

# Lifeskills

## Project Evaluation

June 2005

KCA Young Persons' Drug & Alcohol Service

East & West Kent Lifeskills Project

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westkent.org



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# Introduction

*'Supporting young people at risk'*

Social exclusion is a key factor in the marginalisation of young people, who are experiencing a multitude of interrelated problems. These may include disengagement from education / employment, low aspirations, dysfunctional family/social backgrounds and substance misuse. Those young people who are experiencing exclusion, are more likely to be at risk from poor general and psychological health, lacking appropriate social opportunities and being victims of crime. Projects such as Positive Futures, which provide diversionary activities for young offenders, has provided the ethos and framework for the Lifeskills project.

*'From being involved in the project, they are more likely to have access to a whole range of opportunities to improve their quality of life., also young people have the chance to experience activities that are not normally accessible, develop new skills and establish new contacts with other young people and professionals.*

(Evaluation Of Positive Futures, Home Office, April 2003)

The Lifeskills project recognises that some young people require more pragmatic support and re-inclusion. Target vulnerable groups include, those in the care system, young offenders, excluded from school, unemployed etc. The project identified young people from a cross-section of these groups, who access KCA YPDAS for substance related needs, to participate in the Lifeskills project.

## Project Objectives

Inclusion and increasing personal and social choices for young people, is the overarching aim of the project. Indeed, the Lifeskills can be viewed as a portal, providing young people with an opportunity to access a range of services according to specified need. Also, the project provides:

- The opportunity to meet other young people
- The opportunity to establish contact with appropriate services / agencies
- The opportunity to contact GP's, Dentists etc., where appropriate
- Access to a range of activities, aimed at developing and increasing positive lifestyle choices.

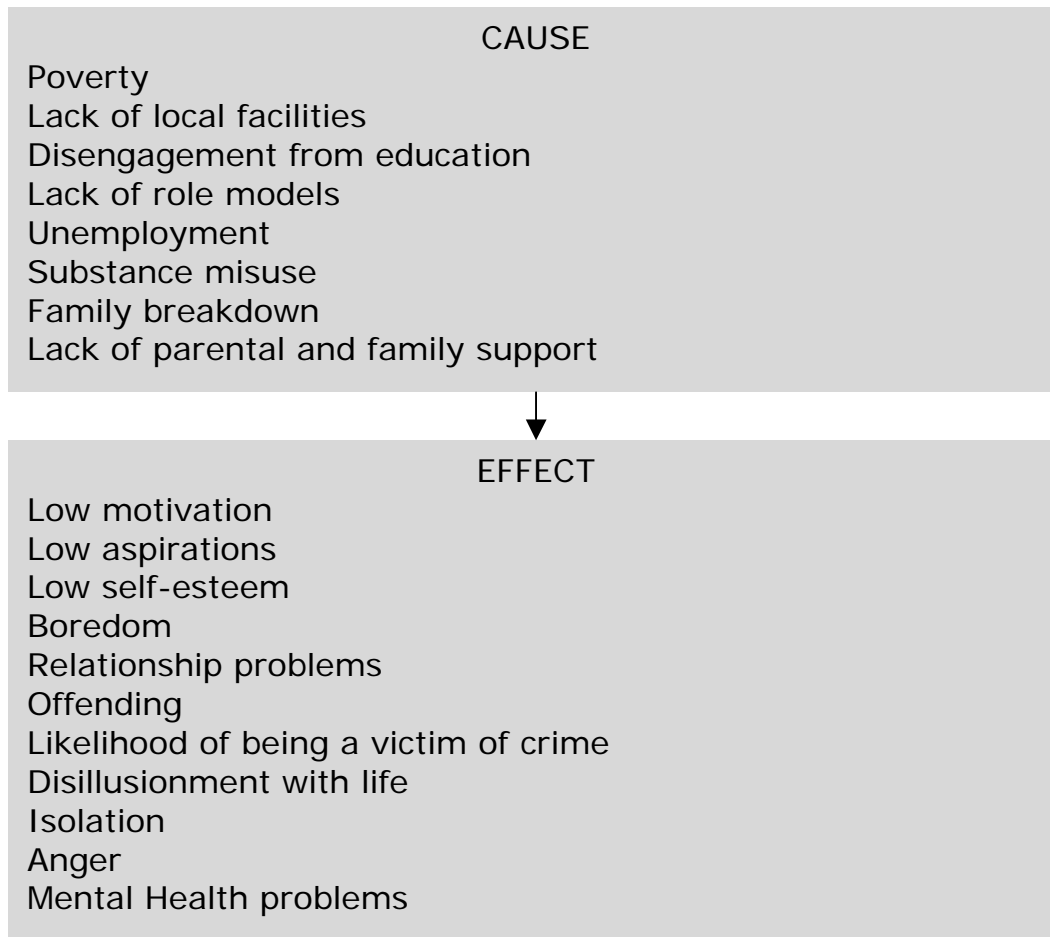
The premise of Lifeskills is founded upon offering young people who access KCA YPDAS, a community based support package that specifically targets their needs. In the absence of a community project for young drug users, the scheme was presented to individual clients for comment and ideas. Themes from young people include:

