Reversing the Trend

How to evaluate the role of voluntary youth work in preventing or diverting young people from problem substance use
Welcome to Reversing the Trend

Reversing the Trend is a joint project involving 6 voluntary youth work organisations, their funder the Lloyds TSB Foundation for Scotland’s Partnership Drugs Initiative and Evaluation Support Scotland.

Reversing the Trend is about the role the voluntary youth sector plays in preventing or diverting young people away from problem substance use. Working together in a learning set we have explained the outcomes of our work and how those outcomes contribute to local and national outcomes on substance misuse. We have looked at ways to evaluate the impact of our preventive work.

This pack summarises what we have done so far. We think other youth work organisations, people who fund youth work organisations and people who make decisions about substance misuse policy and practice might find it useful.

The pack is in draft. We are talking to people about it until 31 January 2013. We are asking youth work organisations, Alcohol and Drug Partnerships and organisations with an influencing role:

1. Is this the right story of diversionary youth work from your experience?
2. Is the list of key points (on the next page) the right key points from your perspective? Is there anything missing?
3. What, if anything, could you use in this pack to help you improve policy or practice?
4. We will be revising this pack following this consultation. When we finalise it, how would you like it presented to help you and others use it?

Reversing the Trend was funded by Lloyds TSB Foundation for Scotland through the Partnership Drugs Initiative. The 6 participating youth projects were:

3 organisations that offer open youth provision
- Oban Youth Café
- North United Communities (also runs a family support service)
- DRC Health Project (also runs employment support and advice to young people)

3 organisations that offer more specialist support, including drop in health advice sessions, therapeutic and counselling services and schools based education work
- Midlothian Young People’s Advice Service
- The Junction (part of a larger partnership The North Edinburgh Alcohol Initiative Collaborative. Other organisations in that partnership offer street based work and both open and targeted youth provision’)
- Liber8 (also operates street based youth work and a health and leisure facility)
Summary of key points

1. Voluntary youth organisations find it hard to evidence the direct impact of preventive and diversionary work on substance misuse outcomes. They know their work does make a difference but they can struggle to prove it.

2. Policy makers and funders want evidence of what services and approaches are effective in preventing longer term problems. So evidence matters.

3. There is a spectrum of preventive action. This ranges from universal provision to avoid initiation to risky behaviour → work with selected groups to reduce the potential for risky behaviour to become problematic → focussed work with individuals to reduce the potential for more harm to be caused when they continue with risky behaviour. Voluntary youth work is involved in all stages of the preventive journey. But here we focus on activity which is diversionary or about early intervention.

4. The key issue we are addressing is that young people are at risk as a result of drugs and alcohol use. We are not trying to prevent experimentation or advocating complete abstinence. We are about minimising the risks and harms associated with drug and alcohol use. We address the factors affecting risk.

5. We have created a logic model (a diagram) to show what we do and how that makes a difference to young people. It is a simplification of a complex world. But it allows us to draw from our professional experience to explain the contribution youth work makes to prevention of problems related to drugs and alcohol. It provides a framework to evaluate that contribution.

6. In brief our logic model shows

   - We take steps to engage with young people, particularly those most at risk
   - Open access activities are used to build trust and relationships
   - This leads to deeper engagement work helping young people to achieve positive outcomes and effectively build protective factors
   - Young people can then make positive choices and take less risky behaviours
   - This benefits the community in general and meets Alcohol and Drug Partnership and government outcomes around substance use.

7. Our logic model is, in essence, about meeting young people’s need for acceptance, friends, fun, adventure and risk and their need to express their freedom and “grown up ness” (by achieving their own goals). The model also show how youth work builds protective factors which reduce the risks of problems associated with substance use. It does this by providing things to do, fostering supportive adults and peer groups, boosting confidence and increasing knowledge about the effects of drugs and alcohol.

8. Youth work is not alone in using preventive interventions. We see the importance partnership with other agencies and enabling young people to
make use of other services. But our unique selling point is our young people led, relationship-based approaches, which happen at a key point where young people branch out from families and become independent.

9. We have not had the resources to do a full review of research. But we have found research that broadly backs up our professional experience and gives weight to our logic model.

10. We have looked at ways to evaluate our impact. We think that statistics and data sets held by public agencies, are often limited because they may not be localised enough and also need careful interpretation to understand what has changed and why.

11. In any case we need to put young people’s voice at the heart of our evaluation methods so we understand what changes for them and that evaluation itself is about responding to young people and improving our own services as well as proving our value.

12. Our logic model has helped us identify key evaluation questions that we need to evaluate to help us understand whether we are making a difference on the journey to prevention.

13. The first set of questions are in summary:

   Are we engaging and reaching the right young people and in a way that enables them to benefit from our preventive services?
   The Junction case study looks at this

14. The second set of evaluation questions can be summarised as:

   Are young people diverted from substance misuse in the short term and achieving positive outcomes / increasing protective factors?
   DRC and MYPAS case studies look at this

15. We assume that young people with positive outcomes are less at risk of developing problems because they stronger protective factors. However we don’t know for sure so this gives us our third set of questions which are:

   Are we working towards longer term decreased risky behaviours and more positive choices and more positive outcomes for the community?
   Oban Youth Café, North United Communities and Liber8 case studies show how we have begun to explore this.

Please read the rest of this pack to find out more about how to explain, measure and prove the contribution of voluntary youth work in preventing or diverting young people from problem substance use.

If you have any comments or questions get in touch with Evaluation Support Scotland: diane@evaluationsupportscotland.org.uk
**What’s in this pack**

**Background (page 6)**

This section sets out why we set up *Reversing the Trend*. We explain what we mean by youth work and our approach in defining and evaluating diversion and prevention.

**Explaining the model (page 11)**

We explain our understanding of the issue to be addressed using a ‘situation tree’. We present a logic model of target groups, activities and outcomes of youth work in this area. This is presented in both a diagram and in words.

We then go on to link the model to our understanding of the situation tree, to others sources of support, including the Scottish Youth Commission on Alcohol, Getting it Right for Every Child and formal pieces of research.

**Evaluating the model (page 20)**

We consider why evaluation is important, the key evaluation questions suggested by the model and where evidence might come from. We then explore evaluation of reach and accessibility, evaluation of outcomes for young people and ways to evaluate longer term outcomes.

Across this section we consider some of the evaluation challenges for youth workers, highlight some indicators for our outcomes and identify some methods being commonly used.

**Case studies (page 26)**

We include case studies which highlight the ways in which youth organisations are using methods to evaluate their work.

- The Junction case study shows how to evaluate that we are reaching the right young people and that they are reaching the services they need
- The DRC Youth Project case study shows how to evaluate an individual young person’s progress towards positive outcomes
- The MYPAS case study evaluates the outcomes of group work programmes for young people at risk
- Oban Youth Café case study is about story telling approaches to show individual and group change over a longer period of time.
- North United Communities case study looks at how to gather evidence about individual reduced risk taking behaviours over time.
- The Liber8 case study shows how to use community profiling to identify need and assess change at a community level

**Appendices (page 49)**

We provide more detail in appendices:

1. Some examples of research evidence relating to prevention
2. Suggested indicators (for evidencing outcomes in the model)
3. Example evaluation methods for use with different youth work activity.
1. BACKGROUND

1.1. Why did we do this work?

Voluntary organisations find it hard to evidence the direct impact of preventive and diversionary work on substance misuse outcomes¹.

This is a problem because preventive and diversionary approaches are a major plank of policy and practice. See box below for some important examples.

The voluntary sector is not alone in finding it hard to evidence the impact of preventive. A Scottish Government funded review of research² found limited evidence on the effectiveness of diversionary approaches for substance misuse and called for a better evidence base for preventive interventions/drug education and information provision.

Research tends to focus on parental and school based interventions. Vellerman (2009b)³ notes that researchers repeatedly review similar types of family based interventions. Disregarding other approaches as ‘not evidence based’ isn’t possible until more research has been done.

Young people themselves are calling for more understanding about diversion and prevention. The Scottish Youth Commission on Alcohol⁴ called for ways to enhance and ensure sharing of best practice and resources in alcohol education.

**Prevention matters to policy-makers**

The Scottish Government’s drugs strategy *Road to Recovery⁵* has a significant focus on prevention and identifies that preventing drug use is more effective than dealing with established drug problems.

The alcohol strategy “*Changing Scotland’s Relationship with Alcohol: a Framework for Action⁶*” commits Government to supporting diversionary activities targeted at reducing alcohol misuse.

Since we started this work prevention has become one of major pillars of the Scottish Government’s public service reform agenda⁷.

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³ Vellerman, R (2009b) “Alcohol prevention programmes- a review of the literature ” Joseph Rowntree Foundation
⁴ See [http://www.youngscot.net/media/12177/syca_recommendations.pdf](http://www.youngscot.net/media/12177/syca_recommendations.pdf)
⁷ See: [http://www.scotland.gov.uk/About/Performance/scotPerforms/outcome/pubServ](http://www.scotland.gov.uk/About/Performance/scotPerforms/outcome/pubServ)
1. BACKGROUND

1.2 What is youth work?

YouthLink Scotland\(^8\) describes youth work as “an educational practice contributing to young people’s learning and development”.

Youth work uses points of contact (such as street work, events and youth clubs) to engage with young people. What matters is the dialogue that happens during and around activities and the principles that youth workers use in their approach.

YouthLink Scotland identifies three ‘essential and definitive features’.

- **Young people choose to participate**
  The young person decides whether to engage. She/he chooses to be involved because they want to relax, meet friends and have fun.

- **The work must build from where young people are**
  Youth work operates on young people’s own personal and recreational territory – within both their geographic and interest communities. Youth work respects young people’s life experience.

- **Youth work recognises the young person and the youth worker as partners in a learning process**
  The young person is as an active partner who can, and should, have opportunities and resources to shape their lives.

We - the 6 youth organisations in *Reversing the Trend* - use a broad range of interventions to bring about outcomes for young people including

- Street work
- Youth clubs and cafes
- Events and activities: sports, arts, outings, gigs etc
- Group work and one to one support
- School work
- Youth and community participation exercises
- Counselling and other therapeutic work

Each of us works in different ways based on the needs of the young people we are targeting and the different contexts in which we work. However, broadly speaking we are a mix of those that take a more generic approach and those that take a more specialist approach.

All of us target young people at risk, but we target them at different places in the ‘prevention’ spectrum (see next section).

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\(^8\) Statement on the nature and purpose of youth work (2009)
1.3 Explaining prevention and diversion

In *Reversing the Trend* we use ‘diversionary’ in two senses. In early engagement work the main focus is on distraction. We also use early engagement to help young people make positive choices longer term, about when they experiment and the risks they are prepared to take, or more generally about levels and types of alcohol and drugs they use. So early engagement can sometimes stop young people make the transition from experimental or recreational use to long term use and dependency.

The Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model 2008-2010 identifies 3 levels of prevention action:

| Primary prevention (universal): aims to avoid initial initiation to risky behaviour |
| Secondary prevention (working with selected groups): aims to reduce the potential for alcohol and drug-related risky behaviour to become problematic |
| Tertiary prevention (working with indicated individuals): aims to reduce the potential for more harm to be caused when people continue with risky behaviour |

### Different models of prevention

Some organisations in *Reversing the Trend* target young people before risky behaviour is common place. Some target young people who are engaged in risky behaviours (for example anti-social and sexual behaviour). Some offer support to those with substance misuse problems.

Of course, there isn’t always a steady progression of use to ‘damage’. Issues can escalate from primary to tertiary quickly. One shot at glue sniffing can lead to death. One incidence of drinking can lead to unsafe behaviours with unintended consequences such as, injury or pregnancy. Even with a key target group, organisations adopt a range of interventions which recognise this complexity.

