TRAINING MANUAL

COOPERATION PRACTICES IN OUTREACH WORK

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peer2peer
Reinforcing Peer's Involvement in Outreach Work

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Peer2Peer: Reinforcing Peers' Involvement in Outreach Work

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Training Program Manual

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Peer2Peer: Reinforcing Peer's Involvement in Outreach Work

The Peer2Peer project aims to reinforce the **capacity of outreach Civil Society Organisation** to reduce drug demand in accordance with the EU Drugs Strategy and Action Plan. It seeks **to increase the efficiency of outreach work** done by CSO by promoting the inclusion of Peer Educators and by researching **best practices in cooperation** between all relevant actors.

The approach of the project is inspired by the **European tradition of rights and liberties**, which values the active **participation of all citizens**. It is also founded on research, which has shown that **community involvement is essential** to drug demand reduction. When dealing with injectable drug users the involvement of Peers, in particular – friends, colleagues, or people involved in the same activity or context – is acknowledged as effective. The cooperation among healthcare and/or psychosocial professionals with Peers seems to be effective and important at all levels and for all scenarios, especially in the outreach work, as well as in the additional support of the beneficiaries.

The project conducted an in-depth research in order to develop an evidence-based programme to create more equal and collaborative relationships between the different stakeholders involved, such as professionals, outreach workers, Peers, small-scale drug dealers, and police forces. The Human Rights and dignity project strategy actively includes end-users in the planning and implementation of processes.

Training Program Manual

Training Programs were developed by De Regenboog (NL) and Free Clinic (BE), according to the knowledge acquired in the activities of WP2 and due to their past experience in the subject. The training actions will be provided by De Regenboog (NL), Free Clinic (BE) and ASUD professionals, each in one of the pilot interventions implementing country (Poland, Greece and Lithuania). The training dimension is a vital starting point for the integration of peer educators in outreach work and it should take into account the specificities of the role, position and tasks each peer educator carries out in the Outreach Team, namely the ability to establish relationships with dealers, in order to decrease the adulteration of substances. Hence, the Training Program Manual is a general tool with the main contents and training strategies to deliver the Training and it is the base for local adaptations according with the specific Intervention Plan of each pilot country.

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INTRODUCTION

Goal of the Training

The goal of the training is to improve the capacity of civil society organisations (CSOs) working in the field of drugs in addressing cooperation between different stakeholders. Specifically, the training puts forward a methodology that supports the involvement of people with lived experience in outreach work, while at the same time it enables the development and implementation of cooperation strategies between different stakeholders.

As a result, organisations will be able to understand better how to establish and/or maintain peer programs, how to support people with lived experience in the development of outreach work activities, and how to reinforce existing structures of collaboration, or to implement new ones. Further, participants will be equipped with relevant information and tools that will improve their advocacy capacity.

Methodology

This Training Manual Program builds upon the results of several lines of work articulated in the Peer2Peer Project, namely:

i) the results of WP2, specially Needs Assessment and Scoping Review;
ii) answers from the preparation questionnaire and online meetings with the contact person in Greece, Poland and Lithuania, in order to identify main needs and characteristics of the possible participants and then define the main contents categories to be addressed in the Training (and following Pilot Intervention);
iii) online meetings with De Regenboog, Free Clinic, ASUD and APDES to define the contents, the structure of each module and a reasonable tasks division.

The results of the work generated during the training were integrated in the National Intervention Plans (in line with the Pilot Interventions guidelines).

Training Implementation

The following training has been designed with the intention of being implemented in different context and to serve diverse communities of people who use[d] drugs. As such, we would like to invite organizations to approach the materials included in this manual as an open archive of information and excersices, and to select and adapt those materials that best serve their needs and those of the communities they work for and with.

Each module includes an introduction, a selection of framework(s) and exercises. Contents responded to the diverse, specific local needs and possibilities of the organization that implemented the training during the Per2Peer Project: EHRA (Lithuania), Praksis (Greece) and Prekursor (Poland). All materials will have the project logo, partners' logos and EU logo and disclaimer.

