in a client's career to be entirely appropriate to the aims and models of intervention offered by a project. These referrals tended to undermine the project's original concept and intention. In particular, project workers complained that cases were frequently referred to them too late for them to pursue their preventive agenda properly.

Several of the projects reported that they tended to get called in at a stage at which young people or families were struggling with addictive behaviours which were already well established and which were having a considerably adverse effect on the lives of those involved. For instance, Families First, although preventive in concept, received most of its cases when they were at a critical stage. This meant that a service which was originally conceived as operating in a largely preventative capacity, found itself dealing in the main with families in crisis. Examples referred to by staff in this project included families going through relationship crises, children living in an atmosphere of violence, or situations in which unsafe adults were coming and going in the house. Social work referrals, in particular, it was claimed were likely to be made at a time of crisis. However, late referrals were not confined to social work and two project managers reported that schools also tended to refer on the point of crisis.

One family project found that their primary goal of early intervention was difficult to achieve because their main source of cases, social work, tended to refer when clients were already experiencing complex or chronic problems:

"One thing I'm noticing is referrals from social work tend to be when the situation has got pretty chronic. They're either just about to or have already removed the children from their parents' care. So, it's a very difficult starting point, people are very chaotic. Their motivation to change their behaviour is being driven by this big stick that's hanging over them that's called permanency".

As with the other two referral problems, projects attempted to address this issue in several ways. Part of their effort was devoted to 'educating' potential referrers on the stage at which clients should be referred to the project as part of their general promotional and networking activities. However, a number of the projects also took steps to establish alternative referral routes as a way of trying to increase the volume of appropriate referrals. In particular, several of the projects were making a determined effort to recruit from sources other than social work and to try to broaden the base of their referrals to include families or young people who were not in contact with services. For example, the East Ayrshire project was trying to address this issue by seeking funding to employ an additional young carers' worker, who would be based in a local health centre, in the hope that this outreach role might make it easier for the project to access young carers at an earlier stage. Families First prepared materials for distribution in GPs' surgeries, family centres and community centres in an attempt to recruit more hard-to-reach families. The Peterhead team was endeavouring to recruit young people not known to services by a variety of means in order to promote early intervention and reach a wider client base:

"But what we are trying to concentrate on now is trying to target your normal everyday young folk who don't have social workers and aren't known to the social services. So we are trying to concentrate on doctor's surgeries and all the different places for posters and stuff. Some schools put out our flyers in the young people's report cards and things like that because that targets heaps of young people at once. These aren't young people who will necessarily be known by social services because there are hundreds of young people that take drugs every day and they might never come to anyone's attention. It doesn't mean to say that they don't need to know all the information any less than the people who have got social work input".

Reaching and retaining clients

In spite of their efforts to optimise referral and recruitment, all of the projects were aware that there were a significant number of potential clients who were very difficult to reach. These 'hard to reach' cases could be a source of considerable frustration for project workers. As we saw, several projects tried to address this issue through the use of outreach work, by attempting to broaden their referral base or by seeking to encourage self-referral.

Territorialism could also make recruitment difficult by making access to a project highly problematic for young people. In many communities it was unacceptable

and frequently dangerous, for them to attempt to attend a service outwith their own immediate area:

"The territorialism thing is really bad because a lot of kids can't even travel on a bus through a certain area because they'll be recognised and their bus will get stoned. Boys will stop the bus, jump on, and give them a battering basically".

This meant that a project with a fixed base could find it difficult to recruit young people from outside its territorial borders. It also meant that the movement of staff between areas or territories was to be avoided as far as possible:

"Staff that are assigned to the geographical areas, they'll get to know the staff in that area...They can't swap areas too much because if they swap areas too much, the young people don't take to it because of the territorial issues and the rest of it, and the building of relationships. It really has to be the same people in the same areas".

The most common solutions adopted to address this issue were either to establish several different locations in which the project could engage with clients or to undertake outreach work. The West Lothian project's use of a mobile base in the form of a bus provided a novel way of getting round the problem.

While reaching clients could be difficult, retaining them could also be problematic. Most projects experienced the frustration of missed appointments and clients dropping out of their programme before their intervention had been completed. To some extent, this was seen as coming with the territory and there was particular resignation among project workers as far as the non-retention of complex or chronic cases was concerned. Nevertheless, project staff did make considerable efforts to retain clients. Some tried to make their meeting spaces as client friendly as possible and to avoid settings which had statutory or stigmatising connotations. Others sought to encourage retention through the adoption of approaches to intervention that were client-centred and non-directive.

In terms of their ability to recruit and retain clients, many projects saw the fact that they were non-statutory organisations as being of considerable advantage. They believed that this enhanced their acceptability among their various client groups, many of whom were perceived as being suspicious of statutory services and resistant to becoming involved with them:

"I was 25 years in Social Work, so I know the - I don't have a problem with it, but I see the value of this sector. It's the flexibility. And it's also that people will more happily access services in the voluntary sector. Particularly when there's something happening with children. They'll do it and not be so scared".

"I think our biggest strength is that we are non-statutory and we listen. That is the feedback that we get. They don't have to go to Social Work to come and see us and that is our big strength".

Some projects tried actively to overcome client's suspicions of service providers:

"If it was a Social Work referral perhaps the first time I would meet that young person, and the social worker might bring them down here. So they could see the way we work. They can see we don't actually walk about with social work bags or badges. So they can see for themselves where we come from. And you get a chance to tell them what we want. We usually get a couple of minutes in a room alone, explain our confidentiality policy and the fact that it's entirely optional. They're not forced to see us".

Coping with demand

Not surprisingly perhaps, nearly all of the projects claimed that their resources were inadequate to meet the demand for their services. Some felt that their service required additional staff while others complained of a lack of administrative support. Mostly the problem was a consequence of the high demand for the service and a consciousness on the part of project workers that it was impossible to meet it. In some of the projects this had already resulted in the emergence of waiting lists or in the introduction of a reduced service. Most of the other projects were having to give serious consideration to the introduction of similar measures.

Waiting lists were viewed negatively by project staff but seen by most as being inevitable. Some projects were reluctantly having to consider reducing the service they provided, sometimes as a way of obviating the need for waiting lists. This could mean seeing clients less frequently, substituting group work for more intensive one-to-one interviews, making adjustments to the project's referral criteria or, in one case, guaranteeing only initial screening and assessment while the referral rate was high.

Rural projects experienced an additional problem in meeting the need for their services. The geographic spread of their cases meant that travel consumed a lot of the project workers' time. Some of the rural projects covered very large areas. For instance, the Highland Mentoring scheme covers the entire Highland region. The demands imposed by geography were placing severe restrictions on some rural projects' ability to fulfil their role adequately. Some sought to address the problem by undertaking as many contacts as possible when in an area while others tried to increase the amount of work undertaken on each visit.

Chapter 5: Case Management

This chapter discusses the ways in which the projects managed their cases. The central issues for the projects were assessment, goal setting, case closure and the maintenance of client confidentiality.

Goal setting and assessment

The assessment of clients' needs on initial contact and the subsequent setting of goals for their interventions were common to all projects. Assessment and planning were regarded as vital in individual cases in order to maintain focus and promote progress towards closure. Most projects sought to involve clients in this process and stressed the importance of working with them towards the achievement of agreed goals. There was a strong belief among project workers that meaningful and substantial involvement of the client was an essential component of effective intervention.

It was evident that, across the projects, staff were using a variety of assessment tools depending on the client group involved and the nature of the work to be undertaken. The time taken to conduct the assessment also varied enormously across projects. Some assessments took less than an hour to complete while others such as the EuroADAD which was used by the Tayside projects or POSIT (Positive Screening Instrument for Teenagers) used by the Reiver project could involve 4-6 hours of face-to-face work. Both of these instruments are designed for use with young people and involve lengthy questionnaires. EuroADAD is a European version of an American assessment tool for adolescents, consisting of a large number of questionnaire items covering several areas of a young person's life such as school, social life, family health and substance use. The POSIT, also developed in the USA, consists of a questionnaire of 139 items which are rated by a young person to give a view of ten different areas of risk in a young person's life, including substance misuse, school, peer interaction, or mental health. Staff in the projects which were using these tools reported finding them highly accurate in assessing the needs of young people and extremely useful as devices for monitoring their progress.

Another assessment tool in common use with young people was the Rickter Scale. Also from the USA, this is less comprehensive than the instruments described above but is simpler to administer. It takes the form of a plastic board of sliding scales (from one to ten) held by the young person. These scales are used as positive/negative dimensions to indicate where the young people see themselves in different areas of their lives. Repeated administrations of the scale during the intervention, possibly on a weekly basis, allows progress to be monitored:

"It is a tool that gives you a bit of insight. You say ok you said seven there. What would you like that to be? And they will maybe say nine or something like that. You can either then – it depends on how you want to do it – you can say how do you think you could improve that? And then you go into goal setting and stuff like that or getting them to see what the problems are. It is important to know what they are meaning when they go nine. What is happening at school? Is it that they are getting bullied? It could be anything. Then you can say, well what can we do? And then you *can go back and review it*".

A different set of assessment instruments was used for families in which adult drug misuse was impacting upon the children. The most popular assessment tools used in these projects were the SCODA (Standing Council on Drugs and Alcohol) assessment instrument and the Parenting Hassle Scale. The SCODA instrument was used both to assess a family's intervention needs and to monitor its progress. The three categories of risk employed by SCODA provided a basis for monitoring interventions. For example, if clients started at stage 3 (chaotic use and lifestyle) they might be brought to stage 2 (stability) by harm reduction information and support and ultimately to stage 1 (control) through counselling. The Parent Hassle Scale provides a list of problematic child behaviours and home conditions and asks parents to rate them, where appropriate, for frequency of occurrence and the extent of the 'hassle' they create. This assessment is then used to determine need and target interventions. Repeated administration of the instrument can be used to monitor the progress of the family. Other instruments employed by the family orientated projects included the Department of Health's Assessment Framework for Children in Need and the Thomas-Kilmann Conflict Mode Instrument for assessing the relationship between parents. Time 4 U had devised their own assessment tool to suit their own particular needs.

Case closure

While project staff were reasonably comfortable with the process of assessment and goal setting and reported their procedures to be both efficient and effective, the issue of case closure was much more problematic. There were three problems here. First, on most projects case closure tended to be slow because of the intensive and necessarily protracted nature of the work. In several projects, very few clients or families had exited the programme during the first year or so of their operation. Workers in some of the family projects described how it could take nine months to a year before the service felt able to disengage from them. In other words, part of the difficulty in achieving case closure is inherent to the nature of the work which these projects undertake with families and individuals. Effective and, hopefully, enduring outcomes take time to achieve.

A second problem as far as case closure was concerned was that project workers experienced difficulty in moving cases on because of a claimed shortage of services for onward referral. Although their own intervention may have reached a conclusion, their clients might still be in need of other forms of assistance and the absence of this facility could sometimes make it difficult for projects to discontinue their contact with them. This could lead to the development of backlogs of cases for which the project had exhausted its intervention but for which other forms of support were now required.

The third problem with case closure was the difficulty experienced by some projects in identifying clear criteria for defining a case as having been satisfactorily completed. Some projects had clearly tried very hard, and with some success, to devise a set of clear exit procedures and criteria. For example, with the Families First project intervention is viewed as complete when the client's action plan is empty. This is monitored through team reviews at 12-week intervals. With most projects regular reviews of progress were built into the programme of intervention. However, several projects gave the impression of having criteria for case closure that were much less precise or easy to implement. For example, in one project families were discharged 'once the worker feels that the family are on their feet.'

Confidentiality

Confidentiality was an important issue for all of the projects. There were a number of aspects to this. First, projects reported making strenuous efforts to ensure client confidentiality by keeping any written records under secure conditions and by being guarded in relation to the sharing of information with workers from other projects or agencies. Project staff were all acutely aware that any breaches of confidentiality could be highly damaging to their entire enterprise. Second, all prospective clients were assured that information on them would not be divulged to another agency without their permission, except where child protection issues were involved. However, project staff were very sensitive to the fact that this latter qualification had the potential to undermine the project's relationship with clients:

"So the first few appointments are quite tricky, really, they're quite tense as far as I'm concerned. Because you're hoping to give that client a sense that they can trust you, but at the same time you're having a boundary. You know 'if you're going to tell that to me, that you're going to harm yourself, or harm someone else, I will have to take this further'".

Child protection issues could also create a difficult working environment as far as intervening in drug using families was concerned but project staff were unequivocal that, in circumstances in which a child was at risk, it was the needs of the child that had to take priority:

"Our stance would be that you always have to take the part of the child because they're the most vulnerable. Even if you have every sympathy for the parents".

Projects also sought permission from clients and from the parents of young people to share relevant information with other involved agencies. Where a child did not want his or her parents to be informed of their referral to a project, this would be respected by the project staff.

While confidentiality regarding the nature and content of a client's involvement with a project could be preserved relatively easily, an individual's contact with a project could be more difficult to conceal. Maintaining this sort of confidentiality was partly about ensuring that the project's premises were such that a client's very attendance did not compromise their privacy. However, this could sometimes be difficult, especially in small communities or rural areas where people's movements were more visible and where workers and clients might be known to each other. Where this potential existed, projects dealt with it by ensuring that a worker was not assigned to a case in which the client's family was known to them.

Chapter 6: Relationships with Other Agencies

This chapter describes the nature and significance of the projects' relationships with other bodies. It begins by exploring the importance of their links with their host agencies.

