Evaluation and Description of Drug Projects working with Young People and Families funded by Lloyds TSB Foundation Partnership Drugs Initiative

Substance Misuse Research
Substance Misuse Research

Evaluation and Description of Drug Projects working with Young People and Families funded by Lloyds TSB Foundation Partnership Drugs Initiative

James McIntosh
Susan MacAskill*
Douglas Eadie*
John Curtice**
Neil McKeeganey
Gerard Hastings*
Gordon Hay
Maria Gannon

Centre for Drug Misuse Research, University of Glasgow
*Institute for Social Marketing, University of Stirling
**National Centre for Social Research, Scotland

January 2006

Scottish Executive Substance Misuse Research Programme
## Contents

**Executive Summary** 1

**Chapter 1:** Introduction 7

**Chapter 2:** Sample and Methodology 11

**Chapter 3:** Reiver and Perth Connect Projects: Process and Outcome Evaluations 17

**Chapter 4:** The East Ayrshire Substance Misuse Family Support Project: Process and Outcome Evaluations 45

**Chapter 5:** Aberlour Edinburgh Outreach Project: Process and Outcome Evaluations 61

**Chapter 6:** Clients’ Perceptions and Experiences of the Four Projects 79

**Chapter 7:** Conclusions and Implications 85

**Appendix 1:** Summary of the Process Evaluation Sample 93

**Appendix 2:** Obtaining Informed Consent 95

**Appendix 3:** Sample Recruitment for the Outcome Evaluation 97

**Appendix 4:** Representativeness of the Outcome Samples 99

**Appendix 5:** Procedures for the Recruitment of Clients for Interview 101

**Appendix 6:** Questions Regarding Clients’ Experiences of Projects 103

**Acknowledgements** 105

**References** 107
Executive Summary

Background and aims

While there are a growing number of projects throughout the UK to assist young people who are vulnerable because of their own substance misuse or that of others, few of them have been subjected to any form of systematic evaluation. We therefore know very little about how effective they are and what works best and under what circumstances. The purpose of the present research was to contribute to that understanding by describing and evaluating a number of the projects within the Partnership Drug Initiative (PDI), a Scottish-based funding programme that promotes voluntary sector work with children and young people affected by substance misuse.

The first stage of the research was completed in April 2004 with the publication of a report which profiled 17 of these projects and identified and discussed a number of important themes regarding their operation (McIntosh et al 2004). The present report presents the results of the second stage of the research: the case study evaluation of four of these projects. The four projects included in this part of the study were the Reiver Project, the Perth and Kinross Connect Project, the East Ayrshire Substance Misuse Family Support Project and the Aberlour Edinburgh Outreach Project.

The Reiver Project

The Reiver Project provides a brief intervention for 11-16 year olds whose substance use is beginning to get them into trouble. The intervention is conducted on an outreach basis with the young people being seen in school or other local authority premises or in their own homes. The aim of the project is to minimise harm in children and young people who are abusing alcohol or other substances. The project’s approach to clients is holistic in nature and focuses not only on the young person's substance misuse but also on their wider behaviour and circumstances, seeking to encourage its clients to change their lifestyle in positive ways. In order to deal with the variety of needs among its target group, this project is highly flexible as far as the content of its interventions is concerned. The methods used in individual cases are determined by the client’s needs and the project worker’s skills, background and preferred style of working.

The Perth Connect Project

Perth Connect targets vulnerable young people aged 12 to 18 years who either already have problematic levels of substance use or who are at risk of developing them. An important part of the project’s objectives is to seek to identify and respond to the factors responsible for their client’s drug or alcohol use. A wide range of one-to-one intervention methods are employed, reflecting the project staff’s diverse professional backgrounds and experiences. These include counselling, motivational interviewing and other freely adapted cognitive behavioural techniques.

The East Ayrshire Substance Misuse Family Support Project

The East Ayrshire Substance Misuse Family Support Project aims to provide support to young carers from families in which a parent is misusing drugs or alcohol. A major objective of the project is to provide respite for the young people. Other objectives include providing opportunities for the young people to socialise with others of their own age and to broaden their experiences by
involving them in a range of activities and holiday breaks. The intervention is largely group based and this is seen as having additional therapeutic benefits, including the development of increased confidence and self-esteem and enhanced social skills. Individual advocacy is also available together with family involvement and support.

**The Aberlour Edinburgh Outreach Project**

The Aberlour Edinburgh Outreach Project is an Edinburgh-wide intervention that provides support and therapeutic services for families in which there is parental drug misuse. It is concerned exclusively with families with children under the age of 12. The aim of the project is to reduce the impact of parents’ drug use upon their children. It seeks to achieve this by improving parenting skills, by promoting greater stability in relation to the parents’ drug use and by helping children build resilience. The intervention with adults is conducted on an individual basis and is largely undertaken in the clients’ own homes.

**Methods**

The research had two components. The first of these was a process evaluation which was designed to provide detailed information on the operation of the four projects. The methods used in this component included; in-depth interviews with project staff members and with workers in partner or referring organisations; the observation of selected aspects of the projects’ work; and the analysis of relevant documentation. The second element of the research was an outcome evaluation. This was designed to measure clients’ progress over time by means of repeat interviews with them and an analysis of their case records. Collateral interviews were also conducted with individuals who knew the clients well and were able to comment upon any progress they felt they had made as a result of their contact with the project.

**Results of Outcome Evaluation**

The young people’s accounts of their experiences of Reiver and Perth Connect suggest that their participation in them had led to a number of positive changes in their lives.

**The Reiver Project**

For those attending the Reiver project the following were reported:

- reductions in drug and alcohol consumption
- reduced involvement in problem activities and behaviours
- improved relations with family members
- positive changes in attitudes towards school.

**The Perth Connect Project**

The clients of Perth Connect reported:

- substantially reduced use of drugs and alcohol
- a decline in antisocial activities
- improved relations with other family members
- positive changes in friendship networks
- enhanced confidence and self-esteem.
A high proportion of the clients, in these two projects, also referred to the ways in which they believed they had benefited from the emotional and psychological support they received from project workers.

**The East Ayrshire Family Support Project**

According to the clients of East Ayrshire Family Support the project addressed a wide spectrum of needs and did so in ways that led to significant improvements in their lives. Benefits included:

- respite from the caring role
- improvements in home circumstances
- the opportunity to socialise with other young people
- contact with other young carers in a similar situation to themselves
- opportunities to engage in a range of activities they would otherwise not have had a chance to participate in
- positive changes in behaviour and company kept
- the receipt of emotional and psychological support
- enhanced confidence and self-esteem.

**The Aberlour Edinburgh Outreach Project**

The clients of the Aberlour Edinburgh Outreach Project also reported substantial benefits from their participation in the project. These included:

- improved parenting skills and capacities
- a reduction in their children’s exposure to drug-related risks
- help to stabilise or reduce their drug use
- the receipt of valuable emotional and psychological support.

The improvements reported by clients in all four projects received independent endorsement from the collateral interviewees with the latter providing a comprehensive validation of their claims.

**Lessons from the Outcome and Process Evaluations**

The process and outcome evaluations identified a number of factors that had implications for the success of the projects:

**Philosophy and approach**

The philosophy and approach adopted by the projects was central to their success. There were two aspects to this. First, a non-directive and empowering approach on the part of the project staff enabled the client to feel valued and encouraged their participation in the project. Second, all four projects adopted and maintained a person-centred and holistic approach which meant that individual goals were tailored to the needs of the clients.

**Confidentiality**

The establishment of confidentiality and trust was essential to the development of a productive relationship between clients and project staff. Clients had to feel confident that, within the constraints of child protection concerns, information would not be repeated to other professionals or family members without consultation or permission.
Personal qualities of project workers

The personal qualities of project workers is an important factor in encouraging clients to engage with a project. For all three of the young people’s projects, the ability of staff to establish a positive relationship with the young people was extremely important as far as the success of the projects was concerned. It greatly facilitated clients’ engagement with a project if staff were regarded as being friendly and accessible.

Retention of experienced front line staff

The retention of experienced front line staff was important in providing continuity for clients. Given the importance of clients’ relationships with project workers, continuity of staffing and the retention of experienced staff have major implications for the overall effectiveness of an intervention.

Projects for young people should be enjoyable

For the projects working with young people it was important for the latter’s engagement with them that, as far as possible, they should be experienced as being fun and enjoyable.

Client engagement with the Aberlour project

For the Aberlour Outreach clients, it was important that they perceive the service as being relevant to their needs. While this perception might not have been in place when clients made their initial contact with the project, the subsequent development of this recognition helped to promote their constructive engagement with it.

Target Groups

It is important for projects to work at reaching their target groups. Very few self-referrals were generated by the projects. This meant that identifying and fostering appropriate referral routes capable of supplying the right kind of clients in appropriate numbers was critical to the projects’ success.

Referrals

It is important for projects to work at ensuring that they receive referrals that are appropriate to them. Misunderstandings on the part of referring agencies regarding the work of the project could lead to clients being referred inappropriately. In consequence, projects not only had to continually clarify the work they undertook and the nature of their clientele, they also had to make clear the type of work they did not do and correct any misapprehensions.

Relationship with host agency

The nature of a project’s relationship with its host agency was a significant factor in its success. Establishing a sense of ownership of the service by the parent organisation is essential to ensuring effective leadership, management and administrative support. Close integration with the host organisation was felt to offer considerable benefits such as accommodating management changes and covering staff absences or unfilled posts, as well as providing resources, mutual support and training opportunities.
Funding arrangements

Funding arrangements had significant implications for project planning and sustainability. While projects appreciated the renewal of financial support by the funding body, the reduced rate of this support could cause considerable difficulty. In addition funding uncertainties made planning difficult, particularly where staff had left and it was unclear if posts would continue beyond the first end-point.

Promoting client involvement

The projects need to continue to develop ways of promoting client involvement. Although the projects attached a high priority to promoting client involvement in project development, they experienced difficulties in establishing appropriate mechanisms for achieving this. This is an area where further development is required.

Assessment and monitoring procedures

The projects’ assessment and monitoring procedures could be improved. The non-use of standard assessment tools within some projects, or the fact that they were not repeated following initial assessment, reduced projects’ capacity to monitor client progress, assess client outcomes and measure the overall performance of the service.

Conclusion

The main conclusion of the evaluation is that each of the four programmes achieved a substantial measure of success in achieving their objectives. The need now is for the sorts of projects that are described in this report to receive mainstream support so that they can be made more widely available to those who require them.
Chapter 1: Introduction

This report describes and evaluates four projects within the Partnership Drugs Initiative. Two of the projects are designed to intervene with young people who are engaged in substance misuse, one provides support for young carers from families in which a parent is misusing drugs or alcohol and one seeks to reduce the impact of parents’ drug use upon their children. The purpose of the report is 1) to describe and assess the impact of the four projects upon their various client groups and 2) to review what we can learn from them.

The importance of meeting the needs of young people who are vulnerable because of their own substance misuse or that of others has been highlighted in a number of key policy documents in Scotland including Scotland’s drug strategy ‘Tackling Drugs in Scotland: Action in Partnership’ (1999) and ‘Getting Our Priorities Right’ (2003). While the former addresses issues associated with young people’s own substance misuse, the latter provides guidance for services working with families affected by parental drug use.

In recent years there has been an expanding body of research within the UK that has shed light on the needs and circumstances of these young people and informed the development of services designed to meet their needs. The misuse of drugs or alcohol by young people can result in a number of negative outcomes including; involvement in criminal or anti-social activities; family disruption; poor school attendance and performance; and psychological and physical harm (Velleman et al 1993, Drug Prevention Advisory Service 1999, Scottish Executive 2001, McKeaganey and Beaton 2001). Young people who are involved in substance misuse are also likely to have a range of other underlying problems (Burniston et al 2002). We also know that parental substance misuse can cause substantial harm to their children including; physical and emotional neglect; exposure to the use of drugs by parents or other adults; exposure to parents’ criminal activities; physical or sexual abuse; the assumption by the child of ‘parental’ responsibilities; poor performance in school and social isolation (Harbin and Murphy 2000, Alison 2000, McKeaganey et al 2002, ACMD 2003, Kroll and Taylor 2003, Barnard and Barlow 2003, Barnard and McKeaganey 2004). There is also evidence that children in these families are at greater risk of becoming involved in substance misuse themselves (Hawkins et al 1992).

While there are a growing number of projects throughout the UK to assist these young people, few of them have been subjected to any form of systematic evaluation. We therefore know very little about how effective they are and what works best and under what circumstances. The evidence we do have is almost entirely based on research carried out in North America. This provides tentative support for the importance of the following as far as successful interventions with substance misusing young people are concerned; the presence of clear aims and objectives; the use of experienced and well-trained staff; a high degree of staff continuity; programmes that are of medium or long term duration; and holistic approaches that address the young person’s substance misuse in the context of an attempt to also assist them in improving their life skills and ability to cope with difficulties (Elliott et al 2002).

In the last five years there has been a marked increase in services targeted at vulnerable young people in Scotland. Many of these services have been set up as part of the Partnership Drugs Initiative (PDI). This is a funding programme that promotes voluntary sector work with children and young people affected by substance misuse. The PDI is funded by three groups; the Lloyds TSB Foundation for Scotland; the Scottish Executive; and Atlantic Philanthropies, a U.S. based charitable trust. Current projects funded by this initiative are targeted on such
groups as pre-teen drug users, children growing up in families affected by parental drug use, and those who are developing problem behaviours, including drug and alcohol misuse, in their mid teens.

While it would obviously be preferable to develop services on the basis of clear evidence of what works, the urgency of meeting the needs of young people has meant that, in many instances, services have had to be developed in advance of that evidence being available. This means, however, that there is a particular need to carry out a rigorous programme of work evaluating the range of services that have been developed to meet the needs of vulnerable young people in Scotland. The purpose of the present research was to contribute to that process by describing and evaluating a number of the projects within the Partnership Drugs Initiative. The aims of the research were as follows:

- To identify approaches effective at improving outcomes for young people affected by drug misuse through an evaluation of projects funded by the Lloyds TSB Partnership Drugs Initiative.
- To develop a clear and detailed descriptive profile of each project and the interventions that they deliver.
- To provide an analysis of the differences and similarities between projects delivering similar interventions and/or working with the same client group.
- To develop existing learning about effective approaches with those client groups covered by the Partnership Drugs Initiative.
- To assess the effectiveness of innovative approaches to tackling difficulties in dealing with this client group; e.g. use of outreach services.
- To assess how successful projects have been in pursuing a client centred approach and the impact that such an approach has had on their activities.

The first stage of the research was completed in April 2004 with the publication of a report which profiled 17 of these projects and identified and discussed a number of important themes regarding their operation (McIntosh et al 2004). The present report presents the results of the second stage of the research: the case study evaluation of four of these projects. The four projects included in this part of the study were:

- the Reiver and Perth and Kinross Connect projects both of which seek to intervene with young people who are misusing drugs or alcohol
- the Aberlour Edinburgh Outreach Project which aims to reduce the impact of parents’ drug use upon their children
- the East Ayrshire Substance Misuse Family Support Project which provides support for young carers from families in which a parent is misusing drugs or alcohol.

This element of the research had two components. The first of these was a process evaluation which was designed to provide detailed information on the operation of the four projects. The methods used in this component include, 1) in-depth interviews with project staff members and with workers in partner or referring organisations, 2) the observation of selected aspects of the projects’ work and, 3) the analysis of relevant documentation. The second element of this part of the research was an outcome evaluation. This was designed to measure
clients’ progress over time by means of repeat interviews and an analysis of their case records. Collateral interviews were also conducted with individuals who knew the clients well and were able to comment upon any progress they felt they had made as a result of their contact with the project. The Multi Centre Research Ethics Committee provided ethical approval for the research.

The research was a collaborative exercise. The outcome evaluation was carried out by the Centre for Drug Misuse Research at the University of Glasgow and the National Centre for Social Research Scotland. The process evaluation was conducted by the Centre for Social Marketing at the University of Stirling.
Chapter 2: Sample and Methodology

This chapter describes the methodologies and samples employed in the process and outcome evaluations.

The process evaluation

The process evaluation focused on the delivery of the projects and aimed to:

- Describe and understand the nature of the projects and their evolution over the study period (covering both their design and delivery).

- Examine how project objectives have been delivered, including organisation and staffing issues, recruitment, ongoing client contacts, monitoring and evaluation, and work with other agencies.

- Identify those factors (both internal and external) that have enhanced or hindered the delivery process.

- Identify key learning points from across the four study projects.

The research methods used included: individual in-depth interviews, analysis of available project documentation and, where appropriate, observation. An initial round of site visits was carried out in each of the case study agencies in Spring 2004 and a second set of visits was conducted in Spring 2005. Information from the profiling exercise in Spring 2003 also informed the research.

In depth interviews

The core of these visits was individual in-depth interviews which were conducted with project workers, managers and administrators from the four case study projects and, in some instances, with representatives from relevant external agencies. Service providers were contacted directly or through their line managers and interviews took place in the course of the working day, usually in the workplace. Informed consent was obtained from all respondents and a project information sheet with contact details was left with them for future reference. The interviews were semi-structured and used a topic guide to ensure that key areas of interest were covered while, at the same time, enabling respondents to introduce their own priorities. The topic guides were tailored to individual projects and reflected emerging issues from previous contacts and the profiling report. The second round of interviews included similar themes to the first round, but in addition addressed topics which emerged from analysis of the first round of site visits. The majority of interviews were carried out on a one-to-one basis but a small number of paired or mini-group interviews were also conducted.

The interviews were supplemented by a shared analysis of client case notes with project workers in each project. Workers participating in the Spring 2004 round of interviews were asked to provide access to a selection of client case notes designed to reflect the range of work undertaken by the project. The case notes were used in the interviews to provide individualised illustrations of the work of each project. In some instances the researcher had an opportunity to review the case notes immediately prior to the interview while in others they were introduced during the interviews. These reviews formed part of the interview field notes which were recorded on audio-tape. Some projects provided written case material.
Between 12 and 17 interviews were undertaken per project. Interviewees represented a range of stakeholder perspectives and included project workers, project managers, workers in the host organizations and representatives of relevant external agencies. Overall, interviews were conducted with 43 respondents over the project profiling and case study periods. (See Appendix 1 for details of the process evaluation sample)

**Analysis of documentation**

Available documentation relating to individual projects and to the programme as a whole was analysed. This included background strategy and planning documents, project reports, project monitoring data, written protocols and other written outputs from the projects.

**Observation**

It was originally intended that, where possible, observation would be used to examine aspects of the projects in action to complement the accounts of project workers. However, given the sensitive nature of the projects and the need to build and maintain a relationship of trust between project workers and clients, observation tended to be confined to the nature and location of the project premises.

All of the interviews were fully transcribed and, together with the field notes, subjected to detailed thematic analysis. Researchers also drew on data collected during the profiling exercise in Spring 2003 which had included the projects ultimately chosen as case studies. Thus this report is able to broadly reflect three years in the lives of the projects. All of the projects have continued to be funded beyond the study period, although at a reduced level.

**The outcome evaluation**

The outcome evaluation had two components; repeat interviews with a sample of the projects’ clients and interviews with people identified by the clients as being in a position to assess the impact their participation in the intervention had had on their lives.

**Client interviews**

Two interviews were conducted with project clients at 8 monthly intervals. The interviews, which contained a mixture of closed and open-ended questions, were conducted by trained interviewers. They were tape recorded with the interviewee’s permission and the responses to the open-ended questions were subsequently transcribed. The interviews had two main purposes. First, they were intended to provide a mechanism by which any changes in clients’ behaviour and circumstances following their contact with a project might be identified. Second, they were designed to obtain clients’ views on the projects and their perceptions of the extent to which they had helped them.

The interviews with the young people attending the Perth Connect, East Ayrshire and Reiver projects addressed the following topics; their use of alcohol and illegal drugs; their home circumstances; their family dynamics; their self esteem; their attendance at school; their engagement in problem behaviours; whether anyone else’s drug or alcohol use was giving them problems; their friends and their friends’ activities; and, their perceptions of the project and any impact it had had on their life and behaviour.
The interviews with the clients of the Aberlour Outreach project explored the following; their use of alcohol and illegal drugs; their parenting skills and participation in their children’s lives; their children’s exposure to drug taking and other types of risk; the impact of their drug taking upon their children; and their perceptions of Aberlour Outreach and its impact on their own and their children’s lives.

While the questionnaires for the second round interviews were broadly similar in content to those used in the first round, some modification was made to the open-ended questions to enable them to build upon the first round responses. The second round interviews included clients who had discontinued contact with the projects as well as those who continued to participate in them.

Steps were taken to ensure that the interview setting was such that both interviewer and interviewee could feel comfortable and secure. In the case of interviews with young people, the interviewers were instructed that these should be conducted in sight of another adult but not within earshot. In those instances in which such arrangements could not be made, someone else accompanied the interviewer. For interviews with clients in their own homes, the interviewers observed the Centre for Drug Misuse Research’s safety procedures for fieldworkers. Informed consent for their participation in the outcome evaluation was obtained from all clients. This process is described in Appendix 2.

Interviews were conducted with 42 clients in the first round of interviewing; 15 from Aberlour Outreach; 11 from the Reiver project; 11 from the East Ayrshire Family Support project; and 5 from Perth Connect. The great majority of the first round interviewees (37) participated in the second round of interviews. A fuller description of the outcome evaluation sample and its recruitment is provided in Appendices 3 and 4.

Collateral interviews

There are obvious difficulties in relying upon respondents’ own accounts of their progress as a measure of outcome. However, in the context of the present research, more objective measures of outcome were deemed impractical. Instead, as a way of attempting to validate the clients’ accounts, collateral interviews were conducted with individuals who were in a position to assess their progress since their contact with a project. Each client was asked to identify one or two people who could talk to the research team about how their life might have changed following their contact with the project. It was explained to them that this should be somebody, a relative or a professional, who knew them well and who might be willing to talk about their progress. It was also explained to the client that the identification of such an individual was entirely voluntary. In the event, all of those who were interviewed nominated somebody who could act in that capacity.

The collateral interviews used a series of open-ended questions to explore whether, and in what respects, the client had made progress in certain key areas. For the young peoples’ projects this included questions about the clients’ use of drugs or alcohol, their behaviour and activities, their friendship networks, their home life, their attendance at school and any changes in how they felt about themselves. For the Aberlour Outreach clients, interviewees were asked about the latter’s parenting skills and care of their children, their use of drugs or alcohol, their mental and emotional health and their children’s exposure to drugs or drug taking in the home or elsewhere. All of the interviewees were asked to comment upon the role they believed the project had played in bringing about changes in
the client’s behaviour. No reference was made in the interviews to any claims that the clients themselves might have made concerning their progress.

Collateral interviewees were approached for the 37 clients who participated in the second round of interviews and a total of 28 collateral interviews were conducted; 11 for Aberlour Outreach, 9 for Reiver, 7 for the East Ayrshire Family Support Project and 1 for Perth Connect. Three potential interviewees declined to be interviewed (2 for Perth Connect and 1 for Reiver) while the other 6 either proved impossible to contact or did not respond to the invitation.

These interviews proved to be of enormous assistance in validating the clients’ own accounts of their experiences and progress. As we will see, they also provided alternative perspectives which informed a broader appreciation of the changes that had taken place in the young people’s lives and the impact these changes had had on those around them. The success of this approach suggests that this type of interview might be useful in any evaluation which has to rely on self-reported outcomes as opposed to more objective outcome measures.

The value of the collateral interviewees’ contributions was to some extent dependent upon their relationship to the client. As we will see, some were better placed than others to comment upon the client’s behaviour and circumstances. For example, the Reiver mothers appeared to have a fairly detailed, though not comprehensive, awareness of the progress their son or daughter had made, while friends of the Aberlour parents had some difficulty in commenting on the client’s parenting and child protection practices. Ideally, a collateral interviewee should be in a good position to observe the young person’s progress while, at the same time, being independent of them in the sense of not being affected by it. In practice, of course, these two requirements tend to be incompatible since it is precisely those who are in the best position to comment on clients who are most likely to be affected by their behaviour.

There might be an argument for determining in advance who the collateral interviewees should be for particular groups of clients. However, for the present study we judged that the sensitivities associated with the clients’ circumstances were such that this would not be acceptable ethically. Nor would it have been especially practical since it would have been likely to result in substantial numbers of clients withholding their consent for us to approach the nominated individual. Instead, we invited the clients to select someone who was both in a position to comment upon their progress and acceptable to them. However, not only was this the only tenable option in an ethical and practical sense, it also ensured a spread of interviewees with different perspectives on the clients. This, in turn, created the potential for making comparisons between different categories of collateral interviewee. While the small numbers in the sample meant that this diversity was not something we were able to exploit in a systematic way in the present study, it is something that future work using larger numbers of collateral interviewees might wish to consider.