The training is intended to last for three days, each module requiring between two and three hours, depending on the needs of the group. However, due to current COVID19 related circumstances, shorter and more concise implementations of the training have been conducted, delivering positive results as well.

Based on the experiences during the Peer2Peer Project, we advice organizations to implement the training with two trainers. This will help not only with the general flow of the training itself, and the capacity to count with two different background of knowledge, but it will prove to be specifically helpful whenever the exercises in smaller works take place.

Lastly, considering the goal of the training, we suggest the training group to be composed both by peers and social workers.

TITLE	Cooperation Practices in Outreach Work
DURATION	3 days
GENERAL GOALS	1. To improve the capacity of CSOs working in the field of drugs & drug use in addressing cooperation between different stakeholders. 2. To support participation & involvement of people with lived experience in outreach work
OUTCOMES	1. An increased capacity of CSOs working in the field of drugs & drug use to establish and/or maintaining peer programmes. 2. An increased capacity to establish, implement and/or reinforce cooperation strategies between different local and national stakeholders working in the field of drugs and drug use. 3. To provide CSOs with relevant information and tools to improve their advocacy capacity in the field of peer-work and meaningful participation of people with lived experience.
CONTENTS	1. Peers work and outreach work: a conceptual framework 2. Project logistics & Stakeholder collaboration 3. Strengthening communication: you can not not communicate 4. Boundaries, values, rules & conflict resolution 5. Advocacy
KEY-WORDS	Cooperation, Outreachwork, Harm Reduction, Community Participation.

OVERVIEW OF THE TRAINING MODULES

Module 1 | Peer work and outreach work: a conceptual framework

The first module provides a **theoretical framework about peer support and outreach-work**, as what outreach-work and peer-work means and entails allows for different interpretation and approaches. For this reason, we will problematise and attempt to define these concepts.

This modules functions as an introduction to the different understandings of what peer support and outreach work are, what are the different models that exist, and what are the main concepts at play behind their implementation.

Complementing the theory, Module 1 includes an exercise that will help them clarifying what kind of peer work program they want to start, how would it fit to their local context, and what would be the most suitable way to organise it.

Similarly, Module 1 includes an exercise that will support organisation understanding better what kind of outreach activities would fit best to their intervention goals, and to their context. These two exercises are part of the build up toward working with peers and outreach-work.

At the end of the module, participants **will be able to define and articulate what approach to peer & outreach work is the most suitable to their goals and local contexts, and to understand better why & how to better work with people with lived experience.**

Module 2 | Project logistics & Stakeholder collaboration

Building upon Module 1, the second part of the training will guide the organisations into the necessary **steps to design a peer program intervention**. Conceived as a series interrelated exercises, Module 2 will present the **VMOSA methodology** and it will highlight the importance of developing a strategic and action plan.

Planning is understood as the process of developing a logical sequence of steps. Through planning, organisations are able to ensure that the interventions they develop meet the needs of the communities they support. Further, it allows them to distribute the work, and to ensure that all steps are clear as well as that all responsibilities are distributed adequately.

Successful peer projects are the result of the **joint effort of multiple stakeholders**. It is for this reason that the second part of this module focus on **building structures of cooperation with other organisations, service providers and institutions**.

Identifying potential collaborators implies understanding what are the **position, attitudes and arguments** that other stakeholders hold in favor and against the goals of an intervention and how to relate to each of them. Further, it requires an understanding of the **resources** that each bring to the table, whether these resources are knowledge, contacts, or the capacity to allocate or deny funding.

During this second part, organisations will be offers models with which to **practice mapping their local context**, **identify the most suitable stakeholders**, and **how to establish successful structures of cooperation** with them.

Module 3 | Strengthening communication

Communication is essential to all kinds of work, but particularly for outreach workers. Building relationships with communities experiencing vulnerability requires fostering **trust relationships**, **sharing information**, and often **solving conflicts**. The foundation for all of this is communication.

Module 3 will offer organisations foundational concepts and models on communication. Communication is not only speaking. It also involves **listening skills**, **body language** and **gestures**. When working on the streets, it is very important to know and to use non-verbal communication. We highlight the most of these communication skills.