Integration of project and host agency

Each of the PDI Projects was located within a larger 'host' agency which provided an appropriate administrative and professional context for the project and its work. The project workers reported that important benefits resulted from the project being part of a well-established, well-connected and well-respected local organisation. Among other things this facilitated access to clients, enhanced the project's acceptability within the community and enabled the project to draw upon the local knowledge of the host agency. Being part of a well-known national organisation was also seen as giving a project status and enhancing its acceptability.

According to the accounts of the project workers and their managers, the extent to which a project was integrated with its host agency played a significant part in its ability to function effectively. It was clear from the experiences of those who were interviewed that well integrated projects enjoyed considerable advantages over those which were not. There were three main dimensions to integration each of which had important implications for projects' effectiveness.

First, a complementary relationship between the work of the host organisation and that of the project contributed to the success of the latter in a number of ways. Principally, it increased the perceived value of the project among host agency staff, promoted a co-ordinated approach to work within the organisation as a whole and imparted a sense of value and belonging to the project and its workers. In most projects, a complementary relationship meant that the project extended the work of the host organisation, either by increasing its capacity to discharge its original remit or by adding to its scope through the development of a related service.

An example of a project strengthening the work of the core agency by introducing a distinctive but complementary provision is the outreach service at the Web project in Angus. In delivering an intensive programme of one-to-one interventions with young people who are at risk of establishing a pattern of problematic drug use, this project directly complements the more generic work of its host:

"I mean the Web project had been working in Angus for up to about 4 years before we put this funding bid together. And we knew clearly that we needed a dedicated children's service in relation to substance misuse. The Web project was a generic service for children and young people in relation to risk behaviours".

With some projects the level of integration was such that host and project were intended to feed into each other through cross referral and joint working. For example, the Aberlour outreach project for families with drug misuse problems will refer some of their clients to the Brenda House service which offers support

to drug users who have progressed to the stage at which they are considering work or education. Another example of this is the West Lothian Detached Street Work Project. This project is a core part of the West Lothian Youth Action project and provides an outreach service which is explicitly geared towards encouraging young people to become involved with the wider project or with other services. However, in addition to acting as a recruitment mechanism for the wider project, some of the sessional staff in the West Lothian project combine their street work role with a wider remit which encompasses other aspects of the host agency's work, for example through participation in its befriending and peer education projects.

A worker at the Alternatives Project in West Dumbartonshire also provided an excellent illustration of the way in which the work within the project was inextricably linked to other services provided by the host agency:

"A lot of these clients are not just linked in to myself through the shared care project, they're linked into our family support group that runs, and their children who experience the difficulty with the addiction are often receiving a service from our project staff and are involved with our group work staff. So one referral to myself often transpires that you're actually working with the entire family at different parts, different parts of the service".

In the great majority of projects, integration was reported as being good. However, there were also some examples of projects in which this was not the case, or where there had been difficulties in the past. For example, the following project worker did not feel 'connected' with the rest of the host agency, largely because she could not see how her project was intended to relate to the other services offered by the host:

"It's quite difficult actually, because I think my post is really quite separate from the work of the rest of the project. I am required to do an afternoon of duty where I just see anyone who comes in. But that's very rarely related directly to my post. I suppose the answer is that it doesn't really fit".

As the above extract shows, projects which were not so clearly linked to the host agency's services could suffer from a sense of isolation and detachment which could, in turn, have a damaging effect upon the morale of project staff.

According to the project workers and their managers, the nature of the host agency in terms of whether or not it had a specific focus on drugs did not seem to matter as far as the effectiveness of the project was concerned. What did appear to matter was the degree and quality of integration between the project and its host. Where this relationship was designed to be complementary, two services, each with its own distinctive focus, could work well together. There were several examples of substance misuse projects complementing the activities of a host project with a focus on young people or youth work. Indeed, there could be distinct advantages to being located within an agency for which drugs was not the primary focus. In particular, such partner agencies could provide an enhanced potential for internal referral and could make a wider range of expertise available to the project. A good example of this was the East Ayrshire Substance Misuse Family Support Project which was established to complement a service offered to young carers by the East Ayrshire Carers' Centre. Here the arrangement of offering support to young carers affected by drug misuse issues in a setting which is not specifically drug related appears to work well. Although the Family Support

Project has a dedicated worker, the young carers affected by drug and alcohol misuse receive additional support within the context of the young carers' project as a whole. The Family Support Worker also plays a role within the host agency and other staff members, primarily those involved with the young carers' work, also engage with the young carers who receive support from the Family Support Worker. This arrangement also means that there is no stigma attached to the young carers on the substance misuse programme. Another example is the Families First project. While this project offers parents one-to-one work with a drugs worker targeting their drug use, it can also mobilise a range of individual outreach work on parenting and household skills from one of its allied family workers. In addition it is able to arrange group activities and support for the parents and their children at one of its two partner family centres.

A second important dimension of integration was the extent to which the members of the host agency understood clearly the nature of the project's work and objectives. This was not always the case. In one project the problem resided in a lack of understanding on the part of the wider agency staff of the nature of detached work:

"I was actually concerned at a voluntary management committee, do they actually know anything about this project? And they need to, they are the important people apart from the young people... detached work is probably the least known about in terms of the people involved in this project, and by that, I mean the management committee. From my kinda first discussions, there's not really anybody that's really totally clued in on what detached youth work is all about and I think that's fairly interesting in itself".

The problem was that the detached youth work approach represented a significant departure from the way in which the host agency had worked in the past and from the kind of work it was familiar with. As a result, an attempt was made to educate staff and volunteers about the new approach. To this end, all staff and volunteers participated in a team-building residential event which, according to project staff, succeeded in promoting greater understanding and better working relations. Steps were also being taken to actively involve host agency volunteers in the detached youth work project.

Although such a lack of understanding was reported in only two of the projects, since there is potential for it to be repeated in any new initiative, it is clearly not something that should be dismissed lightly. Any lack of understanding is likely to act as a significant barrier to co-operation and joint working between projects and their partner agencies. Fortunately, in the great majority of cases it appeared that members of the host organisation had a satisfactory awareness of the nature and modus operandi of the new project. In some cases, this was facilitated by staff members being actively prepared for the arrival of the new project by being thoroughly briefed on its aims, methods of working and on how it would relate to the host agency and its services.

Integration could also be facilitated or impeded by the way in which a project and its host were organised and managed. Not surprisingly, if project workers were based in the same premises as host agency staff there appeared to be considerable benefits as far as the development of collaboration was concerned. Attendance at meetings of the partner agencies also helped to promote a sense of involvement, to obviate feelings of isolation and to facilitate joint working. In a small number of projects, however, the workers did not feel welcomed or supported by the host organisation and this could have a very adverse effect upon their morale. For example, in one instance project staff resented being required to pay for the use of the premises of one of their partner agencies

describing the request as a "kick in the teeth". This project also experienced problems with its other partner agency, Social Work, which was similarly perceived as being 'unsupportive' on account of its alleged failure to provide adequate office space and equipment.

In the main there tended to be a high degree of accord between projects and the agencies within which they were located in terms of their ethos or philosophy. The exception was a project in which there was a difference of approach to the prescribing of methadone as a solution to problematic drug use. However, there were one or two examples of partnership agencies having conflicting expectations of the project. This, in turn, could create difficulties for the project workers. For example, in one project, staff felt torn between the differing expectations of their local authority and voluntary sector sponsors:

"I feel that in this project, it's a hybrid. You're neither fish nor fowl. You're not a local authority and you're not voluntary sector. You're a bit of both".

Another project found itself having to contend with a supervisory schedule at both of its partner agencies, each of whom had different expectations of them. As the following quotation from one project manager indicates, differences in culture and practice between partner organisations could give rise to difficulties:

"There's a certain level of agreement that's workable with. You know, I don't think it's brilliant. But we're managing to co-exist. And in some senses maybe that's just what we have to expect. We are 3 quite different organisations with different expectations and the, you know, the politics within each organisation obviously has an effect on - you've got your stances you know. But it has, it's been quite rocky. But we're managing. We have been trying hard to iron things out".

The clear lesson to be learned from this is that organisations which are partners to a bid should also be thoroughly familiar with each other and their expectations of the project in order to ensure a consistent approach.

Relations with external agencies

Developing and maintaining constructive relationships with a range of external agencies was seen as being crucial to the work of the projects. This was especially important as far as referrals – both inward and outward – were concerned. Indeed in some cases, a project's key mission was to channel young people into other services.

Other agencies could be important to a project in other ways. For instance, they could deliver specialist inputs, supply important information or assist a project in its activities. As an example, the Angus project benefited greatly from other organisations making space available for its outreach service in schools, social work offices and community flats:

"Just sort of local youth spaces. We've got really good relationships where we could even sort of borrow rooms there to meet young people if that's what they want ... The school's been really good as well, the school's allowed us to, provided us with rooms to meet young people in. Within school time as well".

Most of the projects had worked hard at networking with related services and agencies and, on the whole, reported having been able to develop constructive relationships with them. It appeared that positive working relationships were easier to establish in rural communities where there seemed to be an enhanced

culture of partnership working, perhaps as a consequence of the relatively small number of agencies and services working in these areas.

Relationships with other agencies could be adversely affected by perceived overlaps in their work or by boundary disputes. This could give rise to serious tensions between projects and other organisations. Sometimes boundary problems occurred, not because there was overlap between the work of the project and other services but because the nature and purpose of the project had not been communicated with sufficient clarity. Once this was done and the distinctive contribution of the project was established, the problem tended to be resolved.

The Aberlour project experienced initial suspicion on the part of some other agencies about the ownership of work with children and families. Project staff resolved the issue by demonstrating that their own work complemented rather than encroached upon the work of other projects:

"Different agencies are precious about their services ... I had to work at getting past that barrier and explain that it was all about complementing the service and working with them and not doing their job. I think once I got through that barrier it was much easier".

The issue of ownership was particularly problematic where the work of the project actually overlapped with that of other services. For instance, one street work project had experienced difficulties with community education as a result of its inclusive approach to working with young people:

"There is a shining example at the minute because essentially a lot of young people in this area aren't engaging with community education at all but they're very happy to work with us. That's embarrassing for the council especially when they give us so much of our core funding".

Sometimes overlapping responsibilities could engender a hostile competitiveness between a project and external agencies:

"The other thing we're all probably learning is in relation to partnership working. Our experience so far has been that people shit on us. We're not out to manipulate, we're not out to gain, but ...I think people are quite competitive and we're not. We're doing what we're doing and we'll share it with you...We've got to the stage where it's like, don't say to anybody, because they'll steal all our ideas".

Given the problem which overlapping functions could pose, it was especially helpful to projects to be able to claim that they were providing a service which addressed a clearly identified gap in provision. In this respect, the more a project was able to present itself as offering a unique service the better. This not only avoided problematic overlaps with other services, it also enhanced the project's perceived utility and made it more clearly identifiable as a potential referral outlet. The Inverclyde, Easterhouse, Link and Time 4 U projects were all examples of services which benefited from having a unique role within their communities. This role appeared to be especially valued when it was perceived as being complementary to the services provided by other agencies or where the project's remit extended to increasing the uptake of the latter.

A final danger for projects in their relationships with other agencies was that their very usefulness could rebound on them in the sense that they could find themselves being used to supplement, or substitute for, statutory provision in a context of the latter's shortage of resources:

"I think what is happening is services like ours could easily become a bolt on in terms of what social work can't do because they don't have the resources to do it. We are working in a child protection environment. We're working with really vulnerable families who have really complex needs. Traditionally those are the people that the social work department work with. They can't do it. They can only do child protection enquiries just about, and that's it".

A small number of projects were especially conscious of this danger and had taken steps to try to deal with it by tightening their referral procedures in an attempt to avoid being exploited as a resource for cases which they believed should more appropriately be dealt with by statutory services.

Relationship with funding body

A common concern expressed by project staff related to the duration of the project's funding. Several workers and managers claimed that, in their view, the typical three year funding period imposed restrictions on the project's strategic activities and could have an adverse impact upon the career decisions of staff members. It was feared that anxieties over the continuation of funding might encourage workers to move on, especially when a project entered the final stages of its funding. Further concern was expressed that, at that stage of a project's history, it would be difficult to find replacement staff. There was also a feeling that a project might be closed just when it was beginning to establish itself.

Several projects altered their aims or approach from that contained within the original proposal in order to accommodate changed circumstances or priorities. For example, Time 4 U in Kirkcaldy increased the role of outreach work in its service and shifted the emphasis of its work towards the children. The Reiver project abandoned its proposed group work intervention model in favour of a flexible, one-to-one counselling approach with young people. The group work model was seen as being impractical in a rural area given the difficulty of arranging and sustaining group meetings in a rural context. Equally importantly, intervening on an individual basis was felt to constitute a more child-centred approach, allowing the intervention to be tailored to each client.

In every case alterations to the original formulation were undertaken only after seeking the approval of the PDI sponsors. The latter were universally praised for having responded to proposals for changes to the original specifications in a flexible and wholly supportive way. This flexibility of approach on the part of the funding body was greatly valued by the projects concerned and was regarded by them as having made a significant contribution to the appropriate and successful development of their initiatives. The PDI's willingness to allow projects to be innovative and to take risks was especially appreciated by some of the projects:

"I think the good thing about the Lloyds money was that it allowed a lot of flexibility to set up the project, and allowed it to be what we consider innovative, and try different things. Lloyds pitching of it was, well my understanding was that it was always a pilot project that was there to change things. If we had got the money directly through social work - if it had been made available, which it might not have been - we'd have been far more tied to the model that we first set up".