In *Reversing the Trend*, we focus on activity which is diversionary or about early intervention. We have not considered the outcomes from intensive and therapeutic work with individuals and groups who have a recognised problem with alcohol and substance use.

We recognise that we are not alone in using preventive interventions. We see the importance of working in partnership with other agencies and encouraging and enabling young people to make use of other services, where appropriate. On the next page there is a diagram which explains in simple terms where youth work fits.
1. BACKGROUND

Mapping of current prevention services for young people

<table>
<thead>
<tr>
<th>Primary Prevention: avoid initial initiation into risky behaviour</th>
<th>Secondary prevention: reduce potential for alcohol and drug related behaviour to become problematic</th>
<th>Tertiary prevention: reduce potential for more harm to be caused when people continue with a risky behaviour</th>
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</thead>
<tbody>
<tr>
<td>At risk of developing factors affecting use later on: eg stress and unhappiness, lack of supportive relationships, poor aspirations</td>
<td>At risk of misusing alcohol and drugs (all, but some more at risk than others)</td>
<td>At risk because of use: anti social behaviours, unsafe behaviours (sex/accidents, family issues)</td>
</tr>
<tr>
<td>Support to family</td>
<td>Early Educational work</td>
<td>Diversionary and educational work: generic to more targeted</td>
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<td></td>
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<td>More specialised support: from less to more intense</td>
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<td>Recovery support</td>
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<td></td>
<td>At risk of addiction</td>
<td>At risk of increasing addiction and related health and other problems</td>
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<td></td>
<td>At risk of death</td>
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</tbody>
</table>

Many organisations contribute to the prevention process including families, schools, health services and so on
1.4 Our approach to evaluating prevention

We have taken a Theory of Change approach to evaluating prevention. This means we build a theory of how we bring about change and for whom and look for existing evidence for that theory. Then we evaluate by

A: Measuring the change you have identified at different stages
B: Testing the theory – x leads to y (in depth or longer term follow up through samples and case studies)
C: Look for factors that influence when change happens and doesn’t

In *Reversing the Trend*, we have tried to follow A and B as follows. We have:

- Tried to understand the **situation** addressed by youth organisations in relation to preventing problems arising from substance misuse.
- Built a **logic model**, highlighting assumptions which underpin the youth work approach and explain how and why things change.
- Explored the research literature in a general way to find evidence that would support or contradict our assumptions or theory of change.
- Identified indicators for each outcome – that is the things we could measure which would suggest that outcome had been achieved.
- Looked at the methods we use to collect information on those indicators, at key points of contact with the client.

Further collation of evidence is required before we can fully explore the factors that influence when change best happens (stage C).

We have asked the question ‘Is this enough?’ We have explored what further steps can be taken to show impact on longer term trends.

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2. EXPLAINING THE MODEL

2.1 What the model is about

The models on page 14 are about the contribution that youth work makes to preventing problems related to drugs and alcohol. The focus is on provision that is either diversionary or preventive in nature. That is youth work which takes an ‘open to all approach’, even where key groups are targeted.

There are two models in this pack. One shows the link to the National Performance Framework and the other shows the links to Alcohol and Drugs Partnership (ADP) core outcomes. In essence they are the same models, except that the last column changes.

These models sit against the backdrop need as described in a situation tree, and a list of assumptions.

The model is about the voluntary sector but we recognise that local authorities can and do offer some of the same youth work services.

The model tells the story from our perspective as youth workers. It is our understanding of what we do and how that makes a difference for young people. Young people might describe what youth workers do in a very different way. Our aim is to build an understanding from practitioners’ perspective, based on our professional theories about how to support and work with young people. This can be tested against young people’s views and the evidence in general.

A model is a simplification of a more complex world. We make reference to a range of factors that influence young people (risk and protective factors, which are related to the individual, their family circumstances and the social situation in which they grow up). This isn’t (and cannot be) a comprehensive list, just the ones that we see as the most important in the context of youth work.

We recognise that youth work is part of a broader picture of provision. Schools, family workers, early year teams and transition services are also involved in prevention, but with different groups at different stages of their life. Youth work fits into the local context: culture, network of agencies. No one agency can solve the issue alone. Working in partnership with others is crucial. For this reason we identify links between this model and other services.

But first we look at the need to be addressed.
2. EXPLAINING THE MODEL

2.2 The need being addressed (our situation tree)

The situation tree overleaf attempts to summarise the need diversionary / prevention youth work is trying to address.

The trunk

The key issue is that **young people are at risk as a result of drugs and alcohol use**. We are not trying to prevent experimentation or advocating complete abstinence. We are about minimising the risks and harms associated with drug and alcohol use.

The branches: what may happen

What may happen as a result of that risk is expressed in the branches. Broadly there are two sets of concerns. Firstly young people may place themselves in vulnerable positions or get involved in anti-social behaviour when pursuing or under the influence of drugs and alcohol, resulting in a range of problems. Secondly, repeated use may lead to addiction, associated health problems and disengagement from school and positive opportunities for development. We accept that many will ‘escape without harm’ or will learn to use alcohol and drugs in a way that minimises harm.

The roots: factors affecting risk

The roots of the problem are below the trunk. This suggests that young people have basic needs for fun, for challenge, adventure and risk, for acceptance and for exercising freedom and choice. Alcohol and drugs provide one avenue for meeting those needs. Drugs and alcohol can also fill a void where young people are unhappy, isolated, excluded, lack hope or expectations. There are therefore both positive and negative drivers for drinking and taking drugs.

We know that whilst most young people will experiment with drugs and alcohol, the risks and consequences affect young people differently. We identify some factors that influence behaviour. These, in essence, are factors that either put young people more at risk or protect them. In other words, some young people are more vulnerable than others to risk and consequences. See research literature review in appendix 2.

The general landscape

Here we identify some issues that contribute to the problem, but which are out with our control.

In Scotland we live in a culture where drinking alcohol, and to a lesser extent, drug use, is commonplace. Alcohol is readily available and accessible and promoted\(^{11}\). In some communities an intergenerational cycle of poverty and disadvantage can magnify causes and consequences of substance misuse. This is an equalities issue, not only in terms of who is affected, but because it affects life chances.

\(^{11}\) See Scottish Youth Commission on Alcohol (reference 4)
2. EXPLAINING THE MODEL

Situation Tree for youth work and young people at risk because of alcohol and drugs

The branches
What may happen?

The situation

Young people are at risk because of drugs and alcohol

The roots
Factors affecting risk

Drink and drugs are cheap and easy to access

Need for acceptance and friends

Need to express their freedom and grown-upness

Need for fun adventure and risk

The general landscape

The problem does not affect all young people equally, some individuals and some communities are more at risk than others.
2. EXPLAINING THE MODEL

Agreeing focus → Open Access → Immediate outcomes → Deeper contact → Possible outcomes for young people → Community outcomes

Partner work to agree areas to be targeted

Activities that reach out to young people: School work, Streetwork, Events, Gigs, etc.

Drop-ins: Youth cafe etc

Work with young people to agree activities and goals

Informal education through conversation and dialogue

Informal recognition and support for young person

Increased engagement with young people

Informal recognition and support for young person

Informal education through conversation and dialogue

TPS: Get to know you

TPS: Has fun

TPS: Makes friends

TPS: Low intensity group work eg

TPS: Increased understanding about the risks associated with drugs and alcohol

TPS: Increased confidence to say no

TPS: More engaged at school

TPS: Volunteer, feed into policy planning and supporting others

Referral to more intensive support if needed eg: More in depth group work, counselling, health advice

Referral from/to other agency

Link to ADP Core Outcomes

More positive and healthier lifestyle choices

Less cost to NHS

Less anti social behaviour

Better connections between sectors of the community

HEALTHIER: People are healthier and experience fewer risks as a result of alcohol and drug use

PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti social behaviour

LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less available
2.3 The model in words

In brief the model shows

- Steps are taken to engage with young people, particularly those most at risk
- Open access activities are used to build trust and relationships
- This leads to deeper engagement work helping young people to achieve positive outcomes and effectively build protective factors
- Young people can then make positive choices and take less risky behaviours
- which therefore benefits the community in general and ... 
- meets ADP and government outcomes around substance use.

In some settings partner agencies play a part in deciding the focus of work and the group to be targeted. Relevant young people are then engaged and consulted in shaping any service or programme of work. In open youth settings young people help to determine activities.

Making contact with young people and developing trust relationships with them is done through a variety of ways such as school work, street work, drops ins, one off events such as gigs. These are generally open access activities - anyone can join in. The activity provides a point of contact with young people, but it’s the discussions with young people that bring about further engagement.

Other outcomes from open access activities are that young people have fun and the chance to make friends. Open access activities can themselves divert young people from more risky and anti-social behaviour.

Engagement leads to further work with young people through sports, arts, music, outings, and low intensity group work and in some cases residential. Once again, it’s not the activity, but the support and dialogue that happens before, during and after the activity that achieves the outcome.

Deeper contact brings about outcomes for young people around
- Finding positive activities that interest and challenge.
- Identifying things they can do well, in turn helping them to raise aspirations and set and achieve positive goals.
- increasing understanding about the risks associated with drugs and alcohol, so that they know how to manage and minimise those risks.

This leads to young people
- feeling better about themselves and their future
- having the confidence to say no to actions that are negative for them
- building positive relations and support networks with adults and peers.

Youth organisations work alongside other agencies to identify the needs of young people and refer when appropriate to other services. Local arrangements determine how referrals happen. The arrows in and out of the model show the role of youth work in accepting and making referrals to other agencies and in identifying when other more intensive support (by another part of the organisation or another organisation) is needed.
2.4 Assumptions in the logic model

About the way we work as youth workers

- Outcomes are very different for each young person and should be led by them. In turn the local community and society benefit, but the prime beneficiary is the young person.

- Young people should not be seen as the ‘issue’. They are part of the solution. They should be involved in assessing needs and designing services and solutions.

- We do not want to label young people. We want to focus on their ‘assets’ and not their ‘deficiencies’. This does not mean that we don’t address behavioural problems, but we use informal educational approaches to help young people to make more positive choices.

- Our approach is flexible and responsive, engaging young people in a way, time and manner that is accessible and feels safe to them. Contact has to be voluntary and workers have to be non-judgemental and consistent in their approach.

- Often youth work is the key point of contact for young people who are ‘disengaged’ from other services. We provide a point of regular positive contact with a supportive adult and a chance to build positive trusting relationships.

About the issue to be addressed

- Youth work picks up at a key point in a young person’s life, when they begin to branch out from families and find their own way in their community. It can support previous work or address issues that have newly emerged or not been resolved.

- Drug and alcohol issues do not stand alone. Issues around sexual, physical and mental health, anti-social behaviour and not thriving at school, often have common roots. They are affected by and affect drug and alcohol issues. In practice there is a need for ‘joined up approaches’. Alcohol and drugs work should not be put in a silo.

- Although projects sometimes target areas or groups, youth activities such as drop ins’ and events are open to all.

- What is risky behaviour depends on the individual, the context and the substance – it’s very difficult to specify ‘safe amounts’, we can only identify potential risks that makes a young person vulnerable or unable to function normally.
2. EXPLAINING THE MODEL

2.5 Linking the model to our situation tree (need)

Our model shows how youth work can address the factors affecting risk set out in our situation tree.

In essence our logic model is about meeting young people’s need for acceptance, friends, fun, adventure and risk and their need to express their freedom and “grown up ness” (by achieving their own goals).

The activities and outcomes in our model also address some of the influencing (or protective) factors in the situation tree. The model explains how youth work provides things to do, supportive adults and peer groups and also boosts confidence and increases knowledge about the effects of drugs and alcohol.

This leads to young people being able and willing to make positive and healthy lifestyle choices, decrease risky behaviours and choose to become more engaged at school or in other activities (such as volunteering), because they are happier, have increased aspirations and the confidence to make their own positive paths.