- Managing money / debt
- Cooking
- Health related advice & information
- Benefits
- Drug & Alcohol awareness
- Decision-making
- Developing self-awareness
- Confidence building
- First Aid skills
- Relaxation skills

These themes were collated and submitted to the planning team, for inclusion in the six-week programme. The programme was scheduled to run one day per week, for six weeks in East and West Kent. Also, the young person has continued access to their KCA practitioner.

## Summary Findings

The table below illustrates some common problems, experienced by young people attending Lifeskills, which were elicited during discussion groups. The table intends to interpret key elements from discussions, into an easily identifiable cause and effects pathway.



- Also, young people identified a lack of appropriate opportunities in their local area
- Attending Lifeskills provided a diversion from daily drug use.
- Attending Lifeskills enabled all young people to access other services.
- Attending Lifeskills provided routine, some boundaries and a secure environment to 'just be'.
- Lifeskills provided an engaging and thought-provoking environment, were attendees engaged (some for the first time) with a process to completion.
- Working in less formal environments, provided workers with the capacity to impart harm reduction and reinforce healthy lifestyle choices.

# Project Plans & Activities

During the planning of the programme, young people were consulted about potential activities. However, the mainstay of the activities were planned and external speakers booked in advance. During the initial session, the programme was presented to the attendees and slots were available for group planning (such as the diversionary activity and reward day).

Section 1. Generic Programme overview

Section 2. Generic Programme sessions

## Programme Overview

## Programme Sessions

## Pre-Evaluation Findings

Overall, the Lifeskills programme recruited 24 young people onto the project (this number fluctuated, due to conflicting commitments i.e. YOS appointments etc). All the young people received and completed a pre-evaluation questionnaire, which provided workers with relevant information around their drug use, views and attitudes. Also, the questionnaire gave workers an insight into their interests, hobbies etc and their expectations from the project. The pre and post evaluation questionnaire intends to measure any short-term change in drug use, attitudes, development of skills and any recommendations for developing Lifeskills. Also, the attendees consented to contact from KCA YPDAS in 6-12 months time. In this way, we intend to capture any evidence of long-term change, which could demonstrate the effectiveness of Lifeskills. Some key expectations included:

- Learning about budgeting / managing money
- Learning about health
- Having some fun
- Meeting new people
- Learning about being independent
- Housing and benefits
- Careers and job seeking
- Relaxing and being with new people

The programme was divided into sessions and each session contains two parts. Notably, each part is organised into themes (budgeting, healthy eating etc), with allocated time for free association, breaks and lunch. This enabled the sessions to be less intensive and manageable. Arguably, each young person recruited onto the programme had been either excluded or left early from school. In this way, it is important to recognise that sessions need to be tailored around their experience and lack of familiarity of formal environments. Therefore, planning reflected this factor and sessions were relatively short and direct.

Also, the settings across East and West Kent (i.e. mainly youth orientated) provided a flexible and engaging space, whereby attendees could have access to a variety of facilities. Notably:

- Kitchen facilities
- Access to TV, Video and Music
- Pool, Table Tennis and Air Hockey
- Relaxation areas

In this way, with the use of a non-stigmatising area, the attendees could relax and interact freely. Arguably, Lifeskills was enhanced by the use of the space, recognising that a young people require a youth orientated environment.

# Post-Evaluation Questionnaire Findings

## Attendance

- 24 Attendees participated on the Lifeskills programme.
- Overall, all young people attended at least 4 sessions out of six. Notably, where attendees failed to participate, was due to other commitments (Court dates, Social Services appointments etc) and/or difficulties with establishing appropriate relationships within the group.

## Drug use

- Most young people reported a reduction of drug use over the course of Lifeskills.
- All young people reported an increase in their harm reduction knowledge. However, it is difficult to posit that Lifeskills effected changes in this way, as most young people were accessed KCA YPDAS services. However, it is plausible to suggest that Lifeskills promoted and actively echoed harm reduction messages from practitioners.
- One attendee reported change in drug use, from alcohol to cannabis. The young person qualified this change by his association of alcohol to violence and cannabis to relaxation.
- One attendee reduced and abstained from their drug use, through support from a KCA YPDAS practitioner and attending the group.