Finally, projects also welcomed the absence of close monitoring and pressure from their sponsor while they were finding their feet. For example, the manager of the Highland Mentoring Scheme was clear that being given the scope to develop slowly and without undue pressure regarding time-scales and referral targets had brought dividends in terms of both mentor and client participation in their project. The staff of other projects were equally appreciative:

"I think TSB are great in that regard. They don't, I mean, they have certain criteria we must fulfil, but having been at a couple of the get-togethers with managers of different projects, I get a sense that they want to see the project doing the work rather than breathing down their necks and creating extra work which takes away from what you're there to do in the first place. I find that really helpful".

Chapter 7: Project Management and Staffing

This chapter examines a number of themes associated with the management and operation of the projects. These include:

- the significance of particular management styles;
- the importance of teamwork and support;
- and issues relating to the recruitment and retention of staff.

Management and teamwork

As far as the management of projects was concerned, three things were identified as being important to their success. These were teamwork, mutual support and empowerment. These features were, in turn, facilitated by management styles which were inclusive in nature and by physical locations and contact schedules which encouraged staff to meet, both formally and informally, to share information and discuss cases.

According to the accounts provided by project workers, most projects seemed to be well managed with clear lines of authority and accountability. Regular supervision appeared to be a feature of all of the projects. Most of the workers reported feeling well supported by their managers and the great majority of them came across as being well motivated. Frequent team meetings were a feature of all of the projects and these appeared to be important to their success. In addition to providing support for individual workers, they helped to build team spirit and empowered staff members by involving them in decisions about the project and its direction.

Interviewees repeatedly emphasised the importance of teamwork to the success of their projects. However, the culture of informal support which was said to characterise many of the projects, including relations with their host agencies, was seen as being at least as important as formal meetings. In several of the projects, a pattern of mutual support, either within the project itself or with workers in partner agencies, was identified as being of particular assistance in the management of day-to-day problems as well as more problematic issues:

"Personally, it's a great team, supportive-wise everybody's really brilliant, everybody supports each other, and it's great for suggestions, great for ideas. And there's such a wealth of different experience, different backgrounds that you get a brilliant view, you get somebody else's view and it's completely different and it makes you think, which is quite good".

Informal support was greatly facilitated if workers occupied the same building or, better still, shared an office.

In a number of the projects, the safety of the workers was an important issue. This applied particularly, though by no means exclusively, to those who were operating in an outreach capacity. The risks associated with the latter were exacerbated by the fact that the young people with whom the workers made contact might be under the influence of drugs or alcohol. All of the projects had developed policies and procedures for minimising the risks to staff. These included ensuring that a worker was never alone in a project's premises, arranging meetings with clients in neutral territory such as schools, health centres or youth centres and requiring a lone worker to phone into base before and after a home visit.

Staffing and recruitment

Projects' ability to cope effectively with their workloads and the demand for their services was frequently compromised by persistent difficulties with the recruitment and retention of staff. According to the project managers, finding suitable staff was a serious and widespread problem which resulted from a shortage of workers with skills and experience in appropriate areas:

"Recruitment in general is difficult - but trying to find somebody with the right kind of background as well. Yeah, I think there's a recruitment problem right across the whole voluntary and statutory sector".

"I think since I've come into post, they've advertised twice and failed to recruit anybody. I think the first time they had no applicants. That's the kind of general state of youth work at the moment across the country".

Sometimes this meant the project having to arrange expensive training for a worker in order to equip them with the necessary skills for the job:

"Because we're finding that people that had the Social Work qualifications, community work qualifications, background in psychology, they didn't have the substance misuse experience. So there was a steep learning curve for staff when you first came into post in relation to working with substance misuse. So we spent lots of money on in-service development and training".

As a result of recruitment problems, the progress of one project had been so seriously delayed that project staff had still to make direct contact with young people eight months after its introduction. Staff turnover was also very common with some projects experiencing a succession of resignations. As a result, one project endured a gap of four months without a co-ordinator while, at the time of the interviews, another was struggling to cope with only one detached worker instead of its full complement of four. This state of affairs was extremely disruptive for projects and had a material effect on what they were able to deliver.

In response to these pressures, aspects of a service might not be provided at all, or only in a reduced form. The effects of staffing problems could also lead to the overloading of those project workers who remained with consequent implications for their morale. It would often mean staff working extra hours in an attempt to cover their existing programmes. Constant interruptions to staffing also disrupted a project's continuity and, thereby, made it very difficult to build and maintain relationships with clients.

The small scale of the projects not only made them vulnerable to resignations and delays in recruitment, it also meant that staff absences, for whatever reason, could create significant difficulties. Some workers were conscious that their holidays could leave clients unsupported over crucial periods. In other cases, sickness absences were difficult to cover, especially if they were long term. Even if a project had the resources to provide temporary cover, it appeared to be virtually impossible to recruit a replacement worker on a short-term basis. The impression that was gained from the site visits was that, because of staffing difficulties, some projects only survived because of the professionalism, dedication and sheer hard work of those who worked on them.

More positively, the calibre of the projects' staff was identified by all of the managers as being one of the most significant factors in their success. Many of the workers had qualifications in social work, youth work, community education

or nursing while some also had specialist qualifications in relation to drugs and alcohol. However, there was a fairly widespread view among managers and co-ordinators that formal qualifications could be less important than certain other experiences and attributes which their workers might possess. Certainly, in projects which were concerned with youth work, the ability to engage effectively with young people was frequently regarded as being more important than formal qualifications. One project co-ordinator made the point in the following way:

"The core skills are about being able to engage with young people and children and being able to step into their world and understand what their world is like for them. If workers can't do that, they can have all the drugs and alcohol knowledge, but they're not going to be very successful working with that young person".

This was also a dimension of the work which project workers themselves were very conscious of:

"I think the main thing is a good understanding of community work and youth work. The main thing... I think its brilliant if you've got your degree and stuff like that, but I think being a good people person and being approachable, being able to talk, not being judgmental and stuff, just being able to talk to people and not be apprehensive and stuff, be easy going. You're working with people that maybe have lots of barriers and issues and stuff like that. You need to be light-hearted to just break down some of the barriers. I think that's the main thing".

There was also a feeling that having had personal experience of the kinds of issues that young people face could provide workers with unique insights and earn them respect and credibility with their target populations. For example, one sessional worker in a street work project believed that his personal experience as a former drug user and recipient of youth services had given him particular insights and made him more acceptable to the young people with whom he worked:

"But essentially, I'm a product of youth work. I've been a service user, I've been involved in a service all my life, from when I was a teenager, as user or a worker. That gives me a lot of wide experience which is very useful...And because I've been a bit of a wild boy in my own time I'm quite happy to talk about my personal experience".

The idea that the personal attributes of workers were of prime importance appeared to hold particular sway at the point of recruitment when the skills and qualities which enable workers to relate effectively to young people tended to be accorded greater weight than their knowledge of drugs and alcohol. While managers believed that the latter could be fairly readily acquired through training, the ability to engage with clients was seen as being more a product of experience and personality.

There was also a belief among managers and workers alike that local knowledge and credibility could greatly enhance a project worker's effectiveness. Some project workers were already well-known in the local area as a result of their work in related posts and this, it was claimed, enabled them to establish a credible reputation and to engage with clients relatively quickly. For example, in the Inverclyde project most of the staff had been seconded from other related jobs in the area and, as a result, were familiar and credible figures within the community:

"I mean there are people who know me in all the schools from managing over ten years, and social work, health, community drugs team, you know, everything else. It's credibility as well, you know. We've all done a good job where we've come from before so we're not only known, we're known in a positive manner".

In some projects the fact that some of the project staff were local people themselves was also seen as being advantageous by providing them with a detailed understanding of the communities in which they worked.

Project premises

It almost goes without saying that having appropriate premises from which to deliver their service was vital to the projects. First of all, the accommodation had to be capable of housing the project workers comfortably. Second, it had ideally to be shared with partner projects in order to promote collaboration and strengthen integration between the project and its host agency. Third, in order to be readily accessible to clients, the premises needed to be discreet, informal and non-stigmatising:

"It's a perfect setting. We're off the main street. So it's accessible for young people. But at the same time people don't actually know why they're coming into the building. It looks like a house, it could be anything. Makes it quite a safe setting for young people".

Despite its importance, several of the projects reported significant difficulties in acquiring premises which they considered suitable for their purposes. Some accommodations were regarded as not being large enough, others as being inadequately equipped. A number of the projects reported having difficulties in securing suitable accommodation for outreach work. Other projects were struggling to find premises that were accessible to their clients. For example, because their current accommodation was not accessible to young people, the staff in one project were having to find other places to meet with them once they had made the initial contact. Lack of a permanent base also meant that this project was unable to publicise and promote its services within the area. In other projects, there was a risk of adults and children encountering each other on the premises.

Evaluation

While a number of projects used assessment tools to measure the progress of individuals, none of them had developed systematic procedures for evaluating the work of the project as a whole. In the absence of such measures it could be difficult for project staff to get much purchase on how effective they were being. Apart from their awareness of the progress they were making with individual cases, success tended to be measured in terms of recruitment or retention, both of which were taken as indications of the need for the project and its work. The retention of clients was regarded as being especially significant because it could be read as indicating a measure of client satisfaction with the service.

Chapter 8: Conclusion

In this report we have provided both a descriptive profile of 17 projects included within the PDI as well as an outline of some of the common themes across the projects in their work with children and families. As we have shown, these projects vary in many aspects of their work including the way in which they contact clients, their methods of assessing clients and the work they undertake with them. The predominant source of referral into projects within the PDI is social work, with fewer referrals than expected from education and health. Similarly, for an early intervention programme such as the PDI, there were fewer self-referrals than one might have expected.

The overall impression gained from the interviews with project staff was of a range of initiatives that were, on the whole, well organised and well managed. Management styles which were supportive and inclusive were particularly valued by staff. Premises that were adequate to a project's requirements were essential to its effectiveness and, with some notable exceptions, the majority of the projects appeared to be satisfied with their accommodation. The projects also appeared to be making significant contributions, often in areas in which service provision had previously been deficient. Many of them were breaking new ground by targeting formerly neglected groups or by employing innovative techniques and methods of working.

A range of factors appeared to contribute to the success of projects. According to the staff who were interviewed, a flexible and holistic approach which was capable of dealing with the complex needs of clients was essential to their effectiveness. In addition, nearly all of the projects emphasised the client-centred nature of their work and most of them attempted to involve their clients in decisions about the form that intervention might take in their case. It was also clear from the accounts provided that an essential ingredient in the success of a project was the existence of a clear model of care and support with well-defined boundaries. A focus which was too broad or too vague could result in workers feeling confused and becoming swamped by the diversity of tasks they were required to deal with.

Projects' relations with external agencies were also absolutely vital to their success. In particular, outside bodies occupied a pivotal position as far as referrals, both inward and outward, were concerned. These relations were mainly positive but, as we saw, the number, quality and timing of inward referrals presented considerable difficulties for some projects. In addition, overlaps with the work of other agencies could give rise to boundary disputes and rivalries. In order to enjoy a productive relationship with outside agencies, it was vital that the latter had a clear understanding of a project's role and, just as important, regarded its contribution as being of value. This meant that it was extremely important for projects to network with outside agencies and communicate their purpose to them. Those projects which enjoyed the more successful partnerships with external bodies seemed, by and large, to be those which had expended the greatest amount of time and energy on promoting and explaining their activities. It was especially important for projects to have clear referral criteria and to communicate these effectively to potential referral agents otherwise the referrals which were received might not be entirely appropriate or timely. This was a particularly important requirement as far as the PDI projects were concerned since the innovative nature of many of them increased the potential for misunderstanding and confusion.

It was also clear from the site visits that projects which were well integrated with their host agency or agencies enjoyed a number of important advantages. Staff

could share resources, take advantage of in-house expertise and training opportunities and might even be re-deployed within the host organisation. Occasionally, the work of a project and its host was so well integrated that they formed a seamless service. The sort of integration exhibited by most of the projects also meant that it was possible for the organisation as a whole to adopt a more co-ordinated and strategic approach to providing the kinds of support that young people and families need. On the other hand, projects which were not well integrated or where mutual understanding was poor could suffer in a number of respects. It was clearly important that host agencies were familiar with each other, had common expectations of the project and a clear understanding of the nature of its work. Likewise, project workers needed to understand clearly how their work related to that of the host. Certainly, deficiencies in those respects could be rectified once the project was underway and there were successful examples of that happening. However, this process could be time-consuming and might occur only after the project had experienced significant difficulties. The important point here is that good integration and understanding did not just happen. It required careful planning and preparation for the project's arrival, the satisfactory induction of project staff, a clear idea on the part of host agencies of the nature of the project and its articulation with existing services and a management approach which was characterised by inclusiveness and clarity of purpose.

Finally most of the projects were experiencing difficulties in satisfying the demand for their services. In a significant number of cases this was compounded by staffing problems of various sorts. The small scale of the projects rendered them particularly vulnerable to problems in relation to the recruitment and retention of staff and to staff absences. Although this had had a profound impact on the work of some of the projects and their staff, it is difficult to see how this problem might be avoided. Certainly, though, the projects' thin resources were not helped by a failure on the part of most of them to develop clear criteria for the closure of cases. While this is no easy task given the nature of their work, it is essential that projects have criteria for moving clients on otherwise there is a danger that cases will simply drift on and, in the process, block the recruitment of new clients. A number of the projects had recognised that this was something which they were going to have to deal with and some were already actively engaged in the task. The fact that some projects had been able to address this issue successfully, demonstrates that it can be done.