Communication also requires **an understanding of the person with whom we communicate and the position from which we do so**. People are in a constant state of change. The Model of Change (Proshaska and DiClimente) allows participants to understand the state of change people who they work with are in. The FRAMES model and the BMI model - mostly used in counselling - will offer tools to work with people during very short contacts. Complementing all of these models, PLISSIT will offer peers workers a framework to look at the different roles, and to give insights in keeping their own boundaries.

Complementing the theory presented, Module 3 includes an exercise that will help participants understanding **what kinds communication(s) strategies would fit best to their situation**.

Module 4 | Boundaries, values, rules & conflict resolution

Module 4 has been conceived as a follow up to the previous one. Once we start understand communication in a more nuanced way, immediately we find ourselves questioning how do we orient and articulate our interactions with other people.

Understood as the guidelines or limits that a person creates to help themselves identify safe, **boundaries are the foundation of successful and lasting relationships**.

Through **practice and discussion**, the participants will learn **how to identify their own boundaries**, and to assess **how to negotiate those within the so called *professional environment*** in the field of community work. Examples of these are how and when to exercise self-disclosure of lived experience, or how to ensure well-being.

To do so, Module 4 will also unpack the role that **values** play in putting into practice our relationships with other. Commitment and support to community does not arise out of nowhere. It comes from and is guided by **principles, assumptions and values** that spring from our cultures and lived experiences. Understanding them as guidelines for living and behavior, values will approached thorough a series of exercises that will offer participants insight into the **underlying expectations operating in their own context and communities they work with**. Once this is identified, participants will understand **how to formalise their boundaries and values into rules** with which to guide their cooperation projects.

Lastly, Module 4 will offer participants with a **foundational understanding of conflict resolution**. When boundaries are crosses,

values are not enacted, or rules are not adhered to, how can we resolve the consequences that may arise? Frictions, misunderstandings, and unmet expectations are also occasionally a reality in peer. Building upon **mediation roles**, participants will be equipped with a foundational knowledge with which to approach unexpected situations in their peer programs.

Module 5 | Advocacy

Closing up the training, Module 5 offers participant an entry point into some foundational documents that articulate the need for the meaningful involvement of people who use drugs, in the development, implementation and evaluation of harm reduction programmes. As such, this Module is intended to provide participants with relevant foundational entry points that could inform their advocacy activities. Complementing this, the modules includes a second section in which specific practical understandings and methods to advocacy are shared.

MODULE I

Peer Work & Outreach Work | Conceptual Frameworks

PEER WORK | Conceptual Frameworks

1. Defining peer-work

Lived-experience worker

In the most broad sense of the word, we can understand *peers* as people who help and support others building upon their own life experience(s). Based on their life experience, *peer workers* may act as a guide, a translator, or a bridge between the communities they belong and the organizations and programs they work with. In this way, including workers with a lived experience in programs and organizations may help bridging the so called "us-them "split. However, being and or becoming a *peer* requires more than having a personal experience of drug use.

Defining peer work & peer education

In their European Peer Support Manual[1], Trautmann & Barendregt, draw a clear distinction between *peer education and peer support*. Although these two terms seem almost interchangeable, there are some crucial differences when it comes to the role and agency of people with lived experience within the provision of support and help.

For them, *peer education* is understood as a professionally designed intervention that activates peers as 'messengers', making "the task of the educator to teach other drug users the rules of safer use and safer safe. Contrasting, *peer support* refers to a collaborative process that engages they communities in both the design *and* delivery of the programs.

In this way, the concept of peer support puts forward a broader framework, in which the idea of mutual support prevails. Emphasis is made on community and equality. As a result, **support** is understood not only as *influencing* other drug users behaviors towards safer use and safer sex practice, but also as *creating better conditions* for safer drug use and safer sex.

[1] Developed in 1994, the European Peer Support Manual is one of the earliest harm reduction resources that actively promoted engagement with people who use drugs, and as such it offers an entry point into understanding the origins of these concepts and practices.