As a result of making more positive choices, communities benefit through less expenditure on health services, fewer anti-social behaviour problems and stronger connections between parts of the community.

The model links to Alcohol and Drug Partnerships’ four themes of healthier people, less prevalence, community safety and the local environment.

It links to Government outcomes: “we live longer, healthier lives”, “we live our lives safe from crime, disorder and danger”, “young people are successful learners, confident individuals, effective contributors and responsible citizens” and “improved life chances for children, young people and families at risk”.

2.6 Linking our model to other ‘knowledge’

We have deliberately built our model from our experience. However we have checked that our model chimes with what other people and policies say, in particular:

- The Scottish Youth Commission on Alcohol (what young people know)
- Formal research literature (what researchers know)
- Getting it Right for Every Child

The Scottish Youth Commission on Alcohol

Some of the Commission’s recommendations are about ‘changing culture through leisure and lifestyle choices’. This might be one of the straplines of our model. Key recommendations in this area include:

- We should create sustainable local strategies for diversionary activity.
- We should involve young people in designing leisure and lifestyle choices
- We should research the needs of different age groups
- We should invest in rewards and incentive programmes
Our model is built on the assumption that young people should be involved in designing the local activities and services. A key issue is around resourcing youth and leisure and lifestyle opportunities.

**Research**

In the background section we said there was a lack of research literature about the impact of diversionary activities. Nevertheless the research that has been done (see appendix 1) suggests the following:

- Some young people are more at risk than others.
- It is helpful to build protective factors to achieve prevention.
- When building protective factors it is best to take an holistic person centred approach and this is effective across behaviours (substance use, sexual health and offending)

Diversionary activities can address risk and build protective factors but on their own are insufficient and work has to be done to help young people
  - improve cognitive and social skills
  - reduce impulsiveness and risk-taking behaviour
  - raise self-esteem and self-confidence
  - improve education and employment prospects

Youth workers play a key role in enabling young people to achieve these outcomes, sometimes helping young people to use other services, where they cannot help.

**In these circumstances, issues related to substance use can be reduced**

What the research tells us (in the box above) fits with our logic model.

In other words the research suggests that if we
  - Reach and engage those at risk
  - Bring about positive outcomes for individuals and
  - Impact in the long term on individual or group behaviour

this will contribute to prevention.

**Getting it Right for Every Child**

Our protective factors, process and outcomes describe in different language the various aspects of the GIRFEC Wheel, for example:

- Nurtured: links to a ‘stronger network of positive support’ and ‘building deeper relationships with adults and peers’.
- Achieving: links to ‘increased aspirations’, ‘set and achieve own goals’
- Healthy: links to ‘decreased risky behaviours’, ‘feel better about who they are’, ‘make positive and healthier lifestyle choices’
3.1 Why evaluation is important

Evidencing the impact of our work is critical for two reasons. Firstly organisations need to be accountable for the public money that they spend. Funders want to know that their funding is making a difference. They will also want to gain some deeper understanding of the effectiveness of different approaches. Secondly organisations themselves will want to reflect upon how they can learn and improve their provision and approach.

The Scotland’s Funders Forum’s Evaluation Declaration includes 5 statements about why evaluation is important and what it should achieve. This says that evaluation should be valuable, relevant, proportionate, supported and involve looking from inside and outside.

These principles should inform our consideration of how we evidence the impact of youth work.

3.2 Evaluation questions

So what do we need to prove and to whom? Having developed the model we identified the following evaluation questions.

<table>
<thead>
<tr>
<th>Key evaluation questions: from the logic model</th>
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<tbody>
<tr>
<td><strong>Reach and engagement</strong></td>
</tr>
<tr>
<td>1. How do we know that we are engaging those who can benefit most from our service?</td>
</tr>
<tr>
<td>2. How do we know that we are meeting young people’s needs in a way that encourages them to develop a relationship with us?</td>
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<tr>
<td><strong>Outcomes for young people</strong></td>
</tr>
<tr>
<td>3. How do we know that we’ve diverted young people from drinking and taking drugs in the short term?</td>
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<tr>
<td>4. How do we know that young people have developed positive outcomes resulting in increased protective factors?</td>
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<tr>
<td><strong>Longer term outcomes for young people and communities</strong></td>
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<tr>
<td>5. How do we know that we have decreased risky behaviours or enabled young people to make more positive and healthier choices?</td>
</tr>
<tr>
<td>6. How do we therefore know that this results in more positive outcomes for the community and society as a whole?</td>
</tr>
</tbody>
</table>
3. EVALUATING THE MODEL

3.3 Where can the evidence come from?

Evidence for our evaluation questions can come from formal research or from practice based self-evaluation. Ideally it comes from a mix of the two, since no one source will be sufficient. As Tannahill notes:\(^\text{12}\)

“there will, quite simply, never be effectiveness evidence on everything for which we would wish to have it. If decisions were only to be based on available strong evidence of effective actions, the result would often be a very small number and range of actions”

Different types of evidence can be used at different times. Organisations can generate real time in depth evidence of their short term impact. Formal research can help identify longer term impacts and validate or question assumptions.

We have looked at local data sets held by police, health and education, but concluded that these are often not localised and so not sensitive enough to attribute change to a particular project or a particular group. Two additional factors make use of statistics problematic.

First statistics need careful interpretation. This is illustrated by a quote from one of the youth workers participating in Reversing the Trend:

“What do the stats really tell us? One month we had a sharp increase in anti-social incidences. We found out it was down to one house party, where lots of young people were interviewed by the police. It didn’t really represent an increase in problems. It was a one off.”

Second, statistics may not distinguish between generations and repeat problems. Whilst youth organisations might help one generation to manage risks and make positive choices, the next set of young people come along taking risks and presenting issues. Good work is being done, but is not reflected in the figures.

\(^{12}\) Andrew Tannahill (2008) “Beyond evidence- to ethics: a decision-making framework for health promotion, public health and health improvement” Health Promotion International Vol 23 No. 4
3. EVALUATING THE MODEL

3.4 Methods for evaluating preventive youth work

In the rest of this pack we consider how to evaluate our logic model and answer our evaluation questions.

Appendix 2 set out indicators (specific things to measure) for each outcome in our logic model. This list is drawn from our experience and is not exhaustive. Other youth organisations may come up with different indicators, suited to their own circumstances.

Challenges with evaluating outcomes for young people where the work is light touch and involves large numbers of young people include

- Getting a baseline when outcomes are not clear in advance and you don’t know who you will end up working with more deeply
- Getting a baseline when contact is informal and when
  - it is inappropriate to take lots of details
  - it might put people off or get in the way of developing a relationship
- It is not easy to tell who is at risk and you can’t assume a person at risk will end up with a problem as a result of drugs and alcohol
- Time to evaluate when working with large groups of people in an informal way (what do you note and how in a limited time)

Perhaps inevitably data tends to come from staff observations and youth workers can feel uncomfortable about relying on staff perceptions, rather than getting feedback from young people themselves. We need to share and validate observational data with young people and get their perspective in a way that doesn’t ‘put them off’.

The table on the next 2 pages sets out some methods used by youth organisations to evaluate the impact of different types of intervention on the young people they work with. Specific examples of the methods appear either in the organisational case studies in the next section or Appendix 3.
### How to evaluate different types of youth work activity

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Characteristics</th>
<th>Methods or process for evaluation</th>
<th>Issues to think about</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gigs / one off events</td>
<td>Potentially large numbers, those attending at different levels of risk and need</td>
<td>Monitoring of numbers Police record of disturbances on that day Observation records Random sampling interviews</td>
<td>Low intensity, therefore low level evaluation May have little personal contact with person Key is how it links into long term diversion – for example more young people engage and continue to be involved in positive activities. See example in appendix 3</td>
</tr>
<tr>
<td>Streetwork (outreach or detached)</td>
<td>Nature of support very flexible and reactive. May be vehicle to deliver direct support, gain understanding of issues, or encourage use of centre based services</td>
<td>Record sheet records • Time, weather • Numbers and profile (age, gender) • Work undertaken, • Critical incidences Occasional random sampling interviews.</td>
<td>Difficult to predict who you will meet or whether you will have contact again. Don't have personal details, difficult to track individuals. Reliant on staff memory. See Liber8 Street Base staff recording sheet in appendix 3</td>
</tr>
<tr>
<td>School work, education inputs</td>
<td>Address a group of young people for short period of time</td>
<td>Exercises / quizzes to test understanding Record of discussions about risks and services.</td>
<td>This is a defined group of young people but work is low intensity, so low level evaluation, Consider how fits with Curriculum for Excellence See example in appendix 4</td>
</tr>
<tr>
<td>Drop in health support and advice</td>
<td>Don't know who will come in, or length of engagement</td>
<td>Contact sheet to record of individual and support given, if referred to other service and any evidence of decision or change. Hurrah book to note comments from young people or third parties</td>
<td>Need to maintain confidentiality, may be inappropriate to get personal details. Hard to determine reach and to follow up young people. See Junction contact sheet/ record of support given in appendix 3</td>
</tr>
</tbody>
</table>
### 3. EVALUATING THE MODEL

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Characteristics</th>
<th>Methods or process for evaluation</th>
<th>Issues to think about</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop in clubs/ cafes, including sports and arts based activities</td>
<td>Floating population, engage in a range of activities in a way that suits them</td>
<td>Membership forms, Attendance (sign in) records, Permission forms, Record of activities, observation, Feedback exercises on activity, Personal scrap books/diaries, Focus groups, Hurrah book for third party feedback, Long term follow up of a sample of young people</td>
<td>Don’t know who will go onto work more deeply with you, difficult to get a baseline, Needs to be light touch or might put people off, Because light touch, hard to track individuals except in an observational capacity, Can feel like you are 'chopping individuals into outcomes' instead of the Young Peoples’ full story, See Oban Youth Café case study for example of scrap booking and ‘soup group’ follow up.</td>
</tr>
<tr>
<td>Group work, including sports and arts based activities</td>
<td>Can be open or closed, differing levels of formality. Longer term and more intensive groups have clearer and agreed focus</td>
<td>Before and after self-assessment, Record of each session: activities, evidence of change, Range of visual and creative tools for getting feedback and evidence of learning such as physical exercises, art work, graffiti wall, quick quizzes and so on, Follow up to see if change sustained</td>
<td>Probably the easiest intervention to measure, Methods adopted will depend on the learning outcomes and activities within a particular group (how formalised those are), See example evaluation sheet from MYPAS in appendix 3</td>
</tr>
<tr>
<td>Outings/residential</td>
<td>Know who is coming on outings. Offer opportunity for making deeper relationship with YP, may be the catalyst for longer term work</td>
<td>As group work above, plus feedback on particular event/activity, Follow up to see if change sustained</td>
<td>Easier to track because a smaller number, May need to be light touch, Short period so may not get evidence of lasting change, See example in Appendix 3</td>
</tr>
</tbody>
</table>
3. EVALUATING THE MODEL

3.5 Evaluation case studies

The next part of this pack is case studies of how different organisations in Reversing the Trend are approaching the challenge of evaluating prevention.

The case studies focus on particular methods for evaluating parts of the logic model. Some case studies describe new approaches and methods which we are still developing. We hope to update this pack in 2013 to share more of our evaluation experiences.

Each case study illustrates how to answer the logic model’s different evaluation questions as follows:

Reach and engagement

• The Junction case study shows how to evaluate our engagement to establish that we are reaching the right young people and that they are reaching the services they need

Outcomes for young people

• The DRC Youth Project case study shows how to evaluate an individual young person’s progress towards positive outcomes

• The MYPAS case study evaluates the outcomes of group work programmes for young people at risk

Longer term outcomes for young people and communities

We assume that young people with these positive outcomes are less at risk of developing problems because they stronger protective factors. However methods above cannot show for certain that across a community there is less anti-social behaviour and better community connections. We can only infer this.