Information from case records

In addition to the interviews, it had been intended that selected information would be obtained from the client records held by the agencies. Most clients had been in contact with the agencies for varying amounts of time before our first interview with them. This meant that it was not possible to obtain reliable data in the interview on their behaviours and circumstances at the time of their initial contact with a project. This information was clearly important as far as any attempt to monitor clients’ progress over the period of their engagement with a project was concerned. In order to obtain this baseline information, it was hoped
to collect data from clients’ records and from other monitoring instruments held by the projects regarding their behavioural status at the time of their initial contact with the agency and to use this data to provide a baseline of information against which clients’ progress over time could be measured.

Unfortunately, this proved to be unsuccessful. With the consent of the agencies and of individual clients, individuals’ case records and any instruments used to monitor their progress were reviewed by a member of the research team to ascertain whether these could provide the sort of baseline information that was sought. This revealed that the information that was required was not available in a sufficiently structured or systematic form for us to be able to use it in the way in which we had intended. Where appropriate information was available, it tended to be patchy. There was little systematic or substantial recording in agency records of the progress made by clients. In addition, the monitoring instruments that we thought might also provide a way of tracing clients’ progress over time were either administered inconsistently or not at all. Of course, the content of the records kept by the agencies has substantive as well as methodological implications. In particular, it raises questions about how the project workers themselves keep track of clients’ progress and this is a theme that is addressed in the subsequent analysis of the process evaluation.
Chapter 3: Reiver and Perth Connect Projects: Process and Outcome Evaluations

This chapter focuses on the two interventions - Perth Connect and the Reiver Project - that are designed to assist young people who are experiencing problems with the misuse of drugs or alcohol. The chapter is in five parts. Parts 1 and 2 present individual descriptions of the aims, organisation and content of the two projects. This is followed in parts 3 and 4 by separate process evaluations of the interventions with an analysis of the factors which supported or hindered the projects in achieving their care goals. Part 5 presents a combined account of the results of the outcome evaluations for the two projects. The outcome findings are presented in a combined form because the number of clients and collateral interviewees who participated in the evaluation of Perth Connect were too small to sustain a separate analysis.

Part 1: Description of the Reiver Project

Project overview, aims and objectives

This project supports young people, aged 11-16 years, who are experiencing problems through substance misuse. They also offer support to other family members. The aim of the project is to minimise harm among this client group. The project's approach to clients is holistic and focuses not only on the young person's substance misuse but also on their wider behaviour and circumstances, encouraging positive lifestyle changes.

The project is based within the offices of its parent organisation in Galashiels and covers the entire Scottish Borders region. Interventions are conducted through outreach, and young people are seen at a location close to their home. For most of the study period the project team comprised a project manager, a project worker and an administrator.

Client characteristics and recruitment

The project’s clients are young people who are experiencing problems through substance misuse which may be leading to them getting into trouble. Negative consequences of their substance misuse include truanting, offending, deteriorating schoolwork and disruptive behaviour.

Referrals

The majority of clients are referred for alcohol related problems with cannabis use being the next most common reason for referral. The main sources of referral to the project are the local secondary schools and Borders General Hospital. Hospital referrals are generally young people who have been hospitalised as a result of excessive alcohol consumption and are referred from Accident and Emergency or the children’s ward which accepts people up to the age of 17. Clients who are identified as having severe psychological problems are referred to other agencies for specialist support. In these instances responsibility for the client is passed to the relevant agency and the project has an important role in helping the young person to engage with the new service.

Recently, an increasing number of referrals have been received from the police, mainly as a result of young people being apprehended during operations targeting street drinking and anti-social behaviour. School referrals can either involve
substance misusing individuals or groups of pupils referred due to a specific drug or alcohol incident within a school. The project also expanded the service for a period to include school drop-in sessions to encourage self-referrals.

**Caseload and waiting times**

The original intention of the project was that each worker should have a caseload of around 10-12 clients. The actual caseload of the project peaked at 30 clients between the two case working staff. The project has not operated a waiting list, although an increased caseload has affected the frequency with which sessions are delivered. In most instances, contact with the client is established within two days of referral.

**Nature of interventions**

In order to deal with the variety of needs among its target group, this project is highly flexible as far as the content of its interventions is concerned. Interventions include one-to-one counselling, youth work methods, addressing risks through education, and acting as an intermediary with schools or parents. The methods used in each instance are dependant upon both client need and the workers' skills and preferred style of working.

Most sessions are conducted one-to-one using cognitive behavioural methods. Workers cover a variety of drug and alcohol related themes in these sessions including the risks associated with drug taking, legal aspects of drug taking, how to calculate units of alcohol and the role of peer pressure. A variety of resources and materials are used to support the sessions, including videos, booklets, quizzes and games.

The number of sessions can vary from one or two to as many as 12 where more support is required. Sessions are usually delivered weekly and generally last about an hour.

**Assessment and care planning**

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 review the client's progress. Both tools form an integral part of the intervention providing 1) a means of generating dialogue with the young person, 2) a mechanism for examining factors linked to their alcohol and drug use and, 3) a method for identifying and setting personal goals. These goals subsequently form part of an action plan which is agreed with the client.

**Location**

Appointments with the client can take place at the young person’s home if appropriate. In such cases a parent or guardian would always be in attendance. Otherwise, clients are seen in schools, health centres, youth centres or other locations.

**Parental involvement**

Where possible, workers encourage the participation of parents and joint meetings with the young person and a parent or guardian is a common feature of the work, particularly in the early stages of the intervention.
Case closure

Case closure is decided in consultation with the young person, though where possible staff also consult with parents to assess the appropriateness of disengagement. Towards the end of the study period, the project introduced a follow-up procedure whereby clients are contacted by telephone three to four months after closure to provide feedback on the service, to review their situation and to provide an opportunity to meet with their project worker. Uptake of these appointments is reported to be good.

Part 2: Description of Perth Connect

Project overview, aims and objectives

The aims of the service were described as reducing harm caused by substance misuse among vulnerable young people. Members of the original project team also identified abstinence as the ultimate goal of the project. The project seeks to identify and respond to the factors responsible for their client’s drug and alcohol use, and takes a holistic approach to its clients and their problems.

The project is based in the centre of Perth and is managed by its parent organisation based in Dundee. The project started in April 2002 and aims to cover Perth and four of its target satellite communities. It has a staff of five when at full capacity, a project leader and four project workers (two PDI funded workers and two seconded posts). The project has experienced considerable staffing upheaval over the period of study operating at one stage with one project worker in post supervised from the parent organisation. Towards the end of the study period both seconded posts were withdrawn

Client characteristics and recruitment

The project targets young people aged 12-18 who are engaging in the problematic use of substances (most commonly cannabis and alcohol). Service users typically demonstrate a variety of related problem behaviours such as truanting, offending and self-harming. Many also have challenging backgrounds and difficult family circumstances, including exposure to drug dealing, prostitution and violence. Recreational and occasional users with no significant underlying or related problems are normally excluded from the project.

Referrals

Most referrals to the project are from the social work department and local secondary schools. There are also fairly large numbers of self-referrals; these are often relapsed clients whose cases had previously been closed, or clients who have been prompted to make an enquiry by a concerned parent. In all cases the individual’s consent is required prior to the project engaging with the client, although in some cases the referrer can compel the young person to attend for assessment (this was particularly the case with instances of drug use in schools).

Caseload and waiting times

The number of clients with the project at any one time has fluctuated according to staff levels – from seven cases carried by one worker, to 24 cases carried by 3.5 FTE workers. Project workers normally try to establish contact with the client as soon as possible, typically within 48 hours of initial referral.

1 Full-Time Equivalent
Nature of interventions

Most of the sessions with the young person are carried out on a one-to-one basis, using a wide range of intervention methods which have been brought to the project by its staff. These include counselling, motivational interviewing and other freely adapted cognitive behavioural techniques, person-centred planning and goal-setting, visualisation, life mapping, cycle of change, befriending, enabling and life skills development, confidence building and diversionary work. The precise interventions that are delivered are left to the discretion of individual workers based on the skills and experience of the worker and the needs of the young person. Group work, although originally envisaged as part of the project, has not been found to be practical.

Contact with the client varies from once a week to almost daily depending upon client need. Sessions with the client typically last about two hours, although this can vary according to the workers' preferred style of working.

Assessment and care planning

Following initial assessment (using EuroADAD), a care plan is devised 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.

Location

Outreach work is the main mode of operation with workers meeting with clients in a variety of settings including social work premises, local cafés and the client's own home. Some workers prefer to meet with the young person on the project premises where this is feasible. The project also has an open-door policy at its base in Perth.

Case closure

Clients can be seen for an indefinite period with case reviews taking place every three months. Closure is decided in agreement with the young person. Unless the client decides to leave under his or her own volition then the decision to close is left with the project worker. Most workers attempt to taper the amount of contact with the client as they approach closure.

Part 3: Process Evaluation: The Reiver Project

In the process evaluation we distinguish between those factors which appeared to facilitate the effective operation of the project and those that seemed to limit its effectiveness.

Facilitating factors

Local knowledge

The local DAAT had a critical role to play in setting up the project, for example, establishing the initial gap in service provision, identifying an appropriate parent organisation and establishing links with referring agencies (described further at A3). This role was not without its challenges, however, and highlighted difficulties of having to work closely with the parent organisation to ensure it had in place the necessary management structure and range of skills to support the
project, whilst at the same time encouraging it to assume full responsibility for project management.

**Staff continuity and commitment**

Despite limited job security and career development opportunities (due to short term, fixed term contracts), there has been a relatively high level of staff continuity. This has been critical to the project's success in developing the service and ensuring consistent relationships with clients. Staff also demonstrated an ability to adapt and to innovate the service when necessary; for example, by transforming the service to meet client needs and by broadening the referral base to improve client access (described further in A3).

An important factor contributing to the solidarity evident among the project team has been the mutual support mechanisms they have established. Staff maintained regular contact and met weekly as a team at the project base. These meetings were considered to be particularly important to maintaining team cohesion as the need to cover a wide geographic area meant that staff frequently worked away from the base and had limited face-to-face contact.

**Professional engagement**

The strategies employed by project staff to engage referring agencies were an important feature of the project’s success. Initially the project relied upon a single agency to supply referrals - however this resulted in low numbers of referrals and placed pressure on staff to accept referrals that were inconsistent with the project's target group (see 'B: Limiting Factors'). In response to this, they renegotiated the referral protocol with the original referring agency and sought to identify new referring agencies and build relationships with specific staff responsible for making referring decisions.

This process was facilitated by the local DAAT, who provided a forum to discuss service provision issues and to map out potential referral pathways. From the links made through the DAAT, the project could more easily identify and engage with key personnel within target institutions.

These strategies proved successful in boosting numbers of referrals and establishing appropriate referral pathways. The project has fostered strong links with the region’s schools, police and the local hospital. Another factor in the project's new approach has been to 'add value' to referring agencies’ existing services. They have contributed to schools’ drug policies, supported the police youth offending and crime prevention strategy and helped to relieve the pressure on an over-stretched child-psychiatric service. However this approach – establishing links through contributing to the work of the referring agency – does not seem to have been as successful with other agencies (see 'B: Limiting Factors').

Efforts to establish ties with referring agencies have also created opportunities for partnership working. For example, project staff have given talks as part of the secondary schools' social education programme. Concerns have been raised by senior staff as to the appropriateness of this type of work, given the project’s mandate; whilst classroom talks address need at tier one, the project’s remit is to target need at tier two and higher\(^2\). However, project staff have sought to defend

\(^2\) The four tier model of service provision is defined by the Health Advisory Service (2001) as; the general provision of substance misuse information (Tier 1); provision of target information for those at risk of developing substance misuse problems (Tier 2); provision of specialist, mainly non-medical and/or multi-disciplinary services (Tier 3); and specialist medical intervention (Tier 4).
these actions on strategic grounds. It is argued that these activities raise awareness of the service, encouraging self-referrals, and help to build stronger links with the school guidance staff responsible for making pupil referrals. The evidence for these initiatives encouraging self-referrals is mixed; direct self-referrals to the project increased over the period when class talks were taking place, but uptake of the school drop-in service (the most likely point of contact with the service) remained low and was later abandoned. The evidence for this kind of work helping to strengthen relations with school staff is stronger, and is reflected in feedback received from teaching staff through internal evaluation, and in project staff’s own observations:

“When we first started, the schools didn’t want us in there. So getting all these wonderful reports from them now - it’s like we don’t have a problem ... The guidance teachers are delighted. They are seeing these young people and they are able to refer them on.” (Project Staff)

Availability of suitable venues

Building good relations with other young people’s services has also been important to establishing suitable venues for outreach work; in order to minimise the risk of young people coming into contact with other, older client groups very few meetings were conducted in the parent organisation’s premises (as this was used as a venue for adult services). The project has experimented with a variety of local authority venues.

The geographic distances involved in providing outreach to a rural area placed a strain on staff resources and were cited as a constant consideration in planning work schedules (see ‘Limiting Factors’). Provision of daytime meeting venues in local schools was of great assistance in overcoming some of these difficulties. This reduced the pressures on project workers created by evening visits (a significant factor given the travel time often involved) and offered additional opportunities to undertake group work. This also led to fewer broken appointments – if clients broke their appointments they could be summoned out of class.

However, schools also have certain drawbacks; meetings are normally restricted to a single teaching period, typically less than an hour, and finding a private space in which to work has proven problematic with interruptions a common feature.

“(Name of school) ..... we often get to use the guidance room and you’ll get staff walking in and out in the middle of things, although we put a notice up on the door - ‘interview in progress’. We sometimes get the medical room but there is a first-aider on this side. That is fine, but then she has to get into the fridge. She has to come in to get into the water supply. So it’s not ideal.” (Project Staff)

Perhaps the most significant drawback of the school setting is its value to those clients who have been excluded from mainstream education or who choose not to attend school. For this group the project relies on alternative local authority venues such as community centres and health centres, and in some instances the client’s own home. The greatest challenge has been when dealing with clients who self-refer and who wish to maintain their anonymity. Maintaining contact and liaising with this type of client has proven problematic and project staff expressed particular concern about working with this group without parental consent, and often seek to encourage the involvement of parents. The project
relied upon a range of informal venues such as cafés and youth centres to meet with these clients.

**Parental involvement**

Involving parents in the intervention has been found by project staff to enhance the project’s ability to respond to the needs of the young person. Consequently, where possible, project workers have sought to encourage the participation of parents, or a responsible adult in joint meetings, normally in the early stages of intervention. Their involvement has a number of advantages, enabling workers to: build a more comprehensive picture of the circumstances surrounding the young person’s substance use; identify other services already providing support to the young person; mobilise the parents’ support; and to provide advice and information to the parent.

"The young person could be telling me anything. It is usually mum who comes along to the first meeting ... You are getting a more rounded picture. Also if it is mum - say the young person has ended up in hospital - mum’s got all these issues going round. She’s in shock. She doesn’t know, ‘Is it my fault?’ You know all the sort of stuff that goes around, ‘What is going on and what has happened?’ I can also offer mum some support.” (Project Staff)

Enlisting the parents’ support was a particularly common feature of the work. In some instances this could involve challenging the parents’ own behaviour, particularly when dealing with instances of heavy alcohol use. It was not uncommon for project workers to find themselves working with a young person living in circumstances where it was relatively easy to obtain alcohol, and where there was acceptance of hard drinking from an early age – including by parents.

"With one person I was working with, the parents bought the 13 year old a crate of beer. It is very much the family culture. And of course they come out with, ‘Well it’s okay if they are doing it in the house’. This particular young person was in a lot of trouble - mainly fuelled by alcohol. So I did a lot of units work with the family, bringing in a message about how young people are still developing. They shouldn’t be able to drink as much as adults. And just about what is sensible drinking.” (Project Staff)

Project workers also provided parents with copies of information materials and consulted them towards the end of intervention to assess the appropriateness of closing the case.

Whilst involving parents was seen by project staff as enhancing the value of the intervention, it was also apparent that this policy was in part influenced by the concerns of referrers and project workers themselves, some of who expressed anxiety about seeing clients without parents’ knowledge, particularly younger clients.

**Client involvement**

The project invested resources and time involving young people in the development of the service - for example, by surveying the views of key stakeholders, including young people on the value of the service. These findings led to various service developments, for example the investment in a project website and review of text messaging as a possible means of communicating with the client group. The project manager also sat on the DAAT Young Person’s Sub-group which had input from young people and was reported to act as a useful source of advice and ideas for the project. Efforts were also made to establish a
group constituting young people who had engaged with the project, although attendance was poor and the initiative was abandoned.

**Limiting factors**

**Service models**

It was a widely held perception that the project, in its early development phase, was unable to meet the needs of the new client group and to secure an appropriate level of referrals. The main reasons cited for this were a reliance upon a single referring agency and a lack of fit between the proposed service model and local service needs. The original approach of the project had been an attempt to import the service model used by the parent organisation – an adult alcohol service using group-based interventions – that proved inappropriate for use with young people. However, it was eventually agreed to abandon the parent organisation’s intervention model and replace it with a more flexible one-to-one approach, whilst a revised strategy was set in place for establishing links with a range of referring agencies (see ‘A:Facilitating Factors’, above).

**Difficulties in staff recruitment**

Recruiting staff with an appropriate mix of skills also emerged as a limiting factor, and was responsible for restricting the project’s early development. Difficulties in recruiting workers with experience in both substance misuse and youth work hindered the project; the staff responsible for client caseloads had no prior experience of working with the target age group.

Importantly, this issue was acknowledged and a member of staff with youth work experience was employed (albeit for a short period). It was reported that as the project progressed and staff confidence and experience of working with the target group grew, the issue became less significant to project functioning.

**Quality of referrals**

Whilst project staff undertook extensive measures to boost referrals to the project (see Facilitating Factors), the quality of referrals was variable.

The target group were described as 11-16 year olds developing a clear pattern of problematic behaviour linked to substance misuse, as distinct from young people showing signs of dependency or simply experimenting with substances:

“It was set up for people not who got caught doing something once, but people who were getting into more of a pattern where things were going wrong for them, they were getting into trouble with the police or they were truanting or they kept getting ill and ending up getting their stomach pumped or something like that - so you weren’t looking at dependency - it was one of a range of problems they were experiencing.” (Senior Staff)

There was some ambiguity regarding the fit between the service and client’s level of need; while some clients clearly demonstrated a variety of related problem behaviours, others were at an earlier experimental stage with few, if any, associated problems. To deal with this variation the project adapted the service to level of client need, in some instances offering relatively brief intervention.

---

3 ‘Quality of referrals’ in this instance refers to their level of fit with the project’s intended target group and readiness to engage with the service.
Referring agencies tended to assume a perfunctory role, passing on client details rather than actively screening clients according to need.

Actual uptake of the service was extremely variable, with motivation to engage partly determined by referral source. For example, low levels of engagement were especially apparent among young people referred by the police. All parents of children referred by this route are automatically contacted by the service if they do not instruct the police to withhold their details. In most instances, low uptake was explained by low perceived need apparent in this population. In some cases project staff speculated that there had been a real need to intervene but the parent was reluctant to engage.

"I think probably one of the main reasons that we don’t get as big an uptake (with police referrals) is because a lot of the youngsters, and maybe as much as 50% of them, haven’t actually been drinking, they’ve just been there and had their details taken. Many parents come back to us and say, ‘We don’t think there is a problem, we will deal with it ourselves’, and that’s fine. Some of the families we don’t get any response from, and they tend to be the ones we know of. They have a very chaotic lifestyle, maybe mum and dad are not really that fussed whether their child gets support or not.” (Project Staff)

The lack of opportunity to establish a dialogue with the parent and parents’ general wariness of the police would appear to explain why those clients with the level of need targeted by the service chose not to engage. This contrasted with level of engagement in schools and the local hospital where staff at these institutions actively facilitated access by arranging times and providing a space in which to meet and encouraging the young person to attend.

Professional boundaries

Whilst the project has formed strong partnerships with some referring agencies it has been less successful with others, most notably social work, where, it was reported there was a “tension” between the agencies, with a perceived failure by social work to recognise the contribution made by the project. One practitioner suggested that there was a lack of communication and co-ordination, with agencies “treading on each others toes.”

The main source of these difficulties has been differences in opinion on the project’s holistic intervention approach. For those directly involved in the project it is regarded as key to the project’s success in engaging and establishing productive working relationships with the client group.

“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.” (Project Staff)

However, one senior practitioner whilst acknowledging there was a need for a specialist drug and alcohol service, believed there was also a need to establish a more specific role for the Project working as part of a support team, "to ensure the young person gets the right support from the right person for the right thing".

Both positions would appear to have their merits and clearly there is potential value in establishing a partner relationship. Resolving these different positions would appear to be a managerial matter. There is a need to find a mechanism for
bringing the agencies together to address the underlying relationship issues and to focus on the needs of the client group.

**Geographic reach**

For most of the study period, the project caseload was carried by two members of the project team. The heavy reliance placed on these staff was responsible for creating some difficulties meeting the needs of clients, particularly in outlying rural areas. To minimise the amount of time project workers spent travelling between meetings, efforts were made to allocate caseloads on a geographic basis – however, this was not always practical. Towards the end of the study period the project also joint funded an outreach worker in a voluntary organisation in the southern edge of the target area. This arrangement was set in place to help overcome the problems that the project had in reaching their clients. It was too early to evaluate the success of the initiative.

**Key findings from Reiver process evaluation**

- Recruiting project workers with experience and training in working with young people and substance use is important to project development and functioning.

- Parental involvement has been seen as a beneficial feature of the service. However, it is important to respect the wishes of the young person where anonymity is requested, and to recognise that lack of family support can be a factor responsible for the young persons problems.

- Covering a broad target area from a single site and with a small staff presented considerable logistical problems in delivering the service. Dividing the service up into geographical areas and working closely with schools to provide daytime meeting venues helped to address these problems.

- Finding suitable venues in which to meet and maintaining contact have proven difficult when working with young people outside of mainstream education or who wish to retain their anonymity. Agreeing communication channels from an early stage and a reliance on more informal meeting venues have proven useful when working with this group.

- Working in a rural locality can result in caseworkers operating in relative isolation from each other and the parent organisation. Having regular meetings where workers can discuss their cases and share ideas has been important to maintaining team cohesion and overcoming some of the pressures of working alone.

- Working in close partnership with referring agencies and building strong links with individuals responsible for making referral decisions has been important to securing sufficient numbers of referrals. However, care is needed to ensure that these relationship-building activities are consistent with the overall aims of the service and that agencies are clearly briefed on the type of clients for which the service is designed.

- Adopting a flexible intervention approach has been important to ensuring the service addresses individual client need. With a relatively open-ended approach close collaboration is needed with other agencies working with the same client group to ensure clarity of purpose and effective use of local resources.
• Finding ways of involving young people in the development of the service whilst desirable has proven particularly challenging. Former users have been reluctant to engage in group activities, although school surveys carried out with the wider target population have been helpful in providing ideas for how the service might be promoted.

• Harnessing the local knowledge of the DAAT has been important to the development of the service, particularly in contacting local service networks and forming links with referring agencies.

Part 4: Process Evaluation: Perth Connect

As with the Reiver project, we distinguish between those factors which appeared to facilitate the effective operation of Perth Connect and those that seemed to reduce its effectiveness.

Facilitating factors

Links with professional networks

The local knowledge and expertise of the project leader was critical to the project, particularly in the early stages. The leader’s reputation and links with the local service network enabled the project to build a steady stream of referrals and meant that project workers “hit the ground running” when they came into post. These links helped to secure the local social work department as the project’s principal referrer, although efforts to establish new links, most notably with local GP practices, proved less successful.

Links with the local social work department were consolidated at a grassroots level by the project workers. Informal feedback from the clients and evidence of client engagement with project workers were used to corroborate referrers’ personal assessments of the project and its competency in working with the client group. Through this process the project has developed a reputation for relating well to the needs of the client group and for challenging difficult problem behaviours.

Quality of referrals

The referrers’ relationship with the young person impacted on both the appropriateness of referrals and the young person’s willingness to engage with the project. Social work consistently made referrals at tier two and three in line with the project’s intended client profile. This consistency was explained by the amount of contact they had with clients and the quality of the assessments they were able to make. In contrast, police referrals and some school referrals were less consistent in this respect, and were attributed to a limited understanding of the client’s personal circumstances and needs.

Social work also helped the young person to engage with the project by providing relevant insights into their personal history and circumstances and by hosting joint meetings to introduce the young person to the project worker. Other agencies (most significantly the police) lacked the necessary knowledge and expertise to facilitate engagement.

“The route that works very well is social work, because they will invite you to meet the young person first. They will talk to the young person about what is involved. So there is a lot of pre-discussions going on already. With the police it is more difficult. The social worker has already had that
discussion in a casework context. So when we come in to meet the young person there is a degree of understanding as to what it is about. Also we can establish before we come in that that is the proper level of referral - level two or level three. We can then engage the young person and we can negotiate that and work it back in again into the care plan.” (Project Staff)

The majority of referrals to the project were at the upper end of the target age range (mainly 15-18 year-olds) and were resident in Perth. The low numbers of referrals from rural localities is explained by resource limitations and inability to establish bases in outlying areas (see ‘D: Limiting Factors’), whilst the age profile of the client group was attributed to local social workers’ tendency to retain their younger clients and to engage in partnership working once they reach 15.