Peer work as part of Harm Reduction strategies

Peer support & peer education are part of harm reduction strategies, and as such their primary aim is to improve the living conditions of people who use drugs PWUD. Instead of focusing on abstinence, the goal is to develop relationships with PWUD and access to social and health support.

At the core of Harm Reduction and Peer Support programs a commitment to human rights, recognizing PWUD as such. In practice, this materializes as the right to choose the way to live and weather support with their drug use is necessary, and how it should be delivered. It is from this recognition of right of self-determination that Harm Reduction puts forward assistance without the prerequisites such as stopping drug use. 'Offering low-threshold 'drug aid services 'creates the possibility to reach PWUD effectivel

2. Why peer work?

Developing and implementing peer programs has numerous benefits for all stakeholders involved: organizations working on supporting the health and wellbeing of PWUD, and PWUD themselves. Underneath, we share with you some important reasons for doing so.

Commitment of the organization

Developing peer programs, and hiring people with lived experience demonstrates an organization's commitment to the improvement of their health and human rights. As such, it delivers a clear message not only to the community of PWUD, to the community of health and social professional's at large: PWUD are valued as equals members of our communities, with skills and knowledge.

PWUD as role models

When a person with a lived experience becomes an employee in an organization, this sets a model for other people who uses drugs. As such, this becomes a reference point that speaks of the possibility for other PWUD becoming employees in a field in which they are experienced. When this happens, peers also experience a boost in self-steam, as building work experience is not the only goal of peer programs.

Peers as effective communicators

Experience has shown that many PWUD do not trust all health care professionals or social workers, especially those who continuously encourage them to stop using drugs. For this reason, sometimes public health information may be perceived as reinforcing a drug abstinence agenda. An strategy to tackle this situation is to involve and cooperate with peers.

Peers as experts on the needs and practices of their communities

Because of their [ex]drug use, *peers* are experts on illegal substances and drug use. As such, they are aware of patterns of consumption among their communities, different substances, levels of purity, its availability or price, among others. Next to this, they have developed their own strategies to asses and handle risks, knowledge that non drug using professionals would not generate by themselves.

Improving self-esteem

Having the opportunity to contribute to the wellbeing of their communities is a socially important contribution. From this lenses, we can see how the development and implementation of peer programs contributes to [self]empowerment and an increased self-esteem. Experience has shown how this influences making safer choices when it comes to protecting one's health, which in return may influence other PWUD within their communities.

Developing professional skills

Participating in a peer programs offers not only the possibility to activate the expertise of a person with lived experience, but also to acquire new skills, knowledge and professional experiences. From administrative tasks, to provision of social and health services or even coordinating roles, peer programs offer the possibility to access a professional education and experience which otherwise might have be available, specialize for the most marginalized and underserved within the drug using community.

Building up community

As we have seen before, supporting the wellbeing of our communities is an important social contribution. This role and position influences not only our sense of belonging, but also of responsibility. Supporting our communities implies not only taking responsibility for the well-being of the people we offer support to, but also to the effects and impacts that our actions have on this very same community. It is for this reason that building up community is related to a decrease in the so-called "anti-social behavior".

Next to this, by establishing contact with other communities and/or the population of a certain area, peer workers can change the view this may have on PWUD.

Civic engagement

Peer organizations, as active participants and drivers within their community, may have a critical role in research, and policy making. Peers can address the needs of the communities more adequately as they get a better understanding of the impact of politics in their communities. Further on, the different communities feel represented.

3. Different kinds of peer-work

Three organizational models of peer support

The most common models for the delivery of peer support are self-organized programs – for instance, initiated by a drug user led organization -, programs developed by organization lead by professionals [volunteer] without a lived experience of drugs – for instance, a health service or a harm reduction organization -, or a joint venture of PWUD and professional's

At the core of these models, we can find discussions about degrees of autonomy or integration within already existing models of service delivery. When developing a peer support programme, it is important that these choices are to be made before the start of the project.