We have begun to explore a range of alternative options. Reversing the Trend organisations are trying these out, but it may be some time before we know if they are successful.

• Oban Youth Café case study is about story telling approaches to show individual and group change over a longer period of time.

• North United Communities case study looks at how to gather evidence about individual reduced risk taking behaviours over time.

• The Liber8 case study shows how to use community profiling to identify need and assess change at a community level

The case studies are abbreviated versions of longer case studies written by each organisation to give a flavour of each organisation’s evaluation. The full case studies are available from ESS.
EVALUATION CASE STUDIES: evaluating reach

Evaluating reach and accessibility

This case study shows how the Junction is evaluating whether our Nested Provision model of service delivery increases the reach and accessibility of health and wellbeing services for young people.

Who we are and what we do

The Junction is a community based holistic health and wellbeing project offering a range of services, information and support for young people in Leith, Edinburgh. Our services include outreach, drop-in, group work, alcohol work, 1 to 1 support and counselling. Our Vision is: for all young people to reach their full potential. Our Mission is: The Junction works with young people to support their health & wellbeing by helping them in exploring and making their life choices.

This diagram shows our model of Nested Provision. Young people can access any of our services directly and on their own terms. This means each young person’s journey through our services is unique. The model allows young people to identify their own needs and build up a relationship of trust with our workers.

The services in our Nested Model include a strong focus on accessibility. Through reducing accessibility barriers we believe we are able to engage with and provide services for young people who might not otherwise access them.

The model takes a holistic approach towards young people’s health and wellbeing, rather than focusing solely on the issue presented.

Accessibility does not just mean the right location at the right time (although we strive to do both). It also means young people feel comfortable and safe to present concerns when it is most appropriate for them. We cover a comprehensive range of topics and young people may end up receiving more support than they initially realised they needed. Our staff are available in a variety of venues outside our main premises to support those who might not be ready to come through a door to a service. We respect young people, value their opinions and make sure that each young person feels welcomed.

The logic model on the next page provides more information about the need we meet, the activities we deliver and the outcomes we intend to achieve.
EVALUATION CASE STUDIES: evaluating reach

The Need

Leith is an area of traditionally poor health outcomes in areas such as mental health, alcohol & drug use, sexual health, positive destinations for young people leaving school, etc.

Young people’s health & wellbeing needs in Leith are not being met by traditional services (GP, School, etc.). Young people identified several barriers to accessing these services including fears around confidentiality; negative experiences/ responses from services; inconvenient access times & locations; and negative stereotypes or labelling associated with services. Young people’s decisions around their health & risk taking behaviour are influenced by many factors in their life.

Activities

Outreach Tables at Local Schools & Community Events
Street Work Sessions
Issue Based Group Work
Open Access Drop Ins
Issue Based Inputs into Schools & Youth Clubs
One to One Support
Alcohol One to One Support
Counselling

Immediate Impact

Increased access to health information, services & support
Increased engagement with young people
Build relationships with young people
Young people learn about themselves
Young people explore issues in their lives

Short Term Impact

Increased ability to open up & discuss issues related to personal health & wellbeing
Young people develop relationships of trust with service & approach
Young people have greater understanding of health issues
Young people have healthier coping strategies
Young people value themselves more
Young people have increased confidence & self esteem

Medium Term Impact

Young people access health & wellbeing information, services and support earlier
Young people (most at risk) are more likely to access 1 to 1 or counselling services
Increased educational attainment
Reduced exclusion
Reduced pregnancies, STIs, alcohol and drug related hospital admissions among young people

Long Term Impact

Improved health & wellbeing outcomes for young people
Reduced health inequalities
Communities and professionals value young people more

Assumptions

Many young people need time to build a relationship of trust with a service or workers before they are ready & willing to engage with a health & wellbeing service
Young people’s health needs should be viewed in holistic terms (as they are interrelated with other aspects of their lives); health and wellbeing work should be focused on promoting resilience ensuring long term positive health outcomes.

By encouraging & reducing barriers to accessing services early, we can intervene before a problem, issue or behaviour escalating.

We work with a value base that encourages social and economic inclusivity; promotion of long term prevention and is centred around building the capacity of young people who use our centre.

We do this by:

- Offering a friendly space where information & support on health & wellbeing is delivered within a responsive, holistic environment;
- Promoting an approach that honours the diversity of young people and supports them in making informed choices
- Providing a range of services & access options for young people through a model of Nested Provision
- Developing a process which ensures young people’s involvement in the development of the centre

A young person’s journey with the Junction is unique, and does not necessarily follow a linear path through these outcomes. For this reason we have not included arrows between the outcomes.
What we want to evaluate

We want to evaluate the impact of our nested provision model as a whole on young people. We need to understand routes through our services and how they collectively impact on a young person. We want to understand the experience and feelings of young people using the Junction and what barriers might stop a young person accessing health information, advice or support earlier.

We want to know:

- Are we meeting young people’s needs in a way that encourages them to develop a relationship with us?
- Does our Nested Provision model make health and wellbeing services more accessible for young people who find it challenging to access traditional health services (young people who are often labelled “hard to reach”)?
- Does this in turn mean young people access health and wellbeing services earlier?

We already have a range of existing evaluation methods at the Junction (see Appendix 3) which measure the changes or differences for young people achieved through specific services. We also survey non service users to ensure that the reasons young people are not using the Junction are because they do not need to, rather than do not feel able to or want to.

Our evaluation method

Our evaluation plan consists of two parts:

Part 1: Build up a picture of how young people use the service through a review of our existing records and through planned survey of service users bi-annually (to capture those using the service ad hoc). We will identify “typical” ways of using the Junction and store this information in our client database.

Part 2: Pick out individual young person case studies to represent common ways of using the Junction, using key questions to draw out the reasons behind using service and the experience of accessing the service and so on.

Questions we’ll ask young people:
- What was your first contact with the Junction?
- How did you end up using the service that you are using now?
- What helped or what got in the way for you using the Junction: before accessing; while accessing; after accessing?
- What works well for you about the Junction? What doesn’t work so well?
- What are your plans for using the Junction now?

Principles for our case studies:
- This is the young person’s journey and story, not ours.
- Collecting these case studies needs to be led by, for the use and benefit of the young people.
- Young people’s journeys do not end when we decide to collect a case study—we need to be mindful of this when we are collecting case studies including
thought on **when** to collect information.

- We are committed to being creative in our approaches of collecting young people’s stories (such as using verbal, written, film, etc). The approach used should be appropriate for the young people who are sharing their stories or experiences.

**Advantages and challenges of the evaluation method**

We are only just starting to develop this method so we will have more to say when this pack in finalised in the middle of 2013.

At the moment we expect the advantages of our method is that it will provide details about how the Junction’s services change the life of the young person who access them. It also allows us to identify strengths of service delivery to meet specific needs of young people.

The challenge will be that each young people’s use of the Junction is unique, which means that case studies illustrate the path of one individual and, although it has led to improving his/her life chances, the same might not apply to someone else.

**Conclusion**

Part of the theory in the *Reversing the Trend* logic model is that youth work provides accessible services to young people who need it and gives them an opportunity to build a relationship with young workers before engaging further to achieve positive outcomes. This case study illustrates a method for understanding whether and how ‘hard to reach’ young people engage with and progress through a service.
Evaluating young people’s outcomes - 1

This case study shows how the DRC youth project uses feedback forms to evaluate young people’s progress towards positive outcomes and away from risk by getting the perspective of staff and feedback from young people.

Who we are and what we do

The DRC youth project is a service in the Dumbarton Road Corridor in Glasgow. This is an area where overall young people are underachieving at school and have poorer health outcomes for drug related deaths, suicide and self-harm, cancer, heart disease and strokes.

Our logic model on the next page describes the need we are meeting, our activities for different groups and the difference we make.

We use a diverse range of activities dependent upon the needs and wishes of the young people we engage with. We run club nights (which include group work and informal activities) and information and advice drop ins. We reach out to young people through street based work. We provide outings and residential.

What we want to evaluate

We want to evaluate the overall progress that a young person makes as they travel through our services. We want to determine whether, and the extent to which, our activities have an impact on young people and the community with regards to drugs and alcohol, sexual health and territorial issues.

Our evaluation methods

We use a variety of methods to assess what we do and how the young people are responding while all the time tracking the individuals progress. We use online surveys, group video interviews, suggestion boxes, more informal chats, young people’s journal (recording what they did and what they enjoyed or learnt). We also get feedback from partners, including comparing local statistics on health, employment and police statistics.

Our most useful method of evaluation is our general activity profile feedback forms. These are linked to our new database and will not only evaluate how we are helping the young people but will also evaluate our specifically designed workshops / activities as well.
There are three forms which are colour coded:

Form 1) ‘Red’
This is the first form filled in by youth worker as a prediction or aim before the actual activity / workshop.

Form 2) ‘Amber’–
This form is filled in by young person after activity to help them reflect on what they think they have achieved.

Form 3) ‘Green’ (on the next page)
This is the final form filled by youth worker to summarise what the young person actually achieved from the activity and how effective the activity was at achieving the overall aim. The data from this form will be collated and input to our new database to keep track of the young person’s progress and to help us continually improve our workshops and activities.
Advantages and challenges of the evaluation method

Advantages:
1) The methods we use are quite varied for a reason. Together they can create an accurate picture of what we are achieving and also what gaps there are in our service.
2) Methods are simple and easy to collate.
3) Most methods can be processed quickly so any action needed can be instantanious.
4) The different methods not only help us get an overall collective opinion but can be person specific which helps us deal with any individual problems swiftly.
5) Some of the methods convey our intent to the community which helps get them involved and fully behind us.
6) Partnership feedback helps us improve the different aspects of the specific programme and learning enviroment for future workshops.

Challenges:
1) Paper work is not always welcome so answers may be rushed and inaccurate.
2) Some methods can take a while to process or acquire.
3) Same reliable sources of feedback while other clients seem to continuously 'slip through the net'. This means we may not always get a true representation of the project, programme or activity.

Conclusion

The Reversing the Trend logic model shows it is important for young people to achieve – and to recognise their achievement – of positive attitude and behaviour outcomes. Youth work needs to evaluate if young people are achieving such outcomes and this case study illustrates one way to do so.
EVALUATION CASE STUDIES: evaluating positive outcomes

The situation
Nothing for the young people to do on the streets, Young people are at high risk of drugs and alcohol, High unemployment and poor education, Low aspirations, Lack of positive role models, Poor diet and health management, Risky sexual behaviour, Gang issues & territorialism ‘hems in’ and restricts opportunities for young people.

Assumptions
Young people need a safe consistent, enjoyable environment as an alternative to playing in the street.
Getting young people early in their lives is an important step to help with their future development.
We need to respond to young people’s expressed needs and wants
Young people need positive role models.
Young people are encouraged to learn respect for themselves and their community and through reward they will learn the value of what it is to earn something.
The clients will get to discover their talents and build on them and possibly find new interests.
Good partnership work is vital in the successful delivery of specialist workshops or programmes.
Cross community events break down the territorial divide & creates more opportunities for YP.

The Red Circle - Describes the typical landscape for harder to reach clients and ways we engage so they can gain access to the club and all its benefits and activities. The broken border lines and red colour represent the unstable environment.
YP at top represents the less hard to reach showing the door is open to everyone.
Large centre rectangle represents the DRC youth project. Solid border lines represent the safe well organised and educational environment for the young people to express themselves and flourish. The green circles show the progress of some young people, the darker the shade the better and more stable they have actually become.
Broken direction arrows – show the harder to reach client pathways through our system.
Solid direction arrows – represent the typical client path through our system.
Smaller violet rectangle (far right) - represents the difference we are making in the community. The border lines are more solid and the colour more relaxed than the ‘Red landscape’, highlighting that the activities and positive role modelling we provide helps produce more confident young people who have more respect for themselves and their communities.
EVALUATING CASE STUDIES: evaluating positive outcomes

Evaluating young people’s outcomes - 2

This case study describes how the Midlothian Young People’s Advice Service (MYPAS) sets up and evaluates group programmes for young people at risk because of their current situation and behaviours.