In the next phase of this evaluation we will focus on two key areas. First we will provide a series of case studies of individual projects. These case studies will look in much greater detail than has been possible here at the nature of the work carried out within the selected projects. Second we will look at the extent to which it can be said that projects funded under the initiative are having a beneficial impact on clients. It is not possible within the limits of this evaluation to look at the impact of all of the projects funded under the PDI and for that reason the outcome evaluation, like the case studies, will focus upon a limited number of projects.

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Appendix A

Inverclyde: The Indie Project

- **Project aims and objectives**

The project's main focus is making contact with young people who are experiencing substance misuse problems or who are at high risk of developing such problems. When contact is established, the staff team work to divert the client from involvement with drugs and other risky activities in a variety of ways. Both individual and family support is offered as well as information and advice.

- **Project start date**

October 2002

- **Staffing**

The project comprises five staff who come from a range of backgrounds. The project manager is an experienced social worker and two of the staff are qualified community education workers specialising in youth work. Another member of the team has a background in residential social work and the fifth member of staff is a trained nurse. The PDI funds two of the posts, the other three are secondments from the local authority.

- **Geographical coverage**

The project is based at Boglestone Health Centre, Port Glasgow, but offers services across Inverclyde.

- **Setting for project work**

The project offers its services at the Health Centre in Boglestone, in schools and in the community.

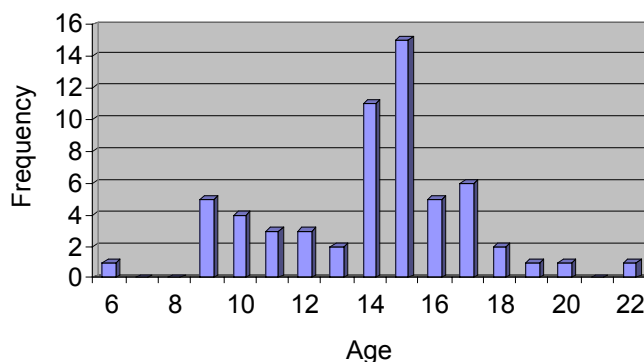
- **Characteristics of client group**

Young people who are experiencing substance misuse problems or who are at high risk of developing such problems.

- **Client profile**

The age profile of the clients is illustrated in Figure 1.

Figure 1



The gender profile of the clients is as follows:-

Male	37
Female	23

The project staff utilises the Local Option Boxes on the SMR 24 forms and we have included this information where possible. Out of the 43 clients whose Local Option Boxes have been completed eight have a parent misusing drugs and six have both parents misusing drugs. One client lives with a lone parent who is misusing drugs and with siblings one of whom is also misusing drugs. Twenty-eight clients have had their cases closed, while 32 are still in contact with the project.

- **Client assessment and data collection**

Following referral, young people are taken through an assessment procedure. If the young person is agreeable, the referrer is included in this meeting, which is held whenever possible within one week of the referral. Staff record details of each contact they make with clients and there is a review process with individual young people. The project uses a range of assessment tools including the EuroAdad. It has also looked at a number of other tools including CGAS, Columbia, YLS and POSIT and is trying to amend these to develop an instrument which will work for the project.

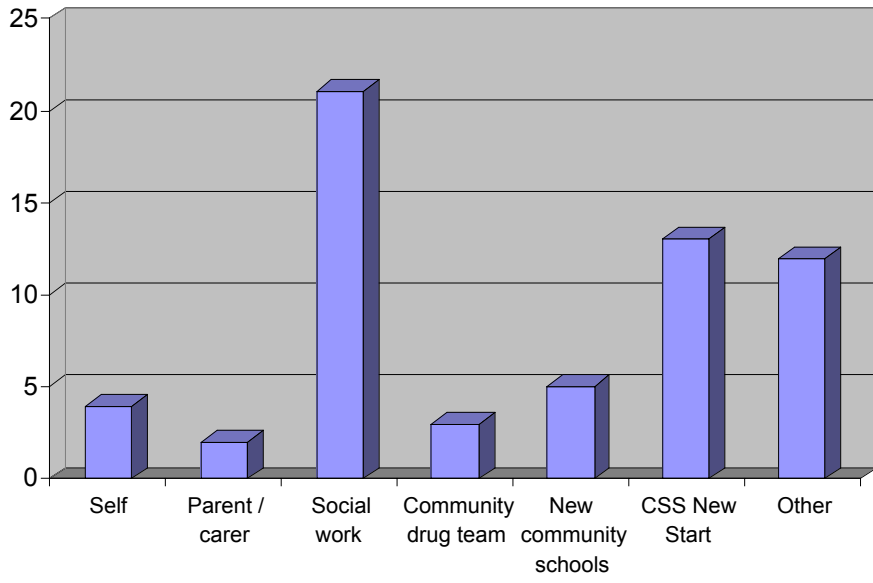
- **Intervention details**

The project is involved in a wide range of activities including outreach work, individual support, family support, information and advice, drop-ins at children's units, awareness sessions in schools, involvement in a young person's advisory forum and attendance at local events such as health fairs. A Peer Education Programme was launched in July and is being developed further to include a programme for parents as well as young people.

- **Referrals**

The project works mainly with 14-18 year olds and clients can be recruited via telephone, thus enabling self-referral. Other routes of referral include; Social Work, Children's Units, New Community Schools and SNIPS (Special Needs in Pregnancy). As of 12 September there had been 60 referrals to the project since its inception in October 2002. The pattern of referrals is illustrated in the Figure 2.

Figure 2



East Dunbartonshire: Recreate Project

- **Project aims and objectives**

Recreate Project offers art therapy to young people affected by their parents' addiction problems. It also provides a range of community-based programmes on substance misuse mainly delivered by art and sports teams.

- **Project start date**

November 2001

- **Staffing**

The PDI funded post is that of a sessional Art Therapist. The therapist works six hours per week on the project; the PDI funding pays for this and the art materials used in the sessions.

- **Setting for project work**

The Art Therapist's work is carried out on the project premises and the community-based programmes take place in various locations around the community.

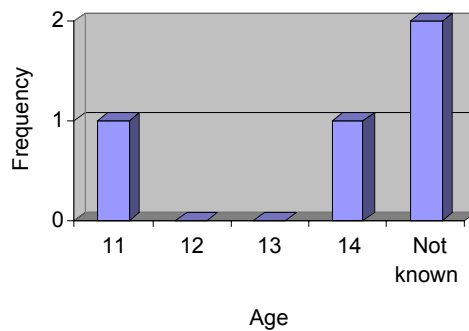
- **Characteristics of client group**

Children of substance misusing parents

- **Client profile**

The age profile of the clients on the project is as illustrated in Figure3.

Figure 3



The gender profile of the clients is as follows:-

Male	4
Female	0

- **Referrals**

The project normally receives referrals from the Addiction Service.

Edinburgh: Aberlour Outreach

- **Project aims and objectives**

Provides support and therapeutic services for families with drug misuse related problems caring for children under the age of 12. The project works with families with children facing complex problems, encompassing possible drug use, child care problems, problems with housing etc. It also works with pregnant drug users and older drug users (30+) who recognise that their drug use may be affecting their ability to parent. Children's rights and interests are paramount and the key focus is on lessening the impact of parental drug use on children and helping children to build resilience.

- **Project start date**

November 2001

- **Staffing**

The project team is made up of 1 Co-ordinator (full time), 2 Project Workers (full time), 1 Project Worker (30 hrs), 1 Children's Worker (full time) and 1 Administrative Worker (full time). The replacement of one of the original Project Workers with a dedicated Children's Worker means that a separate service can be offered for the children or it can be integrated into parental support services. The project team has experience in a range of settings including social work, residential child care and from working within Aberlour's Brenda House service.

- **Geographical coverage**

It is an Edinburgh-wide service although SIP funding (South Edinburgh and Craigmillar) requires the project to prioritise certain areas.

- **Setting for project work**

The project is based in a section of Brenda House, Aberlour's residential rehabilitation unit for women drug users. Project workers also visit clients in their own homes.

- **Characteristics of client group**

Children of substance misusing parents

- **Client profile**

As of September 2003 there had been 139 referrals to the project since its inception in November 2001.

The gender profile of the clients is as follows:-

Male	7
Female	130
Not Known	2

- **Client assessment and data collection**

In order to cut down on the number of missed appointments, the referrer is invited to attend the initial visit. Following a 4-6 week assessment process, a care plan is devised for each family based on what the parents themselves identify as issues they wish to address. A range of assessment tools, including the SCODA scale and the Parenting Hassles scale are used, and progress is regularly reviewed at six-week intervals.

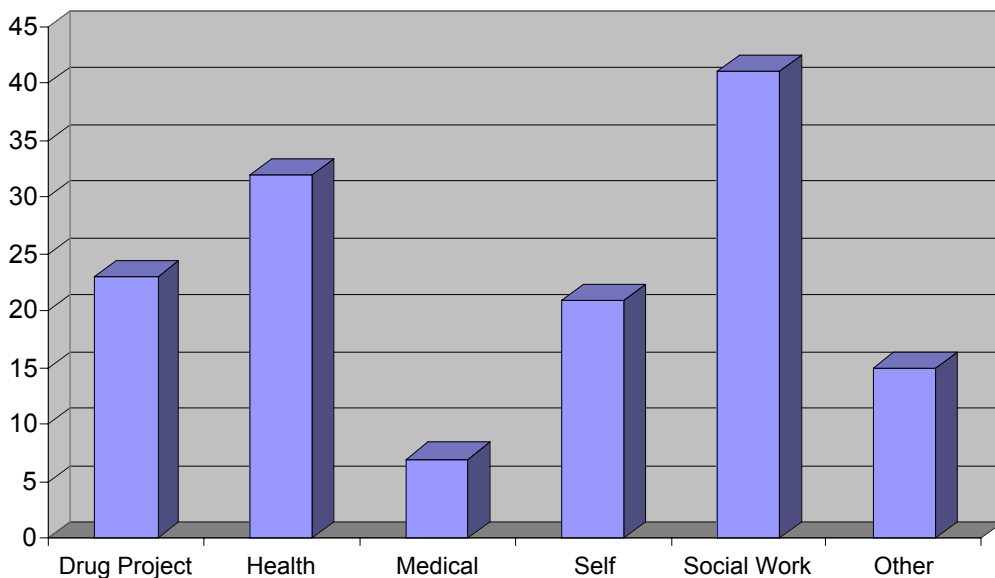
- **Intervention details**

Support is offered on an open-ended basis depending on the needs and motivations of the clients; initial estimates of a six month contract with clients is now seen as unrealistic. Regular case reviews are held at six-week intervals. The project team attempt to stabilise parental drug use through substitute prescribing or detox in the community. Support on parenting and family issues is also offered, for example helping parents to set bedtime routines or deal with behavioural issues. The Children's Worker offers individual support for the children involved, helping them to understand their family's circumstances or, on a more practical level, making sure they attend school regularly. Occasionally clients are referred on to a Brenda House service that offers support to drug users who have progressed to the stage where they are considering work or education.

- **Referrals**

Referral to the project comes via a number of possible routes, the most frequent being social work, health visitor and self-referral. The pattern of referrals is illustrated in Figure 4.

Figure 4



East Ayrshire Carers' Centre: Substance Misuse Family Support Project

- **Project aims and objectives**

This project was established to complement the service offered by the young carers' part of East Ayrshire Carers' Centre by offering support to young people whose parents are misusing drugs and alcohol. The project tries to avoid stigmatising young people whose caring role is related to drug and alcohol misuse by integrating them into the host project's original groups of young carers. They can participate in the host project's activities on the same basis as other carers but have discreet access to additional one to one support from the family support worker (who also helps run the activities offered as part of the larger project).

- **Project start date**

January 2002

- **Staffing**

The PDI funded post is that of a Family Support Worker dedicated to supporting those who are affected by drug or alcohol misuse (including some support for the carers' extended family). The Family Support Worker has a background in working with young people, including detached street work.

- **Geographical coverage**

The service operates within the East Ayrshire Carers' Centre in Kilmarnock town centre and a Young Carers' Centre in Cumnock (the host's other base).

- **Setting for project work**

The host project offers weekly group sessions for carers, based at the two centres. Clients can attend these sessions or they can access individual support from the family support worker either at the centre or away from it.

- **Characteristics of client group**

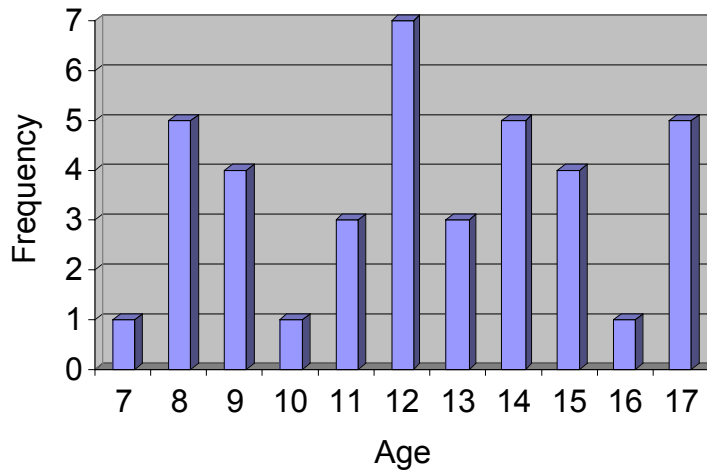
Children and young people in families where parents misuse drugs.