**Team spirit**

In the early stages of the study project staff demonstrated a strong camaraderie and commitment to the project which was credited to the enthusiasm of the project leader. Regular contact with other project staff at the project base was an important source of support to project workers and provided an opportunity to share problems and to exchange ideas on ways of working with clients. Staff saw each other on an almost daily basis and attended a weekly team meeting.

“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.” (Project Staff)

**Varied intervention methods**

Project staff had a diverse range of skills and experience from their backgrounds in childcare, children’s rights, youth work and work with the homeless. This brought a degree of flexibility to the way in which the project could respond to client need and encouraged the exchange of ideas and learning between project staff.

A wide range of one-to-one intervention methods and approaches have been employed by project staff, with choice of technique dictated by the project worker’s experience and the needs of the young person.

“You’ve got a clear idea of a sort of constructive network to build round this young person to get them to where they want, or at least further down the road towards it. So I find person-centred planning techniques can have an effect with certain young people. With certain other young people, I won’t use them. You’ve just got to pick and choose really.” (Project Staff)

Whilst the diverse backgrounds of project staff and free exchange of ideas has created an environment conducive to innovation and new learning, it has also led to some concerns regarding the consistency and efficacy of intervention with the methods applied left to the discretion of the project worker. Plans were made to catalogue the range of techniques as a resource for fellow and future workers, but high staff turnover resulted in much of this potential learning being lost.
**Person-centred approach**

Project workers took their cue from the young person. Consequently, intervention methods were selected in response to the client’s specific and sometimes evolving needs. In this respect, the extent to which intervention could be planned was dependent upon client stability and circumstances at time of intervention. For example, workers were more likely to work through pre-planned exercises with the client during those periods when their life was relatively stable and they were less prone to stress. A more chaotic episode could prompt more intensive problem solving and advocacy work aimed at stabilising the client’s behaviour.

“I would certainly have a plan in my head before I went in and we would work through it that way. That would be okay if they were on a relatively stable period but if it was a chaotic period, then you tend to be reacting to whatever is going on and it would be problem solving.” (Project Staff)

This level of variability also dictated the amount of time that workers spent with the client. For more structured activities workers normally met with their clients once a week, usually at the same time to encourage routine, while during periods of relative instability intervention work could be more intensive, in some instances resulting in the worker meeting with the client daily until the immediate problem was resolved.

**Partnership working**

Working in close partnership with referring agencies has been a positive feature of the project, particularly with the principal referring agency, social work. However, integrating project work with social work care plans and ensuring that work boundaries and areas of responsibility are respected has presented some challenges. Most significantly, some concerns were raised by referrers about the extent to which the project focuses on drugs and alcohol work, with project staff sometimes seen as performing a general resource worker role rather than focussing exclusively on substance use issues. Significantly, project workers themselves describe the work they do as resource work in so far as they seek to identify and respond to the factors responsible for their clients’ substance use. This was seen to be consistent with the project’s holistic, person-centred approach which involves responding to both immediate and underlying need in order to make a positive impact on client substance use.

“You get involved at all levels. You don’t focus purely on the alcohol. You would look at all the issues behind it and address them. You wouldn’t have it off and say that is someone else’s problem ... it’s taking a holistic approach towards the young person.” (Project Staff)

The project’s response to these concerns has been to ensure the needs of the client remain the partnership’s primary focus. Consequently the project’s role has been negotiated on a case-by-case basis. Feedback from referring agencies who have worked closely with the project have responded well to this aspect of the project and to workers’ commitment to the young person.

“Sometimes you can spend ages just chasing people. But it hasn't really been an issue with (project worker). I feel it's good because there is that sense of autonomy – we'll get in touch with them, they'll get in touch with us. We both feel that we're working in partnership. What we'll try and do is complement each other in the message that we're saying. We did a joint visit to [client name] yesterday and that was really good because it was allowing him to see that I was supporting her and continuing to try and
meet with him and it was really important for him to see that (project worker) was reinforcing my relationship with him.” (Referrer)

The project’s independence and specialist credentials were seen by social work as important factors in helping to gain the trust and confidence of the young person.

“Getting CONNECT involved was an opportunity for us to try to sell it to the young person [going into residential care] and say, ‘Look, this is sort of a specialist for you. Somebody that’ll come and meet with you and spend time with you and help you try to face up to some difficult issues’, because this person just wasn’t engaging. They hadn’t built up a good relationship with their previous social worker... It seemed like a really pertinent move to provide them with someone separate from social work who they could maybe talk to.” (Referrer)

These beliefs were supported by the project workers’ own observations and by the clients themselves who valued the degree of confidentiality afforded by project workers.

“Their strengths are confidentiality. You can tell her anything. And you know it’s not going to be put forward unless it has to.” (YPAG Member)

**Limiting factors**

**Managerial issues**

The project has a relatively complex partnership arrangement: as well as two PDI funded posts contracted to the parent organisation, the project also hosted two seconded posts from the local social work department. There were no discernable differences between the service provided by the PDI funded workers and the rest of the project, with all workers operating primarily on an outreach basis and all line managed by the project leader. The project leader carried out these management duties on behalf of the three main project partners, the DAT, the parent organisation and the local social work department, through a project advisory group.

Initially the project ran relatively smoothly attracting a steady stream of referrals and establishing a strong team spirit. Tensions then emerged within the advisory group over the project’s status and strategic direction. Although the specific details remain unclear, a failure at the outset to establish a formal partnership agreement detailing the project’s management structure and accountability was identified as a critical oversight, and its absence was regarded as a contributory factor to project partners’ inability to agree a way forward for the project. This loss of impetus had important ramifications for project functioning, affecting the project’s professional reputation and staff morale and supervision, and resulting in job insecurity and restrictions on project development. Despite these problems, new project staff are committed to the project. They have made strenuous efforts to re-establish the service and its client base and continue to manage heavy caseloads to meet prevailing demand.

**Administrative support**

It had originally been intended that the parent organisation would provide administrative support from its base in Dundee. However, the physical distance between the two organisations made this impractical. This was partially resolved by relying on volunteer support workers and issuing project workers with personal laptops to assist record keeping, but led to additional problems with concerns
emerging over client confidentiality, inconsistent record keeping and inadequate procedures for collating and analysing client information. Improvements were made following a review of operational practice instigated by the new team leader, and the move to new premises which provided secure office space and resources for a part-time administrator.

**Difficulties in becoming established in rural communities**

A feature of the original project proposal was to establish the service in four rural communities surrounding Perth. However, the majority of referrals have been from child care services within the city. The project has found it difficult to establish bases in the outlying towns serving these rural communities where it was reported local residents are reluctant to acknowledge the need for a local drug and alcohol service, and where it was difficult to maintain client anonymity.

The project was able to establish a physical presence in one town through joint partnership arrangements with other local agencies providing services to young people and their families living in the area. This work may provide a model for delivering this type of service in other rural communities. However, it is likely to have significant resource implications.

**Problems with premises**

As well as providing an outreach service, the project also operated an open-door policy at its base in Perth, where clients were encouraged to drop in for a chat or to discuss issues of concern at their own discretion. This created staff safety issues in the project’s original premises which had no reception or secure work areas for staff and only one point of entry and exit from the building. These concerns were heightened by the project’s system of working which meant that members of staff were sometimes left in the building on their own or with untrained volunteers.

“If you are in the end room and someone is kicking off you cannae get out ’cos there is only one exit and it is at the end of a narrow corridor...... I had a student there at one point and one of my young people kicked off and he felt very vulnerable.” (Project Staff)

The physical layout of the building was also responsible for raising client security issues with concerns that shared office space could result in client confidentiality being compromised. Most of these concerns were addressed by the move to new, larger premises which offered a wider range of facilities, including a visitor reception, private meeting rooms and secure office space. These new premises also offer scope to expand the service. However, the project has been unable to realise this potential owing to prevailing staff shortages.

**Difficulties in introducing group work**

Group based intervention work, though envisaged as part of the service, has not been found to be practical. Attempts have been made to set up young people’s groups but these have not been well attended. Finding appropriate venues and co-ordinating client availability has proven a major challenge, particularly in more rural areas where clients are physically dispersed.

“We found that our biggest problem is that our kids come from everywhere. Now to get them together in a group is difficult. To get them together and compatible is more difficult. Because you’ve got boundary issues, rural versus city issues all that sort of stuff.” (Project Staff)
In the earlier stages the project also attempted to set up a parent’s group at the project base, but low attendance resulted in this being abandoned. The move to new, larger premises means the facilities for running groups is greatly improved. However, staff shortages have led to plans to restart group work being placed on hold.

Some success has been achieved in recruiting pre-existing groups of young people brought together following a school-related drug incident, though much of this work has been relatively short-term and not all clients identified in this way fit the project’s target group profile in terms of level of need. In some instances these group sessions have been used to screen for clients for more intensive one-to-one work.

**Lack of client involvement**

As well as group-based intervention work the project also attempted to involve young people in project development issues by setting up a young people’s advisory group. Clients who had received more intensive support were invited to participate in the group, and whilst this had some initial success, most notably in assisting with the refurbishment of the premises, only two continued to participate on a regular basis. This apparent lack of support was put down to a desire amongst former clients to move on in their lives.

“You need to have young people who have come through the process and want to stay around. It is difficult to get young people who want to stay around when it is not seen as a positive part of their life. They are there because they have got lots of negative things going on. When you fix the negative things you don’t want to stay.” (Project Staff)

Consideration has also been given to establishing a new group, but has been placed on hold because links with suitable candidates have been lost following staff departures.

**Assessment and monitoring**

The project adopted EuroADAD as its standard assessment tool. It was found to be a useful tool for identifying factors responsible for substance use and for agreeing goals with the client, although it proved impractical to use with dysfunctional clients or clients who were going through a chaotic period in their lives.

In some cases workers have adapted the tool to make it easier to use and more engaging for clients. Sometimes this has simply involved making minor adjustments to language or altering the way that questions are asked. In other instances additional measures have been incorporated to provide information on topics such as homelessness and dependency.

“If you look at it, it doesn’t look like the kind of instrument a young person would be interested in. But it’s how you pitch it. It’s how the questions are asked. You’ve got to rub the corners off it. You’ve got to reframe questions, you’ve got to make it actually entertaining in some way.” (Project Staff)

“I think where it falls short is with the drugs and alcohol project and it doesn’t address the drug and alcohol need. There’s a page on drugs and alcohol but it doesn’t look at how they would rate their dependency, it doesn’t look at how ready they are to change that use and if they’re substance users, which ones they’re prepared to stop and which ones
Repeated efforts by project staff to adapt and amend the tool appear to have undermined its value as an objective assessment method. Attempts were made to devise a standard version of the tool for use within the project but resulted in the instrument becoming unwieldy and difficult to maintain the client’s attention.

EuroADAD has not been used to assess progress towards goals. Instead project workers have generally relied upon anecdotal indicators of change such as school attendance, making an important appointment, staying alcohol-free and attendance at meetings with the project worker.

“To me, how I would gauge the effectiveness is that young people are actually still working with me after this time. And also if I’d offset how their drug use was and how that was impacting on other areas of their lives.” (Project Staff)

This form of assessment was consistent with the project’s unsystematic approach to monitoring and record keeping. Whilst various recording documents, such as referral and screening forms, plan for change protocols and records of contact had been drawn up, these were not always consistently applied and case notes and records were sometimes incomplete.

The reason for these shortcomings in client monitoring are complex, but a number of contributory factors were evident. These included: limited commitment to measurement of client outcomes; lack of support for measurement tools; inadequate administrative support; and concern over the security of client case files held at the project base.

**Key findings from Perth Connect process evaluation**

- Pre-established links with the principal referring agency, social work, have been critical to the project’s early success in securing client referrals.

- The level of knowledge that social work have about their clients has been important to ensuring that referrals match the intended target group and to encouraging clients to engage with the project worker.

- Bringing together a project team from diverse backgrounds can help to create a stimulating working environment, encourage the free exchange of ideas and enable the project to respond flexibly to client need.

- The capacity to identify, agree and respond to the factors responsible for the young person’s substance use is important to gaining the client’s support and involvement in the project.

- The project workers’ independence and specialist credentials can be an important asset when attempting to secure the young person’s trust and confidence.

- One-to-one intervention methods appear to provide the most effective means of responding to individual need and are preferred to group methods by the client group.
• Close collaboration with partner agencies and a joint recognition that intervention is an evolving and relatively fluid process is essential to ensuring effective partnerships with other care workers.

• When more than one employer is providing staff to work as part of a project team, there is a need for senior managers to agree a management structure and responsibilities from the outset.

• Adequate administrative support and secure premises are preconditions for implementing effective client monitoring systems, as is developing an assessment tool which can be used with the full spectrum of clients seen by the service. Assessment tools also need to be used to measure the progress of clients.

• Retaining a degree of staff continuity is essential to project viability. Failure to do so can have major long lasting ramifications, for example, loss of commitment from referring agencies and undermining its ability to attract qualified staff.

Part 5:  Outcome Evaluation for Perth Connect and Reiver

This section examines the impact that the projects had on the young people’s lives from the perspective of the young people themselves and that of others who knew them well. The findings derived from the clients’ own responses are presented in the first section. This is largely presented as a qualitative analysis, although it also includes some quantitative data. The second section reports on the collateral interviewees’ assessments of the clients’ progress.

Impact of the intervention on clients’ lives: client perceptions

The great majority of the Reiver and Perth Connect clients were positive in their assessments of the benefits they had derived from the projects. As we will see, a high proportion of the clients reported changes in their lives or behaviour which corresponded with the projects’ main objectives.

Reduced consumption of drugs and alcohol

All but one of the Reiver clients reported that their attendance at the Project had led to changes in their substance-related behaviour and activities. The main change was in relation to their consumption of alcohol. A few said that they had stopped drinking alcohol altogether but most of them reported having moderated their consumption, either by drinking less or by switching to less intoxicating drinks. Several of the young people said they had reduced their consumption of other drugs as well as a result of their attendance at the Project.

“I don’t drink as much as I used to cos they’ve gave me lots of information on what alcohol can do to you and it kind of scared me.” (Reiver client)

“Ah dinnae smoke as much hash anymore. ah drink less and ah dinnae really drink the same stuff as ah used tae.” (Reiver client)

The young clients of Perth Connect also reported that their use of various substances had altered substantially since becoming involved with the programme. As one of the young people put it; ‘Wi’ them talkin’ tae me, they made me realise just what kinda trouble ah was makin’ for myself.’ Reductions in their consumption of drugs and alcohol were reported as having increased over the period of the study. While none of the young people had stopped drinking
alcohol completely by the end of the study, all of them claimed that their intake was greatly reduced. They also said that their use of drugs had been modified considerably. The following accounts were typical.

“Well, drugs...ah’m not takin’ anythin’ other than cannabis. Em, alcohol, ah now only drink about once a week, at the week-ends but ah just have a few drinks, ah don’t now go out jist tae get drunk and ah used tae get drunk all the time.” (Perth Connect Client)

“I can say ‘no’ to like smack, speed, I can say ‘no’ to all that. Cos, just like here we have talks, like talking about what the stuff actually does tae you, the side effects and things like that. We’ve had videos and everything that I’ve looked at with people on it, and it was like a reality check, like “Is that what people see me like?” I never want to go down there again.” (Perth Connect Client)

For both of these projects, analysis of the young people’s responses at the time of the two interviews confirmed that the reported modifications in their use of drugs or alcohol were sustained for the duration of the study.

**Changes in behaviour and social networks**

In addition to changes in their consumption of alcohol and other drugs, most of the Reiver clients also reported changes in other aspects of their behaviour, some of which they attributed to the influence of the project. In particular, they claimed reduced involvement in anti-social activities such as vandalism, fighting and graffiti writing. Nine of them said that they were also less likely to get into trouble with the police. Several of the young people qualified their comments by making it clear that, while their behaviour had improved, it had not necessarily been completely transformed. As one client said, ‘There’s still some things I dae that I used tae dae but no’ as much, so they’ve helped me cut oot the major stuff.’ Several of the young people at Reiver also claimed that their attitude to school had altered and that, whereas in the past they had been frequent truants, partly as a consequence of their drug or alcohol use, they would in future be attending regularly.

In part, the young people attributed the changes in their behaviour to a reduction in their consumption of alcohol: ‘Because I’ve calmed down on the drinking I’ve no’ been picking up charges and stuff like that.’ However, several of the young people indicated that their changed behaviour was a result of them acquiring a greater measure of self-control as a result of guidance received from the project workers.

“It’s made me feel better ’cause they’ve given me confidence so that when I think about doing something that I ken is wrong then I can stop myself from doing it now.” (Reiver client)

Reiver’s efforts to divert the young people on to more positive activities would also, according to their clients, appear to have had some measure of success.

“They’ve encouraged us tae get in tae the youth centre, and I’m going away on trips wi’ them, so I’m no’ hangin’ around the streets an’ stuff.” (Reiver client)

However, some of the Reiver clients attributed positive changes in their behaviour either to the fact that they had simply moved on in their lives or to the intervention of other agencies. One had taken up study at college, two had
become employed and another had got involved in outdoor pursuits through the
intervention of social work.

All of the Perth Connect clients reported positive changes in their behaviour which
they attributed to their involvement with the project. They were, they claimed,
now creating and getting into much less trouble. As with Reiver, there were a
number of ways in which the project was said to have influenced their behaviour.
Partly, the latter had changed as consequence of their reduced use of drugs or
alcohol: ‘Well ah’ve stopped getting intae trouble now ‘cos ah’m off the drugs
now.’ In part, too, the Perth Connect clients attributed the fact that they were no
longer getting into trouble to the fact that they were now spending much of their
time at the Project engaging in its various activities. This acted to divert them
from negative activities and to both encourage the development of more
constructive pursuits and the formation of alternative friendship networks.

“They gave me somewhere tae go instead of walking round the streets and
that helped tae put ma mind on other things. Instead o’ getting drunk at
nights we had things organised for us in Connect, there was always somethin’ going on, even if it was just sitting chatting.” (Perth Connect
Client)

“I’m actually doing things instead of going about breaking into places, I’m
actually doing things like bowling and swimming and stuff. I go to the gym
every Wednesday so I’m doing things more…..I’m doing more constructive
things with my life now, more activities and stuff instead of…..like I said,
instead of going around getting into trouble.” (Perth Connect Client)

All of the Perth Connect clients reported that they had made changes in the
company they kept and had either stopped seeing former associates altogether or
had reduced the amount of time they spent with them. They attributed this, very
largely, to the influence of the project; ‘They stopped me hangin’ aboot wi’ like all
the folk that ah wis getting intae trouble wi’.’ These changes were sustained or, in
some cases, enhanced in the course of the study.

In contrast to the clients at Perth Connect, at the time of the first interview only
one of the Reiver clients said they had changed who they spent their time with
since being involved with the project, 10 said they had not. Two of the young
people had kept the same friends but, acting upon advice received from the
project workers, claimed to spend less time in their company. By the time of the
second interview, two more Reiver clients had changed their friends, but in
neither case did they attribute this to their involvement with the project. One boy
came to regard his former friends as ‘immature fannies’ while another decided to
‘keep better company’ where there was ‘no trouble.’

**Improved relationships with family members**

Several of the young people at both of the projects claimed that their
relationships with other members of their family, especially their parents, had
improved as a result of their participation in the programmes. Some of this
improvement was attributed to changes in their consumption of drugs or alcohol:
‘Comin’ here ah came off drink and that and ah stopped being so aggressive tae
ma family and we get on a bit better.’ Some of the improvement was portrayed
as being a result of changes in their behaviour in the home and in the way in
which they related to significant others. This, in turn, was very largely attributed
by the young people to the intervention of the project.
“Well, like, ma keyworker would always give me advice if ah discussed something with her about ma family then ah’d take that advice back and see if it worked and if it didn’t work then ah’d go back and tell her but most of the time it did and that was good....so she helped me through a lot of family stuff, she gave me good advice. She made me understand ma family more, she made me understand how they were feelin’ sort of thing.” (Perth Connect Client)

Psychological and social benefits

In addition to the changes reported above, a number of other important benefits were reported by the clients of the two projects. These related to their general sense of wellbeing and their ability to engage effectively with the wider world. For some of the young people, simply having somebody to talk to, not just about alcohol or drugs but about anything that was concerning them, was highly valued. Many of the young people appeared not to have anyone else with whom they could discuss, in total confidence, things that were worrying them and seven of the Reiver clients and all five of the Perth Connect clients identified having somebody trustworthy in whom they could confide as being one of the more valuable aspects of their involvement with the projects: ‘Being able to talk to (project workers) about how I’m feeling, what’s going on in my life has been good. You can trust them.’

While it was more commonly reported by clients of Perth Connect than those at Reiver, young people in both of the projects also said that they had appreciated the counselling and emotional support which they had received from the project staff. This, they said, had helped them to address problems in their lives and had made them feel happier.

“They’ve given me a purpose and yeah I feel a lot better about myself because ah thought ah was gonnae be a bum. Everything they’ve done for me here has helped one way or another.” (Perth Connect Client)

The five Perth Connect interviewees all spontaneously identified an enhancement of their confidence and/or their self-esteem as being a major benefit of their participation in the project.

“Ah don’t know exactly what they’ve actively done but whatever it is they dae, ah feel much better about maself...ah can talk tae the worker and that so that makes me feel better ‘cos like that helps me no’ tae feel bad aboot maself. And the confidence ....ah don’t know how they’ve done it but they helped, ah’m a lot more chilled.” (Perth Connect Client)

In addition to being beneficial in their own right, these psychological improvements were also credited with assisting the individual in dealing with any substance misuse problems they might have and in becoming more outgoing and making new friends.

The majority of the Reiver clients also claimed that their contact with the project had enhanced their confidence or made them feel more positive about themselves: ‘They made me more confident about maself. Ah used tae be all shy and that but no’ so much now....now ah feel good aboot maself.’ In part they attributed this to counselling which they received from the project staff. Comments such as, ‘It wis speaking tae somebody that did it;’ or ‘Showing me no tae care what folk think of me and ah can get on wi’ what ah want tae dae’ were typical expressions of this point of view. However, they also attributed their more positive feelings to the fact that their behaviour, including their drug and...
alcohol consumption, had changed for the better. According to these young people, their changed behaviour made them feel good about themselves.

“It’s changed ma opinion about maself and everything else around me. Before when takin’ all the drugs ...ah jist thought nothin’ about maself, ah wasnae interested in doing anythin’ and ah wasnae interested in anybody. That’s all changed thank God.” (Perth Connect Client)

It also meant that they got into trouble with the police and other authorities less often and this appeared to contribute further to their enhanced sense of wellbeing.

Comparison of responses in the two interviews

There was a high degree of consistency in the responses which the Reiver clients gave in the two interviews. Positive changes in behaviour and family relationships tended to be already present at the time of the first interview and, perhaps more importantly, to endure until the second interview 8 months later. A small number of the clients indicated that they had made positive changes to their activities or friendship networks between the two interviews. Apart from one boy who reported that his relationship with his mother had deteriorated by interview 2 and another who claimed to have increased his consumption of drugs and alcohol in the 6 months preceding the second interview, none of the changes reported between the two interviews were in a negative direction.

All of the Perth Connect clients claimed to have made additional progress in various areas of their lives between the two interviews. Two of the young people had further reduced their consumption of drugs or alcohol, two reported having more or less severed all contact with former substance-misusing friends and two said that relations with other family members had improved. One of the clients claimed enhanced confidence and self-esteem. None of the Perth Connect clients reported having regressed in any way between the two interviews.

Impact of the intervention on clients’ lives: collateral interviews

Collateral interviews were conducted for 9 of the Reiver clients (8 mothers and 1 social worker) and 1 of the Perth Connect clients. In each case, the interviewees had been identified by the young people themselves as being in a position to comment upon their progress subsequent to their participation in the project.

The fact that we were only able to obtain a single collateral interview for Perth Connect means that it is of limited utility as a means of corroborating the clients’ accounts. However, this interview - with the girlfriend of one of the clients - produced a wide-ranging endorsement of the client’s own claims that his behaviour and emotional state had improved substantially since his involvement with the intervention. She confirmed that; ‘before he was at Perth Connect he was doing like every drug there is, mixing them, but since he’s went to Perth Connect they’ve helped him come off the drugs’; that his involvement in anti-social activities had ceased; that he had changed the company he kept; and that he was ‘a more settled, quieter person.’ According to his girlfriend, apart from the advice and guidance they offered, the project staff had also helped by providing the client with an opportunity to discuss in confidence things that were troubling him: ‘They were there for him tae speak to about how he felt about things ’cos he didnae like tae speak tae anybody about what was goin’ on so they were the first people that he started speakin’ tae about his problems.’
The collateral interviewees for the 9 Reiver clients appeared to have a fairly extensive and detailed knowledge of the young person and his or her activities. Their ability to comment upon the client’s progress was almost certainly assisted by the fact that in 8 of the 9 cases the collateral interviewee was the young person’s mother. The other interviewee was the client’s key worker from another project. The mothers were, of course, especially well placed to observe changes in the client’s behaviour and attitudes in the home. Other changes tended to be inferred indirectly; for example, the young person’s consumption of alcohol might be assessed in terms of visible signs of inebriation while the frequency with which they got into trouble with the authorities might be taken to indicate the extent of their involvement in problem behaviours.