Who we are and what we do

MYPAS is based in a town in Midlothian with relatively high economic deprivation and associated social and health issues. There are higher than average: numbers of child protection referrals, numbers of young people not in positive and sustained destinations and rates of alcohol use.

We take a youth work approach using a variety of methods to focus on young people’s sexual health, mental health and substance use needs. As well as alcohol and drugs provision we also provide sexual health services, mental health services (counselling, art therapy and therapeutic family work) and street work with some of the most excluded young people in Midlothian.

Our alcohol and drugs provision includes one to one support, group work and alternative activities for young people with substance use issues.

We tailor preventive group programmes for vulnerable young people and those who are more at risk of developing substance use related problems. Group programmes focus on a wide range of health issues relevant to young people, but all include some work on alcohol/drug use. Alcohol is used as a coping mechanism for mental health issues, is a significant influencing factor in risky sexual behaviours and is regularly a factor in risk taking and antisocial behaviours encountered by street work teams.

Typically, MYPAS group programmes are run on a weekly basis, with single sex and/or friendship groups, with between 8 to 10 participants. Sessions can last up to two hours and are provided by MYPAS staff, and can be supported by a worker from a partner agency.

The logic model on the next page describes the process for initially identifying, developing and delivering preventive group programmes. The model then highlights immediate, short, medium and long term outcomes resulting from the group programme activities.

What we want to evaluate

We want to evaluate the progress that a young person makes in a group work setting and whether they achieve positive outcomes.
Our evaluation methods

<table>
<thead>
<tr>
<th>Stage</th>
<th>Evaluation methods undertaken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before attending</td>
<td>• Young people are met on an individual basis to assess their needs and expectations (also to ensure participation is voluntary and explain confidentiality protocols)</td>
</tr>
</tbody>
</table>
| Gather baseline information        | • Baseline questionnaire: geared to the particular programme  
• Young people are also asked about their use (or likelihood of use) of other MYPAS services. (Fig. 2)                          |
| Through the programme              | • Changes in knowledge are measured through quizzes  
• On-going completion of a drink diary  
• Group facilitators observe and record issues or changes |
| Final session                      | • Young people are given original questionnaire back and asked if they would answer any questions differently  
• Young people are also given questions about each session and the overall programme  
• Staff observations are shared with participants with initial observations compared to the end of group observations  
• An evaluation report is completed and shared with key stakeholders |
| Follow up                          | • Participants are allocated a group facilitator and meet up individually after the group programme  
• On-going involvement with MYPAS is logged  
• Group participants are met 6 months after the programme and on-going progress assessed |

Advantages and challenges of the evaluation method

Advantages include:
• We capture baseline on knowledge, behaviours and confidence levels  
• Multiple methods (questions, quizzes and observations) give a range of qualitative and quantitative evidence which can reinforce (or challenge) the overall evaluation findings and reduce the impact of individual bias  
• Receiving qualitative feedback can help identify the reasons for young people’s behavioural choices  
• Comparison of the initial and final session questionnaires allows for the measure of changes in behaviour  
• Using quizzes and other activities e.g. people bingo, can measure changes in young people’s knowledge in a fun and interactive way  
• Follow up with participants allows the on-going impact of the group programme to be assessed

Disadvantages:
• Questionnaire and quizzes can rely on young people having good literacy skills. This can be overcome through the pairing of young people with a staff member or another young person  
• Young people often like to compare their feedback with others and can adapt their answers as a result
Conclusion

The Reversing the Trend logic model shows it is important for young people to achieve – and to recognise their achievement – of positive attitude and behaviour outcomes. This case study gives an example of how to evaluate group work.
EVALUATION CASE STUDIES: evaluating long-term change

Evaluating young longer term change - 1

This case study describes how Oban Youth Café is planning to different methods to tell the longer term story of young people they work with intensively. This includes introduce digital scrap books and a ‘looking back’ focus group.

Who we are and what we do

Oban Youth Café (OYC) is a youth work project for young people of high school age in the centre of Oban. Over the years, the need for a safe alcohol and drug free environment for young people has been continually confirmed through what young people tell us. To address this and other needs, we provide a wide range of activities, including drop-ins, groups and trips (see model on next page).

Our approach\(^\text{13}\) to youth work is underpinned by a set of core values\(^\text{14}\): respect for persons, promotion of well-being, truth, democracy and fairness and equality; and is very much in line with infed.org, which highlights five key elements:

- Focusing on young people
- Emphasising voluntary participation and relationship
- Committing to association (e.g. working in groups)
- Being friendly and informal, and acting with integrity
- Being concerned with the education and the welfare of young people

What we want to evaluate

The table below shows our evaluation methods. Generally we feel our current system relies too heavily on staff observation and recording. We want to move away from a list of numbers linked to outcomes. We want the story to come from young people so they gain a greater understanding of their own learning.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>For drop in, general activities</td>
<td>• Record attendance (sign in book)</td>
</tr>
<tr>
<td>(such as football) groups and</td>
<td>• Log the activity, how the night went, any incidences, any evidence</td>
</tr>
<tr>
<td>trips</td>
<td>• Entered onto a database. From that we can identify different</td>
</tr>
<tr>
<td></td>
<td>patterns of engagement and progress for individuals.</td>
</tr>
<tr>
<td>Groups and trips</td>
<td>• Peer feedback after each meeting/ outing: what’s gone well</td>
</tr>
<tr>
<td></td>
<td>• End of term/ group evaluation: feedback used to reflect on learning</td>
</tr>
<tr>
<td></td>
<td>and to plan for next time/ steps</td>
</tr>
<tr>
<td>Overall consultation events</td>
<td>• Planning sessions: looking back and planning forward</td>
</tr>
<tr>
<td></td>
<td>• Have your say sessions</td>
</tr>
</tbody>
</table>

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13 [www.infed.org/youthwork/b-yw.htm](http://www.infed.org/youthwork/b-yw.htm)
14 [www.infed.org/foundations/f-value.htm](http://www.infed.org/foundations/f-value.htm)
OYC Logic Model

**Situation**
- Extremely limited low cost/free activities for young people
- Limited opportunities due to rural isolation of the town
- Young people are at risk from alcohol & drug
- Youth Café is the only 'open to all' drop-in for young people in Oban (Open 6 days a week)

**Inputs**
- Staffing
- Premises
- Funding
- Equipment

**Activities**
- Drop-ins
- Single sex groups
- Residential
- Day trips

**Who we reach**
- High School aged young people
  - (Particular young people who need a safe environment with supportive adults)

**Outputs**
- Freestyle Friday

**Participants**
- Young people enjoy activities.
- Young people have the support of a professional adult.
- Young people return and continue to engage
- Young people have increased self-esteem.
- Young people have higher aspirations.
- Young people have better relationships with peers and others.
- Young people have a greater understanding of the risks associated with different behaviours.

**Outcomes**
- Happier people
- More responsible citizens

**Assumptions:**
- Quality Informal Education, based on:- Relationship building; Creating environments for young people led learning; Value based; Fresh start every day; restorative justice approach to difficult behaviour.
- We aim to reach young people that other agencies struggle to engage with. We don’t see young people as problems that need to be fixed, we see young people as learners that other sectors of society aren’t reaching.

**External factors**
- Young people moving away
- Young people’s friendship groups change
Our evaluation methods

To bring young people’s stories more strongly into our evaluation, we are developing 3 methods with the help of Reversing the Trend, which will run alongside the methods in the table above. These are:

1. **Digital scrap books** for young people: young people keep their own learning ‘story’ with pictures, certificates, comments and views. Staff and others can ask to write something in their scrap book. Young person have control and need to consent.

2. **Graffiti room** making use of a small internal room at the back of the OYC premise.

3. **A ‘looking back’ focus group** for long term follow up of a group of young people known as ‘the soup group’. This was a group that helped us to test and better understand the assumptions behind our model, the process and the longer term impact.

Initially, ‘the soup group’ exhibited behaviour that we struggled to manage, particularly on one trip that involved a boat journey. We told them we were happy for them to keep being involved in the project conditional on them attending a series of group work sessions to explore their behaviour. This process was really successful and behaviour improved so they started to go on more trips. The young people wanted the group to continue and they went on to explore a wide range of other issues.

Although we didn’t realise it at the time, this was a ‘crunch group’ that helped us to learn about what works (and doesn’t). As a result, we decided to work more intensively with some young people through groups and residential. We learnt a lot of lessons around how to plan trips (now young people play a much larger part in making decisions, planning, and managing budgets).

This group left the OYC about two years ago and so we are going to ask them now to reflect on their journey. We will work with them as a focus group and:

- Map the journey using our logs and drawing from our memories
- Start off exercise? Where are you now? Drawn from our outcomes and indicators
- Soup group members reflect on their time at OYC. Some questions might be
  - Where were you at the beginning
  - What did you do at OYC?
  - What did you learn?
  - What did you take away?

- Create a shared journey/ time line, to check different perspectives.
- Where might you have been, but for OYC? Revisit the initial exercise
- What’s more likely to happen as a result of your involvement with OYC
Advantages and challenges of the evaluation method

We are have not completed our evaluation so we will have more to say when this pack in finalised in the middle of 2013. However at the moment we think the advantages include:

• A two year period seems ideal to look back and reflect on learning.
• It allows to critically get the perspective of the young people involved.
• Logs and observations collected over the time can help draw on own views of what happened and check this out with the young people; this triangulation is helpful for testing and challenging evidence.

The disadvantages are

• Reveals attitudes of a small group only. Not a scientific sampling.
• Good facilitation skills are required to allow the conversation to run naturally, but encourage feedback on the assumptions and impacts we want to test.
• Might we inadvertently influence their responses?

Conclusion

This case study looked at how to explore young people’s journeys as an evaluation tool for measuring longer term outcomes – an in particular working with a group of young people who left the service a while ago to find out what happened next.
This case study describes North United Communities use assessment and review processes as a method for evaluating individual reduced risk taking behaviours over time.

**Who we are and what we do**

North United Communities Ltd is a community based organisation working with young people and families from marginalised and poverty affected communities in North West of Glasgow. Issues directly related to these social disadvantages can result in excessive drug and alcohol misuse, generational worklessness, gang violence, a general sense of isolation and a lack of hope and self-worth.

Young people and families have direct influence in the direction of services to ensure services meet their needs. We have built up knowledge of the issues that young people and families face, and through trial and error we have developed an approach that has impacted positively on these communities.

Our model of practice is focused around the professional genuine relationships developed between young people, families and staff. We offer a variety of programmes that promote different levels of engagement, including at times of high risk behaviours and when individuals are the most vulnerable including:

- Open drop-in style programme at times of high risk taking behaviour
- Smaller educational group work and parenting programmes focused on providing support and information to enable making good lifestyle choices
- 1-2-1 employment and training support
- 1-2-1 informal counselling for those who are most vulnerable or at risk
- Sports and diversionary activities
- Arts and drama sessions
- Holiday programmes
- Bringing in partner agencies to provide additional expertise and support

All the young people we engage with participate on a voluntary basis and can opt out when they are ready (we do not decide that they are only allowed to be involved for a set length of time). However most young people are with us for a number of years and require varying levels of support during this time.