- **Client profile**

As of 30 September 2003 there were 39 children with substance misusing parents attending the project.

The age profile of the clients is illustrated in Figure 5.

Figure 5



The gender profile of the clients is as follows:-

Male	10
Female	29

Twenty-one clients have had their cases closed, while 18 are still in contact with the project. The project also offered support to 44 parents during this period, 33 women and 11 men.

- **Client assessment and data collection**

When young people are referred to the project, they are taken through a formal registration procedure. This involves filling in a form, which records a range of factual information such as age, name of doctor, school, who they live with. This form also records other baseline data relating to who they are supporting and what their caring role involves. Project staff keep individual files for each young carer. Parents and other agencies in contact with the young person are also consulted as part of the monitoring process.

- **Intervention details**

As noted above, the weekly group work sessions are geared towards helping the young carers to build their confidence and develop their social skills in a fun environment. Young carers are also offered a range of respite break and residential opportunities. Recently, project staff and young carers helped to organise and run a national young carers' conference. Individual support is offered by the Family Support Worker, who speaks to the children on a one-to-one basis and also provides practical support such as making sure the parents are aware of all the benefits available to them.

- **Referrals**

The project receives referrals mainly from social work but also from local projects offering support to drug misusers, for example the Bridge Project. Carers with drug using parents have also been referred to the project as a result of their parents' involvement in family centres such as Shortlees & Royal Bank Nursery.

The host project also runs an interactive workshop session in local secondary schools to promote their service among other workers and young people. While this has proved quite effective in recruiting young carers' whose parents have a disability, it has not been as successful in engaging children with drug using parents. Thirty-seven referrals have been made by social work, the other two were voluntary sector referrals.

Greater Easterhouse Youth Involvement Project

- **Project aims and objectives**

The project works primarily with young people at street level, first engaging with them and gaining their trust, then providing them with diversionary activities and focussed group work. Diverting young people from a range of anti-social behaviours, particularly 'hard to reach' young people who do not access traditional youth work services, is regarded as the key aim of the streetwork project.

- **Project start date**

March 2002

- **Staffing**

The full staff complement is four detached youth workers plus sessional staff, but at present there is only one detached worker and sessional staff are filling in the other positions. Barnardo's has recently assumed responsibility for the project.

- **Geographical coverage**

The outreach project is based in Westwood Business Centre but the youth workers themselves operate in communities across Greater Easterhouse, targeting young people in Craighend, Garthamlock, Cranhill and Ruchazie.

- **Setting for project work**

The project works primarily with young people at street level.

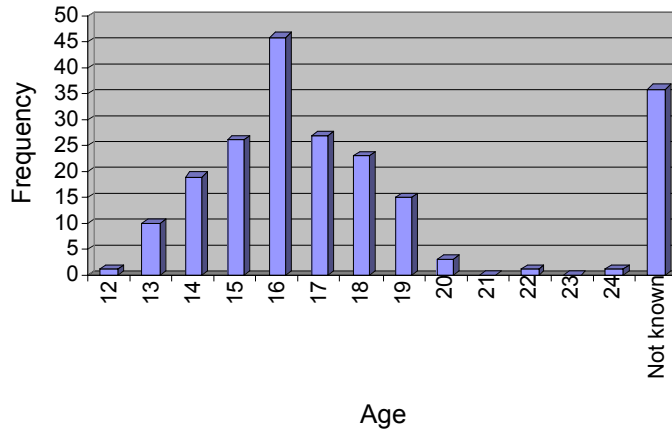
- **Characteristics of client group**

Young people at risk of substance misuse.

- **Client profile**

Young people involved in the project range in age from 12 to 25, but the majority of the work is carried out with 14 to 18 year olds. The project work has made contact with around 208 individuals since its inception. The age profile of the clients on the project is illustrated in Figure 6.

Figure 6



The gender profile of the clients is as follows:-

Male	142
Female	64
Not Known	2

- **Client assessment and data collection**

The project collects baseline assessment data when young people first engage with the project and reviews each person's progress at least every six months. The project has developed a database, which is used to record individual details about each young person who engages with the project. Detached staff also use streetwork forms which include a range of quantitative and qualitative data about each streetwork session. Data is also collected via inter-agency communication forms and young people themselves provide feedback about their experience of the Youth Involvement Project.

- **Intervention details**

The team of streetworkers offers support, advice and focussed group work on issues the young people encounter such as sexual health, drug and alcohol use and territorialism / gang fighting. The project also offers support on an individual basis. Occasional trips away, for example to Alton Towers, are seen as an important way of engaging with young people who are difficult to engage and who are already embroiled in the criminal justice system.

- **Referrals**

Currently the project does not take referrals from other agencies. Clients are recruited by engaging them in conversation on the street.

West Lothian Youth Action Project

- **Project aims and objectives**

The project delivers a detached drug and alcohol information service to young people aged 10-20 years. It offers information and support around drug and alcohol and related issues such as sexual health and, where appropriate, refers clients to other services provided by the wider project and to other agencies.

- **Project start date**

January 2002

- **Staffing**

The street work project is managed by the Street Work Co-ordinator, who, in turn, is managed by the Co-ordinator of the 'host' agency. A management committee, comprising financial trustees and advisors from a wide range of other agencies, oversees the work of the entire project. A team of sessional workers, some working full time, have become involved in street work at varying times over the course of the project's life.

- **Geographical coverage**

The project works in six different locations at any one time. These include:

- Broxburn.
- Bridgend.
- Bathgate.
- Blackburn.
- Boghall.
- Whitburn.

They use a converted minibus to travel to these areas on a regular basis and at pre-arranged times to make contacts and provide a place to meet young people. The areas are prioritised on the basis of an area assessment and local intelligence from police and housing services.

- **Setting for project work**

The project works primarily with young people at street level.

- **Characteristics of client group**

Young people at risk of substance misuse.

- **Client profile**

The project aims to make contact with young people aged 12-20. In practice, it rarely works with under 14s and sometimes continues to support young people

into their early twenties. For year 1 of the project, 1,500 young people were in contact with the agency.

The gender profile of the clients is as follows:-

Male	840
Female	660

For year 2 so far, from 1 April 2003 to 30 September 2003, 1,222 individuals have been in contact with the project.

The gender profile of the clients is as follows:-

Male	839
Female	379
Unknown	4

- **Client assessment and data collection**

The project is currently looking at a range of computer based systems such as ASSET, SCAT and QUAD. They tend not to do structured assessments – they have used QUAD as a means of structuring their data collection. They also use manual recording sheets and seek feedback from young people themselves.

- **Intervention details**

The project uses a converted minibus to make contact with young people in their local areas. The project team offers information and support around drug and alcohol and related issues such as sexual health and where appropriate they refer clients to other services provided by the wider project and to other agencies. They also organise diversionary activities such as football matches and encourage young people to play a role in defining, developing and managing local services.

- **Referrals**

Clients are recruited by engaging them in conversation on the street.

West Dunbartonshire: Alternatives

- **Project aims and objectives**

The project aims to develop a multi-disciplinary approach to drug related issues. This involves working with other agencies to provide accessible community services for those involved in or at risk from substance misuse. The project itself has many facets including outreach work to engage clients, supporting people into education and employment, counselling, one to one interventions and group work.

- **Project start date**

April 2002

- **Staffing**

The PDI pays for two posts within this established project. One is a Youth Support Worker, the other was a 'Shared-Care' Worker and it was intended that they would work alongside two matched development workers. The Shared Care post has since been withdrawn and the project has been re-structured to employ two Young People's workers.

- **Geographical coverage**

Its main base is in Clydebank and it provides a service for the whole of West Dunbartonshire.

- **Setting for project work**

The Young People's Workers offer services in a number of settings; in the community, in schools and in homes.

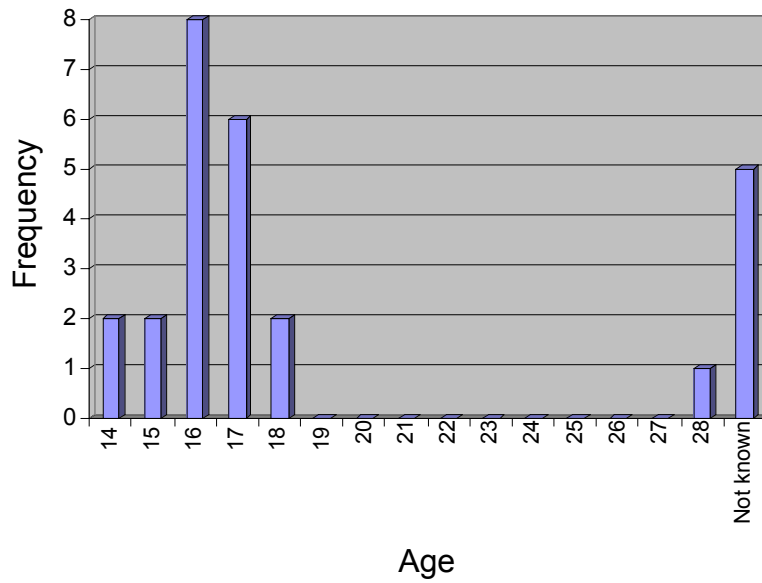
- **Characteristics of client group**

Young people experiencing difficulties relating to either their own or their parent's substance misuse.

- **Client profile**

There have been 32 referrals since the PDI funding began in April 2002; 26 of these referrals have taken part in one to one work while a further six have taken part in both one to one and group work. The age profile of the clients only on the one to one programme is illustrated in Figure 7.

Figure 7

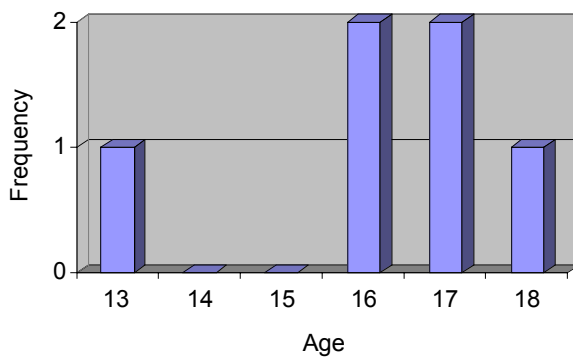


The gender profile of the clients is as follows:-

Male	6
Female	10

The age profile of the clients on the one to one and group programme is illustrated in Figure 8.

Figure 8



The gender profile is as follows:-

Male	2
Female	4

Twenty-eight clients have had their cases closed, while four are currently in contact with the project.

- **Client assessment and data collection**

The project uses the Rickter Scale for client assessment.

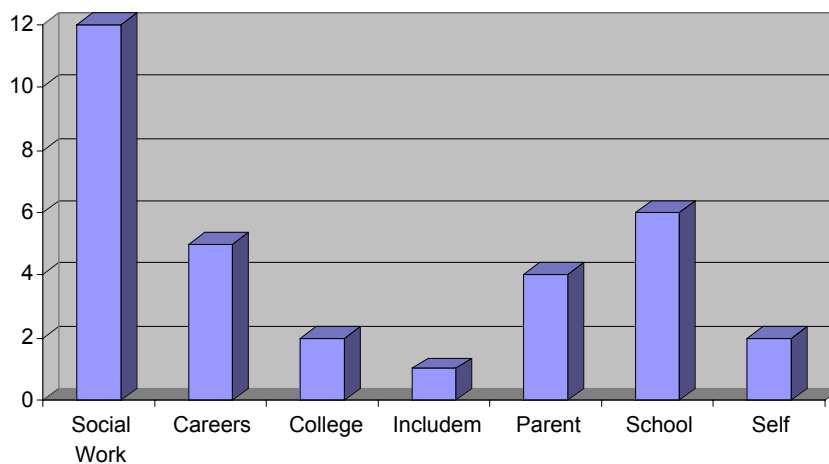
- **Intervention details**

Clients are offered support for issues relating to their substance misuse but are also offered information on a wide range of subjects including medical problems, legal matters and education/employment. In order to bolster confidence and self-esteem, the clients are encouraged to participate in the group work on offer. This involves engaging in a number of diversionary activities and brings them into contact with people of the same age who are dealing with similar issues.

- **Referrals**

The pattern of referrals is illustrated in Figure 9.

Figure 9



Aberdeen Families First Initiative

- **Project aims and objectives**

This project is directed at families with children aged 0-13 whose adult members are affected by problematic drug use. The project is a collaboration between three agencies: Drugs Action, Primrosehill Family Centre and Richmondhill House. Drugs Action provides services to adult drug users and their families, Primrosehill Family Centre provides interventions and resources for families with children up to 12 years of age, and Richmondhill House is a residential unit for families with children up to the age of 13. Overall, the project is characterised by a holistic approach that aims to address the wider circumstances and dynamics of the family and not just its drug use.

- **Project start date**

Formally started in February 2002 and began taking clients on a regular basis in June 2002.

- **Staffing**

The project employs a worker in each of these three agencies (though in the case of Drugs Action the post is shared between two staff) together with a co-ordinator based at Drugs Action. Three of the five staff are qualified social workers; the remainder have between them qualifications in community education, addiction studies and counselling as well as previous experience of drug work.

- **Geographical coverage**

The project aims to serve the Aberdeen City area.