Advantages of embedding peer support in non-peer led organizations

Experience shows that still many drug user led organizations encounter difficulties to sustain their activities. This results from an intersecting series of conditions such as criminalization, or lack of adequate funding, among others, which interfere with the capacity of continual and stable engagement. On these occasions, embedding peer support in non-peer led organizations may be a strategy to ensure the continuity of a program. Aiming at ensuring the continuity of programs.

Another important advantage of this model, is the possibility of building upon the existing network that the organization has already developed. This would ensure workable contacts with other organizations, such as drug aid health and social services. This is especially important and it would facilitate referrals when

needed. Also, building upon this network and relationship, the organization may be able to support mediating with law enforcement and judicial systems.

Important conditions for embedding peer support in non-peer led organizations.

First of all, the work of the organization would need to be aligned with the principles of harm reduction. As such, professionals without a lived experience of drug use would fully support those who do has it, with an open and non-judgmental attitude.

This support is often articulated on three different levels:

- *Professional Development*, including training and capacity building that helps acquiring new information, methods skills, as well as adequate supervision and mentorship.
- *Organization and Coordination*, for example, providing adequate team structures, or conflict resolution, among others.
- *Personal Development*, for example, support in case of changes in patterns of consumption or any other related personal problems, triggers, or experiences which may lead to harm.

Besides this, the organization would need to develop strategies to support expertise and knowledge exchange between professionals who do not have a lived experience, and those who do have it.

Reasons for embedding peer support in drug-user led organizations

Unfortunately, negative attitudes of health and social professionals towards people who use drugs are still common. As a result, barriers to access to support are increased, depending whether or not drug use is accepted by those professionals. Further, in those situations in which access is possible, because of previous experiences, distrust might happen. For instance, an active drugs use might find it difficult to talk frankly with a professional, especially if drug use is explicitly not accepted.

How to involve people with lived experience?

For a project to be successful, it is important to decide beforehand which goals you would like to reach with your project and what roles peers would have in the pilot, whether is peer education and/or as peer support.

Although later on will dive deeper into the development of a project, for now it is important to keep on mind the following steps:

1. Define the goal of the project.
2. Understand clearly what the position of peers will be in the organization, the support that would be needed, and your actual possibilities for it.
3. Once the position is clear, define the different roles and activities peer would develop, stating clearly the goals.
4. Depending on the goals, roles and activities, select the most adequate person.

Peer Profile

The same as with any other professional position, the profile of a person with lived experience will depend on the tasks to develop and the responsibilities involved. However, experience has shown that in general terms some of the following skills/attitudes are helpful for a person who use[d] drugs to have, or to develop.

Patience Non-judgmental Strong communication skills Openness Team oriented	Self-knowledge (particularly regarding boundaries) Stable personal situations (more or less) Stable pattern of use Able to handle feedback

To support a peer, and to ensure that this skills are developed in case they are not, organizations should consider providing flexible hours, and to take on them a bit more of responsibility when needed, as well as to support administratively.

OUTREACH WORK | Conceptual Frameworks

1. DEFINITION & BASIC PRINCIPLES

What is outreach?

Outreach is a *person-centered* and *community-based* harm reduction strategy. Its goal is to establish contact with and/or provide social and health services to people right at the location where they are. Traditionally, the approach to providing services has been set up to center around institutions and organizations. However, the often criminalization of drug use, stigma on drug users, as well as certain services thresholds – such as opening times, locations,… -, act as barriers to PWUD accessing service and support from fixed sites.

In outreach, establishing contact can be seen from two different angles. On one hand, from the point view of social and health organizations, outreach may help *to establish or improving connections* with the communities they aim to serve. From the point of view of PWUD, outreach services offer an *entry point into services* they may need.

Basic Outreach Principles

Dewaele, De Maeyer & Beelen (2012) propose the following understanding of outreach work:

> *"Outreach work is a method, which is based on an active approach and focuses on the promotion of wellness. The worker departs from the basic participatory attitude and focuses on vulnerable groups that are not reached or insufficient by the current service, help and care offerings. This by moving into their environment while recognizing the prevailing values and norms. Outreach work is committed to seek a mutual coordination among the*

target audience, their network, the share offer and the wider society."[2]

Taking this definition as a starting point, we can extract a series of basic principles who may help us orienting ourselves in the development and implementation of peer outreach work activities.