The logic model on the next page show our process for assessing the needs of the young people and families who use our service, and details some of the outcomes we expect to achieve from this.
EVALUATION CASE STUDIES: evaluating long-term change

North United Communities: youth work programme

Agreeing focus
- Work with young people to agree activities and goals
- Partnership approach to agree areas to be targeted
- Community profiling—establish levels of need, issues affecting young people and culture

Initial and ongoing contact
- Referrals/ self/family support project/agency
- Awareness raising community events e.g. information days
- Streetwork
- Diversiary drop ins targeted on problem nights
- Drop ins

Short term/intermediate outcomes
- Increased engagement with young people
- Young people have fun and make friends
- Build relationship/trust/rapport with young people
- Ongoing opportunity to understand needs and issues to plan deeper contact provision
- Reduced consumption of alcohol and anti social behaviour

Deeper level engagement
- Outings
- Open issue based group work
- Closed group educational/issue-based group work
- Homework groups
- Developmental sports groups
- Targeted diversiary drop ins
- Youth theatre ‘acting up’ project
- Employment and training support

Possible intermediate/long term outcomes
- Chance to relax
- Fun and enjoyment
- Sense of belonging
- Feel safe
- Less peer pressure
- Improved mental and physical health
- Increased understanding of risk taking behaviour
- Improved confidence and self esteem
- New experiences and opportunities
- Increased aspirations
- Learn and develop new skills
- Making positive choices
- More successful transitions

Community outcomes
- Better relationships between sections of the community
- Less anti social and risk taking behaviour
- Raising the community’s profile and aspirations in a positive way
- Improved understanding of risk taking behaviour

Assumptions
- We need to provide a nurturing, safe and non-judgemental environment
- The service is led by young people and is children centred
- There are different levels of engagement on offer, so young people can choose what they want to take up
- Our activities are tools for engaging and building rapport with young people, they are chosen with purpose and deliberation
- We provide a setting for flexible learning experiences, helping young people learn from their experiences and move towards independent positive choices and behaviours which work for them
- Young people are influenced by a range of factors, family, community culture and expectations, peer groups and education. We also run a family support programme and can act as a bridge with schools.
- We work in partnership with other support agencies where we identify issues which are outwith our control. E.g. we use Girfec to link to other agencies where there are child protection issues

Connections and referrals to Family support project and other agencies where young person family could benefit from other support services.
Connections and referrals from family support project and other agencies where we can help young people.
What we want to evaluate

Young people are often involved in our services for a number of years. We will get to know them really well and establish strong relationships. We build a picture of their family situation and background, giving us with a wider picture of their overall needs and issues. This information is central to our monitoring and evaluation strategy because we can set realistic goals and outcomes relevant to particular individual’s needs. These can then be reviewed on a regular basis and new outcomes can be put in place after progress in certain areas has been made.

Our evaluation methods

Monitoring and evaluation is an integral part of our approach and we track people’s progress on a regular basis see if any set outcomes have been met.

Focussing specifically on our one to one support work with young people our assessment gives us an understanding of the behaviour or particular challenges they currently face, and if they are at risk of these escalating. At this point outcomes are agreed and detailed in their individual care plan. This plan is reviewed regularly and new outcomes set when the previous ones have been achieved or new and more appropriate ones are required.

This methodology relies on a long term approach and an assessment process. It supports an early intervention and prevention approach which increases our ability to recognise the risks that particular young people may be more susceptible or vulnerable to (such as drug and alcohol misuse, gang involvement, poor school attendance). This means we can build protective factors at an earlier stage and reduce the chance of crisis situations escalating further.

Advantages and challenges of the evaluation method

Advantages
• Detailed assessment process suitable for long term engagement
• Looks at whole needs of the individual taking into account their family/social environment
• It’s not time restrictive and it allows us to accurately track a young person as they go through life’s transitions
• It allows for the development of strong relationships with consistent adults

Challenges:
• Requires staff to be trained to a fairly high level in assessment and recording procedures
• Assumes all staff have the same level of understanding of issues and how these affect individuals
• It is hard to track any impact if young person disengages from the service
• It can create a culture of dependency if not managed correctly

Conclusion

This case study shows that if young people are involved with an organisation over several years, there are opportunities to track longer term changes in relation to risk-taking behaviour.
Evaluating community outcomes

This case study focuses on the evaluation of Liber8’s StreetBase programme. We use community profiling to identify need and identify the factors that do (or do not) bring about change at a community level.

Who we are and what we do

Liber8 works in North and South Lanarkshire. We work with individuals, groups, families and communities who are affected by alcohol or use of other substances (either their own or use by others). Our wide range of services includes one to one and group support, therapy and counselling, awareness raising, drop in, educational programmes, brief interventions and leisure facilities.

The focus of this case study is our StreetBase programme. StreetBase staff work in various ‘Hot Spot’ communities throughout Lanarkshire. We target young people aged 10 - 18, who are directly or indirectly affected by alcohol and substances misuse and may be involved in linked risk taking behaviours.

The need for intervention is agreed through multi partnership forums in North and South Lanarkshire with representatives from police, housing, health, social work, criminal justice, youth services, ADP, sports and leisure. Together we build a picture of the situation in the area. This helps us to prioritise the areas to work in, but also gives us a baseline of the current situation.

We undertake 4 to 6 week mapping period (see below) and then we undertake more intensive work. We engage with individuals and groups on the streets, parks and wooded/hidden areas a minimum of three key nights per week throughout the year to bring about short, medium to longer term change.

In addition to our main focus in reducing harm, we also work through many of the linked issues that often come hand in hand with alcohol / substance misuse. For example we use our educational toolkit, ‘Trading Post’. We offer a range of diversionary activities such as golf or swimming, environmental programmes like the John Muir award, and outdoor pursuits such as gorge walking and kayaking. All these activities can act as a reward for achievement, to enhance relationships or to minimise harm at key times.

The model on the next page below describes the process for identifying and meeting local needs and the outcomes that come from the activities we offer.
EVALUATION CASE STUDIES: evaluating long-term change

StreetBase South

Need
Varies from area to area but Hot Spot areas are typically have a high level of issues being experienced within the community such as complaints of youth disorder involving alcohol/substance misuse, anti-social behaviour, drinking on the streets, high level of Police involvement with young people, breakdown of community relationships, fear of crime increasing, health concerns such as poor sexual/mental health and at times territorial issues etc.

The young people we target are not using existing services such as open youth provision, general health service etc, either because they are ‘not welcome’ or don’t feel able or want to use those services.

Agree area and focus
1 of 6 Multi partnership forum agree hot spot
4—6 weeks Mapping work to build a community profile

Outcomes from mapping
Identify issues (based on evidence)
Decide initial interventions (informed by young people)
Begin to engage and build trust with young people

Ongoing toolbox of activities targeted to particular group and agreed with young people
1 off activities (sport, environmental, educational)
Recurrent activities (eg sport, environmental or educational)
Focused education (e.g. trading post block of education: John Muir awards)
Issue based or group work
Informal information, advice and support

Outcomes for YP once ‘engaged’
No drinking on that night
Develop pattern of non consumption
New positive opportunities
Broaden horizons
Identify common issues and ways of tackling them
YP finds something interested in/good at
Engage regularly in positive activities
Better understanding of drugs and alcohol issues
Make more positive choices - eg drink less / take fewer or more informed risks
Better understanding of services and support available
YP have more positive destinations/qualifications

Community outcomes
YP viewed more positively
Members of the community have reduced fear of crime
Less street drinking
Less crime and anti social behaviour

Assumptions
Our work is in providing a detached service based on the streets where our core work is in targeting young people either directly / indirectly affected by alcohol/substance misuse and linked risk taking behaviours. Where needed, we will utilise local venues where issues based work can be undertaken with specific individuals/groups.
Not everyone will be engaged / targeted or may want to be or need to be interested in our services but this is monitored in an on-going basis.
Positive engagement and the building up of relationships / trust is both a key and a crucial element before deeper work can be undertaken with any worker. There is no set time for this to happen as some will take longer than others to develop. We continue at the pace allowed by the young people present and understand that for some this may be a longer process.
Young people can dip in and out of provision dependant on the needs at any point.
Rewards / incentives are often used as a carrot in maintaining and encouraging ongoing engagement where work can be both focussed and delivered. At these times YP often feel a sense of achievement.
Activities are tools with prearranged objectives with the young people taking part which is dependent on each group, geared around the particular circumstances and needs of each group.
Outcomes can be individually achieved or on a group / community level as all work undertaken raises awareness of the issues attached to both alcohol / substance misuse and linked issues.
Continuity and consistency over a sustained period of time is vital in achieving the outcome of reduced consumption / usage and involvement in risk taking behaviours and as a minimum, we would provide these services for a minimum of a year and often beyond.
EVALUATION CASE STUDIES: evaluating long-term change

What we want to evaluate

We want to evaluate whether and how activities we undertake through the StreetBase programme minimise harm, consumption and usage of alcohol and drugs for individuals. We also want to measure any community outcomes.

Our evaluation methods

The picture we build with partners about the ‘hot spot’ allows us to identify specific issues in the community. These can include

- Individual/group involvement in alcohol and/or substance misuse
- Family, parental/guardian use/history of alcohol and/or substance misuse
- Community issues involving risk taking behaviours (anti-social behaviour)
- Education, family, police and criminal justice issues
- Exclusion, whether through choice or otherwise
- Poor sexual health
- Poor mental health: depression, anxiety, self-esteem, confidence or the opposite, being overly confident, due to misuse.
- Family break up
- Low, short, medium to longer term employment prospects.
- Territorialism
- Boredom, habitual gathering in groups which are viewed negatively by those in the community and services which are present.
- Lack of belonging, sense of empowerment and lack of value
- Lack of stimulus

The 4 to 6 week mapping process that we undertake when first working in a hot spot area allows us to augment this picture and:

- Check issues within a community
- Assess risk for our workers
- Look for patterns of youth behaviour (when, where, times, ages of young people gathering, etc.)
- See who else is working in the area and what else is going on
- Begin to build relationships with young people and get their views

This profile building helps to focus our work and further builds our baseline of local information.

For evaluation we revisit any or all of the above factors at the end of the period of intervention to check our impact on issues and patterns of behaviour.

Throughout our intervention, staff members keep a record of the number and type of contacts with young people and what we did. This gives the overall number of demographic information and overall activity of the young people engaged. We leave a space for more qualitative feedback, to ‘put the meat on the bones’. Staff write about incidences, successes and challenges.

We begin to keep more detailed information about individuals at the point where they are ‘engaged with us’ (when they begin to become involved in service activity). The law requires that we have certain parental/guardian permissions
so we can ask for personal information like medical information, names, next of kin and addresses. We have a database to record individual information including, as appropriate:

- Pre and post questionnaires about use of alcohol
- Core counselling/ support tools
- Case studies
- Photographic and video evidence
- Art work

**Advantages and challenges of the evaluation method**

The advantages of our method is that it provides a strong before and after picture of the impact of our intervention in an area. Our partnership meetings ensure that we get a range of perspectives from key agencies working in that area.

Building the picture together ensures ‘buy in’ and continued support of all the agencies.

The challenges are identifying whether positive changes that happen as a result of StreetBase’s work are sustained.

**Conclusion**

In the absence of sufficiently localised statistics, community profiling is a good way to identify issues within a community and to evaluate any changes after an intervention. This case study looked at how to use community profiling as an evaluation tool for measuring street work to minimise harm, consumption and usage of alcohol and drugs for individuals and create positive outcomes for communities.
What the research says

We did not have the capacity to undertake a full review of research evidence for our Reversing the Trend logic model. But this appendix shows some examples of research evidence that back up a few key elements of our model. More work could be done to challenge and test the model and the assumptions it makes.

Some young people are more at risk than others

Research indicates that there are clear risk and protective factors related to that risk. These are categorised in different ways by different authors. But for example a review by the Drug Education Forum \(^{15}\) found:

“Research over the last two decades means there is a very strong idea of the risk and preventive factors that affect behaviour by young people including drug misuse. The risk factors described here indicate possible pathways to early and more problematic patterns of drug use.”