- **Setting for project work**

Work takes place largely on-site at each of the three agencies while group activities such as swimming or stress management takes place at one of the family centres. Workers also undertake home visits and may meet clients (especially adults) at more local venues as needed.

- **Characteristics of client group**

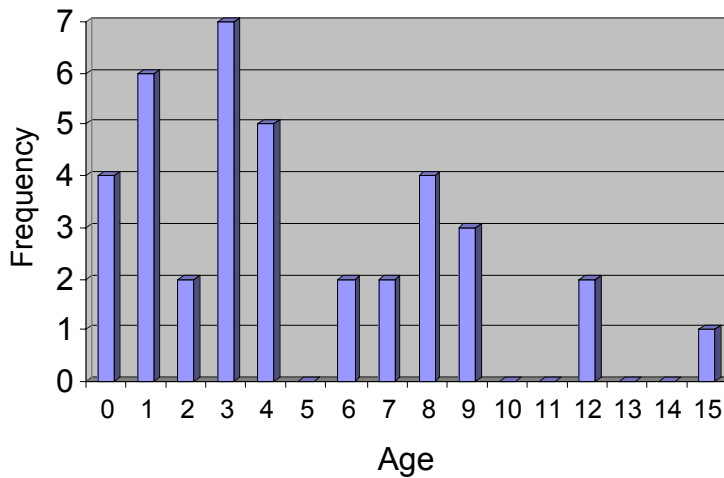
The project is directed at families with children aged 0-13 whose adult members are affected by problematic drug use. It is thus directed at both the parent users who agree to participate (one parent may not agree e.g. absent father) and at young people whose lives are affected by the drug use of their parents rather than their own substance use. Such children may be on the At Risk register.

- **Client profile**

As of 31 July, 32 families with 47 children had been referred to the project. Of these, 7 families containing 9 children were not accepted. The statistics below refer to those 25 families with 38 children that were accepted.

The age profile of the children in the families is illustrated in Figure 10.

Figure 10



The gender profile of the clients is as follows:-

Male	19
Female	19

All clients were from a white background and none were disabled. A lone parent headed sixteen families, nine were two parent families.

Thirteen families received services from Drugs Action and Primrosehill Family Centre, nine from Drugs Action and Richmondhill House. (Information was unavailable for three families.)

Of the 17 families whose case had been closed by 31 July the reasons for closure were as follows:-

Defaulted	8
Referred on	4
Completed	3
Move away	2

(Completed includes 1 family where 1 individual family only was referred on.)

- **Client assessment and data collection**

The programme of actions for each family is developed after the application of a range of assessment tools (e.g. SCODA, Parenting Hassles Scale) and then agreed with the family.

- **Intervention details**

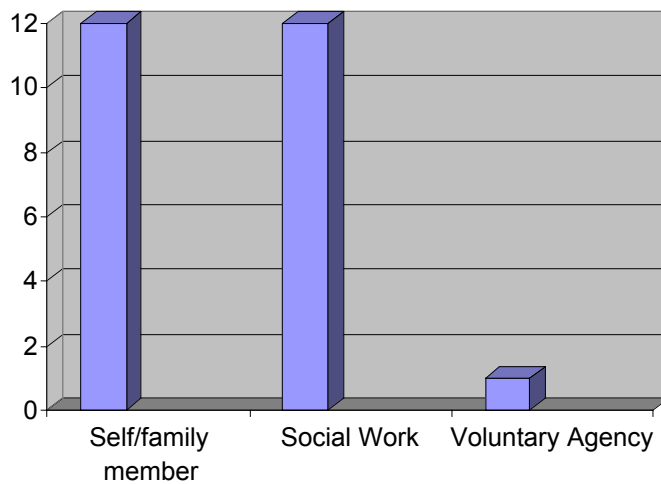
Whilst the family is the client, the service is not offered as family therapy but as a holistic intervention addressing the individual needs of family members. The specific programme of services and activities in which a family engages is tailored to its specific needs. It may include one to one cognitive behavioural counselling

on drug misuse with parents with a view to securing harm reduction for the children. The project also encourages the development of individual parenting and household skills, and participation in group activities - such as swimming or stress management - with other families. Individual approaches with children include methods such as 'Life story' or use play materials to explore their experience and feelings. It is commonly an intensive intervention and is expected to last between nine and twelve months.

- **Referrals**

Referrals are accepted to Families First when the family require a service from two or more of the partner agencies. The pattern of referrals to the project is illustrated in Figure 11.

Figure 11



Aberdeenshire: Barnardo's Youth Drug Initiative

- **Project aims and objectives**

The aim of the project is to work with individual children aged 12-16 who have started using drugs, to make them better aware of the consequences of drug taking and to eventually stop using drugs. The project also provides social activities designed to demonstrate alternative ways of spending time.

The project also works with groups of between 6-10 children aged 12-16 in a school setting, covering the same kinds of themes as the individual sessions.

- **Project Start Date**

January 2002

- **Staffing**

The project has a total of four staff. None of these staff have previously worked in drug services, but all had received appropriate training and all had previously worked in a caring profession.

- **Geographical coverage**

The project is based in Peterhead and aims to serve the whole of the Aberdeenshire area, but in practice much of its work has been in the northern part of the authority where the project is based.

- **Setting for project work**

Work usually takes place at the client's home or at school but local clients could also visit the base office.

- **Characteristics of client group**

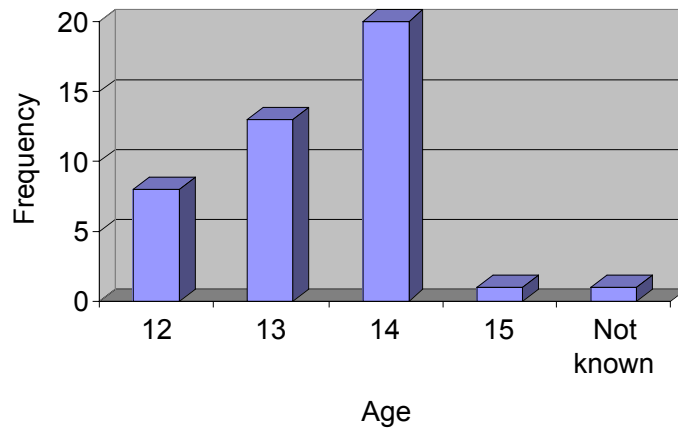
Children using drugs or at risk of using drugs.

- **Client profile**

As of 31 July 2003 there had been 44 referrals to the individual programme since it began taking clients in March 2002. In the same period the group work had made contact with 53 individuals.

The age profile of the clients on the individual programme is illustrated in Figure 12 below:-

Figure 12



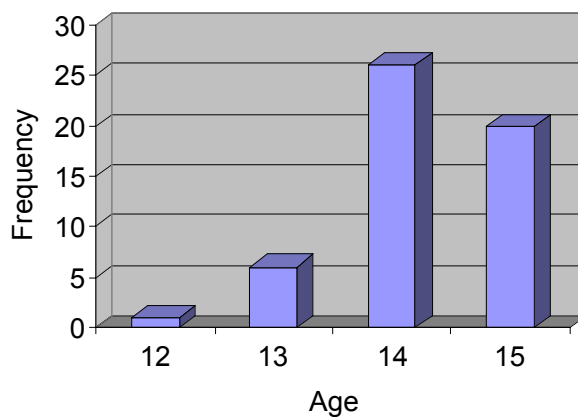
The gender profile of the clients is as follows:-

Male	28
Female	16

Eighteen of the clients are deemed to have had their cases successfully closed, while ten are currently in contact with the project and one is being held until further notice. Five were regarded as unsuccessful, four withdrew, while no further action was taken in respect of six.

The age profile of the clients on the group programme, which has been undertaken in three schools, is illustrated in Figure 13.

Figure 13



The gender profile is as follows:-

Male	35
Female	18

Information on the ethnic background of clients is not available.

- **Client assessment and data collection**

For children involved in individual work, on completion of a 12 session programme, an assessment of drug use and behaviour is undertaken and compared with the results of a similar assessment taken at the onset of the programme. This assessment tries to identify what stage (chaos, regularisation, stabilisation or socialisation) a client is at on a range of behavioural routines (such as drug use, daily routines, health, etc.). The programme thus tries to secure improvement in a range of relevant areas of a person's life rather than just a commitment to ending drug use.

- **Intervention details**

The work with individual children initially comprises a programme of 12 sessions that usually take place either at home, school or project base, interspersed with social activities. These sessions aim to make clients better aware of the consequences of drug taking and, as a result, encourage them to end their drug taking. The programme can thus be characterised as a cognitive behavioural approach. These sessions are supplemented by the provision of social activities that are designed to demonstrate alternative ways of spending time.

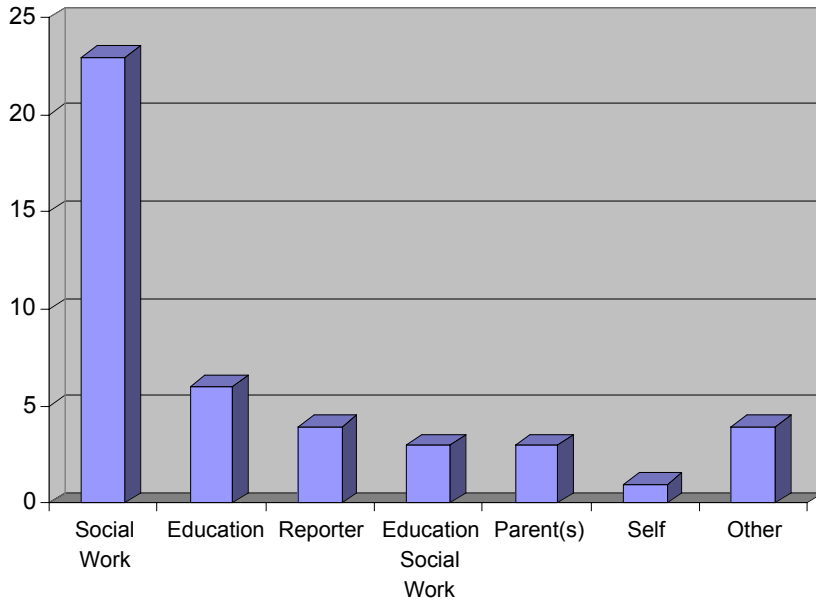
Where appropriate, clients may move on to a second 24 session programme that uses such techniques as the Wheel of Change (four clients at time of project visit). Most clients who complete the programme are in contact with the project for 3-4 months. While the programme does not regularly involve parents, where there was interest they were informed and might occasionally attend an individual session.

The group work in schools usually takes place in a guidance department or a unit for children with social, educational or behavioural difficulties. It comprises six sessions that cover much the same material as the individual sessions. Participants are identified by teachers though parents are advised that the groups are to take place. Teachers themselves are always present at the sessions, while there is also a linked one-off in-service session and a debrief with the teacher after each session. These group sessions can identify individuals who are referred to the individual programme.

- **Referrals**

The pattern of referrals for individual programme is illustrated in Figure 14.

Figure 14



Angus: Web Project

- **Project aims and objectives**

The project is directed at young people who are at risk of, or have become involved in drug misuse and aims to provide and help achieve a "plan for change" tailored to each individual's needs. For one individual this might involve harm reduction and for another this may mean becoming completely drug free. Particular attention is given to tackling client's low self-esteem and providing advice and information for both parents and children.

- **Project start date**

February 2002

- **Staffing**

The project employs two full time workers and one half time worker together with a separately funded trainee drugs support worker. The three project workers are all trained and experienced in social work and/or community education.

- **Geographical coverage**

The project covers the entire Angus area.

- **Setting for project work**

The project provides counselling in a location near the client's home, including schools, social work offices and community flats. It also provides services to people at Rossie School, a secure unit for children and young people.

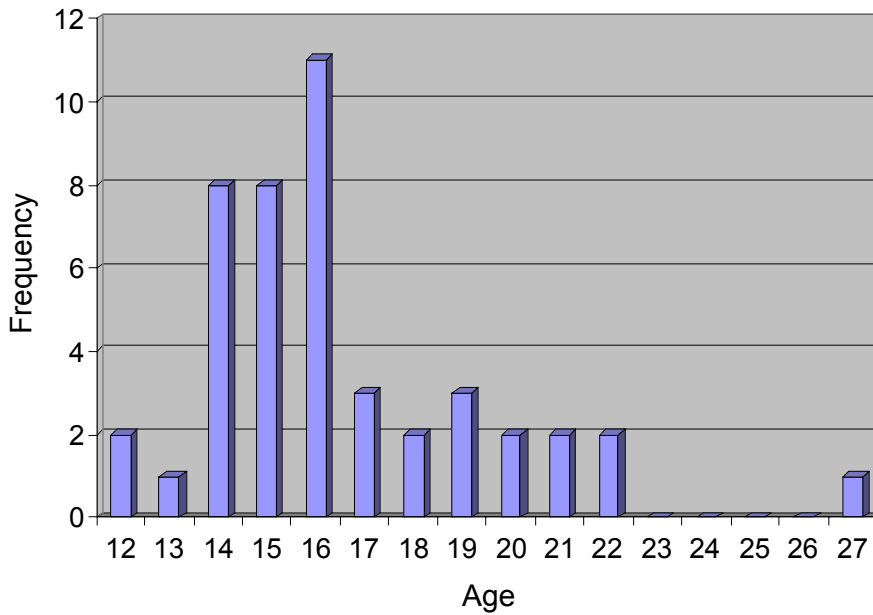
- **Characteristics of client group**

The project focuses on pre-teenage children who are at high risk of becoming involved in substance misuse and young people who are developing or have developed problems with drug misuse.