The collateral interviewees provided an almost total endorsement of the clients’ accounts of the progress they had made as a consequence of their participation in the project. They were able to confirm positive changes in their substance-related and other behaviours, in the company they kept and in their confidence and self-esteem. Only one mother gave a negative assessment of a client’s progress and of the perceived effectiveness of the project. In doing so, she confirmed and reinforced the views that had been expressed by her son. In this case, both mother and son agreed that his behaviour had deteriorated following his involvement with the project. The mother attributed this to the fact that her son was simply not receptive to the intervention.

While there were some minor discrepancies between the accounts provided by the clients and the collateral interviewees, these took the form of omissions on the part of the latter, not contradictions. For example, a parent might not be fully aware of the company their son or daughter kept, or the specific nature of their leisure activities or the fact that, although their alcohol consumption had been greatly reduced, they continued to smoke cannabis. There were no instances of a parent contradicting a claim made by a client. As we will see, the parents were also able to usefully elaborate on some of the improvements in the young person’s lives from their own perspective or to place their progress within a broader context. For example, they were able to describe the impact of the client’s behaviour upon other members of the household, to relate improvements in the client to their growing ‘maturity’, and to speculate on whether the progress the young person had made would be sustained.

The interviewees also felt able to comment on the part they felt the project had played in the client’s progress, despite the fact that they usually had had no contact with the project themselves. Their assessments were largely based on what the client told them about the nature of the project, combined with their own observations of changes in the young person which appeared to coincide with their participation in it. Basically, where changes in behaviour or self-image followed the individual’s participation in the project, there was a tendency for the interviewee to attribute at least part of that change to the latter. The mothers were also well aware of the interdependent nature of the various outcomes that could be attributed to the project. For example, a reduction in the young person’s involvement in anti-social activities was seen as being directly associated with a moderation of their consumption of alcohol or other substances.

Our interviewees were less able to comment on the strengths and weaknesses of the approach and methods adopted by the project. Their knowledge of the content and philosophy of the intervention was constrained by the fact that they were dependent upon what their son or daughter chose to tell them about it. They had no first hand knowledge of the project themselves. The mothers’ comments on the methods adopted by the project and the possible reasons for its effectiveness were therefore limited in number and in scope. Nevertheless, a
small number of the parents endorsed the young people’s views that the non-directive and confidential nature of the intervention were both central to its success.

“She likes her privacy. Knowing that they widnae pass anything on tae anybody else was very important tae her.”

“Ah think the guy, the way he was with him, he dinnae lecture him or anything like that, he really had a nice way wi’ him and they’d have relaxing chats…. they had a laugh and things which wis good ‘cos ah think if he had been all….ye know, asking questions and stern and stuff it widnae have worked at all. Ah think (the project) is a great idea, ah really do. He wis really taken wi’ the guy.”

We now consider the various impacts which the interviewees believed the project had had upon the young people’s behaviour and self image.

**Reduced consumption of drugs and alcohol**

The interviewees appeared to have a fairly detailed knowledge of the young person’s pattern of drug or alcohol consumption and how that had changed since their involvement with the project. While acknowledging that the client was still drinking or taking drugs, all but one maintained that this had changed for the better since their referral and that they were either consuming less and/or doing so more responsibly.

“Ah think he is more aware, he’s definitely more aware of the dangers. He’s still drinkin’ but no’ mixing as much, ah think he’s drinking more safely. For a while he wis jist drinkin’ anythin’ and everythin’, it was jist all mixed up but now he’ll stick tae one or the other.”

The interviewees attributed these changes largely, though not exclusively, to the intervention of project and the information and counselling it provided on the effects and dangers of alcohol.

“They’ve certainly made him more aware ‘cos he wouldnae listen tae me but he would certainly listen tae them. Aye he did take it on board, ye know everythin’ they said. And he did learn a lot.”

However, some parents also recognised that the focus of the intervention extended beyond substance misuse and that part of the service’s effectiveness lay in its ability to address other underlying issues and problems; things that were troubling the child.

“Ah think they also made her see that there’s other ways of dealing wi’ problems apart fae jist getting drunk and tryin’ tae forget them….ye only get rid of the problem for as long as yer drunk, it disnae last long unfortunately.”

While recognising the role of the project in altering the young person’s behaviour, some of the parents suggested that their changed behaviour was a product, at least in part, of a developing maturity.

**Reduced involvement in problem behaviours**

Most of the interviewees also reported fairly dramatic improvements in the young people’s involvement in problem behaviours. For the parents, a significant
indicator of that improvement was the fact that their son or daughter’s involvement with the police had been greatly reduced or, as in most cases, eliminated entirely. In the parents’ view these behavioural changes were a direct result of the young person’s participation in the project.

One way in which the interviewees saw a clear link between the intervention and the young people’s behaviour was in its influence upon their consumption of drugs or alcohol. For the mothers there was a strong connection between the young people’s substance misuse and their involvement in problem behaviours. A reduction in their consumption of drugs or alcohol was therefore perceived as having a major influence upon the young person’s behaviour.

**Increased participation in positive activities**

The majority of the interviewees reported that, not only had the young person’s involvement in problem behaviours declined but, conversely, they had also increased substantially their participation in a range of positive activities. This included a variety of things such as taking part in sports, spending time with younger siblings or other relatives, helping in the house, listening to music or getting a part time job.

Some of the mothers credited the project with having helped their son or daughter to make more positive life choices by encouraging in them a new self image and sense of purpose.

“They gave him the confidence to do what he’s doin’ now. She gave him something else tae look at as he was obviously going doon the wrong path and he’s seeing now there’s more tae life and it’s a better life.”

Once again, the parents saw a clear link between a reduction in the consumption of drugs or alcohol and their participation in what they described as more ‘normal’ activities.

**Changes in friendships**

Alongside changes in their behaviour and activities, the young people were also frequently reported as having changed the company they kept. In particular, according a majority of the mothers, they no longer spent time with former friends who drank heavily and got into trouble: ‘Some of the right bad laddies that he wis goin’ aboot wi’, the ones that get intae all sorts a’ trouble, he has nothin’ tae do wi’ them now.’

These changes in their friendships did not mean that the young people now kept the company of the completely abstemious. Their parents acknowledged that most of them still used alcohol or other substances in the company of other young people. The difference was that, with their new friends, they tended to be used more responsibly and to not be associated with getting into trouble. The influence of the project in bringing about this change was again acknowledged by the parents: ‘Ah think they played quite a big role actually because (project worker) talked tae him quite a bit aboot that and he did see some of them (former friends) for what they were.’

**Improved behaviour in the home**

According to the parents, positive changes in the client’s behaviour and attitudes was also reflected in their behaviour in the home and in their relations with other
family members. Nearly all of the mothers reported that their son or daughter was less aggressive, more communicative and got on better with others in the household. The young people were variously described as being ‘calmer’, ‘more pleasant’, ‘less argumentative’, ‘less nasty’, ‘more helpful’, ‘easier to talk to’ and, in one case, ‘like a different person’.

Once again, the project was regarded by the parents as having played a decisive role in bringing about these changes. In part, this was seen as being a product of their reduced consumption of alcohol.

“They’re (the project) the reason he’s now a lot better, no’ spendin’ half his day constantly being crabby and moody and.........and he’s much better in the mornin’ even although he’s had a late night, he can still get up ‘cos he used tae be terrible in the mornin’ but now he’s much better. He’s a changed boy.”

However, some of the parents were also aware that the project worker had worked with the young person in trying to improve the dynamics in the home. In particular, the project worker’s suggestion that the client and their family should talk through any contentious issues was regarded as having been especially constructive and productive.

Growth in confidence and self-esteem

Most of the parents claimed that their son or daughter had grown in confidence and self-esteem as a result of their participation in the project. According to them, the change in the young person’s sense of self was often quite pronounced.

“Oh she’s a lot better now.....ah mean ah never realised she thought so little of herself but now.....ye can jist see that she’s happier... She’s a lot more self-confident.”

“He dinnae really like himself for a while, he jist thought he wis stupid, he wis this, that and the other but he’s got that bit of confidence now, he’s not knocking himself down as much. One of the other changes is that he seems happier, happier in himself.”

Those parents had no doubt that the project workers had played a significant part in improving the young person’s confidence and self image.

Improved school attendance

According to the parents’ accounts, improved school attendance appeared to be another benefit of the client’s participation in the project. Several mothers reported that their son or daughter was either now attending school more regularly and/or was more committed to it. Once again, the project was seen as having played a part in the improvement, principally by encouraging the young person to review his or her current behaviour and future prospects and by helping to improve their confidence and self-esteem: ‘They played a big role, they’ve given him the confidence tae realise he’s got goals and he can achieve his goals instead a’ lookin’ at somethin’ and thinking ‘naw’.’
Key findings from outcome evaluation of Reiver and Perth Connect

- Substantial reductions were achieved in the young people’s use of drugs and alcohol.
- Clients in both projects had reduced their involvement in problem behaviours and increased their participation in positive activities.
- Many of the young people reported enhanced confidence and self-esteem.
- Participation in the project had led to improved relations with other members of the household.
- There was evidence that the Reiver clients’ attendance at school had improved.
- Clients in both projects reported benefiting from the counselling they received from project workers.
Chapter 4: The East Ayrshire Substance Misuse Family Support Project: Process and Outcome Evaluations

This chapter is in three parts. We begin with a description of the aims and the nature of the work undertaken by the East Ayrshire project before going on to present the results of the process and outcome evaluations.

Part 1: Project description

Project aims and objectives

The project aims to provide support to young carers from families in which a parent is misusing drugs or alcohol. A major objective of the project is to provide respite by giving them the opportunity to have fun and to simply ‘be children’ away from their caring role. Other objectives include providing opportunities for the young people to socialise with others of their own age and to broaden their experiences by involving them in a range of activities and holiday breaks. Largely group-based activities are seen to enhance the development of confidence, self-esteem and social skills. The project is based within a general service for carers, including young carers. Whilst fully integrating clients with young carers as a whole, the project also seeks to address individually any worries and concerns which the young people might have. Personal substance misuse is not the focus of the project and is only addressed in awareness sessions offered to all young teenage carers, unless specific concerns emerge.

The project is based in the host agency’s centres in Kilmarnock and Cumnock, with a broad catchment area across East Ayrshire. The funded post is a family support worker dedicated to supporting young people who are affected by parental drug or alcohol use. She is well integrated into the broader managerial structure of the host agency and shares many activities with the general young carer staff.

Client characteristics and recruitment

Young carers are eligible to engage with the project if they have any sort of caring role in relation to parental substance misuse, including alcohol. Some have a practical caring role which extends beyond looking after a parent and includes responsibility for much of the care of younger siblings. Caring is often interpreted as ‘emotional caring’ since young people may have a considerable emotional burden to carry, whether or not they have to undertake practical caring tasks. Ages range from eight years through to late teens.

Clients of this project are much more likely to be materially disadvantaged than other young carers and tend to need more practical and emotional support. They may have to face particularly challenging and traumatic events, such as eviction, moving school, or even parental imprisonment or death. A minority may be severely disturbed: for example self-harming, hearing voices or seriously withdrawn.

Referrals

Most referrals to the project come from social work and the voluntary sector. A relatively small proportion come from education or health. Self-referral is rare. In order to reach a greater number of these ‘hidden’ young people, considerable efforts are being made to widen the referral base.
Caseload and waiting times

The project had 78 registered clients with nearly 50 actively engaging in early 2005 (out of 400 registered general young carers). An initial visit is usually made within two weeks, with engagement soon after.

Nature of intervention

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 activity groups. Thus, they participate on the same basis as other young carers but have discreet access to additional one-to-one support from the family support worker. All elements are free to the young person, including taxis to and from sessions, resulting in considerable demands on funds.

The intervention is delivered in a number of ways including group activities, respite breaks or holidays and one-to-one support. Individual advocacy is also available and, to a lesser extent, family involvement and support. ‘Drop-in’ support is offered, but in practice access tends to be limited to those living locally and to older clients who are better able to travel independently. The weekly group sessions are the main form of engagement for most of the young carers (divided into age groups; 8-9, 10-11, 12-14, 15-17 and 18+ years). The programmes are varied and include fun activities such as party nights, craft nights, ten-pin bowling, swimming and visits to restaurants. In addition, all sessions include a meal of some sort, as many young carers might not experience normal meal times and are often hungry. Some ‘training’ or ‘information’ sessions for the teenage groups cover issues such as drugs and alcohol and bullying in the context of a range of health issues.

All young carers are offered respite breaks. These range from long weekends to full weeks and include a wide variety of age-appropriate experiences and situations. As well as providing increased opportunities for fun and time away from caring responsibilities, these new group experiences are seen as promoting personal development and social skills.

Importantly, the project’s emphasis on group activity participation does not exclude more focused interventions. Structured one-to-one programmes, usually short-term, may also be provided when required. In addition, young people can approach the family support worker or any other worker at any time to discuss a problem, or issues may emerge ‘naturally’ in conversation.

Care planning

Once the young person has had a chance to settle in, a personal development plan is completed, guided by an integral assessment tool measuring feelings across a range of key aspects. This identifies those parts of their life they would like to change and outlines how this might be achieved. Review dates are between one and six months depending on clients’ situations.

Location

Most of the activities are undertaken in the East Ayrshire Carers Centres in Kilmarnock and Cumnock and a Carers Cottage near the headquarters. However, group outings and respite holidays form part of the programme. Individual work may incorporate activity-based outings and centre sessions. Home visits after initial registration are unusual. Clients are drawn from a widespread geographical
area, including isolated and deprived communities with limited public transport links.

**Case closure**

Most clients who leave the service do so of their own volition, deciding that they no longer want or need to be involved. Often young carers remain with the project for many years.

**Part 2: Process Evaluation**

In the process evaluation we distinguish between those factors which appeared to facilitate the effective operation of the project and those that seemed to impede or limit its effectiveness.

**Facilitating factors**

**An established host agency**

The project benefits substantially from its location in an established host agency, the East Ayrshire Carers Centre. The organisation had considerable positive experience in relation to working with young carers prior to the establishment of the family support project and already had experience of recognising and addressing the needs of young carers affected by familial substance misuse in this context. In addition, the host agency had strong positive links with local services and expertise in making successful funding applications.

**An enabling and supportive organisational structure**

The host agency's organisational structures and management approach were positively experienced as enabling and supportive from the perspective of the project worker and more senior colleagues. Thus, whilst a single worker project, the project worker is fully involved in the regular weekly meetings for full agency staff and for young carers’ workers. Informal support is also readily available from managers and other staff, aided by common working environments, and for much of the project this probably plays a larger role than more formal supervision.

> “On a Monday morning we have a team meeting, and then we have a Young Carers meeting and that would be when any of the staff would get the chance to bring up something about a particular young carer ... And also [Development Officer] and I being based down at the Cottage most of the time, I've seen us just sitting having a chat and I'll inform her about what's going on with different young people.” (Project Worker)

Informal interaction among workers and management is reflected in general interchange of roles and expertise. Any level of staff in youth and adult sectors may have an input with any clients, especially those ‘dropping in’ to the centres, and there is considerable shared understanding of issues of relevance to all Centre clients.

> “All of us, [Project Worker] included, are expected to deal with clients as they come in the door, so we do have to have a bit of awareness of what goes on in the adult care world. We respond to what is needed.” (Manager)

One organisational benefit was that work with project young carers could continue during an early gap between post holders, supported by other workers.
Conversely, however, when other general young carer posts were vacant, the project worker covered extra group activities to maintain staff-client ratios, which limited time for individualised work with project clients (see B1 below).

**Experienced and committed staff**

The project benefited from attracting a worker with relevant experience and strong commitment and retaining her for much of the study period. The recruitment strategy of prioritising experience of engaging with vulnerable young people living difficult lives over drugs familiarity proved successful. It was felt that knowledge of the effects of drugs on families could be acquired more easily.

“Someone who had experience of dealing with vulnerable people [was needed], who knew something about drug issues, but I felt that was something they could learn and find out about from people like the Bridge Project. You can get training and talk to the staff there. Somebody who is not judgmental and who would fit in and someone who the young people could talk to and like is very important.” (Manager)

**Active recruitment of participants**

Inward referrals were crucial for project progress, although a small minority of cases emerged internally through young people’s or parents’ involvement in general carer services. The project was concerned that there were many ‘hidden carers’; however the aspiration to recruit before families reached crisis point proved difficult. In order to reach this hidden population, the project made considerable efforts to develop recruitment through a range of routes. The project worker continued to build links with social work departments, the main referral source, through casework and attending area meetings and making contact with new post holders to raise awareness. Actively developing links with voluntary organisations related to substance misuse successfully yielded an increasing proportion of referrals. In parallel, a similar substance misuse post separately funded near the end of the study period recruited young carers specifically through General Practices and was proving fruitful.

“I think the most difficult to reach are the ones that aren’t attached to [services] or GPs ... because parents are keeping the drug problem or issue secret so nobody knows about it. Or the ones that are very, very bad - the parents won’t allow the children to come to anything ... because they are frightened they might get taken away .... There is the issue of the parents who don’t recognise that their addiction is a problem. They have also got to see that it is affecting their children.” (Project Worker)

Inadequate referral information has led to the project requesting completion of a standard referral form with details about the young carer, their caring role and reasons for referral. The first visit to the client is made with the referring worker to enable introductions.

**An inclusive approach**

The project, in line with the host agency, has a strong ethos of inclusiveness and a holistic approach which was felt to be a key benefit. This was apparent at many levels. Firstly, within the project, the family support clients participated in all activities, without being distinguished from other young carers. Unless they chose to reveal details of their home life, it was not made apparent to other young carers.
“We don’t single them out. We have never done that. They are part of a group. And a lot of children don’t know why other children are there ‘cause we don’t sit down and discuss it. If they wanted to talk about it individually then we would do that.” (Manager)

The family support worker is recognised as the main contact but clients could also interact with other workers, enhancing ease of access to appropriate support, as well as sharing the workload for the project worker.

“I think probably there’s a lot of blurred edges around what we do ... The young people are not just stuck with me all the time; they get to work with different people. It also means I can work with more than one young person at a time.” (Project Worker)

The non-stigmatising approach was felt to have many advantages for young people who are likely to feel socially excluded. Additionally, project experiences contributed to improving aspects of carers’ lives which contribute to social exclusion: for example, difficulties in interacting with others were resolved through group and respite activities, and personal hygiene problems and poor personal appearance resulting from fending for themselves, can be discreetly addressed. The project also supported ‘joining in’ with local activities or accessing further education.

Finally, the inclusive approach meant that there was no routine focus on personal drug or alcohol misuse, apart from the awareness raising sessions aimed at all teenage young carers. However, alcohol and drug use could be addressed individually if it emerged as a personal issue. Workers perceived any drinking or drug use as being "mostly very rare” and "just like most teenagers”, with very few exceptions. It is interesting, therefore, that responses in the outcome study (below) indicate that some young carers felt that their substance related behaviours were problematic and that the project had helped them with this.

**Mix of group and individual work**

The mix of approaches enabled more flexible responses to individual needs. Group activities were the core approach, but individual support was provided as needed, singly or in parallel to the groups, on an informal or structured basis. Participation in the groups is seen to have considerable strengths, ranging from enhanced self-esteem and social skills to fostering social inclusion, as well as ‘having fun’ and a piece of childhood. Thus, whilst not therapeutic group work, it was seen to bring many therapeutic benefits.

“I think it is the only two hours in the whole week where she can be a child again and she’s getting to have fun and she’s getting well fed.” (Project Worker)

Importantly, group activities also facilitate individual interactions. Young people can initiate a discussion in these contexts about a ‘secret’ or worry or a more practical problem. This can be responded to immediately, or can be flagged up for more extensive discussion. Thus, concerns can emerge ‘naturally’ at the young person’s pace.

“You will have time to sit next to someone when they are doing activities and just chat. That is when a lot of the worries - ‘Oh I’ve had a bad day.’ That kind of thing that leads to, ‘Why have you had a bad day?’ ‘Well...’ Whereas normally you don’t hear that.” (Manager)
When a need was identified, the project also offered more structured one-to-one contact for in-depth work, usually short-term. Key times for such work could include: registration, the emergence of new issues, or difficulties in-group participation.

**Engaging with new clients**

A high priority was placed on positive and open engagement with the young carers. The initial registration process contributed to a good relationship, with careful explanation of project activities, a short introductory visit, and a sensitive review of ways in which the project could be of help. Confidentiality and child protection issues are also explained to the young carer and parents. Thus when discussing the personal development plan, the young person is reassured that neither their parent nor the social services would be told what they are saying, within the limits of child protection issues. The project worker and other staff developed considerable expertise in raising and addressing these issues, especially recognising any underlying fears that the child would be taken away. In addition, repeated contact with workers during weekly activities encouraged clients’ confidence in them and greater openness.

“If there is something wrong you can normally tell straight away if there is something going on and maybe try and find out if there are any problems. ... Often we get children ... who will say, ‘I’ve got a secret’ and all this sort of thing. We would explain that ... if we think that you are in any danger or maybe your family then we would have to pass that secret on.” (Manager)

**Multi-agency working**

From the perspective of project and referring staff, the project has a good relationship with a range of statutory and voluntary agencies, in particular the social work department and local drugs projects. Whilst confidentiality was an important issue, active development of personal contacts is seen to improve information sharing, especially with more recent enhanced awareness of child protection issues. There is a relatively small number of statutory social service and health board localities across the catchment area. This is helpful in establishing and maintaining contacts with team members and links with the dedicated parental substance misuse social workers were particularly strong. The project worker also benefited from making contacts through networking meetings for those involved in family support, led by the social work department.

In addition to enhancing work with individual clients, establishing and maintaining contact with relevant agencies and workers is seen as an important vehicle for promoting the project and opening up new referral routes. Young carers’ staff delivered workshop sessions in secondary schools with Year Two pupils and guidance teachers, and aimed to expand into primary schools. Whilst few referrals had come through schools, it was felt that raising awareness of young carer issues with both students and staff was important. Additional cross-agency interactions include inviting key services such as drugs education officers to deliver specialist inputs to young carers’ groups.

Overall, the project is seen as unique in the area rather than overlapping with other services, and there is greater concern about gaps in service provision for young people in substance misusing families than competition between agencies.
“We tend to feel that children are the victims in all this. There is help there for the addicts, the families can be supported by groups like ourselves, but there is not a lot there for the children, that is why we developed ties with Young Carers and we have referred a good few.” (Referring Worker)

Young people’s involvement

The open informal engagement with young carers is felt to offer considerable opportunities for clients to comment on the service, although these are not formally collated. The agency as a whole has developed approaches to obtain internal feedback to contribute to future planning, such as a planning meeting at the start of each session. Internal evaluation forms are used after respite breaks and outings, and a comments box introduced later in the project is felt to enable identification of a range of issues. The agency has latterly encouraged young people’s involvement in helping choose staff by including them in the interview process.

Limiting Factors

Dependence on a single worker

A project established on the basis of a single worker has many potential limitations and risks considerable vulnerability. Delivery of all the strands of the intended work within the context of increasing client numbers is likely to be more than one worker can offer. In a less supportive organisation this project would be difficult to replicate in a single worker format, although the observed support from other workers indicates that a new project could be successful with more staff.

The ethos of “we all muck in” meant that the project worker’s involvement in group activities increased during vacancies in general posts, sometimes for several months. Whilst she would join groups used by project clients in any case, there was initially intended to be a more even balance between this and one-to-one work. In addition, flexibly offering structured one-to-one work to meet needs as they are identified, although part of the initial bid, was a challenge for much of the study period and in practice required support from other trained sessional activity workers. In contrast, provision of group activities is central to overall young carers’ work and therefore consistently provided as a shared organisational priority. When the project was fully staffed, however, the worker found she had more time for one-to-one work.

“Because there were so many other workers here that could do things I had that extra time [for one-to-one contact]. So hopefully that will happen in the future and there will be more time for me to say, ‘Can I have five minutes with you?’ And we can go and sit somewhere else and find out how things are going.” (Project Worker)

Another limitation that emerged was an increasing recognition of psychological disturbance among some of the young people, and at times the worker understandably felt “you’re out of your depth”, for example experience of self-harm and hearing voices. It was anticipated that a counsellor recruited at the end of the study period (see B2), would address these concerns. Staff also noted that a mix of gender role models might be beneficial which is an issue to be borne in mind since most staff were female.
Project costs and funding issues

Obtaining funding and keeping track of funding streams presented a continuing challenge. The Lloyds TSB PDI funding was reduced after three years, although the ADAT/Children’s Change matched funding continued. Attracting additional funding for an on-going project was felt to be difficult, although latterly some separately funded initiatives in effect complemented the family support project, enabling employment of a counsellor and more activity workers.