If risk factors are lowered and protective factors heightened the Forum’s review suggests fewer young people will have drug problems. Also that:

- risk factors work more powerfully in combination
- risks factors cannot by themselves accurately predict which young people will, or might, take drugs; rather, they may indicate the possibility of an early start to any drug use, may herald a worrying pattern of use, and may accompany motives for use that are more related to seeking comfort from distress, than looking for the fun, enjoyment and kicks often sought by a recreational user.

Home Office commissioned research\(^{16}\) identified the following as key factors associated with increased risk of taking any drug for 10 to 16 year olds:

- serious anti-social behaviour
- being in trouble at school (including truanting and exclusion)
- friends in trouble
- being unhelpful
- early smoking
- not getting free school meals and
- minor anti-social behaviour

And for 17 to 24-year-olds:

- anti-social behaviour
- early smoking
- being in trouble at school (including truanting and exclusion)
- being impulsive
- being un-sensitive and
- belonging to few or no groups

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\(^{15}\) See [www.drugeducationforum.com/index.cfm?PageID=8](http://www.drugeducationforum.com/index.cfm?PageID=8)

\(^{16}\) Also on [www.drugeducationforum.com/index.cfm?PageID=8](http://www.drugeducationforum.com/index.cfm?PageID=8)
It is helpful to build protective factors for young people

For example, Department for Education in England research\textsuperscript{17} identifies the following protective factors:
- Strong family bonds
- Experiences of strong parental monitoring with clear family rules
- Family involvement in the lives of the children
- Successful school experiences
- Strong bonds with local community activities
- A caring relationship with at least one adult

A holistic / person centred approach is best

Hale and Viner (2012)\textsuperscript{18} found adolescence is a period of increased risk behaviour. One risk behaviour links to another so you need to take a multiple risk behaviour approach.

Jackson, Henderson, Frank and Haw (2012)\textsuperscript{19} found interventions should take a broader approach to risk behaviour prevention. The most promising approaches for reducing multiple risk behaviour address multiple domains of risk and protective factors. There’s a focus on parenting but the article also says it’s important that young people have positive experience during transition from childhood to adulthood to reduce marginalisation and vulnerability.

Diversionary activities can address risk and build protective factors

There is a lack of research in relation to the impact of diversionary activities. Vellerman (2009b)\textsuperscript{20} acknowledges there is a research bias towards repeatedly reviewing similar types of family based interventions and that disregarding other approaches as ‘not evidence based’ isn’t possible until more research has been done. Nevertheless, where diversionary activities do figure in the review these are part of a multi-component intervention. The review is positive about the impact of sport and leisure activities suggesting there is evidence that:

- Sports programmes incorporating health related messages around alcohol increase young people’s ability to refuse alcohol;
- Reduce their likelihood of starting drinking and reduce consumption rates if already drinking (Welch, 2003).

Participation in out of school activities is seen as a general protective factor (Bellis et al, 2007\textsuperscript{21}; Oman et al, 2004\textsuperscript{22}). Oman et al found that use of time,
good health practices, aspirations for the future, peer role models and responsible choices were protective of early alcohol use.

Vellerman and Orford (1999) in their review of risk and protective factors identify having a hobby or engagement in outside activities as protective—particularly if it provides an experience of success or appreciation for the effort the young person puts in.

**Diversionary activity on its own is insufficient**

There are parallels between diversionary activities for substance misuse and diversionary activities for offending. Young people identify boredom and stress as key factors in offending behaviour and a lack of affordable alternatives. Many projects may offer diversionary activities that intend to span alternative to drug and alcohol misuse, anti-social and criminal behaviour.

Utting (1986) found that simply introducing young people at risk of offending to leisure activities was unlikely to reduce crime or anti-social behaviour. Adamson (2005) in the evaluation of New Deal for Communities diversionary projects suggested that an effective diversionary project needs to be purposeful and suggests the following outcomes as key:

- improve cognitive and social skills
- reduce impulsiveness and risk-taking behaviour
- raise self-esteem and self-confidence
- improve education and employment prospects

**Youth workers play a key role in enabling young people to move onto using other relevant services**

Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model 2008-2010

- References Wright (1991) “Alcohol and youth workers” which says that youth workers should engage in brief intervention and are a key influence in onward referral to specialist support
- Stresses the important of ‘a diversionary programme or drop in facility where young people have the opportunity to talk with staff trained in brief intervention and motivational interviewing skill’ – I think this reinforces the bit of the logic model that says ‘Informal education through conversation and dialogue → increased understanding about … drugs and alcohol’
- This publication does however strongly suggest that diversion needs to link to more specialist services

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26 Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model 2008-2010
This appendix set out indicators each outcome in our logic model. The list is drawn from our experience and is not exhaustive. Other youth organisations may come up with different indicators, suited to their own circumstances. You should not try to measure all of the indicators we have identified. You should be critical, pick out the most relevant or useful, discard those which are not, adapt them or come up with better ones for your settings.

YP = young person

### Immediate outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>Increased engagement with young people</td>
<td>No. of contacts with worker/services/project</td>
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<tr>
<td>YP gets to know you</td>
<td>Extent initiate/join in with conversation</td>
</tr>
<tr>
<td></td>
<td>Eye contact</td>
</tr>
<tr>
<td>YP has fun</td>
<td>At the time/in the moment</td>
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<tr>
<td></td>
<td>Body Language</td>
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<tr>
<td></td>
<td>Extent to which, Smiling, laughing, animated, eye contact, at ease/comfortable</td>
</tr>
<tr>
<td></td>
<td>Extent joins in</td>
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<td></td>
<td>Later</td>
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<tr>
<td></td>
<td>Requests to repeat</td>
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<tr>
<td></td>
<td>Comes back</td>
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<tr>
<td></td>
<td>Recommends to friends</td>
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<tr>
<td></td>
<td>Express pleasure - &quot;that was magic&quot;</td>
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<tr>
<td>YP makes friends</td>
<td>Engage with other young people</td>
</tr>
<tr>
<td></td>
<td>Shares with other young people</td>
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<tr>
<td></td>
<td>Joins in</td>
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<tr>
<td></td>
<td>Open body language and/or close proximity</td>
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<tr>
<td>Immediate diversion from anti-social and risky behaviour</td>
<td>In the moment – Attendance</td>
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<td></td>
<td>Police figures report reduction in reported incidents on that day of the week or particular date</td>
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<tr>
<td></td>
<td>Choose to continue with that type of ‘positive’ activity.</td>
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</tbody>
</table>

### Deeper contact outcomes for young person

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement in positive activities</td>
<td>Clubs go to</td>
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<td></td>
<td>Groups involved with</td>
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<tr>
<td></td>
<td>Exercise do</td>
</tr>
<tr>
<td></td>
<td>Hobbies or things do with spare time</td>
</tr>
<tr>
<td>Build deeper relationships with adults and peers</td>
<td>Extent YP can tell difference between positive and negative relationships</td>
</tr>
<tr>
<td>Stronger network of positive support</td>
<td>Choose to do things with ‘the right sort!’ of friends</td>
</tr>
<tr>
<td></td>
<td>Able to support others</td>
</tr>
<tr>
<td></td>
<td>Extent YP shows respect for others (e.g. respectful language (not slagging))</td>
</tr>
<tr>
<td></td>
<td>Interaction with adults and peers</td>
</tr>
<tr>
<td></td>
<td>Engagement with staff</td>
</tr>
<tr>
<td></td>
<td>Can identify supportive friends and adults people they can talk to and trust</td>
</tr>
<tr>
<td></td>
<td>Act on positive suggestions</td>
</tr>
</tbody>
</table>

52
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater understanding about the risks associated with drugs and alcohol</td>
<td>YP able to identify risk YP plans for risk taking behaviour (e.g. take water, don’t go to risky places, go where no police) YP modify the risk e.g. drink water Decreased use.</td>
</tr>
<tr>
<td>Feels more challenge and achievement</td>
<td>YP has/ expresses pride in accomplishments YP feels challenged YP can identify their challenges YP can identify what they want to achieve YP can identify what they have achieved YP gains an award</td>
</tr>
<tr>
<td>Sets and achieves own goals</td>
<td>YP thinks about or considers goals they want to achieve Asks for support around goals Can identify realistic goals Can identify the benefits of their goals Is aware of what they need to do to achieve goals Is aware of how drug/ alcohol use could affect goals Makes and enacts a plan</td>
</tr>
<tr>
<td>Feel better about who they are</td>
<td>Body language eye contact At ease/relaxed Speaks up Talks positively about themselves Engages/ join in or be more involved Expresses choices rather than making demands What they want for themselves Able to work with others Able to take on new things</td>
</tr>
<tr>
<td>Increased aspirations</td>
<td>Expresses optimism about the future/ hope Identifies realistic aspirations Develops a plan Achieves Understands what they want to change in life Feels up for the challenge to change life</td>
</tr>
<tr>
<td>Make more positive and healthier lifestyle choices</td>
<td>Diet Use of Drug/ Alcohol Exercise What do with their time</td>
</tr>
<tr>
<td>Decrease risky behaviours</td>
<td>YP plans for risk taking behaviour (e.g. take water, don’t go to risky places (e.g. harbour), go where no police) YP modify the risk e.g. drink water Decreased use</td>
</tr>
<tr>
<td>More engaged at school</td>
<td>Ability to study Aspirations to do better/ for their future Doing homework Paying attention in class Achieving Not causing nuisance/ breaking rules</td>
</tr>
<tr>
<td>Outcome</td>
<td>Indicator</td>
</tr>
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<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Community outcomes</strong></td>
<td></td>
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<tr>
<td>Less cost to NHS</td>
<td>Short term</td>
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<tr>
<td></td>
<td>A and E admissions</td>
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<td></td>
<td>Pregnancy rates</td>
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<td></td>
<td>Sexually transmitted disease</td>
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<td></td>
<td>Longer term</td>
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<tr>
<td></td>
<td>Liver and other alcohol/ drug related diseases</td>
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<tr>
<td>Less anti-social behaviours</td>
<td>Police figures around</td>
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<td></td>
<td>Neighbour complaints,</td>
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<tr>
<td></td>
<td>Territorial conflicts</td>
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<tr>
<td></td>
<td>Vandalism</td>
</tr>
<tr>
<td></td>
<td>Hot spot areas</td>
</tr>
<tr>
<td></td>
<td>Community views of young people</td>
</tr>
<tr>
<td></td>
<td>Young people’s views of their community</td>
</tr>
<tr>
<td>Better relationship between sectors of the community</td>
<td>More generational interaction</td>
</tr>
<tr>
<td></td>
<td>Fear about mingling and taking part in community activities</td>
</tr>
<tr>
<td></td>
<td>Number of and participation in community activities</td>
</tr>
<tr>
<td></td>
<td>People coming together from different areas (across territorial divide)</td>
</tr>
</tbody>
</table>
This appendix gives a selection of methods for evaluating different youth work interventions that are referred to in the table in Section 3.

Evaluating gigs and one off events

Projects need open access points like events but they are difficult to evaluate as stand alone activities, since on their own they have little long term effect. The main purpose is often to engage with young people. How successful this has been can be tested later on when you are working with ‘engaged individuals’. Asking questions about how and why they got involved with you can give you some idea of how effective the event was in introducing you to new people or encouraging them to get to know you better.

Evaluating street work

The following Liber8 staff recording sheet is used to monitor the numbers of young people worked with (their age and gender) and the type of activity undertaken and any referrals made. It is a way of noting down any incidences and on the second page workers are invited to note any learning or action points.