- **Client profile**

As of 31 July 2003, 46 people had been referred to the service since its inception. The age breakdown is illustrated in Figure 15 below:-

Figure 15



The gender profile is as follows:-

Male	24
Female	22

All were from a white background. Twenty-one cases had been closed by 31 July after an average intervention period of just over 7 months.

- **Client assessment and data collection**

A programme (Plan for Change) of graded objectives for the young person to achieve is identified and negotiated using the EuroADAD assessment tool. The agreed objectives may include harm reduction rather than becoming drug free, though project workers may challenge clients' views of the problems that they need to address.

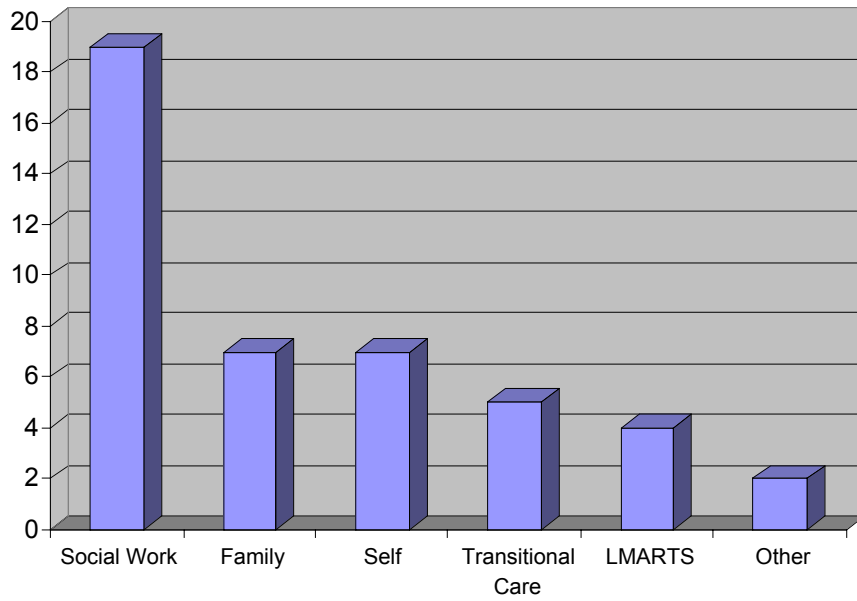
- **Intervention details**

The project provides one to one cognitive behavioural counselling for each client, paying particular attention to tackling low self-esteem. Meetings normally take place every week but may become more frequent if necessary and less frequent as a client's involvement with the project is coming to an end. It is anticipated that any one client will be in contact with the project for at least six months. The project also provides educational activities for both parents and children and supplies advice and information on an individual or group basis.

- **Referrals**

Referral to the project comes from a variety of sources, however the social work department refers the majority of cases. The pattern of referrals is shown in Figure 16.

Figure 16



(LMARTS = Local Multi Agency Resource Teams are local panels of statutory and voluntary organisations that help to co-ordinate the provision of services to vulnerable people aged 11-16.)

Borders Reiver

- **Project aims and objectives**

Aims to provide a brief intervention for 12-16 year olds whose substance use (alcohol, drugs, or other substances) is beginning to get them into trouble. The project focuses not only on the person's substance misuse but also addresses each person's wider circumstances. For example, a key objective is to instil in the clients an understanding of what a normal pattern of alcohol consumption would be for a person of their age.

- **Project start date**

Established early 2001 and first accepted referrals in summer 2001

- **Staffing**

The project team is comprised of 1 administrator and 2 project workers. The team are currently looking for a sessional worker. Both project workers have previous experience of working in drug units.

- **Geographical coverage**

The project covers the entire Borders region.

- **Setting for project work**

It is based in the premises of Borders Council on Alcohol (BCA) in Galashiels. However, meetings with clients may take place in the young person's home, school, health centre, youth centre or other location.

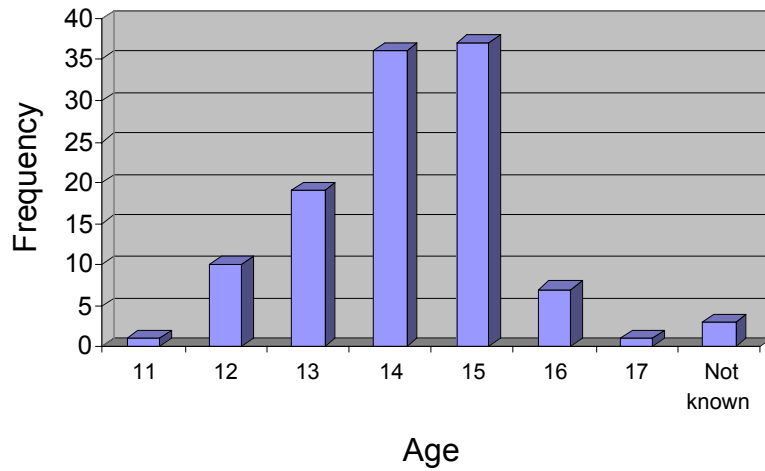
- **Characteristics of client group**

Young people aged 12-16 years whose substance use is becoming a problem.

- **Client profile**

As of 31 July there had been 114 referrals to the project. These include some referrals of the same person on more than one occasion, and 23 instances where the person referred did not attend any sessions. The age profile is shown in Figure 17.

Figure 17



The gender profile is shown below:-

Male	72
Female	42

No information is available on the ethnicity or disability of those referred.

- **Client assessment and data collection**

For each client an initial assessment is made using one of two assessment tools; the Rickter Scale or POSIT (Problem Oriented Screening Instrument for Teenagers). The Rickter Scale may be re-administered in later sessions as a device to stimulate discussion about what the young person wants to achieve.

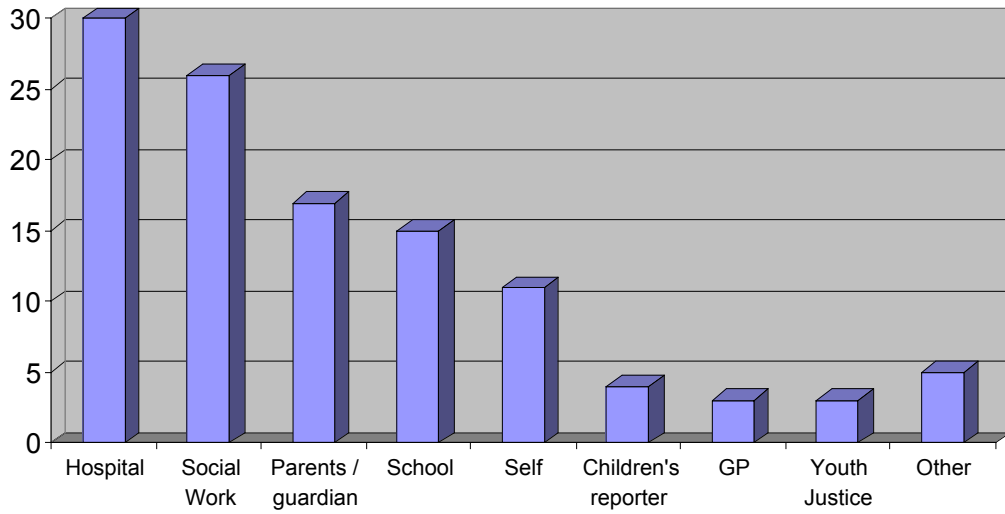
- **Intervention details**

Sessions are held on a one to one basis using broadly cognitive methods to both challenge and set goals for the young person. Where possible, parents are informed of the young person's attendance. Drop-in sessions are held on a weekly basis in seven secondary schools, with similar sessions being held in health centres during school holidays. The project also gives presentations about its work to secondary school pupils.

- **Referrals**

Borders General Hospital (Ward 15 in Accident and Emergency Department) is a significant source of referrals due to the number of young people attending hospital as a consequence of alcohol and drug misuse. However referral to the project also comes to the project via a number of other routes. The pattern of referrals from the project's inception in early 2001 until 31 July 2003 is shown in Figure 18.

Figure 18



The geographical source of referrals is as follows:-

Galashiels	31
Hawick	22
Kelso	15
Selkirk	12
Jedburgh	7
Peebles	6
Earlston	4
Melrose	4
Berwick	2
Innerleithen	2
Other	9

Of the 114 referrals, 95 had been closed as of 31 July. Amongst the 72 closed cases where the person referred attended on at least one occasion, the average length of intervention was five sessions.

Dundee Link Project

- **Project aims and objectives**

The project is aimed at children aged between 11 and 16 whose lives are affected by substance misuse, either their own misuse or that of another family member. Those of its clients that are misusing substances are generally experimental users, rather than heavy users with chaotic lifestyles. Moreover, since the advent in summer 2002 of another Tayside Council on Alcohol (TCA) project directed specifically at young people who were using substances themselves, the project has focussed primarily on those affected by others' misuse, most commonly of alcohol. It has however accepted referrals of children as young as seven and may occasionally see those older than age 16.

- **Project start date**

August 2001

- **Staffing**

It has a staff of two workers and a share of both an administrator and a co-ordinator. All of these staff had been working for or had been linked with the TCA prior to the establishment of the project. One of the workers is a qualified art therapist while both have received appropriate training for their current roles. The project also has at any one time around eight adult volunteers who act as mentors and group facilitators. The support of their work is the principal task of one of the workers. These volunteers are carefully screened and receive appropriate training.

- **Geographical coverage**

The project operates in the Dundee area.

- **Setting for project work**

Work can take place both at the project and away from it.

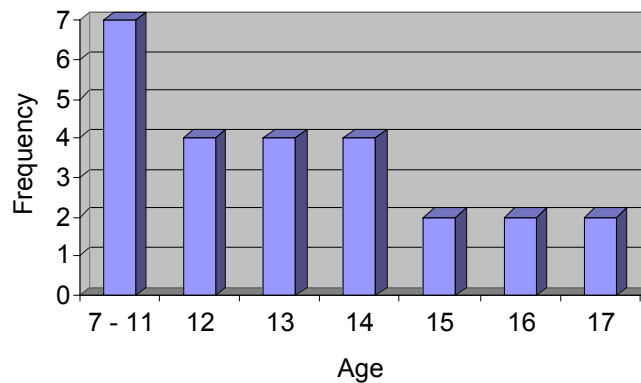
- **Characteristics of client group**

Young people whose lives are affected by substance misuse, either their own misuse or that of their parents/siblings, although since summer 2002 the project has focussed on the latter group with the former being supported by another TCA project.

- **Client profile**

From August 2001 to Summer 2002 the age profile of clients is illustrated in Figure 19 below:-

Figure 19



The gender profile is as follows:-

Male	14
Female	15

No information is available on the ethnicity or disability of clients.

- **Client assessment and data collection**

There is no specific time period over which the project will work with a client, although a review will take place after six months. Typically, however, the balance of activity with a particular client shifts after a while from individual work to group work. Service users may eventually become members of the project's Young Person's Advisory Group which plays an important role in the work of the project, including staff and volunteer recruitment.

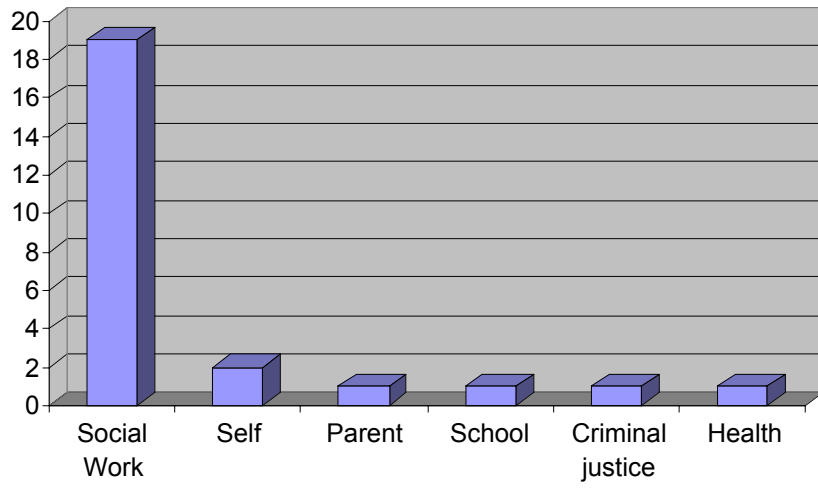
- **Intervention details**

The service provided by the project is directed at the child rather than the family, although a bespoke mixture of individual support, one to one counselling, art therapy and group support may also be offered. The individual support provides an opportunity for the child to express their concerns and fears, to discuss their parents' circumstances and to consider strategies that might help the child cope with the situation. The counselling uses a psycho-dynamic approach. The art therapy is designed to provide a safe environment conducive to allowing the child to express themselves, either through their art or in conversation. Group activities take a variety of forms, such as after school plays or cinema trips, and are intended to overcome social isolation. Where appropriate the project will engage other agencies to provide specialist support such as bereavement counselling.

- **Referrals**

There have been 25 referrals to the project to date. The pattern of referrals is as shown in Figure 20:-

Figure 20



Highland Mentoring Scheme

- **Project aims and objectives**

This project, managed by NCH, is one of five youth projects run under the banner 'Gael Og' (Highland Youth). The project aims to offer support to young people aged 12-17 who are at risk of or have developed a substance misuse problem. Support and advice is offered on a range of issues not just substance misuse.