Importantly, aspects of the project resulted in higher costs than anticipated. In particular, taxi fare bills averaging £2,400 a month across the two bases threatened continuing work. Taxis were necessary to enable group attendance because of factors such as: the rural geography and limited bus services, the young age group, financial hardship and often poor practical support for attending. In a few cases, individual social workers facilitated transport.

“But because of how dire the situation is financially, I think there would be a lot of kids who would benefit from the service who won’t be able to access it because of that, unless something changes. I think that is just because of the area you are covering.” (Referring Worker)

Organisational issues in external agencies

The project largely depends on inward referrals from other agencies as well as ongoing inter-agency working with individual cases and is therefore affected by external working environments. Social work services were the main referrers but many workers were felt to be still learning to recognise the needs of children in these situations. Additionally, frequent staff changes required continued awareness raising with new post-holders. Changes in non-statutory organisations also had an impact, and two substance misuse agencies closed during the study period, meaning a loss of referrals and expertise.

“You can see when a new person comes on board [in Social Work] how difficult it is for them to actually go from the focus on the adult, where the assessment is completely geared towards the adult. ... I think in particular the [Young Carers] service has made people aware that there are kids out there ... You are talking about social workers who are taking on board – ‘Oh, this is actually quite necessary here’. “ (Referring Worker)

Monitoring and evaluation challenges

The structures within the project supported basic monitoring of individuals and activities attended and feedback on specific events but tended not to encompass broader evaluation of successes and gaps, individually or across the project. The varying individual goals and the varied nature of interactions with the project all contribute to making objective measures and evaluation more challenging.

A client database was maintained together with registers of group attendance. Files were kept for each young carer, but recording in individual contact sheets was limited, in part because of time pressures. Initially, the project incorporated a ‘tick box’ individual progress sheet intended to facilitate routine re-assessment of aspects such as behaviour and social interactions. However, this was not found to be particularly meaningful and was rarely updated. An internal personal development plan, introduced as the project progressed, is seen to be more young people friendly and to address more relevant issues in greater depth - such as feelings about their carer role, self-esteem and happiness. However, whilst this may help initial identification of key areas of concern, aided by a five-
point ‘smiley faces’ scale, it is not used as a means to quantify or assess progress by repeat measures. Another potential assessment stage is the case review but recorded decisions reflect individual goals and comparison of progress across the project is difficult. In addition, the project has been unable to identify standardised assessment tools relevant to their intervention and clients which might contribute to measuring progress.

However, the worker and staff generally demonstrate considerable informal understanding of positive changes and challenges, enhanced by regular contact with clients. In addition, they seek and build on feedback from other agencies. Finally, staff see the high level of prolonged retention as a success in itself, as well as continuing success in reaching more ‘hard-to-reach’ young carers.

“They do come to the groups most weeks so you can keep a handle on them that way. You can’t seem to get rid of them once they start coming. We must be doing too good a job.” (Project Worker)

Challenges in engaging with wider family members

Family involvement was one of the early project objectives, reflected in the project title ‘Family Support’, but has been more difficult to achieve. At a basic level, parents have to sign agreement for the young person to join the service, and again for participation in individual activities, such as swimming and respite breaks. Whilst they are sent copies of the bi-monthly newsletter and invited to use any of the adult carer services, achieving more active participation would require substantial input. It is probable that lack of effective engagement reflects aspects of disorganised lifestyles rather than negative perceptions of the project. In a small minority of cases it was felt that parents took advantage of aspects of the service, for example, appropriating clothes bought for a respite visit.

Time limitations

There is a very limited time in which to work with young clients - after school but before they need to be at home. School holidays potentially offer a more flexible time, but the worker’s time is largely taken up with respite breaks, although other staff can be contacted.

Worker safety

Home visits present a potential safety risk, reflecting chaotic lifestyles in some households. Initial visits are undertaken with the referring professional and follow-up visits undertaken alone are supported by a telephone check-in strategy.

Key findings from East Ayrshire process evaluation

- The project benefited from being based in a host agency with existing experience of this client group. Integration and support of the single worker within the host agency was valued and achieved through formal structures and informal interactions.

- The integrated work environment meant that this single worker project was also supported by generic young carer workers. This would need to be recognised by other projects seeking to replicate aspects of this project. Furthermore, as numbers increased and more complex needs emerged for some clients, one person could not have addressed all the intended strands. Latterly, separately funded initiatives, such as a counsellor and more sessional activity workers, in effect meant extra skills and support.
• Whilst the organisational approach minimised potentially negative isolation, integration and sharing of work roles meant a risk of imbalance for the single worker between project demands and needs of the overall young carer service, for example in periods of staff vacancies. Overall however, project worker support of general activities was balanced by agency staff support of the project.

• The mix of core group activities with informal or more structured one-to-one input was generally achieved. However, at times it was difficult to offer individual support when needs were identified because of resource or skills limitations.

• The inclusive approach of fully integrating project clients with overall young carers’ groups was particularly important as they were more likely to live socially excluded lives, as well as having shared needs for fun and respite.

• Active networking with key referrers who work with substance misusing parents in statutory and voluntary agencies is important to identify ‘hidden’ young carers, but also among more generic workers in social work, primary care and education.

• Some costs were markedly higher than anticipated, reflecting a young and geographically widespread client group – in particular taxis were costly but crucial to inclusive participation in central group activities.

• Monitoring and evaluation of project progress was made more difficult by flexible participation and varied needs. The project had not been able to identify a standardised tool to enable assessment of individual or project progress. Recording of client contacts was limited apart from attendance registers. A personal development planning tool was established, but not used on a regular basis to assess overall progress, although case reviews did explore personal goals.

• Whilst greater parental participation would have been beneficial to conducting more holistic work with families, the project did not have the resources to work on proactively increasing involvement. Although parents had an open invitation to make use of the Carer Centre, uptake was low.

Part 3: Outcome evaluation

In this section we present our findings on the impact of the project. This is in two parts: 1) an analysis of the clients’ perceptions of the project and its impact upon their lives and 2) an analysis of the views of the collateral interviewees.

Impact of the intervention on clients’ lives: client perceptions

The young clients’ accounts of the benefits they derived from their participation in the project were extremely positive. Improvements were reported in their domestic situations, their emotional and psychological wellbeing, their social lives and their behaviour.

Respite and reassurance

One of the main things the young people appreciated was getting a break from the demands of their domestic environment and from the caring role they had been forced to assume. According to them, this helped to relieve their stress and enhance their ability to cope with the situation at home.
“Just when you come here and you get tae go tae yer groups and you can come away from everything that’s going on at home. Just like...enjoy yourself and get some space and you don’t need tae think about things that are worrying you an’ that.”

Several clients also said that they found it reassuring to meet other young people in a similar situation to themselves. This, they claimed, helped to counteract feelings of isolation and strangeness and made them feel better about themselves. For example: ‘It’s made me realise that ah’m no’ the only person that stays in the hoose and helps her Mum.’

Increase in social contact and Activities

Several of the young people described how, prior to their involvement with the project, they had been more or less confined to the house. Attendance at the project enabled them not only to get out of the house for a time but also to associate with other young people, to make new friends and to expand their range of activities. Some of these activities were organised by the project and included various trips and outings; for example, they might go ten-pin bowling, engage in adventure activities such as abseiling, have a meal together or even go on holiday as a group. These activities were greatly appreciated by the young people. In particular, they liked trips and outings which took them out of their home town and introduced them to a different environment.

However, according to the young people whom we interviewed, in addition to these organised activities, their participation in the project had helped to make them more outgoing and more socially active generally.

“I do more now. Whereas before I used just sit in the hoose and no’ do nothin’, now I meet up wi’ ma pals and go tae the pictures an’ everything noo, and just like talk tae them. It’s mostly friends who I’ve met through here.”

Finally, some of the young people claimed that their participation in the project had also helped to improve their communication skills and their ability to interact with other people and to build relationships with them. For example: ‘The activities are good ‘cos yer learnin’ tae go intae a group and communicate better and yer making friends.’ ‘They’ve helped me like talk....ah can talk tae other folk, ah used tae be no’ able tae talk tae folk.’

Changes in behaviour

Several of the young people also reported that their involvement with the project had had an impact on how they spent their time and with whom they spent it. According to them, this was partly a product of the project’s diversionary function and partly a result of advice and guidance which they received from project staff. Some of the clients claimed to have changed their friends, in some cases substituting them with young people from the project: ‘Ah’ve dropped like a lot o’ friends that ah used tae hing aboot wi’. Like the bad crowd that get intae bother.’

Others described how the project had ‘kept them off the streets’ and introduced them to new activities and how their behaviour had improved as a result.

“It’s improved the way ah used tae be. Ah used tae run aboot wi’ awe the dafties that were intae awe the drugs and everythin’. Ah don’t dae that anymore.”
Some of the young people also claimed that the information and advice which they received at the project on the subject of the misuse of drugs and alcohol had resulted in a reduction in their consumption of these substances: ‘Ah’ve cut down an awful lot. Ah don’t take any drugs. Ah’m no drinkin as much. Ah used tae drink every day of the week. They helped me realise that it wis stupid tae dae it.’ Four of the young people said that the project had persuaded them to drink less often and six claimed that it had helped them to drink more safely. Three clients reported that they had stopped taking illegal drugs entirely since their involvement with the project.

In three cases, the young people’s school attendance had also apparently improved as a result of their involvement with the project with all three clients claiming that they were now ever present. Nine of the carers said that their participation in the project had improved their performance at school or in their job.

**Improvements in home circumstances**

All but one of the clients said that their attendance at the project had led to improvements in their home circumstances and, especially in relations between themselves and their substance-using parent. In the main, they attributed this to changes in their own behaviour and their ability to relate to their parents more constructively.

“I’ve been speaking to my Mum an’ that more and that’s been helping. We just get tae talk more now. Like before I didnae really talk and I was really cheeky and stuff like that. Now it’s just.....different, because they’ve (project staff) been speaking to me, I’ve been able to talk to people.”

The few young people who addressed the reasons for this change in behaviour attributed it either to the fact that they were feeling better in themselves as a result of their participation in the project or to specific guidance received from project staff on how to cope better with the situation at home. According to the young people, the latter frequently focused on encouraging the family to communicate better with each other.

**Psychological benefits**

Nine of the clients reported that the project had helped them to feel better about themselves. A number of them referred to the emotional and psychological support they had received from project staff as having been helpful, especially the opportunity to discuss, in confidence, things that might be troubling them. With only two exceptions, the interviewees said that their attendance at the project, and the support and counselling they had received from it, had enhanced their confidence and self-esteem.

“Ah think I’ve got more self-esteem and more self-confidence noo. They jist make me feel better aboot stuff and it’s made me feel better aboot ma life and that.”

As the following two extracts show, in some instances, the support they received from staff at the project might have been crucial to the young person’s desire and ability to go on.
“The staff. They’ve been there for me when like wi’ ma Mum and that, they’ve been helpin’ oot when ah went and took ma overdose eh a couple a month ago, and they were really supportive and everythin’ wi’ ma Mum wis very supportive as well.”

“I used to hate myself, I used to slit my wrists and everything just cause of life an’ all that.... they make you realise that you’re doing something that not a lot of people do.”

Finally, it is important to note that all of the young people identified more than one significant change in their lives which they attributed to the family support project and most of them identified several. When asked what they had liked about attending the project, around half of the young people who were interviewed described liking ‘it all’ or ‘everything’. One client summed up the project’s effect on his life as meaning that he was now ‘able to act like a normal teenager.’

**Comparison of responses in the two interviews**

While in general the clients’ responses at interview 2 were consistent with those at interview 1, some young people reported progress in relation to their domestic circumstances, their behaviour or their confidence and self esteem between interviews 1 and 2. For example, in the second interview three clients reported having cut down on their consumption of drugs or alcohol while this had not been mentioned at interview 1. Conversely, some changes reported at interview 1 were not referred to at interview 2. These included positive changes in behaviour, including the reduced use of drugs or alcohol, and certain improvements in home and family life. In every case, however, the collateral interviewees confirmed that the improvements identified by clients at the time of the first interview had been maintained. One reason for these changes not being reported by clients at the second interview may have been because they were no longer fresh or new and had become consolidated into the individual’s lifestyle and perceptions of themselves to such an extent that they were no longer considered notable.

**Impact of the intervention on clients’ lives: collateral interviews**

Collateral interviews were conducted with 7 people who were, according to the clients, in a position to comment upon their progress consequent upon their participation in the project. The interviewees comprised 3 mothers, 2 grandmothers and 2 sisters.

By and large, the collateral interviewees confirmed the clients’ accounts of the ways in which they had benefited from their participation in the project. There were few discrepancies as far as reported improvements in home life, the young people’s social lives, their school attendance, their involvement in positive activities and their confidence and perceptions of themselves were concerned. Progress in all of these areas tended to be confirmed by the interviewees, with only a small number of exceptions. For example, one collateral interviewee did not confirm positive changes in a client’s home life or friendships although both improvements had been reported by the client. There was less agreement between the clients and collateral interviewees as far as the young people’s involvement in the consumption of drugs or alcohol and their participation in problem behaviours was concerned. Most of the collateral interviewees appeared to have little knowledge of the client’s engagement in these activities, presumably because the latter tried to ensure that these particular behaviours remained hidden from significant others. On the other hand, one grandmother reported that
a client had recently started to drink and to get involved in problem behaviours although the client herself had not reported this.

**Improved home environment**

Six of the interviewees said that they had noticed positive changes in the client’s home life since their involvement with the project. Relations with other relatives, including the substance misusing parent, were said to have improved, people were reported as communicating with each other more effectively and the home environment was described as being ‘less stressed’ and ‘more harmonious.’ One problematic drinker described her daughter as being ‘more settled’ and added ‘we’re more able to get on and we talk a lot about stuff together now.’ A sister remarked, ‘Well she’s been able tae cope wi’ ma Mum a lot better, wi’ ma Mum’s demands…..she’s jist been generally a lot happier and confident.’ The project was credited with playing a major role in bringing about these improvements by giving the client an opportunity to discuss the situation at home and by offering advice and support.

Some of the interviewees also stated that an important aspect of the project’s contribution to the young person’s ability to cope with the situation at home was the fact that it provided respite from the stresses and demands of their domestic environment and enabled them to interact with people of their own age in an environment that was stimulating and fun. One of the grandmothers described this particular contribution succinctly as ‘just allowing her (client) to be a child again.’

**Psychological benefits**

The collateral interviewees also confirmed the psychological benefits the clients claimed to have derived from the project. All but one of them said that they had noted improvements in the client’s confidence and self-esteem. There were a number of ways in which they believed the project had helped to bring this about. Part of its influence was seen as deriving from the counselling and support it provided: ‘Just being there. Being constant, someone always being there for her to phone up or go doon and talk to.’ The reassurance that there were other young people in the same situation as themselves was also seen by some interviewees as contributing to the client’s enhanced sense of self by affirming that their difficulties in the home resided in the circumstances that obtained there and not in themselves. Finally, the client’s improved sense of self was seen by some interviewees as being partly a product of the opportunities and experiences that the project provided. In particular, meeting new people, making new friends and engaging in new, and sometimes challenging, activities were all regarded as having helped to promote a more positive sense of self.

The collateral interviewees also regarded the availability of a project worker to whom the young person could talk about any problems or difficulties they were having as being an important aspect of the service provided by the project. This was perceived as representing a form of support that was otherwise largely absent in the young person’s life. In particular, it was seen as being valuable to have an outsider who could offer confidential and impartial advice.

**Improved behaviour**

As we indicated earlier, the collateral interviewees appeared to be largely unaware of clients’ involvement in the consumption of drugs or alcohol or their participation in problem behaviours. In consequence, the interviewees provided little confirmation of progress in these spheres. An exception to this was the
young people’s school attendance. Four of the interviewees claimed that the client’s attendance at school had improved since their involvement with the project. The interviewees were also convinced that it was the young people’s participation in the project that had brought about this change.

**Increased social contact and activities**

Several of the interviewees confirmed that the young people’s friendship circles and involvement in positive activities of various kinds had expanded since their participation in the project: ‘She has more friends now, whereas before she didn’t really have any. She didn’t want to mix, but now she wants to mix.’ While these positive developments were seen as being largely centred on the intervention itself, there was also evidence from the interviewees that some of the clients were developing relationships, interests and activities outwith the confines of the project. According to the interviewees, the confidence that was engendered in the context of the clients’ participation in the project had helped to make them more outgoing and willing to engage with other people and activities.

Overall, then, the collateral interviewees believed that the project had made significant contributions to the young carers’ wellbeing in a number of key areas and that, in many respects, their lives had been transformed by it.

**Key findings from outcome evaluation**

- The project provided the young people with valuable respite from the demands of the caring role.
- Attendance at the project increased clients contact with other young people and activities and reduced their sense of isolation.
- The young people reported positive changes in their behaviour, including their consumption of drugs and alcohol, as a consequence of their participation in the project.
- Some clients reported improved attendance and performance at school.
- The project led to improvements in home circumstances for nearly all of the clients, including their relationships with substance misusing parents.
- Clients valued the emotional support and counselling they received from the project.
- Attendance at the project enhanced clients’ confidence and self esteem.
- Participation in group activities appeared to contribute significantly to the development of clients’ social skills.
Chapter 5: Aberlour Edinburgh Outreach Project: Process and Outcome Evaluations

This chapter is in three parts. We begin with a description of the aims and the nature of the work undertaken by the Aberlour Edinburgh Outreach Project, before going on to present the results of the process and outcome evaluations.

Part 1: Project description

Project aims and objectives

Working exclusively with families with children under the age of 12, the aim of the project is to reduce the impact of parents’ drug use upon their children. It seeks to achieve this by improving parenting skills, by promoting greater stability in relation to the parents’ drug use and by helping children build resilience. As far as parenting is concerned, individual goals can include the establishment of appropriate routines for the children, keeping children safe from drugs paraphernalia and trying to instil confidence and enjoyment in the parenting role. Efforts are also made through work with parents and children to improve children’s engagement with key services, such as regular school attendance and participation in routine health care programmes. Drug related objectives for individual adults tend to emphasise reduction, stability, lapse prevention and safer management of substance use rather than abstinence.

The project is hosted by Brenda House which is a well-established residential rehabilitation unit for drug using mothers and their children, and part of Aberlour Child Care Trust. It has an Edinburgh-wide catchment area. At the start of the evaluation the project team consisted of a project manager, two project workers and part time administrative support. Social Inclusion Partnership and Sure Start funding supported complementary posts within Aberlour Outreach, including the innovative role of Children’s Worker. The re-structuring developed by the end of the study period reflected a more integrated approach to service delivery across Brenda House and the Outreach Project - this included shared overall management.

Client characteristics and recruitment

The project works with families facing complex problems encompassing drug use, childcare issues, low income and housing problems and poor links with health and other services. Clients are mainly mothers or pregnant drug users, although fathers are not excluded, and are of varying ages including teenagers. Most clients have had experience of substantial substance misuse, with poly drug use being common, and many clients are on methadone maintenance programmes. They often suffer from low self-esteem and a lack of confidence as parents, some having experienced poor parenting themselves. Whilst there are similarities with Brenda House clients, the Outreach Project offers support for clients for whom the residential rehabilitation service is not appropriate, such as those not ready to commit to detoxification, male parents, and those with children over 12 years old who would not be admitted with their mother.

Referrals

Referrals to the project are largely from social work and health services (mainly health visitors). Additional referrals come from various drugs services and a relatively small proportion of clients are referred from Brenda House. There is also a small but increasing number of self-referrals.
Caseload and waiting times

Caseloads varied but each worker tended to have around eight adult cases at varying stages and levels of intensity. Following referral, at least half of the cases were seen within four weeks. The time lag reflected initial internal discussion, the gathering of extra information and the practicalities of co-ordinating a visit. When referral levels were high, the project directed families to other services, feeling this was preferable to families waiting for support.

Nature of intervention

The project adopts a person-centred approach. Through an initial process of engagement and assessment, clients are encouraged to define their own needs and take personal responsibility, but within a culture of support. Workers ensure parents acknowledge the impact their substance use is having on their children from an early stage. Ongoing work addresses the defined goals, such as safer substance use and effective engagement with health and other agencies, through a mix of discussion and practical support and advocacy. Parenting skills are also addressed, such as encouraging setting realistic behaviour boundaries and modelling more positive parenting behaviours through work with the parent and child. Workers also participate in child protection case conferences. Workers often have to respond flexibly to new issues as they emerge and cases are reviewed regularly. Whilst working with family members, it should be noted that these interventions do not constitute ‘family therapy’.

Contacts with clients can vary from two to three one hourly sessions a week to less intensive fortnightly or monthly contacts as the intervention nears the end. If need be, workers will visit clients outside office hours or at the weekend, for example to establish bedtime routines or getting to school. The project tries to be readily accessible to clients and telephone help or advice is offered, even if their own worker is not available.

Work with school age children is often independent of their parents and mixes focused work and activity based outings. At the Project base, workers use varied worksheets and programmes to help the child explore feelings or gain understanding of parental substance misuse. Outings present alternative opportunities to explore issues and experience of more positive life experiences. Where possible, children are linked into affordable local activities which could continue after the intervention. Much of the work with younger children is with parents as well.

Assessment and care planning

Following a four to six week assessment process, a mutually agreed care plan is devised based on what clients themselves identify as key issues to address. This establishes clear goals and how they will be achieved. Regular case reviews include the client, the worker and a manager. While the project aims to review cases every six to eight weeks, this varies in practice.

Location

Work with adults and pre-school children is largely undertaken in their own homes, although alternative venues are arranged if needed. Workers may also accompany clients to appointments with other agencies. Interactions with school age children are generally outside the home, in the project base or a suitable outing location, such as the park or a café.
Case closure

Casework can last from three months up to a year or more, often with a reduction in input frequency near the end. Closure is negotiated and prepared for in conjunction with the client and a final review is held prior to disengagement. A case will also be closed if a client withdraws from the service.

Part 2: Process evaluation

In the process evaluation we distinguish between those factors which appeared to facilitate the effective operation of the project and those that seemed to impede or limit its effectiveness.

Facilitating factors

Being well embedded in established host and parent agencies

The project has derived considerable benefits from being well embedded organisationally and physically in the host agency, Brenda House, and the parent organisation, Aberlour Child Care Trust, including staff organisation, physical resources and practice development.

Importantly, the project’s ability to absorb and cover gaps in staffing and managerial functions facilitated relatively smooth progress. On-going recruitment from Brenda House (either to full-time or seconded posts within the Outreach Project) meant that gaps were covered by individuals with understanding of the complex issues addressed by the project, e.g. the potential impacts of drug and alcohol misuse on families, child development and welfare and family interactions. It would otherwise have been difficult to recruit suitably experienced workers for this relatively new area of combined work, especially to provide short-term cover: “There aren’t ready-made workers out there”, (Manager). However, the initial recruitment approach adopted by the project, which prioritised staff skills in working with families and children (rather than drugs awareness, which could be more readily acquired) had also been successful.

Links with Brenda House and the dependency sector of the parent organisation also enhanced development of professional practice, both for the project as a whole and for individual workers. The physical and organisational links facilitated sharing of experience and approaches, formally and informally; for example children’s workers across Scotland met twice a year in order to learn from each others’ experiences. In addition, the parent organisation encouraged reflection on key areas of practice and project development, which might otherwise prove difficult to address in the context of busy and challenging workloads; for example, reviewing the length of time for which meaningful intervention can be sustained (concluding that intervention beyond 12 months is unlikely to achieve significant change), encouraging confidence in and documentation of project achievements, and actively addressing child protection policies. Practice support also included a standard assessment framework across Aberlour and IT support in database development. Finally, there was also an organisational ethos of supporting individual professional development and training, for which staff cover might be difficult to realise in a smaller project.

The location within the Brenda House complex also meant considerable resource benefits in comparison to a more isolated project. For example, play areas could be accessed, which might otherwise have been too costly, and out-of-hours home visits could be monitored by residential staff through telephone check-ins.
In addition, the non-statutory setting was seen to have many benefits, allowing greater flexibility than statutory services can offer together with options to focus resources on longer-term programmes of work rather than crisis interventions. This, and the non-statutory basis of engagement, may have enhanced clients’ response and engagement.

**Having experienced and committed workers**

The project was largely successful in retaining staff, despite managerial disruption and changes in areas of practice. This could be largely explained by considerable personal commitment to the work and to individual clients. In addition, workers felt their own expertise was acknowledged.

“I think one of the good things - when you are stuck in a big statutory organisation you are just a number. ... [Here] it is very much, ‘That is your area of expertise. You tell us what is working’.” (Project Worker)

This was facilitated by regular staff meetings and development days. Meetings were important because outreach work and the variable hours meant that informal staff contact was infrequent, although staff tried to be in the office at some point on most days to update notes and contact other agencies.

As already discussed, later recruitment largely from the host agency meant that staff were better able “to hit the ground running”, although they still had to gain understanding of the differing challenges in working with clients in their own homes. However, there is a potential risk of ‘insularity’ if not actively recruiting from other agencies.