Outcome evidence can also be noted on an additional information box, but the form is largely used to report on activity and to make sense of patterns of engagement.
### APPENDIX 3: EXAMPLES OF METHODS

**Street Base Staff Recording Sheet**

<table>
<thead>
<tr>
<th>Staff 1 Name</th>
<th>Staff 2 Name</th>
<th>Date</th>
<th>Area 1</th>
<th>Area 2</th>
<th>Guardian 24 Logging On &amp; Off</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Staff 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Demographics**

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total New Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17+</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Area 1**

<table>
<thead>
<tr>
<th>Work Undertaken</th>
<th>Activity</th>
<th>Referred to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Work</td>
<td>Incentive</td>
<td>Educ</td>
</tr>
<tr>
<td>Sustained</td>
<td>Event</td>
<td>Sexual Health</td>
</tr>
<tr>
<td>Event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trading Post</td>
<td>Emp</td>
<td>Youth Provider</td>
</tr>
<tr>
<td>Holiday Programme</td>
<td>CHILL</td>
<td>Housing</td>
</tr>
<tr>
<td>Other</td>
<td>GOPR</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Task**

<table>
<thead>
<tr>
<th>Area 1</th>
<th>No. of YP</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Advice</td>
<td>Units</td>
<td>Safety</td>
</tr>
<tr>
<td>General Advice</td>
<td>S/B Service</td>
<td>ASB</td>
</tr>
<tr>
<td>Training</td>
<td>School</td>
<td>College</td>
</tr>
</tbody>
</table>
### APPENDIX 3: EXAMPLES OF METHODS

<table>
<thead>
<tr>
<th>Area 2</th>
<th>No. of YP</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Intervention</td>
<td>Alcohol</td>
<td>Smoking</td>
</tr>
<tr>
<td>Alcohol Advice</td>
<td>Units</td>
<td>Safety</td>
</tr>
<tr>
<td>General Advice</td>
<td>S/B Service</td>
<td>ASB</td>
</tr>
<tr>
<td>Training</td>
<td>School</td>
<td>College</td>
</tr>
</tbody>
</table>

**Additional Information**

<table>
<thead>
<tr>
<th>Critical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Brief information must be completed</td>
</tr>
<tr>
<td>* Critical Incident Form must also be complete</td>
</tr>
</tbody>
</table>

**Follow up**

<table>
<thead>
<tr>
<th>Request to speak to Supervisor:</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weather Conditions</td>
<td>Times on street</td>
</tr>
<tr>
<td></td>
<td>pm to pm</td>
</tr>
</tbody>
</table>
Evaluating school based education sessions

Below is a typical workshop for a school, with aims, outline of session and showing links to the Curriculum for Excellence. For evaluation The Junction uses answers from the quiz below to gauge awareness of risks/bodily effect (bodily effects & social effect related to reduced inhibitions on next page).

They use the Head Heart Bin format (head = one thing you learned or will remember from the session; heart = how did you feel the session went; bin = what would you throw away/take out of the session?)

Workers feedback notes about the levels of awareness or evidence of learning related to each objective of the session. Along with unexpected outcomes.

They can link the content to the curriculum for Excellence, enabling schools to also evidence the contribution to their work.

---

![Bevvy Quiz of 3's](image)

**Name three types of alcohol drinks:**
1) 
2) 
3) 

**Circle three parts of the body that can be affected when using alcohol:**

And write *how* each circled part is affected:
1) 
2) 
3) 

**Alcohol lowers your inhibitions (a feeling that makes you self-conscious or hold back from saying or doing things because of what others might think of you). Circle three things that can happen when your inhibitions are lowered:**

- You feel more related
- You feel more confident
- You are more likely to take risks
- You are more likely to get into a bar with someone who has been drinking
- You are more likely to say something you don’t mean

**List 3 reasons why a young person might choose not to drink...**
1) 
2) 
3)
Alcohol Workshops: Time: 70mins, Group Size: 15, Facilitators: 2/group

Aims:
- highlight harmful health and social effects of alcohol misuse;
- address locally identified risky behaviours associated with alcohol use;
- promote Junction and its services

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Group Size</th>
<th>Outcomes/Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>10m</td>
<td>Intro and Icebreaker</td>
<td>Large group</td>
<td>*introduce facilitators, students &amp; topic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*highlight Junction &amp; its services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*energise the group</td>
</tr>
<tr>
<td>15m</td>
<td>Quiz of Threes</td>
<td>3 groups of 3-5 students;</td>
<td>*identify physical effects of alcohol use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>facilitators floating</td>
<td>*encourage young people to make the connection between alcohol use and increased</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>likelihood of risky behaviours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HWB 4-38a; 3-41b</td>
</tr>
<tr>
<td>15-20m</td>
<td>Alcohol and the Community Group Activity</td>
<td>Large group</td>
<td>*encourage young people consider the effect of alcohol misuse on both the drinker</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and the surrounding community</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HWB 3-38a; 4-41a; 3-43b</td>
</tr>
<tr>
<td>15-20m</td>
<td>Alcohol and Risk Taking</td>
<td>2 groups of 7-8 students;</td>
<td>*encourage young people to consider risks involved in using alcohol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 facilitator per group</td>
<td>*identify harm reduction techniques for young people in risky situations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HWB 4-38a; 4-40a; 3-31a; 4-40a;; 4-41a; 3-41b; 3-42a</td>
</tr>
<tr>
<td>5m</td>
<td>Closing and Evaluation</td>
<td></td>
<td>*encourage young people to reflect on their learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*evaluate the workshops and gather feedback from young people</td>
</tr>
</tbody>
</table>

Key to Curriculum for Excellence Health & Wellbeing Indicators

HWB 3-38a: I understand the positive effects that some substances can have on the mind and body but I am also aware of the negative and serious physical, mental, emotional, social and legal consequences of the misuse of substances.

HWB 4-38a: After assessing options and the consequences of my decisions, I can identify safe and unsafe behaviours and actions.

HWB 3-40a: I am developing a range of skills which can support decision making about substance use. I can demonstrate strategies for making informed choices to maintain and improve my health and wellbeing and can apply these in situations that may be stressful or challenging, or involve peer pressure.
HWB 4-40a: I am developing a range of skills which can support decision making about substance use. I can demonstrate strategies for making informed choices to maintain and improve my health and wellbeing and can apply these in situations that may be stressful or challenging, or involve peer pressure.

HWB 3-40b: I know how to access information and support for substance-related issues.

HWB 4-40b: I know how to access information and support for substance-related issues.

HWB 3-41a: I understand the positive effects that some substances can have on the mind and body but I am also aware of the negative and serious physical, mental, emotional, social and legal consequences of the misuse of substances.

HWB 4-41a: After assessing options and the consequences of my decisions, I can identify safe and unsafe behaviours and actions.

HWB 3-41b: I know that the use of alcohol and drugs can affect behaviour and the decisions that people make about relationships and sexual health.

HWB 4-41b: I know that the use of alcohol and drugs can affect behaviour and the decisions that people make about relationships and sexual health.

HWB 3-42a: I know the action I should take in the management of incidents and emergencies related to substance misuse.

HWB 4-42a: I know the action I should take in the management of incidents and emergencies related to substance misuse.

HWB 3-43a: I understand the impact that on-going misuse of substances can have on a person's health, future life choices and options.

HWB 4-43a: I understand the impact that on-going misuse of substances can have on a person’s health, future life choices and options.

HWB 3-43b: Through investigating substance misuse in my local community I can reflect on specific issues, and discuss how they are being addressed.
Evaluating drop in advice sessions: contact sheet

This is an example of a sheet used to record numbers and types of people using the service. It is one way of finding out how people heard about the service.

The Junction Visit Record Form

This form is confidential and we can’t identify you from the info you give.

Confidentiality means we won’t tell anyone anything you tell us. The only time we would tell anyone anything would be if you or someone else is in danger or at risk.

Please remember the RESPECT guidelines while you are in the drop-in.

Age: __________________ Date: __________________

Male: □ Female: □ Transgender: □

Area: __________________ Full postcode: __________________

eg EH6 5LJ

How would you describe your ethnic/cultural background?

How did you hear about the Junction?

Word of mouth □ Been before □ Seen info about us □

What are you coming along to the Junction for? You can tick more than one box

To get support □ Learning activities □ C:card □

Complementary therapy □ Sexual health info □ Contraception info □
(massage etc…) Relationships info □ Pregnancy testing □

Alcohol info □ Pregnancy info □ Chlamydia testing □

Drugs info □ Mental health info □ Physical health info □

Smoking info □ Online info service □ Other (please state) □

Visit with school or agency □

.................................
Evaluating outings

On the way back from trips, Oban Youth Café pick from a range of questions dependent on the activity, what’s happened during the outing, the people on the outing and so on.

The questions are asked of the group in an informal way as part of a conversation. Feedback is recorded in a log book, along with staff views.

When it comes to evaluation, staff look back at the book, look for themes and relate to other information they have. It acts as a reminder of the journey for young people.

**Feedback Questions after Trips/Residentials (usually asked quite informally, answers logged)**

- What did you enjoy most?
- What did you enjoy least?
- What did you learn?
- Did you learn anything about yourself?
- Did you learn from things you enjoyed as well as things you didn’t enjoy?
- Did you try anything new?
- Did you make new friends?
- Do you feel you know people on trip better?
- What would you have been doing if you hadn’t been away?
- What would make the trips better?
- Did you challenge yourself?
- Did you do anything that you thought you couldn’t do? How did that make you feel?
- Did you learn anything about getting on with others?
- Would you come again?
- What would you like to do next time?
APPENDIX 3: EXAMPLES OF METHODS

Evaluating residential

Below is an example of questions asked before and after attending a Residential Conservation Award / Programme of Structured Outdoor Activities. The focus of those residential is to build confidence and self-esteem.

Completing this Questionnaire please circle which applies.

1. On a scale of 1 -5, how confident do you feel?
   1 = not confident at all, to 5= very confident.
   1 2 3 4 5

2. On a scale of 1 -5, how good do you feel about yourself?
   1 = don’t feel very good about myself, to 5 = feel really good about myself.
   1 2 3 4 5

3. Do you think you are good at working in groups and with other people?
   (Working as a team?)

4. Have you ever been involved in any outdoor activities such as:

5. Have you ever done any outdoor conservation work (e.g. tidying up or repairing a park or piece of ground where you live?)
   Yes/ No If yes what was it?

Please tell us if you agree with the following statements where
1 = Strongly Disagree – 5 = Strongly Agree

I feel confident about trying new outdoor activities such as kayaking or abseiling
   1 2 3 4 5

I feel confident about being away from home and looking after myself to cook meals, pitch tent, look after equipment and generally take care of myself
   1 2 3 4 5

I feel confident about meeting and speaking with new people
   1 2 3 4 5

At this moment do you feel confident that you can complete this activity successfully where 1 = not confident at all, to 5= very confident.
   1 2 3 4 5
The Partnership Drugs Initiative (PDI) is funded by the Lloyds TSB Foundation for Scotland and Scottish Government. It funds and supports voluntary sector work with vulnerable children and young people affected by substance misuse. It has supported 127 projects of which over quarter run preventive approaches.

Evaluation Support Scotland (ESS) works with voluntary organisations and funders so they can measure and report on the difference they make.

DRC Youth Project is a service in Dumbarton Road Corridor, Glasgow running open youth provision, information, advice and employment support.

The Junction offers health related services, education and support for young people in Leith and North East Edinburgh aged 12-21.

Liber8 Lanarkshire works with people and communities affected by alcohol or use of other substances through a wide range of services.

MYPAS is a community based organisation that aims to improve the health and well-being of young people aged 12 – 25 across Midlothian.

North United Communities works with young people and families from marginalised and poverty affected communities in North West of Glasgow.

Oban Youth Café is a youth work project for young people of high school age in Oban.

This pack is for consultation until 31 January.

If you have any comments on the four questions on page 2 please email: diane@evaluationsupportscotland.org.uk

Please put ‘Reversing the Trend’ in your email title

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