- **Project start date**

Work on the project began in early 2002 though work with clients did not begin until October 2002.

- **Staffing**

Mentors, of whom there were 28 in mid-2003, come from a wide range of backgrounds though all are required to be over the age of 25. The mentors are part-time volunteers although they are paid for their time. They have undergone an extensive process of selection and three days' residential training, while they receive subsequent face to face support on a monthly basis with additional occasional training sessions. They are supported and managed by a project manager while administrative support is provided by two people who service all five 'Gael Og' projects.

- **Geographical coverage**

The project is based in Inverness but aims to cover all of Highland Region.

- **Setting for project work**

Since the project works in highly rural areas, meetings take place in mutually agreed locations such as cafés or activity centres.

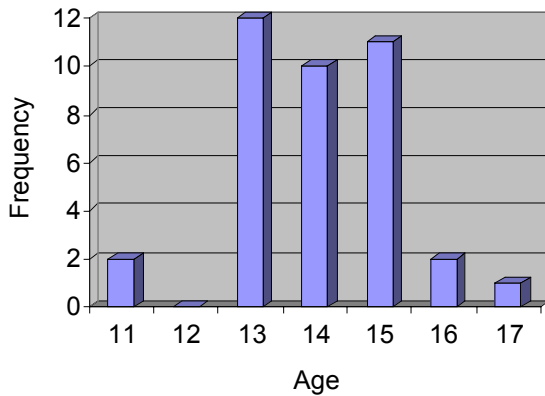
- **Characteristics of client group**

Young people with substance misuse problems or those at risk of developing these problems due to peer or family drug use.

- **Client profile**

As of 31 July 2003 there had been 38 young people referred to the programme since work with clients began in October 2002. The age profile of the clients is illustrated in Figure 21.

Figure 21



The gender profile of the clients is as follows:-

Male	25
Female	13

All clients have been from a white background and none were disabled.

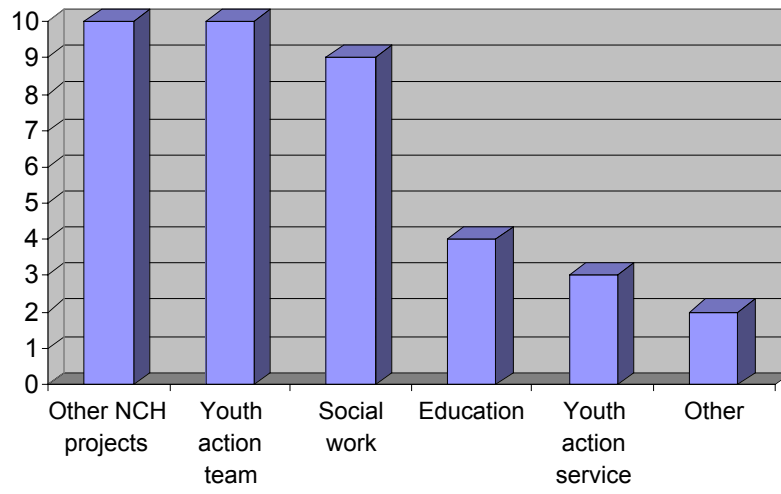
- **Intervention details**

Mentors meet clients for two hours a week for up to six months. Meetings take place at a mutually agreed location such as a café, an activity centre or a schoolroom. Initially a programme of individual goals for the client is negotiated between the mentor and the mentee. These goals can range widely across a person's life, such as what happens in school or at home, and are not confined to substance use. This programme, known as an 'action planning process', is then used to help establish short-term goals for each week. At each weekly session, progress over the past week is assessed, encouragement and support offered, and next week's goals negotiated, though the manner in which this is achieved varies from mentor to mentor.

- **Referrals**

Due to the nature of the support provided, those referred to the service are commonly young people who have already completed more intensive social work supervision. The pattern of referrals is illustrated in Figure 22 below:-

Figure 22



Perth and Kinross: Connect Project

- **Project aims and objectives**

The project aims to engage with young people, primarily those in the 14-18 age group, with substance misuse issues. The service works to achieve harm reduction but with an ultimate aim of abstinence.

- **Project start date**

April 2002

- **Staffing**

The project has four workers, two of whom are seconded from Perth & Kinross council, and a team leader who also has other responsibilities. All of the workers have previous experience in social work with children and/or young people. Two of the staff have come out of retirement after working in senior social work positions. The paid staff are supported by volunteers who act as buddies/mentors to clients. In July 2003 there were six volunteers.

- **Geographical coverage**

The project is based in Perth and aims to cover the Perth and Kinross area, particularly Auchterarder, Crieff, Aberfeldy and Blairgowrie. To date most of its work has been in Perth and Blairgowrie.

- **Setting for project work**

Work takes place in the project offices and/or anywhere off site that is convenient for the client and staff.

- **Characteristics of client group**

Young people whose substance use, including alcohol, is considered a problem.

- **Client assessment and data collection**

On referral an initial assessment of a client is made using the EuroADAD assessment tool. From this a programme will be developed to match the individual's needs. Clients may be seen for an indefinite period of time but a review of their case takes place every three months.

- **Intervention details**

As stated above, following an initial assessment, a care plan will be arranged to fit the young person's needs. Typically this will be organised around one to one counselling sessions, but may also include mediation with a school or parents, support in gaining work experience, or buddying by a volunteer. The service works to achieve harm reduction but with an ultimate aim of abstinence. If necessary a session, typically two hours in length, may take place as frequently as four or five times a week. The sessions can draw on cognitive behavioural techniques and establish a set of goals for the individual.

Fife: Time 4 U project

- **Project aims and objectives**

Time 4 U makes available a resource worker for children under 12 affected by their parents' substance misuse. The service was developed by two local family centres: the Victoria Family Centre and the Cottage Family Centre. Child-centred family work is conducted on an outreach basis either at client's homes or at one of the partner organisations. The service also aims to encourage and support access to other available services for families.

- **Project start date**

July 2002

- **Staffing**

The outreach resource worker, who is the project's only staff member, was formerly a senior nurse in a local childcare centre. The resource worker is employed and managed by Aberlour Childcare Trust who operate the Victoria Family Centre.

- **Geographical coverage**

The project offers support to families in a relatively small and tightly defined area in West Kirkcaldy.

- **Setting for project work**

Work can take place at either of the two family centres, in other community bases, in the client's home or on local outings such as to the shore or the library.

- **Characteristics of client group**

Families with children from six weeks to 12 years whose lives are affected by their parents' drug use, with priority for children under three.

- **Client profile**

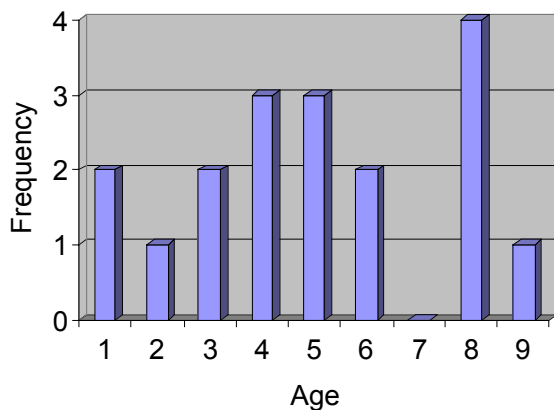
From the time of the first family's referral in October 2002 until July 2003 nine family groups have been referred to the project. This means that 18 children and 12 parents have received services from the project. The child who is the trigger for referral has tended to be of school age.

The gender profile of the children is as follows:-

Male	10
Female	8

The age profile is illustrated in Figure 23 below:-

Figure 23



None of the children are from a minority ethnic background and none of them have a disability. The project also offered support to 12 parents during this period, 9 women and 3 men. The team are still working with five family groups, four of the families' cases are closed, this means that they are still working with 12 children in all.

- **Client assessment and data collection**

Following acceptance of a referral, an assessment form is filled out with the parent. This was developed by the service to suit its own needs, though a form used more widely by Aberlour Childcare Trust is being considered as a replacement. Questions cover care of the children, the child's health and safety in the home, the parent's drug use and any sources of support. Risks or issues arising from their answers are checked and summarised in a final sheet which forms the basis of a care plan to structure the parental intervention.

The child and the project worker draw up a separate one-sheet care plan and the worker meets each child for two hours every week to carry out devised activities. All work is recorded on a contact record sheet. At a review date set on the care plan, the family will meet with the worker and line manager to compare changes in parental and family life with what had been outlined initially and establish what issues have been worked on and improved. The family should exit the service once the worker believes the family have made sufficient progress, or if they move out of the area.

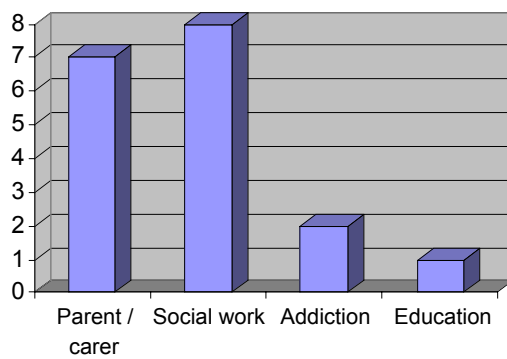
- **Intervention details**

After an initial assessment, the children are provided with play activities and individual encouragement and support as appropriate, including informal counselling, resilience raising, art therapy and a range of local visits. For the parents the project offers home-based outreach work to complement existing services. The worker visits over 3-6 months and at first assesses their needs, then gives practical support with parenting skills and child management. The outreach worker facilitates parents in accessing existing services from other agencies for themselves and the children, such as health services, dentists and nursery attendance.

- **Referrals**

Other than the age limit for children (under 12) the only criteria for referral are that parents are willing to engage, and that their children are aware of the referral and the reasons for it. Most referrals come from the Social Work Department, with whom the service enjoys a good working relationship. Referrals also come from the Addictions Service and there are some self-referrals as well. From the time of the first family's referral in October 2002 until July 2003 the referral profile of the children is shown in Figure 24.

Figure 24



Forth Valley: HOPE Detached Youth Work Project

- **Project aims and objectives**

This is a youth work project which is intended to extend the scope of HOPE, a substance abuse project based in Bo'ness. The project aims to promote harm reduction and early interventions with young people in the Falkirk area through group work and the provision of diversionary activities.

- **Project start date**

October 2002

- **Staffing**

The detached youth work project team has four staff, one full time development worker and three detached workers (each working 9.25 hours a week). The development worker is a qualified education worker. Two of the three detached workers have experience in youth work and one is in the process of obtaining a degree in community education.

- **Geographical coverage**

The project aims to work across the Falkirk area.

- **Setting for project work**

Workers engage with young people on the street, but work can also take place at the project office.

- **Characteristics of client group**

Young people aged 11-18 years who may be beginning to experiment with substance misuse. The project also targets young people whose parents are involved in substance misuse.

- **Client assessment and data collection**

The team plan to use the Streetwise database for recording their detached work sessions, piloting it for a six month period to see how its working. From past experience, this is seen as being a useful tool for ensuring follow-through, so long as staff are adequately supported and feel confident using it. As a back up, the detached team also plans to develop paper-based systems for the pilot period.

- **Intervention details**

Recruitment problems within HOPE and within the detached project itself, have delayed the project's progress and, to date, the staff have yet to make direct contact with young people. Since coming into post in October 2002, they have made considerable headway with preliminary work such as establishing systems and policies, developing an information resource and mapping the local area. The team follows a 'young person-centred' philosophy and plan to develop their programme in line with the needs expressed by young people themselves. They also plan to encourage young people themselves to play an active role in the development of the project.

- **Referrals**

As noted above, the detached project team plan to recruit young people through their mapping exercise. They also anticipate that, because few local services exist for the 11-18 age group in Bo'ness, they may become over-subscribed at an early stage and have to prioritise who they work with.

North Ayrshire: Who Cares? Scotland Substance Misuse Project

- **Project aims and objectives**

Addiction services in North Ayrshire have recognised that young people are becoming increasingly exposed to substance misuse at an earlier age and are presenting to services with significant substance misuse problems. Looked after and accommodated young people, because of their socially excluded status, may be at particular risk of developing a problem with substance misuse. In order to address this issue, a project has been developed by Who Cares? Scotland, a national voluntary organisation which provides advocacy, representation and support to young people looked after in residential or foster care. The project aims to provide a 'young person friendly' service which will be complementary to existing services and which will be focused on providing independent individual support to this client group via the Who Cares? organisation.

- **Project start date**

April 2002

- **Staffing**

This is a single person project with one outreach worker in post. The project worker has worked for several years in a range of youth work posts, has prior knowledge and experience in the drugs field and found the "Who Cares" induction programme very helpful. The project worker has also attended a drugs training course since taking up his post.

- **Geographical coverage**

Residential care units in North Ayrshire.

- **Setting for project work**

Work can take place in or outside the unit.

- **Characteristics of client group**

Looked after young people in North Ayrshire with serious substance misuse issues.

- **Client assessment and data collection**

When a young person is referred, an assessment is carried out which aims to build up a picture of the young person's life. A referral sheet has been developed which is used to record baseline data about each new referral. It is also a tool for monitoring future contacts. Contact with other agencies is also recorded. As noted above, data is routinely collected at the referral stage and throughout the period of contact with young people. Until recently all records were kept on paper.

- **Intervention details**

At the moment, the outreach worker provides crisis intervention but would like to move into more preventative work by engaging with clients at an earlier stage. He also offers support and advice to the care workers in the residential units where his clients are based.

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