## Key skills

- All young people reported an increase in knowledge around healthy eating, budgeting and accessing services.
- Some young people reported an increase in confidence and self-esteem.
- All young people enjoyed participating within the group, communicating and making decisions.
- Some young people were able to participate in 'other' projects, by using opportunities afforded by the Lifeskills project.

## Session feedback

### Canterbury:

- All young people reported to have enjoyed all sessions, especially:

**Alternative therapies (Mediation)**

**Activity day (Planet Laser)**

**Reward Day (Shopping visit)**

- Some young people reported to learn the most during 'Healthy Eating and Budgeting' session.
- All young people reported to have increased their knowledge around First-Aid and personal safety.
- All young people agreed that their favourite session was the activity day. However, the former was closely followed by alternative therapies.
- Some young people felt that sessions and/or the scheduled day could be longer.

### Dover:

- All young people reported to have enjoyed all of the sessions, especially:

**Connexions Visit (Session)**

**Pizza & Pool day (Activity)**

- All young people commented that Lifeskills should offer more activities in the community
- Some young people found the particular sessions (Activity and shopping planning) boring
- All young people enjoyed the aspect of catering for the group.

### Tonbridge:

- All young people reported to have enjoyed all the sessions, especially;

**The Shelter Game (Session)**

**Healthy Eating (Session)**

**Music & Djing (Session)**

- All young people enjoyed the aspect of catering for the group.
- Some young people found the session with ACETATE Records, boosted their confidence and self-esteem.
- Two young people attended Lifeskills, having been excluded from school and becoming interested after another attendee recommended the project.
- One young person (YOS referral) found that he could engage better with services, as he could meet YPDAS practitioners in less formal and intimidating environments.

## Medway:

The Medway Lifeskills Project started with 4 young people in attendance. All of the young people were Young Offenders and engaged in treatment. The first session went well. Only 3 people attended the second session and 2 of the young people were in crisis situation. It was decided that the programme should be cancelled as the young people became too vulnerable to engage in-group activities. The Young people were offered a continuation of treatment on a one to one basis to explore the issues that came up for them. The workers are to be commended for continuing to assess risk and suitability for the group. It was disappointing that we had to cancel the programme but the needs of the young people in attendance were our priority.

## Overall comments

- All young people reported to have enjoyed Lifeskills.
- All young people stated that Lifeskills should be a 'longer' course.
- Some young people would like more input into planning and some delivery of sessions.
- All young people reported that the venue was appropriate.

## Anecdotal Reporting

The value of Lifeskills can also be measured by observations by practitioners delivering the course. Since the inception of Lifeskills, the scope for enabling change and promoting healthy lifestyle behaviour is fundamentally enhanced, by the provision of easily accessible community services. In this way, Lifeskills provides the kind of psychosocial environment, which recognises that not all young people respond to 'talk therapy'. Indeed, most young people will respond more actively in 'active' environments. Key observations include:

- Young people responded well to challenging, yet supportive methods.
- Young people engaged readily into the process and attended more often than KCA YPDAS one-one sessions.
- Young people supported, challenged and exchanged experience with each other.
- Young people flourished in informal and engaging settings.
- Young people responded well to visiting speakers etc and interacted thoughtfully and analytically.
- Young people were able to develop confidence and positivity about their life choices.
- Young people were able to discover 'ways' of engaging with other youth orientated services.

## Recommendations

The Lifeskills course has shown to be an effective way of supporting young people at risk; by offering youth orientated responses and targeted support in community-based settings. In this way, young people who use/misuse substances can access specific support which aims to increase their knowledge around drugs and their effects, increase key skills and promote access to community services. However, KCC are currently implementing similar Lifeskills programmes, in this way our key recommendations include:

- Lifeskills provision to be delivered by appropriate 'other' (and/or KCC) agencies, with assistance by KCA YPDAS.
- Lifeskills reduces the amount of courses available and focuses resources on highly specific responses in target areas.
- Specific agencies/services are invited to participate more actively in the running programme.
- Tier 2 practitioners become dedicated to supporting Lifeskills.
- Lifeskills is promoted extensively in the community.
- Young people are included in the planning of Lifeskills.
- Lifeskills is evaluated and best practice is reported and circulated to youth orientated services.
- That Lifeskills should provide scope for young people to attend additional courses and/or obtain qualifications.

# Appendices