**Client recruitment approaches and referrals**

Project workers were proactive in raising awareness of the scope of project work and client characteristics in order to enhance referral numbers and quality. Project leaflets and posters were circulated and workers offered to attend relevant professional groups and departments to further explain their work. Awareness-raising was seen as ongoing because knowledge and understanding of the project tended to be patchy among potential referrers (see B1). In addition, it was important to emphasise the planned and structured nature of the work to address specific client-centred issues and to stress that referrals needed to fit project aims. It was also important to highlight what the project did not offer: for example, that it was not a service to facilitate everyday living or a befriending service.

The project became more rigorous in screening referrals to ensure greater suitability for effective engagement, and had gained greater confidence in refusing and redirecting inappropriate referrals. Workers found that insistence on fully completed referral forms, rather than a brief telephone call, enabled a considered assessment of appropriateness and was also important for child protection and worker safety issues.

“Our referral sheets are quite stringent. It'll not be the first time that someone has phoned and said, ‘Oh I've got this child. This is the age of them, mum uses drugs. This is their address. Can you go out and see them?’ I say, ‘No, sorry, that is not enough information. You need to give me much more than that’.” (Project Worker)
Effective engagement

Project workers felt they achieved good levels of engagement with most clients. This was facilitated initially by the quality of initial contacts and assessment stages, as well as rigorous screening of referrals. For example, workers referring clients into the project would be present at the initial Outreach Project visit and help clarify the project input in the context of other services that may be involved. Clear explanations of the work of the project and exploration of whether this fitted the potential clients’ expectations and needs were important. Once agreement was reached and the care plan devised, workers persevered in building a productive person-centred relationship which in some cases was felt to take several months to evolve. It was recognised that some clients may have felt a sense of coercion to participate, which could potentially mean ambivalent or tokenistic participation, especially where children were considered to be ‘at risk’ and participation seen as a route to prevent them being taken into care. However, workers’ experience was that actively working with such families could achieve change in some cases, leading them to engage more positively.

Use of assessment tools

Workers use a range of assessment forms and standard scales, although predominantly in the initial stages of care plan development rather than for ongoing review (see B6). The Aberlour assessment framework is used consistently across all projects in the Dependency Sector, and covers issues such as home situation, drug and alcohol behaviours, and children’s health, needs and risks, and enables prioritisation of key areas. Following this, workers selected from a number of standard scales, depending on the client situation. Most commonly used were the Aberlour adaptation of the SCODA Risk Assessment scale, which includes greater reference to risks to children, and the Parenting Daily Hassles scale, both favoured for their brevity and utility in prioritizing concerns. Others included the Readiness to Change questionnaire, Chance to Change, and other Department of Health questionnaires.

“We would go in and do our assessment and then from that - say it’s parenting, then I would take out the Parenting Hassle Scale to find out what parenting issues they highlight up. ... But say I went into a house and there was inappropriate things lying about - medication, needles - I would take in the SCODA Assessment at the next visit because that is more geared towards how safe is your house for your children. It would depend on the circumstance of the family what paperwork I took with me.” (Project Worker)

Confidentiality and the development of trust

Project workers had considerable experience in continually balancing the need for maintaining client confidentiality and trust with the need to address child protection and other statutory issues. These issues were always raised straightforwardly at the first meeting in the context of explaining the need for care and support. Clients are asked to sign a confidentiality sheet, confirming understanding of the principles and identifying those professionals that they agree could be informed if the family’s situation began to cause concern. Workers were also skilled in overcoming considerable secrecy and hiding of the ‘truth’ in interactions with clients through the process of building trust.
"They are quite clear that if I was concerned about a child and if there were any child protection issues, then it is my duty to report that. We make that clear from the very start." (Project Worker)

"People will say all the things that they think you want to know when you first meet them but then a couple of months down the line they'll say, 'Well actually …' … That is about building up a relationship and them saying, 'Well, they're not actually here to take my kids away.'" (Project Worker)

**Outreach working**

The outreach approach facilitated productive working. Contacts were mainly in clients’ own homes, where much of the parenting activities take place and there are potential risk situations for children. At times, workers would support clients in attending other agencies, such as their GP. Specific work with school age children tends to be outside the home, giving greater freedom to explore issues.

"If it’s adult clients and I’m working with them on parenting issues, that is easier done in their own space, ‘cause obviously that is where they have to carry out the practice. If I’m doing one-to-one work with children I tend to bring them back [to the project base], because we are so well resourced and we have got the playroom and it is somewhere safe that the child feels they can really say what they want to say or work through the issues.” (Project Worker)

**Work with other agencies**

The project placed a high priority on joint working and maintaining contact with other professionals working on individual cases; this mainly consisted of keeping each other up to date on progress and suggesting additional interventions as appropriate. This was seen to be particularly important in the context of complex needs and vulnerable client groups, although developing and maintaining links across localities and through organisational and staffing changes was challenging (see B4). In addition, the project enhanced interagency communication by providing and eliciting written confirmation of decisions at key joint meetings rather than relying on verbal communication. These approaches were reinforced following Aberlour’s internal review of child protection and the subsequent development of policy and guidelines.

Workers would also ensure that individual clients knew that services were working together and would communicate informally and at reviews and core groups. The client was helped to understand the varying roles and input of each worker and agency. Respondents reported a tendency at times for parents to try to play one agency off against another, demanding support from one that was similar to the support offered by another, or falsely claiming engagement with another service. These experiences enhanced the importance of joint communication.

"These families that are being referred have complex needs - the families, not just the children - and it is silly to think that the one project or one agency can sort all of that out. So we don’t work in isolation and I think being clear with the parents and setting the boundaries right from the onset [is important].” (Project Worker)

In addition to joint working with individual clients, the project also explored possibilities for partnership working and sharing their expertise with relevant agencies, such as potential joint sessions with the Castle Drug Project. However
this had not progressed, which was largely attributed to time constraints and staff changes within the project and in other agencies. In order to enhance networking across the city, staff also participated in local forums, such as Edinburgh Women’s Services Support Group, and in cross-agency training opportunities.

Individual referrers also recognised and valued the project’s multi-agency working, especially where there were child protection plans and meetings.

“If Aberlour are involved [in a core group] they engage very fully in that. And it means that the client and the key workers are sitting down with the client on a very regular basis - monthly to six weekly and discussing what the support is and where we’re going from there.” (Referring Worker)

Finally, whilst working with other agencies is important, it is noteworthy that the project potentially reduces the number of services needed to support an individual family, as it addresses both parenting and substance misuse.

**Limiting factors**

**The organisational environment in other services**

The project development coincided with a period of considerable change and upheaval in services involved in children and families which were main sources of referral, joint working and onward referral. The Edinburgh location made this particularly salient, in light of the O’Brien Report (O’Brien 2003) following the death of the infant Caleb Ness, and the subsequent review and re-organisation of statutory and health services. Key external agencies and staff were working under considerable pressure, with staff changes and shortages. In turn, pressures on other agencies made it difficult to generate referrals, build interpersonal working relationships and develop effective joint working. Changing external structures also contributed to an increasing feeling of distance from the DAAT.

“The whole social work department is topsy-turvy. ... I think our position in Edinburgh is weakened because of Edinburgh’s overall difficulties in trying to restructure itself and also find its identity again.” (Senior Staff)

“With thinking about the Caleb Ness case for example, everybody's just gone into panic mode and kind of been referring everybody and then not been referring anybody. ... the work that was being done was just to hold things together - crisis management .... I think that undoubtedly has a knock-on effect.” (Project Worker)

In addition, staff felt there were some initial suspicions on the part of some agencies about ownership of work with children and families, although workers demonstrated that their approach complements rather than encroaches upon the work of other agencies. Furthermore, new projects in the non-statutory sector were being developed over the study period which might be perceived to have overlap in provision and potentially cause confusion among referrers.

**Other agencies’ lack of awareness of children’s needs in drug misuse contexts**

Outreach Project workers, and other Aberlour workers, felt that the impacts on and needs of children in drug using households tended not to be taken into account by some staff in other agencies. This was in spite of being recognised at policy level, and it sometimes impeded referrals and work with their client groups. Thus the project often found it necessary to undertake an advocacy role in multi-
agency working, specifically to ensure that individual children’s needs are incorporated in planned programmes for substance misusing parents, and generally to raise awareness of the impact on children. Additionally, it was felt there was an untapped potential to share these acquired skills in raising such issues with parents among other professionals.

“Sometimes I feel I really have to advocate for the child because they set up all these wonderful things for parents and I’m in the background saying. ‘And what about the child? That is great you are going to do all this wonderful work with mum and she’s going to go here and there of an evening. What is happening with the children when mum is doing all this wonderful stuff?’ ‘Oh yes we didn’t think about that.” (Project Worker)

**Internal management and staffing issues**

There were considerable management changes during periods of the project history which respondents felt at times had had an impact on overall functioning, although to some extent ameliorated by host agency support as discussed above. During the second year, the project manager was in effect outside the case management element of the post for a substantial period. To fill the gap at that time, day-to-day management and case supervision was covered by the manager of Brenda House, who had had experience of an earlier outreach project. This resulted in periods of reduced project management time available, particularly important with children potentially at risk, because the role was shared between Brenda House and the project. Staff commented on implications for accessibility to case supervision and frequency of case reviews, but also on limitations for potential project developments, such as community based parenting groups or more pro-active partnership working. These limitations may also have been observed by potential referrers, and may have contributed to the subsequent decrease in referrals.

“I cannot deny that what had been going on ... it’s impacted on the number of referrals, it has impacted on the nature of referrals. It has impacted on the relationship [with other agencies].” (Senior Staff)

“There's been all this 'Oh, yeah, we'll do this, we'll do that', but none of it's ever come because we've not had a manager who had the time to do it.” (Project Worker)

Subsequently, organisational integration continued across the rehabilitation and outreach services as a planned objective over the study period, with restructuring of the managerial component involving other staff from the two services.

In addition, the project had to cope with periods of reduced staffing levels because of study leave or sickness, which can have a big impact on small projects. Whilst the host agency provided cover to some extent, gaps in management and worker complement, combined with uncertainties regarding funding renewal, resulted in what was described as "a period of basically making do - who was there and who could take on some responsibility" (Senior Staff), before new structures were finalised and a “practice culture” developed.

**Geographically dispersed client group**

Whilst outreach work contributes to achieving a client-centred approach, the client group was widely dispersed across the city. Thus there was a need to develop links with a range of service networks across a number of localities, for referrals and effective on-going joint working. In addition, staff travel times
added to the workload, especially as missed appointments were not unusual, and some workers were dependent on public transport. Worker safety issues were addressed through joint initial visits and telephone check-in mechanisms.

**Challenges in maintaining focus**

The client group often presented with chronic deep-seated problems and chaotic behaviour, often making it difficult to maintain focus in individual casework and across the project. On the one hand, the focus is on mutually identified individual goals, with an agreed plan of how to achieve them. On the other hand, the likelihood of rapid changes in a family’s situation and a tendency to miss appointments mean that at times keeping to planned work is difficult. For example, the client may increase their drug use and be unable to concentrate, or be preoccupied by other issues, such as money shortages. These might present as a short-term crisis requiring immediate response, or a long-term issue which would require a review of the goals. To some extent, workers often did not know what they would find when they arrived for a planned session. In addition, clients’ experience of other services, perhaps resource workers or befrienders, might mean they have different expectations of the service.

“If somebody’s not had their giro they’re not really that bothered about sitting down and answering questionnaires, but they were quite happy that we’d accompany them to the Post Office to sort out their giro … really that’s not technically our job, but in emergencies we can do it, you know, if they were having problems, because it’s about supporting them, but that’s that session gone.” (Project Worker)

This meant a continuing balance between maintaining the developed plan of work and providing a flexible service that responded to changing needs. It was therefore important for workers to be clear and confident in their own roles, and, to try and draw the work back to the initial plans - “Because of the nature of the client group … you [can] end up as a worker chasing your tail but not achieving much” (Senior Staff). Confidence and skills to do this were felt to have increased as the project developed, with staff being encouraged to reflect on these issues.

“I always refer back to our agreement that we made at the very beginning. There is a focus and an aim and we can’t just keep going willy-nilly. I’ll run with it for a few weeks. Everybody goes off track. … But I wouldn’t let that be an ongoing thing. I’m quite good at pulling clients back and saying, ‘Come on, this is what I’m here to do with you’.” (Project Worker)

**Demonstrating outcomes**

Workers and managers were aware of the need to show progress at both individual and project level, but experienced considerable difficulties in demonstrating outcomes achieved with clients. This was attributed to the project’s flexible and person-centred approach, which meant that some of the more subtle positive changes achieved were difficult to measure or demonstrate – e.g. enabling a mother to have fun with her child in the park.

“You can monitor success as someone becoming drug free and that is a great success. But kids whose attendance at school is more regular and their confidence is built up - that is a success. Kids who are actually interacting with their parents that never used to be able to do that - get a story read or getting taken to the park - just things that some kids take for granted. That is a success as well, isn’t it?” (Manager)
Workers used a range of assessment tools (see A5), but these were predominantly used in the initial stages of care plan development rather than at regular intervals to routinely assess progress. The mix of tools used, and the varying triggers for reassessment meant that these measures tended not to be of use for wider project monitoring and evaluation. In addition, detailed record keeping could be difficult within the constraints of busy and challenging workloads, although workers themselves felt that they recognised areas of progress in their clients.

“It is those sorts of things that are very difficult for us at the project, ‘cause we are not about tracking. We are about doing.” (Senior Staff)

The project did however undertake core monitoring procedures. A database of client details was maintained, including monthly updates of information such as numbers of contacts, missed appointments and travel and administration time. Workers also recorded details of contacts in individual case notes. The client’s perspectives of the work undertaken were recorded at case closure, and there have also been annual project reviews, seeking comments from service users, referrers and joint-workers.

Lack of client involvement in project development

The project acknowledged a need to incorporate client input into project development, as part of the client-centred ethos, although characteristics of clients’ lifestyles make participation difficult. However, clients’ perspectives are elicited at the end of individual interventions and in annual project reviews.

Key findings from Aberlour Outreach process evaluation

- The project demonstrated an ability to work with drug misusing adults in a family context, addressing parenting and additional complex issues impacting on family life as well as substance misuse. Working directly with more than one individual in a family as well as the family as a whole was important, especially with children as appropriate.

- Linked with this, the project identified an important advocacy role, highlighting recognition of children’s needs with other agencies and workers where these may not have been previously been considered.

- The balance between a flexible, responsive approach and maintaining client focus on individual goals can be difficult in the context of rapid changes in a family’s situation. Project staff developed considerable skills in responding to immediate need as well as drawing clients back to the original care plan.

- Effective engagement with clients was important, although this often takes up to a few months. Engagement was facilitated by greater confidence and rigour in referral mechanisms and initial screening to ensure appropriate clients, together with extensive explanations of the project role and exploration of appropriate goals and support.

- The outreach approach was valuable, enabling client-centred contacts where parenting was largely undertaken. However, it presented challenges in terms of maintaining contact with a wide range of agencies. Timetabled meetings were important as workers had less informal contact with each other.
Similarly, travel times for workers remained an issue, in spite of an urban public transport infrastructure, because of the variety of areas in which clients lived and the project’s own peripheral location.

Working with different agencies was essential for referrals and ongoing work, but meant project working was vulnerable to external pressures on these organisations, such as staff shortages.

As a small project, this was vulnerable to internal staff and management changes and absences. These were considerably ameliorated through the host agency, with cross-agency filling of short-term and permanent gaps by staff with relevant experience. This was increasingly reinforced by the move to more integrated service delivery.

Linked with this, the initial recruitment policy of prioritising workers with experience with children and families rather than drug awareness was also felt to be successful in the absence of workers with combined experiences.

It was difficult to demonstrate change in a standardised way as work with individuals varied. Whilst standard measures were used, this was largely in the initial stages of engagement and establishing goals, rather than as regular assessment. Similarly it was difficult to review areas of practice such as child protection in a demanding work environment. However, the national agency played a part in addressing these issues of monitoring and professional practice.

Part 3: Outcome evaluation

As in the previous 2 chapters, we present our findings on the impact of the project in two sections: 1) an analysis of the adult clients’ perceptions of the project and its impact upon their lives and 2) an analysis of the views of the collateral interviewees. The outcome evaluation did not include the project’s work with children since this would have involved a range of ethical and practical issues associated with the interviewing of children under the age of 12.

Impact of the intervention on clients’ lives: client perceptions

In this section we consider what difference the clients believed their participation in the project had made to their lives, and to those of their children, and in what ways they thought their ability to parent effectively had been improved. The great majority of the clients were very positive in their assessment of Aberlour Outreach and the benefits they had derived from the service. All of them reported that they had found the intervention of the service to be valuable and most of them referred to a number of ways in which they had benefited from their participation in it. Some of the benefits were seen as applying to themselves and some to their children while others, such as improved parenting, were seen as being of benefit to both parties.

Improved parenting

Nearly all of the parents said that their involvement with Aberlour Outreach had made them a better parent. Most of them reported having had difficulties in that regard and help in developing appropriate parenting skills was, according to them, greatly appreciated. This was seen as not only being a very positive development from their children’s point of view but as also making parenting a more satisfying and rewarding experience for themselves.
Many of the reported improvements in parenting related to the children’s physical and social needs. This included; making sure that the children were properly fed and clothed and that they were kept clean and warm; ensuring that they had appropriate routines and arrangements for meals and sleeping; making sure they had adequate opportunities for play; and ensuring that they attended school regularly. The project worker’s intervention could even extend to teaching the parent how to cook simple meals. Several parents also reported that they had changed their approach to the way in which they disciplined their children or set boundaries for them as a result of their contact with Aberlour Outreach. Some of this had to do with the replacement of physical punishment with alternative forms of discipline: ‘(Project worker) has helped me most by just talkin’ an’ looking at other ways of dealing wi’ stuff. Rather than me just losing the rag and settin’ aboot them.’ However, the advice which the parents received on discipline went beyond the cessation of physical chastisement. According to the clients, they were also offered guidance and instruction on how to implement a non-punitive approach to discipline.

Some of the changes in the clients’ parenting skills were about improving the quality of their emotional involvement with their children. For example, sometimes the project worker’s support included counselling a mother on how to display affection towards her children. In the following example, the mother had to learn to overcome her own experience of physical contact as being associated with some form of exploitation.

“I suppose stuff like getting showed how tae play wi’ the bairns. Being shown how tae put your arms around the bairns when you were never loved and shown any affection from your childhood, ken whit ah mean? Or if somebody put their hands on you, it meant they were wanting something fae you, or they were going tae take something fae you. I had tae find a different...the fine line an’ that, ken whit a mean? Tae be able tae dae these things. Had tae learn how tae be able tae dae them, know what ah mean?”

Other parents reported becoming more attentive towards their children, spending more time with them and talking to them more often. In other words, they became more involved in their children’s lives. Part of the parents’ increased attentiveness towards their children involved engaging in various activities with them and taking them out of the house on trips and outings: ‘I spend more time with them, doing more activities. I make sure that I’m involved with them more now...doing things. Whether it’s going for a drive in the car or taking them to the pictures or doing stuff with them that they like.’ It was frequently difficult to distinguish the influence of the project from that of any modification in the parents’ drug use in their accounts of these changes. However, it was clear that in some instances both elements were involved with a modified or stabilised drug habit playing a significant part in increasing parents’ personal capacity to engage in other activities: ’I get up quicker in the morning. Aye. Definitely. I’m more active...ready to take them out shopping and things like that.’

**Improved protection of children**

According to the parents, their involvement with Aberlour Outreach had led to a number of changes as far as their children’s exposure to illegal drugs, drug paraphernalia and drug use was concerned. Some parents reported that they had taken steps to ensure that their children were less exposed to their own drug use or to that of others. For example, they reported taking greater care to avoid their children being present when they were administering a substance. By the time of the second interview, only one mother said she had taken non-prescribed drugs in the presence of her children in the past 3 months. Although it was more
difficult to achieve, some of the parents also said that they attempted to reduce the occasions on which their children saw them under the influence of a drug. The fact that the number saying they had never been under the influence of non-prescribed drugs in front of their children during the previous 3 months doubled from 3 to 6 between the two interviews tends to support their claim to be making progress in this direction. Some parents also claimed that, as a result of their participation in the programme, they were less likely to take their children with them when they went to buy drugs and to have made an effort to reduce their children’s exposure to other drug users.

Acting upon the advice of their project worker, the parents also reported taking enhanced precautions to ensure that their drugs and drug-related paraphernalia were inaccessible to their children. The most common strategies for achieving this were to either consign their drugs and related accessories to an elevated position out of the reach of their children or to place them in a locked cupboard. The project staff also supplied the parents with a secure container, a ‘sin bin’, in which they could deposit their used syringes.

The next two sub-sections discuss two other benefits that parents claimed to have derived from their contact with Aberlour Outreach. These were, 1) help to stabilise their drug use and, 2) the receiving of emotional and psychological support. While these supportive inputs were important in their own right, they were also vital elements in creating a context within which improvements in parenting and the protection of children could develop and thrive.

**Help with drug use**

Some of the benefits that parents attributed to the project related to their drug use. Parents varied considerably in their current use of drugs. Some continued to be regular users of addictive drugs, some were struggling to control or reduce that use, while others were in receipt of prescribed substitute drugs. A major benefit identified by the parents was the way in which contact with the project had assisted them in either remaining free of illegal drugs or in stabilising or reducing their drug habit. At the time of the second interview, 8 of the 12 interviewees said that, as a result of their participation in the project, the amount of drugs they used had been reduced and 9 said that the stability of their drug use had improved. The following mother describes how the service has enabled her to stabilise her life and carry out some of the essential functions of a parent while continuing to take heroin.

“Ah lost my child through that, so ah had tae get my act together and get him back. My life was a mess. Like I’m not saying it’s any better now, but I’ve got my children. Erm, I still take heroin but I can still like…. I can take heroin and still like, get up in the morning and get my kids seen tae and make their lunch, make their dinner. I can dae all they things.”

For clients who were attempting to remain free of certain illegal drugs, being able to call on somebody for support when they felt tempted to use them was seen as being of enormous benefit. Several of them referred to the importance of having ready access to a project worker who had the ability to listen sympathetically and stiffen their resolve to resist temptation.

“Aye, my whole life’s changed. I was taking everything, all drugs. And now I’m just sticking to my script. My workers have played a big part in it, by helping me and just advice and help. (Project worker’s) been through everything with me. She’s always been there to give me support and help when I’ve needed it.”
Finally, in the second interview, 7 clients claimed that the advice and support they had received from the project had enabled them to use drugs more safely.

Emotional and psychological support

A recurrent theme in clients’ accounts of the benefits they obtained from the project was the significance for them of the emotional and psychological support they received from their project worker. Having somebody to talk to in confidence about things that were concerning them was greatly appreciated by all of these clients. This support assumed added significance in a context in which individuals frequently had problems of a fairly profound nature and where they often did not have anyone else in whom they could confide and seek advice: ‘Somebody coming out to see me, support and that. Ah’ve liked having somebody tae talk tae, somebody tae ask about things. ...having somebody tae talk tae, ken, that understands.’ Sometimes what was required was somebody to whom they could express their frustrations and anger: ‘They’ve helped me when I felt alone or angry or just to get things out.’

An important aspect of the psychological support provided by the project worker was the way in which it reportedly helped to enhance the parent’s confidence and self esteem, thereby strengthening their ability to remain drug free and to cope with their children.

“She’s actually made me realise a lot of things in my life and made me realise that I’m very low on confidence and she’s actually made me realise I can do things, I am clever, I’m just as worthy as anyone else and she’s helped me in my confidence.”

Some interviewees reported that the development of greater confidence and self-esteem, together with encouragement from their project worker, had enabled them to become more outgoing and sociable and to expand their involvement with other people. This was regarded by those parents as being especially significant given their previous social isolation.

However, it was not just counselling and advice that the project worker provided. Several of the parents praised the breadth of support which the project workers offered with several of them claiming that their worker would do ‘anything’ or ‘everything’ for them. This could include various forms of practical support including helping them with housing problems, correspondence or the completion of forms or, even, providing transport. As with the psychological support, the practical inputs which the project workers provided can be seen as part of an attempt to help parents to cope with everyday demands and thereby enhance their ability to look after their children effectively.

Comparison of responses in the two interviews

There were few differences in the benefits identified and in clients’ perceptions of the project between the two interviews. Nearly all of the 15 clients had already been in contact with the project for some time prior to the first interview: 8 had been participating for more than a year, 5 for between 3 months and a year and only 2 for one month or less. As a result, considerable changes had already been effected in relation to their parenting and other aspects of their behaviour by the time of our first interview with them. The fairly high level of progress reported at interview 1 therefore tended to be replicated at interview 2 with few signs of additional progress. An exception to this was parents’ reports of small improvements between the two interviews in the extent to which their children
were exposed to their drug use or to that of other drug users. There were no instances of a client reporting having regressed over the period of the study.

**Impact of the intervention on clients’ lives: collateral interviews**

Collateral interviews were conducted for 11 of the Aberlour Outreach clients: 4 with friends, 3 with mothers, 2 with partners and 2 with social workers. These interviewees broadly endorsed the clients’ claims regarding the progress they had made following their participation in the project. However, there were two difficulties associated with these interviews. First, some of the collateral interviewees were, by their own admission, not best placed to comment on certain aspects of the client’s life and progress. For example, friends appeared to have greater difficulty than mothers or partners in commenting on the clients’ progress in relation to parenting since they were not in a position to observe these routines on a regular basis. Similarly, these interviewees often had a limited perspective on the protection of the children in the home. In addition, interviewees in all categories confessed to not always being aware of emotional changes in the client and, in particular, improvements in self-esteem.

A second issue with some of the collateral interviews was a tendency on the part of some of the interviewees to portray the client in a good light. It was not a matter of them exaggerating improvements and, indeed, they appeared to be more likely to deny knowledge of certain instances of progress. Instead, there appeared to be reluctance on the part of some interviewees to confirm any initial deficit in parenting skills or routines. Four of them denied having observed improvements in parenting or in the children’s routines although, in each case, the client herself had reported detailed improvements. The interviewees were especially keen to reject any idea that the client might have neglected her children in any way making comments like, ‘she’s always looked after her children well’ or ‘she’s never ever neglected the weans’. It is possible that these collateral interviewees might have genuinely believed that the client’s parenting abilities had always been adequate and, unlike the client herself, were unaware of any improvements. However, it is equally likely that these interviewees were motivated by a desire to protect the client from accusations of parental incompetence given the sensitivity of the issue and its potential consequences. Some of the interviewees may also have regarded any such admission as reflecting badly upon themselves as partners or grandmothers. That this may be so is suggested by one mother who said that, if she had been aware of any neglect, she ‘wouldn’t have stood for it’.

**Improved parenting**

The above discussion notwithstanding, most of the collateral interviewees confirmed that the clients’ parenting skills had improved since their involvement with Aberlour Outreach. These improvements included the establishment of settled routines for the children, making sure they were properly fed and clothed, being more patient with them and developing more constructive approaches to discipline.

The clients’ relationships with their children were also said to have improved with them being reported as devoting more time and attention to them, taking them out more frequently, spending more time playing with them and conversing with them more often. Most of the interviewees had no doubt that it was the project that had given rise to these improvements.
“Oh ah think they’ve definitely played a big part in helpin’ her. They’re helping her like how tae care for the children and they helped a lot wi’ her parental skills, how tae manage, how tae make sure the house wis safe and that for the kids, stuff like that.”

The interviewees also confirmed the safety precautions adopted by clients to keep drugs and drug related paraphernalia out of the reach of their children. While some of them said that the client had always followed these procedures, others felt they had been improved as a result of the influence of the project. Similarly, some of the interviewees reported that there had been a reduction in the children’s exposure to the use of drugs by the client or others in the family home.

**Enhanced perceptions of self**

The other major area in which the collateral interviewees reported improvements was in the client’s emotional health and the way in which she viewed herself. Clients were said to have much more confidence and self-esteem: ‘She’s got a lot more self-esteem, she takes a lot mair pride in herself and jist generally ah think she’s a nicer person. Much nicer, a lot mair confidence.’ Again, these improvements were attributed to the client’s involvement with Aberlour Outreach: ‘Well they’ve helped her become less depressed, helped her be more confident and outgoing, they’ve given her hope for the future…..they’ve let her see that everythin’s no’ against her.’ These psychological changes were, in turn, seen as being central to the improvements the client had been able to make in other areas and, in particular, in relation to their children: ‘Jist the whole confidence thing, if ye’d known her before like ye would see that this was the major thing…..once she got more confidence she was able to function much much better.’

Finally, the interviewees overall assessments of the impact of the project upon the life of the client were, in the main, extremely positive. The following extracts give a flavour of their comments.

“They’re a great support, ah cannae say enough good things about them because ah don’t think they jist saved (daughter’s) life. They kinda saved mine as well.”

“Just everything overall…..ah see such a difference in her, ah really honestly do. Just the whole support thing is what works. As ah say ah’ve seen massive changes in (daughter).”

“The way they’ve helped tae turn her around…and ah know it’s no’ finished, ken ah’m no’ that daft….but the way they’re helping is magnificent. That’s all ah can say really, they’re marvellous. Tae me they deserve a medal. For me it’s all doon tae the staff ‘cos whatever they’re doin’ or whatever they’re sayin’ tae her seems tae be takin’ affect.”

One aspect of the intervention that was mentioned repeatedly by the collateral interviewees was the ‘support’ which the project provided for the client. By this they meant both the help and guidance the client received during the project worker’s regular visits and their ability to call on them for assistance whenever the need arose. According to some of the interviewees, the other important aspect of the support provided was that it was non-judgemental and emotionally supportive in the sense that it sought to avoid saying or doing anything that might undermine the client’s confidence or self-esteem while, at the same time, attempting to reinforce a positive sense of self.
Key findings from outcome evaluation

- Participation in the project led to considerable improvements in clients’ parenting skills and in their involvement with their children.

- The children’s exposure to drugs, drug related paraphernalia and drug taking appeared to be reduced.

- Most parents reported that the project had helped them either to remain drug free or to stabilise or reduce their drug habit.

- Clients’ confidence and self-esteem appeared to be enhanced as a result of their participation in the project.

- Clients valued the psychological support and counselling they received from project workers.
Chapter 6: Clients’ Perceptions and Experiences of the Four Projects

In this chapter we examine two related themes based on the outcome evaluation. First, using a combination of the quantitative and qualitative data, we report on the clients’ satisfaction with the four projects. Second, we explore those factors which, according to the clients, encouraged their participation in the projects and promoted their positive engagement with them.

Clients’ satisfaction with the projects

Clients in all four projects expressed a high degree of satisfaction with the service they had received. In both of the interviews clients were asked to describe any aspects of the projects they attended that they had not liked or that they would like to see changed. This elicited very little in the way of negative comment or suggested changes.

The overwhelming majority of the responses from the clients of the Reiver and Perth Connect projects indicated that there was ‘nothing’ that they had disliked or would want to change. In addition, fourteen of the fifteen young people attending these two projects rated their project as good or very good and the same number said they would recommend it to a friend. Only 3 of the Reiver clients expressed any negative sentiments about the project. One boy said that he felt that there had been too much emphasis on alcohol at the expense of drugs and one of the girls said that she found the counselling sessions awkward because she had difficulty in expressing herself. Another boy objected to the compulsory nature of his referral and claimed that he had derived no benefit from it. The main complaint raised by the Perth Connect clients related to the departure of a highly valued worker in circumstances which, although unspecified, the young people clearly did not regard as being justified.

For the clients of the East Ayrshire project only one negative comment was recorded, and, even then, it was a criticism which reflected the value the young person attached to the project. The client wanted the meetings to last longer. The rest of the East Ayrshire clients reported that there was nothing about the project that they had not liked. Nine of the ten East Ayrshire clients assessed the project as being good (3) or very good (6) and the same number said that they would recommend it to a friend.

These accounts of the young people’s experiences would suggest that their participation in the projects had been an unequivocal success. However, when the clients of the 3 young people’s projects were asked if they agreed or disagreed with a series of statements about the interventions (Appendix 6), the Reiver and Perth Connect clients expressed concerns about certain aspects of the projects. Of the 15 young people who were interviewed for these two projects, only 10 said that they trusted the project staff completely, only 9 said that a member of staff was always available when they wanted to talk and only 9 said that they had agreed with staff about what the project should do for them. A significant source of dissatisfaction appeared to be a tendency for staff to enquire about matters which the individual would rather keep private with 6 of the young people saying this had been a problem for them.

The overwhelming majority of the Aberlour Outreach clients indicated that there was ‘nothing’ that they had disliked or would want to change about the project. In addition, 10 out of the 12 respondents at interview 2 assessed the service they received as either good (3) or very good (7). All 12 clients said that they would
recommend Aberlour Outreach to a friend. There were only two exceptions to these overwhelmingly positive comments. One woman, while acknowledging certain benefits of her involvement with the project, expressed bitterness at the amount of time she had to wait for a place in a rehabilitation centre and was scathing about the project’s contribution in comparison to what she felt she needed. Another parent thought that the project worker should take the client out for a break or a trip on a monthly basis as a form of respite. She also felt it would be helpful if the project worker had the facility to exchange needles on an outreach basis.

Once again, however, the Aberlour clients’ responses to a series of statements about their experience of the project (Appendix 6) revealed some additional dissatisfaction. Specifically, 4 parents reported disagreements over objectives while the same number felt they had been asked about things they would rather have kept to themselves.

As a further endorsement of the clients’ positive experiences of the four projects, very few of them had left a project on their own initiative.

- All 5 of the Perth Connect clients were still participating in the project at the time of the second interview.
- None of the Reiver clients were attending the project by that stage. However, only one had left the project unilaterally. The rest of the former Reiver clients all reported that they had stopped attending because the project staff considered their intervention with them to have been completed.
- All but one of the East Ayrshire clients was still participating in the project at interview 2. The girl who had ceased attending said it was because the project had stopped sending transport to collect her.
- Only 3 parents discontinued their involvement with Aberlour Outreach during the period of the study and, according to them, in all 3 cases they did so with the agreement and approval of their project worker.

**Factors which promoted clients’ engagement with the projects**

In each of the interviews, we explored with clients the things that they had found positive about the projects they attended and the things that they felt had encouraged, or discouraged, their participation in them. Several common themes were identified in their responses.

**Factor 1: Feeling valued and empowered**

One of the key elements in the clients’ engagement with a project was the adoption by the workers of an approach that was perceived as valuing and empowering the client. The two main elements in this were, first, that the project staff should be seen as being non-judgemental and, second, that they should offer advice in a non-directive way. The Reiver and Perth Connect clients claimed that the staff on both projects did not appear to judge them and did not seek to direct or control their behaviour. The emphasis was upon enabling them to make informed choices rather than telling them what to do and how to behave. This experience was contrary to what many of the young people had expected when they first came into contact with the projects.
“Ah thought ye would get in trouble, like they’d tell you to like stop doing stuff and that but they jist like tell you ....like explain how stuff is and that.” (Reiver client)

The young people claimed that they greatly appreciated not being ‘instructed’ or ‘lectured to’ and instead being given information on which they themselves could make informed judgements about their use of drugs and alcohol. This does not mean that project staff did not offer guidance and direction to the young people. However, this was accomplished in a manner that did not involve telling the young person what to do but, instead, involved discussing with them various options concerning their current and future life styles and the likely consequences of different choices. It was an approach that the young people appeared to respond to positively.

“She’s (project worker) a great person. She disnae jist try and get tae know yer business, she gets tae know you before yer business. (She) gave me time tae get tae know her, let me open up tae her in ma own time, when ah was ready. She never put pressure on. She made ye see how things really were, not how you wanted them tae be through drink or drugs. She made you see what your family were going through and why they were reacting the way they were. She did all that without bullyin’ ye intae anything and she wisnae soft either. She was firm as well.” (Perth Connect Client)

An aspect of the Perth Connect project that was experienced as being empowering was the clients’ participation in decisions about the activities pursued at the project. According to the young people who attended this project, it was common for them to be included in a range of decisions about the sorts of things they should do and about aspects of the running and organisation of the intervention.

The Aberlour clients were equally appreciative of the empowering approach adopted by their workers. According to them, their project workers were non judgemental, were respectful of their wishes and preferences, and did not seek to direct or control their behaviour. Their approach was to offer advice and support in a context of self-determination. This does not mean that the project workers did not speak their mind. They did and, according to the parents, they often did so with considerable frankness. However, the message was conveyed with sensitivity and respect and in such a way that the client’s self esteem and independence were preserved. The consequence of this was that the clients felt valued, respected and in control.

“The workers backed me up by making me feel confident and comfortable with the decisions I was making. I never, ever felt pressured in anything, they made me feel in control of the situation. Same with the kids and anything to do with the kids, I was always in control of everything that happened. I didn’t ever feel like anyone was prying or trying to take control ......I was always in control. So it was really good because a lot of mothers have issues where they feel that people are coming in and taking control of their children cause they cannae cope or they’re no’ able. It was never a scenario like that. I always felt in control of the situation.” (Aberlour Outreach Client)

The Aberlour Outreach clients were clear that an approach that was empowering and which respected them as individuals was much more likely to secure their continued participation in the project and to promote a meaningful and open dialogue with project workers than one which did not.
Factor 2: A sense of trust and confidentiality

It was clear from the accounts provided by the clients in all four projects that trust and the assurance of confidentiality were central to their ability to engage with the interventions effectively. It was their ability to trust their worker that made the clients feel able to open up to them and talk frankly about issues. This is illustrated by the following account by one of the Aberlour clients of how the establishment of trust determined the pace and extent to which she felt able to disclose to her project worker.

“For the first few months I wisnae totally honest with her. I never lied to her, I just didnae tell her everything, because a lot of things I was really embarrassed about and didnae want tae talk about. Then after that, after really getting to know her, I realised that I could talk to her.”

The clients from the three young peoples’ projects appeared to be entirely secure in the knowledge that they could confide almost anything to their workers and it would be treated completely confidentially: ‘They keep things that ah tell them to themselves, they don’t tell anybody a word.’ ‘Ye can jist talk tae them aboot anythin’ and they’ll no’ tell naebody and ye can jist tell them the truth.’ The Aberlour clients also expressed confidence that they could trust their project workers. A particular issue for them was the assurance that their project worker would discuss an issue with them, and advise them of any action they proposed taking, before raising it with a third party. The parents indicated that they would much prefer to learn of potential actions regarding their family from the project worker herself, even if those actions were unwelcome, rather than decisions being taken in secret with their worker’s clandestine complicity.

“For somebody that’s no judging you, that’s no judgemental, you ken? It’s safe, you feel safe, ken whis I mean like? She’ll say, ‘It’s just staying between me and you’, know whis I mean? ‘What you’ve said. Don’t want what we said tae go tae the social work’. It would just stay between me an’ her, I liked that. Unless it was something that was putting the bairns at risk. Then shes’d have tae tell them. But she would tell me that. I understand that and I’m fine wi’ that.” (Aberlour Outreach Client)

Finally, a relationship of trust between worker and client did not develop immediately but instead was forged on the basis of the client’s experience of the relationship over time. For this reason, continuity in the staff with whom the clients were in contact was an important element in sustaining trust and confidence across all four projects.

“I’ve always had the same person every single time I’ve seen them. So I trust her. She’s more like a friend than an actual person that’s trying tae help, so I like that. They’ve no’ chopped and changed.” (Aberlour Outreach Client)

Factor 3: Friendliness and approachability of staff

It was clear from our interviewees’ descriptions of their experiences that the personal qualities of staff members and their ability to present a friendly and accessible face to clients was of great importance in facilitating the establishment of effective relationships between clients and workers. A personal liking for the staff and the way in which they related to them came through strongly in the interviews with the young people. Comments such as, ‘I liked the staff’, ‘ma counsellor wis class,’ ‘she was brilliant’ and, ‘the staff are good to you’ were common. The majority of the Aberlour Outreach clients also referred to the
friendliness of their project worker as having been a significant feature of their experience. For some of the clients their project worker almost assumed the status of a friend.

“The person ah work wi’, ah feel she isnae sort of a worker she’s more of a friend, eh, there wis a friendship there rather than lookin’ at her as a worker, d’ye ken what ah mean, she wis really easy tae talk tae. She’s no’ like any other workers ah’ve had or doctors either, she’s been a lot better. Aye, she’s really good tae speak tae, she’s more like a pal than a worker. She’s really good at her job and that, she’s really professional but she’s good tae talk tae. Ah’ve got a good relationship wi’ her.” (Aberlour Outreach client)

“Ah really really did get on wi’ ma keyworker. Ah loved her, she was brilliant. She helped me get off the drugs, she was there for me whenever ah needed her. She was just brilliant. All the good things ah’ve been able tae dae ah put down tae (project worker). She was like that wi’ us all, she wasnae just yer keyworker, she was yer friend.”  (Perth Connect Client)

According to the clients, this close relationship enabled them to feel at ease in their worker’s company and helped them to feel comfortable about discussing personal or sensitive issues: ‘Ah jist really like her. Ah can talk tae her. Ah can tell her the truth.’

A further important aspect of the project worker being seen as friendly was that it enhanced his or her perceived approachability. The fact that the project workers were regarded as being approachable was important to clients in all four projects since it contributed to their sense of having a resource whom they could contact at any time on almost any subject.

Factor 4: Making attendance at the young people’s projects enjoyable

An important aspect of the three young people’s projects was that they were regarded by clients as being enjoyable. For the East Ayrshire Carers and Perth Connect projects, making attendance at the intervention enjoyable was an essential ingredient in the provision of effective respite from a range of difficult circumstances. However, the staff in all three projects were also well aware that the young people had to want to attend the intervention and to enjoy being there for it to be possible for them to work effectively with them on other things. This was something that the staff in all three projects sought to achieve and it appeared from the young people’s accounts that they largely succeeded in this. In the interviews, clients in all three projects frequently referred to the enjoyable aspect of their participation in a programme and how this had often tended to confound their expectations.

“(I liked) the sense a’ humour wi’ (project worker) ‘cos he’s funny so ......that wis mare interesting instead of boring.” (Reiver client)

“Ah thought it wis we were tae go and fill in questions an’ all that but when ah got there it wis tae have fun”. (East Ayrshire Client)

Indeed, because they found it enjoyable, some of the young clients found themselves engaging with a project and its staff almost in spite of themselves. This was especially evident as far as Reiver was concerned where the young people reported considerable initial resistance to becoming involved with the intervention. While all of the young people attending Reiver expected to receive advice on moderating their drinking and changing other aspects of their behaviour, there was a degree of scepticism regarding what this might achieve.
Most of the young people expected the intervention would involve being lectured to on the dangers of the excessive use of alcohol and being instructed on how to behave appropriately. It was clear from their accounts of their expectations at the time of their referral that the majority were resistant to a process they anticipated would be ‘boring’ and unpleasant: ‘I didn’t think they’d help much at first. I just thought they’d tell me that I couldn’ae do this and I couldn’ae do that.’ This attitude is perhaps not surprising given that all of the young people had been referred involuntarily to the project by another agency. None of them had referred themselves on the basis of a self-identified problem. However, in the majority of cases, the young people’s expectations appear to have been confounded by their experience of the project.

Factor 5: Aberlour clients’ acceptance of their need for assistance

The Aberlour Outreach project staff were well aware that a precondition for clients’ effective engagement with their programme was an acceptance by the latter that they had problems with parenting. While parents may have had some awareness of their shortcomings at the time of their introduction to the intervention, the project staff saw one of their main initial tasks as being to develop this awareness as a preliminary to working on parenting weaknesses with their clients. It appeared that the staff enjoyed considerable success in achieving this since, by the time of our first interview with the clients, all of them indicated that they recognised and accepted that they had difficulties with parenting and regarded the intervention of Aberlour Outreach as being legitimate and worthwhile.

The positive attitude which the clients expressed towards advice and support on parenting was reinforced by the fact that a number of them had had children removed into care because of their drug use. Others had experienced the threat of having their children taken away. As a consequence, those parents saw the intervention in a positive way, if for no other reason than it would assist them in retaining custody of their children.

Key findings

- The clients in all four projects expressed a high degree of satisfaction with the service they received.
- The biggest source of dissatisfaction across the four projects was with staff who were seen as enquiring about matters which the individual would rather have kept private.
- A sense of empowerment, the establishment of trust and a perception of the staff as being friendly and approachable were all important in facilitating clients’ constructive engagement with a project.
- For the three young peoples’ projects it was important for client engagement that attendance at the programme be experienced as enjoyable.
Chapter 7: Conclusions and Implications

In this chapter we summarise the main findings of the process and outcome evaluations and discuss their implications for policy and practice. Some of the implications are specific to particular projects or types of project. However, as far as possible, we have endeavoured to identify lessons that are common to the interventions and which may have wider applicability.

Summary of client outcomes

The outcome evaluation suggests that all four projects enjoyed a considerable measure of success in achieving their objectives.

Reiver and Perth Connect Projects

The young people’s accounts of their experiences of Reiver and Perth Connect suggest that their participation in them had led to a number of positive changes in their lives. For those attending the Reiver project, reductions in drug and alcohol consumption, reduced involvement in problem activities and behaviours, improved relations with family members and positive changes in their attitudes towards school were all attributed to their participation in the programme. The five clients of Perth Connect all reported substantially reduced use of drugs and alcohol. Several also claimed that relations with other members of their family had improved as a result of this. All of them said that they had altered the company they kept or the amount of time they spent with their former friends and that their involvement in anti social activities had declined. The clients of Perth Connect also claimed enhanced confidence and self-esteem as a result of their participation in the project.

A high proportion of the clients, in these two projects, also referred to the ways in which they believed they had benefited from the emotional and psychological support they received from project workers. Having somebody to talk to in confidence about things that were concerning them was greatly appreciated by many of the young people. This support assumed added significance in a context in which individuals frequently had problems of a fairly profound nature and where they often did not have anyone else in whom they could confide and seek advice.

It could be argued that, in evaluating these agencies’ success, only the complete cessation of drug and alcohol use should be regarded as the appropriate outcome measure. However, the projects’ aims and achievements need to be assessed in the context of the young people’s lives and their starting points in terms of behaviour. All of the young clients with whom the two projects worked had been involved in serious substance misuse at the time of referral. Most were also heavily involved in other problem behaviours. The progress that was made therefore, far from being seen as some sort of failure could, alternatively, be regarded as a substantial success. As we saw from the accounts of the collateral interviewees and the clients themselves, while the young people’s consumption of drugs and alcohol may not have been eliminated entirely, the place of these activities in their lives had been reduced to such an extent that both the young people’s own lives and those of the people close to them had been transformed. Indeed, given the relatively brief amount of time each project is able to spend with those clients, together with the latter’s continuing exposure to other more negative influences, the progress they achieved could be considered fairly remarkable. Finally, it can be argued that a gradual approach which pursues realistic and attainable goals may stand a better chance of success than one
which attempts to enforce complete abstinence from drugs and alcohol and, in the process, risks alienating the young people from the project.

**East Ayrshire Project**

The East Ayrshire Substance Misuse Family Support Project also appeared to have played a very positive role in the lives of the young carers who attended it. According to the clients’ accounts of their experiences of this project, the intervention addressed a wide spectrum of needs and did so in ways that led to significant improvements in their lives. The young carers claimed to have derived considerable benefit from the respite from the caring role that their attendance at the project provided. Importantly, nearly all of the young people said that their participation in the project had led to improvements in their home circumstances. The project also gave the young carers the opportunity to socialise with other young people. This was important given the frequent isolation the young carers experienced. An additional benefit was that it brought them into contact with other young carers with similar problems to their own. The project also created opportunities for the young carers to engage in a range of activities they would otherwise not have had a chance to participate in. For some of the young people their involvement with the project had had a positive influence upon their behaviour and the company they kept. Some of them also claimed to have benefited from the emotional and psychological support they received from the project worker and nearly all of them volunteered that their confidence and self-esteem had been enhanced through their attendance at the project. A particular strength of the East Ayrshire project appeared to be the way in which, although essentially a group intervention, it was also able to provide support for the young carers at an individual level. This meant that their emotional needs were addressed more fully than might have been the case in a project which focused exclusively on activities of a group nature.

**Aberlour Outreach Project**

Based on the accounts provided by clients and collateral interviewees, the Aberlour Edinburgh Outreach project also achieved considerable success. According to the parents whom we interviewed, their participation in the home-based outreach service had 1) improved their parenting skills and capacities and 2) led to a reduction in their children’s exposure to drug-related risks. In addition, the parents reported having been helped to stabilise or reduce their drug use and having received valuable emotional and psychological support. These latter benefits – support with their drug use and emotional wellbeing – were important in helping to create and sustain a context that helped to promote improved parenting and create a safer environment for the children.

**Client satisfaction with the projects**

Few criticisms were expressed in relation to any of the interventions. For the three young people’s projects the clients’ main concerns related to the appropriateness of the help received and a claimed tendency on the part staff to enquire about matters which the young person would rather have kept private. The same criticisms were the most prominent ones as far as the Aberlour Outreach clients were concerned.

Clients’ unhappiness with perceived invasions of privacy suggest that project workers may need to be especially sensitive to this aspect of their work, particularly in view of the high priority which clients give to confidentiality. The apparent disagreement over objectives might simply reflect clients’ resistance to the advice and guidance offered by the project. This would not be surprising given
that the main objective of three of the projects is to challenge established behaviour and get clients to change what they do in pretty fundamental ways. Alternatively, it may suggest that projects need to make greater efforts to explain and negotiate the service they provide. Unfortunately, our data do not enable us to determine the relative weight of these possibilities.

**Lessons from the evaluation**

The process and outcome evaluations identified a number of factors that had implications for the success of the projects.

**Philosophy and approach**

The philosophy and approach adopted by the projects was central to their success. There were two aspects to this. First, a non-directive and empowering approach on the part of the project staff enabled the client to feel valued and encouraged their participation in the project. Second, all four projects adopted and maintained a person-centred and holistic approach. The person-centred approach meant that individual goals were tailored to the needs of the clients. While plans would be developed to meet those goals, workers were prepared to respond to situations as they arose. According to project staff, the person-centred approach was critical to the success of the projects, enabling workers to build the type of trusting relationships necessary to establish underlying need, negotiate personal goals and respond flexibly to help the client achieve these goals.

While the flexible, person-centred approach appears to be central to the projects’ success in engaging their client groups, it can also create problems. First, it makes the approach potentially difficult to replicate and impedes the transfer of learning to other comparable areas of activity. Second, it would appear to be responsible for creating tensions with other stakeholder groups. For example, at the delivery level the imprecise nature of an intervention can affect joint working by raising demarcation issues over areas of professional responsibility. At the funding level it can create difficulties in assessing a project’s effectiveness.

**Confidentiality**

The establishment of confidentiality and trust was essential to the development of a productive relationship with clients. This meant that the parameters for informing other agencies about a situation needed to be addressed up front, especially where concerns about child safety might need to be shared with statutory bodies. Apart from child protection concerns, it was felt that clients needed to be confident that information would not be repeated to other professionals or family members without permission. The project workers’ experience was that it could take several months for trust and an open relationship to develop with clients. In the Aberlour and East Ayrshire projects in particular, workers needed to recognise and address the fear that children might be removed into care. If these fears were not dealt with effectively they could generate considerable secrecy and suspicion and impede the working relationship.

**Personal qualities of project workers**

The personal qualities of project workers is an important factor in encouraging clients to engage with a project

For all three of the young people’s projects, the ability of staff to establish a positive relationship with the young people was extremely important as far as the success of the projects was concerned. It greatly facilitated clients’ engagement
with a project if staff were regarded as being friendly and accessible. It was especially important that the project was perceived as being welcoming and that participation in it was seen as being enjoyable. In this regard, our study suggests that the quality of the personal relationships which the young people had with the project workers lay at the heart of the projects’ success. It appeared that how the young people felt about the individual workers – whether they liked them, whether they felt relaxed in their company, and whether they trusted them – was a central element in determining whether or not they would continue to participate in the project. If this is true, it implies that the personal qualities of project workers may be at least as important as their professional backgrounds as far as the effective delivery of young peoples’ projects is concerned. This conclusion certainly corresponds with the views of the managers of these and similar community projects for young people (McIntosh et al 2004). It also echoes the view expressed by the Effective Interventions Unit that, ‘In many instances the need to relate well to young people will be of greater significance than specific knowledge about substance misuse.’ (EIU 2003, p 21)

**Retention of experienced front line staff**

The retention of experienced front line staff was important in providing continuity for clients. Given the importance of clients’ relationships with project workers, continuity of staffing and the retention of experienced staff have major implications for the overall effectiveness of an intervention.

A number of factors were important to retaining frontline staff, including a supportive and rewarding work environment and management style. Whilst clinical supervision was regarded as an important feature of support, making adequate provision for staff to meet on a regular basis and to freely discuss case management issues was similarly important. This latter aspect of support can prove challenging when workers are required to cover different and often wide geographic areas.

**Projects for young people should be enjoyable**

For the projects working with young people it was important for the latter’s engagement with them that, as far as possible, they should be experienced as being fun and enjoyable. The staff in all three of the young peoples’ projects were well aware of this and devoted considerable time and energy to ensuring that participation in the project was as appealing as possible.

**Client engagement with the Aberlour project**

For the Aberlour Outreach clients, it was important that they perceive the service as being relevant to their needs. While this perception might not have been in place when clients made their initial contact with the project, the subsequent development of this recognition helped to promote their constructive engagement with it. Indeed, as we saw, one of the objectives of the project staff was the encouragement of an acceptance by their clients that their parenting was deficient in certain respects, precisely because this was regarded as being a precondition for parents’ successful engagement with the intervention.

**Target groups**

Very few self-referrals were generated by the projects. This meant that identifying appropriate referral routes capable of supplying the right kind of clients in appropriate numbers was critical to the projects’ success. All of the projects invested considerable time and energy in exploring routes by which
clients, who were often hidden and initially reluctant, could be accessed. Strategies for accessing clients included: identifying key agency staff responsible for making referral decisions; developing supportive relationships with referring agencies; and employing project staff who were familiar with local service networks. The distribution of leaflets and information packs also helped to promote enhanced awareness of the project among potential referral agents. Staff changes in referring agencies meant that keeping potential referrers informed about the project was a continuing process.

**Referrals**

It is important for projects to work at ensuring that they receive referrals that are appropriate to them. Misunderstandings on the part of referring agencies regarding the work of the project could lead to clients being referred inappropriately. In consequence, projects not only had to continually clarify the type of work they undertook and the nature of their clientele, they also had to make clear the type of work they did not do and correct any misapprehensions.

**Relationship with host agency**

The nature of a project’s relationship with its host agency was a significant factor in its success. Establishing a sense of ownership of the service by the parent organisation is essential to ensuring effective leadership, management and administrative support. Key to this is ensuring that senior staff from the host agency have an active input into all funding applications. It is also important that provision is made from the outset for those staff to meet with the project on a regular basis.

Close integration with the host organisation was felt to offer considerable benefits such as accommodating management changes and covering staff absences or unfilled posts, as well as providing resources, mutual support and training opportunities. However, too close an integration with the host agency might risk undermining a project’s achievement of its goals, for example if project workers are used to cover aspects of the host agency’s work.

**Funding arrangements**

Funding arrangements had significant implications for project planning and sustainability. The projects generally felt that they had a good relationship with the Partnership Drugs Initiative both as a funding body and as a support agency, and welcomed their supportive and flexible approach to project development. However, while projects appreciated the renewal of financial support by the funding body, the reduced rate of this support could cause considerable difficulty. In addition funding uncertainties made planning difficult, particularly where staff had left and it was unclear if posts would continue beyond the first end-point.

**Promoting client involvement**

The projects attached a high priority to the principle of client involvement in project development issues. As we saw, establishing appropriate mechanisms to actively engage clients in this process proved difficult. Some projects employed feedback forms for specific events and occasionally sought a direct response from clients, for example at closure reviews. Whilst these mechanisms can provide useful feedback on a service, an on-going dialogue is needed if clients are to actively guide project development decisions. The Reiver and Perth Connect projects attempted to establish client advisory groups for this purpose but in both instances these failed to secure sufficient commitment from the young people.
The East Ayrshire project felt that its clients appreciated their involvement in planning the programme for each session of group activities and felt that the introduction of a comments box had been valuable. Despite these efforts, however, client involvement is an area where further experimentation and innovation is required.

**Assessment and monitoring procedures**

The projects’ assessment and monitoring procedures could be improved. The person-centred approach and the inherent flexibility of the projects helps to explain the use made of assessment tools by project workers. These were normally used as part of the engagement process to help to identify areas of concern, to generate constructive dialogue and to establish personal goals with the client. However, it was uncommon for standard assessments to be routinely repeated at later stages to measure progress. The project workers’ explanation for this was that client goals were often too sensitive to measure objectively. Overall, the non-use of standard assessment tools within some projects would appear to undermine their ability to monitor client progress, assess outcomes and measure the overall performance of the service.

**Conclusion**

The main question that the present research addresses is whether the projects that were evaluated are worthwhile. On the basis of the evidence we have collected, the answer to that question must be an emphatic ‘yes’. The central conclusion of the evaluation is that each of the four programmes achieved a substantial measure of success in achieving their objectives.

In the case of the three young people’s projects this success appeared to be accompanied by an apparent vagueness and lack of specification in relation to the nature of the intervention that was undertaken. However, this did not appear to prevent the projects from achieving considerable levels of success. Indeed, there is some evidence that these projects may have been successful in part because of their flexibility rather than in spite of it. What this implies is that interventions with young people may not need to be standardised or tightly specified – or even highly sophisticated – to be successful. What may be required is that they have a clear sense of what they want to achieve and use whatever means or opportunities are available to achieve those ends. This means that a variety of different projects with varied approaches are likely to be effective as far as meeting the needs of young people are concerned. In fact, some of the young people’s lives are so barren and misdirected that almost any intervention which provides respite from the negative aspects of their lives and gives them a sensitive but positive steer is likely to be beneficial. Having said that, as we saw, there are certain things that make it more or less likely that projects such as these will succeed.

The findings of this report would appear to be consistent with the views of service providers regarding the requirements for effective initiatives with young people. For example, in a recent guide to the assessment of young people who are involved in problematic substance misuse, based on consultations with service providers, the Scottish Executive’s Effective Interventions Unit emphasises the importance of effective engagement with this group as a prerequisite for successful intervention with them (EIU 2004). The Guide maintains that the young person needs to feel comfortable with the project workers and with the processes involved in an intervention and to be committed to the project’s objectives. Without such constructive engagement, the young person will either refuse to attend or, if compelled, will do so in such a way that is unproductive; for
example, by being disruptive or not being prepared to enter into a dialogue with the project workers. Barriers to engagement are especially likely when the young person has been referred to a service involuntarily. In these circumstances, the first task of the intervention is to somehow secure their engagement with it. According to the Guide, other barriers to engagement with a service typically include; a lack of awareness on the part of the young person of the possible consequences of their substance use; a distrust of official agencies and their staff; and difficulties in envisaging or committing to a positive course of action to change their behaviour. Successful engagement is promoted when workers are friendly, honest, non-patronising, non-judgemental, able to see things from the young person’s point of view, and able to demonstrate that they have the ability to listen to what the young person has to say. The establishment of trust is central to the development of a successful relationship between the worker and the young person.

Intervention with substance misusing parents is clearly something that requires a great deal of skill and sensitivity on the part of the workers involved. However, when these are present, our research suggests that it is an approach that is capable of achieving a considerable measure of success. This study has confirmed that there is much that can be achieved with substance misusing parents short of removing their children into care. There is a great deal in what the Aberlour Outreach parents had to say that is potentially reassuring to those service providers who feel they should be working with drug using parents in this way but may be anxious about how this might be received by them. Our study suggests that substance-misusing parents may be more amenable to this approach than is sometimes assumed. It is well known that, in delivering home based interventions to substance misusing parents, a difficult balance has to be struck between intervening in ways that are effective as far as the child is concerned while, at the same time, not alienating the parent (Taylor and Kroll 2004, Kearney et al. 2000, Banwell et al. 2002). It would appear that, according to the clients in our study, the workers at Aberlour Outreach were able to achieve this with a considerable degree of success.

The present evaluation of the four projects, while wide-ranging, was not able to examine the interventions in terms of the effectiveness of individual aspects of the therapeutic process. It is likely that specific elements of an intervention’s methods and approach will have particular and varying effects upon outcomes. An evaluation of projects’ performance at this level of specificity would require a research design which involved the comparison of a number of interventions with the same or similar objectives. This is something for the future. However, we do not believe that it is necessary to wait for evaluations of this degree of sophistication for us to proceed to back the sort of intervention represented in the present research. The need now is for the sorts of projects we have described in this report to receive mainstream support so that they can be made more widely available to those who require them.
Appendix 1: Summary Of The Process Evaluation Sample

<table>
<thead>
<tr>
<th>Interviewee Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project workers</td>
<td>14</td>
</tr>
<tr>
<td>Project managers</td>
<td>9</td>
</tr>
<tr>
<td>Referring workers</td>
<td>13</td>
</tr>
<tr>
<td>Senior staff: host agency / DAT</td>
<td>6</td>
</tr>
<tr>
<td>Young person advisory group member</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
</tr>
</tbody>
</table>

‘Project worker’: worker employed full or part time on one of the projects.

‘Project manager’: manager responsible for day-to-day management of one of the projects or having some managerial input.

‘Referring worker’: worker with contact with the project through referral of clients or other aspects of joint working.

‘Senior staff: host agency/DAT: staff with more senior role in relation to the project and not involved in day-to-day management.

Because the aim of the research was to examine the process by which each project developed and was implemented, some individuals, notably project workers and managers, were interviewed more than once as the projects evolved. Furthermore, in some projects, staff changes meant that more than one individual had filled a particular role, meaning a greater number of respondents. This resulted in interviews with 57 individuals overall.
Appendix 2: Obtaining Informed Consent

Informed consent for their participation in the outcome evaluation was obtained from all clients. In the case of young people under 16 years of age, parental consent was also obtained prior to the research team contacting them. Parents were sent a letter and information sheet explaining the research and what their child’s participation in it would involve and were invited to return a signed form giving their permission for their child to be approached with a view to taking part. Upon receiving parental consent, the young persons themselves were contacted and invited to participate. Full details of what their participation would involve were provided in a letter and accompanying information sheet. This included information on the purpose of the research, what it would involve for the young people and how confidentiality would be maintained. The voluntary nature of their participation was also emphasised to all potential interviewees. In addition, to the information sheet, a free phone number was provided so that potential interviewees could contact the research team to discuss any queries they might have about their participation in the study. Each potential participant was also given an opportunity to discuss the research with one of the interviewers before being invited to sign a consent form. All of those who took part in the interviews received a £10 gift voucher to cover their expenses and encourage their participation in the study.
As a preliminary to the interviews, members of the research team visited each of the agencies in order to agree a set of recruitment procedures. At these meetings the agencies were invited to express their preferences regarding the process of recruitment, taking into account their own convenience and workloads and the likelihood of securing clients’ agreement to participate in the research. In every case, the project’s preferences were adopted as the recruitment procedure for that agency. Reflecting the agencies’ varying preferences and circumstances, a different procedure was agreed for each of them. However, in every case, the recruitment procedure that was agreed involved the participation of the agency; a) in contacting parents for permission to approach their child; b) in introducing the research to clients; or c) both of these. All of the documentation required for the recruitment of clients was prepared by staff at the Centre for Drug Misuse Research and delivered to the agencies. This included; a detailed description of the recruitment procedure and the agency’s role in it; information sheets for clients and parents describing the research and what their participation in it would involve; letters to clients and parents introducing the research and requesting their consent; and consent forms. The agreed procedures are set out in Appendix 5.

At the agency visits, the number of each project’s current cases and their rate of recruitment of new cases were established and recruitment targets agreed. We agreed with the agencies that we would seek to interview all of their current cases together with all new cases over what we anticipated would be a 6 week recruitment period. The rate at which the projects recruited new cases dictated that the samples would have a clear bias towards current cases. The numbers agreed for each of the projects was as follows.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Current Cases</th>
<th>New Cases</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberlour Outreach</td>
<td>20</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Reiver Project</td>
<td>25</td>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>East Ayrshire</td>
<td>24</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>Perth Connect</td>
<td>25</td>
<td>4</td>
<td>29</td>
</tr>
</tbody>
</table>

The combined number of potential interviews for the four agencies was 111. While we did not anticipate being able to recruit all of those cases, the agencies were confident that, on the basis of the agreed procedures, a high response rate could be achieved. In the event, the recruitment of clients for interview proved to be frustratingly difficult. Instead of being accomplished within a period of 6 weeks, the recruitment process took nearly 5 months.

The delay was caused by the severe difficulties which the agencies reported experiencing in making contact with clients or their parents and in securing the various consents. This was partly, they said, a product of competing priorities and disruptions to staffing. In addition, though, recruitment difficulties were undoubtedly compounded by the vulnerable nature of the client groups. For example, the Aberlour project workers had to choose their moment carefully in deciding when to introduce the research to their clients since they could frequently be under the influence of psychoactive substances. Similarly, an initial lack of response to letters on the part of parents/carers meant that the East Ayrshire and Reiver project staff had to follow them up with telephone calls. In the case of the East Ayrshire parents, their misuse of drugs or alcohol made securing a response especially difficult. Perth Connect experienced a particular...
problem with their clients many of whom were profoundly disaffected as a result of what they saw as the unjustified departure of an especially popular worker. In consequence, many of the young people at this project expressed the view that there was no point in them participating in the research since nobody appeared to value their views anyway.

The original design of the outcome evaluation was for three interviews to be conducted with each client at 6 monthly intervals. However, as a result of the above delays, the research team’s advisory group agreed; 1) to extend the period of data collection and 2) contingent upon this, to reduce the number of follow up interviews from 2 to 1 with the second round of interviewing taking place 8 months after the first one. Table 2 shows the final response rate for the first round of interviews together with the number of refusals and non-responses.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Potential Clients</th>
<th>Number Contacted by Agency *</th>
<th>Number Interviewed</th>
<th>Number of Refusals</th>
<th>Non Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberlour Outreach</td>
<td>23</td>
<td>20</td>
<td>15</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Reiver Project</td>
<td>33</td>
<td>29</td>
<td>11</td>
<td>3 parents</td>
<td>13 parents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 clients</td>
<td></td>
</tr>
<tr>
<td>East Ayrshire</td>
<td>26</td>
<td>23</td>
<td>11</td>
<td>4 clients</td>
<td>8 parents</td>
</tr>
<tr>
<td>***</td>
<td></td>
<td></td>
<td></td>
<td>15 active cases</td>
<td></td>
</tr>
<tr>
<td>Perth Connect</td>
<td>15**</td>
<td>***</td>
<td>5</td>
<td>1 client</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* The contrast between the potential client numbers and the number contacted by the agencies is explained by the fact that the number of potential clients fell over the course of the recruitment period. According to the agencies, they contacted all of the clients who were available for inclusion in the study.

** When we visited the project initially we were informed that they would have 29 potential clients. However, this figure was subsequently revised downwards when we were later informed by the Project that they had only 15 active cases.

*** We assume that all 15 potential cases were contacted although we were unable to obtain confirmation of this from the agency.

Of the 87 potential interviewees actually contacted by the agencies, interviews were conducted with 42 clients, a response rate of 48 %. This might appear to be a disappointing return, but it needs to be viewed in the context of the nature of the clientele whose participation was being solicited and the particular difficulties associated with Perth Connect. It should also be noted that a major reason for the low rate of recruitment was the non-response of parents at Reiver and East Ayrshire.

On a positive note, a high proportion of the clients (37) participated in the second round of interviews. This included 12 clients of Aberlour Outreach, 11 clients of the Reiver Project, 10 clients of the East Ayrshire Young Carers Project and 4 clients of Perth Connect. The 5 clients who did not participate in the second round of interviews included 2 who had moved and could not be traced and 1 for whom it proved impossible to arrange an interview despite repeated attempts to do so. One of the Aberlour clients declined to be interviewed on the second occasion while another had serious mental health problems and it was deemed inappropriate to attempt to interview her.
Appendix 4: Representativeness of the Outcome Samples

The fact that fewer than half of those who were contacted actually took part in the study raises the question of how representative the interviewees are of the clients who are involved with the projects. This issue is particularly pertinent to the three young people’s projects where the response rates were lowest. Unfortunately we can only cast a little light on this. Since we were unable to collect information on the characteristics of the potential respondents, it is not possible to make direct comparisons between participants and non-participants. We can, however, compare the gender and age profiles of the respondents from the East Ayrshire and Reiver projects with the age and gender profiles of all the clients with whom these projects had been in contact as of July (Reiver) and September (East Ayrshire) 2003 as detailed in the earlier profiles report (McIntosh et al 2004). Even so, it should be borne in mind that any difference between the profile of our respondents and that of all clients up to mid-2003 could reflect changes between then and spring 2004 in the characteristics of the people with whom the projects were in contact rather than differences between participants and non-participants in the study. The results of the comparison are shown in Table 3.

<table>
<thead>
<tr>
<th></th>
<th>Female Respondents</th>
<th>Female Profile</th>
<th>Aged 12-14 Respondents</th>
<th>Aged 12-14 Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Ayrshire</td>
<td>91</td>
<td>74</td>
<td>36</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>11</td>
<td>39</td>
<td>11</td>
</tr>
<tr>
<td>Reiver</td>
<td>56</td>
<td>37</td>
<td>45</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>11</td>
<td>114</td>
<td>11</td>
</tr>
</tbody>
</table>

It appears that our sample of young people contains more female clients and fewer aged 12-14 than we might have anticipated. It therefore seems likely that male clients and younger teenagers were less likely to participate in the study. This might be a reflection either of the clients’ own views or those of their parents whose non-response to the initial request for interview was the main reason for non-participation in the study. The effect that these biases might have had on clients’ responsiveness to the projects is impossible to ascertain.

The problem of representativeness is less acute for the Aberlour sample. While 14 of the 15 respondents (93%) were female, this is consistent with the gender profile of this project’s clients. As documented in our earlier report, 95% of the 139 clients who participated in the project between November 2001 and September 2003 were female (McIntosh et al, 2004). In addition, since the response rate for the Aberlour clients was 75%, there is considerably less reason to suppose that those who participated in the study are substantially different from those who are currently in contact with the project.
Appendix 5: Procedures for the Recruitment of Clients for Interview

Aberlour Outreach Project

1. The individual project workers approach the clients to introduce the research and ascertain their willingness in principle to participate in it. The client is given an information sheet explaining the research and describing what their participation in it will involve.

2. The contact details of those clients who respond positively are passed to the survey manager who, in turn, contacts the client to arrange the interview. In practice, at the agency’s suggestion, the interviews were usually arranged with the assistance of the project workers.

3. Interviewer meets client, discusses the research with them and requests formal consent for their participation in the interview.

East Ayrshire Substance Misuse Family Support Project

1. The Project sends letter, information sheet, consent form and SAE to parents/carers requesting their consent to approach their child with a view to including them in the evaluation.

2. Parent/carer returns consent form to East Ayrshire Project.

3. The Project introduces the research to the young people and agrees a time at which they might meet the interviewer for possible interview. The Project confers with the survey manager regarding suitable dates, times and venues.

4. The Project informs the survey manager of the time and place arranged for the young person to meet the interviewer.

5. Interviewer meets with the young person, goes over the main elements on the information sheet and asks if they would be willing to take part in the research. If young person agrees they are, at that stage, asked to complete a consent form.

Reiver Project

1. The Project sends letter, information sheet, consent form and SAE to parents requesting their permission to pass their child’s contact details to the research team with a view to including them in the evaluation.

2. Parent/carer returns consent forms to the Project.

3. Project informs survey manager that consent has been granted and provides her with the contact details for the young person.

4. The survey manager sends letter, information sheet, consent form and SAE to the young person inviting them to take part in the evaluation.

5. The young person returns the consent form to survey manager who contacts them to arrange a convenient time and location for the interview.
6. Interviewer meets with the young person, goes over the main elements on the information sheet and confirms that the young person is still willing to take part in the research. If young person agrees to take part, they are asked to complete a consent form.

**Perth Connect**

1. The Project approaches the young person to introduce the research and secure their informal consent to contact their parents.

2. The Project sends letter, information sheet, consent form and SAE to parents requesting their consent to approach their child with a view to including them in the evaluation.

3. Parent/carer returns consent forms to the Project.

4. Where consent has been granted, the Project provides the survey manager with the young person’s contact details.

5. Survey manager sends letter, information sheet, consent form and SAE to young person inviting them to take part in the evaluation. The young person returns the consent form to survey manager.

6. Survey manager contacts the young person to arrange a convenient time and location for the interview.

7. Interviewer meets with the young person, goes over the main elements on the information sheet, confirms that he or she is still willing to take part in the research and obtains their written consent.

**Perth Connect (over 16 year olds)**

1. The Project approaches the young person to introduce the research and secure their consent to release their contact details to the research team.

2. The Project provides the survey manager with contact details for those clients who agree in principle to participate.

3. Survey manager sends letter, information sheet, consent form and SAE to young person inviting them to take part in the evaluation. Positive responses are followed up as for the under 16 year olds.
Appendix 6: Questions Regarding Clients’ Experiences of Projects

Clients in all four projects were invited to state whether they agreed or disagree with the following statements regarding their experience of it.

- The staff have not always understood the kind of help I want.
- There has always been a member of staff available when I have wanted to talk.
- The staff and I have disagreed about what the agency should do for me.
- The staff have helped to motivate me to sort out my problems.
- I have liked most of the sessions I have attended.
- I think the staff are good at their jobs.
- I have received the help that I was looking for.
- The atmosphere at project is warm and friendly. (asked of those attending the young people’s projects only)
- The staff ask about things I would rather keep private.
- Project provides a very confidential service.
- I have had a say in most of the decisions about the help that I have received.
- I trust the project staff completely.
Acknowledgements

The authors of the report would like to express their gratitude to those who participated in the research. We are especially grateful to the clients of the four projects who agreed to be interviewed and to grant the research team access to their files. We are also grateful to the project staff who assisted in arranging the client interviews and to all those in the projects and beyond who agreed to be interviewed. Tommy O’Brian, Sandy Bain, Mark Robinson and Carole Bain conducted the interviews with the clients. We are grateful for the skill and enthusiasm they brought to this task. The survey manager, Carole Bain, did an excellent job in arranging the interviews and was largely responsible for the high level of interviewee retention that was achieved. The research was funded by the Scottish Executive’s Effective Interventions Unit. The views expressed in this report are those of the authors and should not be attributed to the funding body.
References