1. An active approach

Despite the general acknowledgement of the importance of easy access to services, experience still shows that PWUDs remain underserved. Responding to this situation, outreach services are built upon a proactive and intentional attitude that seeks to offer services directly on the spot, or to establish connections with the appropriate support agencies. Rather than waiting-and-seeing for PWUDs to attend services, outreach workers move themselves to the communities they aim to support.

2. Promote wellness

Operating from harm reduction frameworks, outreach activities sought to ensure social rights and to promote and improve the quality of life of PWUD. Meeting people where they are in this case not only points towards the physical location in which they find themselves, but also demands working with and on the strengths of individuals and communities. In this way, outreach activities may contribute to an emancipatory process that strives for the autonomy of PWUDs, building upon the health choices and plans that individuals make for themselves.

3. Participatory attitude

Experience has shown that the following attitudes in outreach workers have a positive impact in the quality of the service they provide:

| Being Real | Involvement | Equity | Openness | Unconditionality | | Positive Attitude | Professional Proximity | Reliability | Respect |

4. Underserved Communities

PWUDs often experience intersecting patterns of exclusion, such as adequate housing and other material conditions, as well as stigma and criminalization. As a result, they are rendered more socially vulnerable than other populations, generating complex need of support and social isolation.

Outreach activities respond to these structural conditions by streamlining services and assistance. By emphasizing establishing contact first over direct implementation of pre-established support plans, outreach workers may develop actions that suit the actual needs of individuals and communities. From there, building bridges with the adequate organizations can take place.

5. Working outside of organizational | institutional contexts

Outreach implies leaving the familiar surroundings of our own organizations and to work right where support and help is needed. To be broken borders vs assistance and there is space for the establishment of a trust[3]. By doing so, contact can be made with people who otherwise would not be reached without requiring displacement from the places in which they normally are.

[2] De Maeyer, J., Dewaele, C., & Beelen S., (2012) Outreachend werken Praktijkkader in ontwikkeling. https://bit.ly/2Zr5x7F

[3] (Baart, 2003)

6. Acknowledging the prevailing values

Working outside of an organization or institution requires a respect and openness to the current values encountered and the forms of care that already exist individually and among community members. To do so, flexibility and creativity are required from the outreach workers. To ensure a safer space for everybody, it is important to be aware of what colliding values might be at play, our boundaries, and the difference between respecting and approving someone else's values and standards.

7. Mutual reconciliation

As a practice, outreach work has the capacity to restore or to enhance connections between communities and professionalized care and support. As such, outreach workers may have a mediating role, or a connecting link.

Target group and social vulnerability

Explicit choice for working with this target group, or is not for example a home visit from a physician

2. Why Outreach?

Outreach workers provide access to available services – such as ***information***, ***equipment/paraphernalia***, ***counselling*** or ***referrals*** – that enable PWUDs to reduce the associated risks of drug consumption and/or sexual behaviors. Therefore, thanks to outreach activities, organizations contribute to a ***safer*** drug consumption and sexual behavior.

An example of this contribution is the impact that outreach services have had and still do in when it comes to injected drugs. By distributing sufficient and adequate materials where are needed, outreach services contribute to reducing the risk of transmission or acquiring HIV, HCV and other blood-borne viruses. Further, thanks to adequate and timely counseling and information, as well as naloxone distribution when possible, outreach services contribute to overdose prevention.

When information and support comes from a trusted source, the impact is more powerful. It is for this reason, that outreach workers are often peers, or other respected members of the communities.

Harm Reduction & Outreach

Harm reduction programs focus on preventing the harms associated with the use of psychoactive drugs, rather than on preventing drug use itself. Taking into account that many people cannot or do not want to stop using drugs, harm reduction interventions include provision of services and information to keep people healthy and safe

Community-based outreach is an effective approach to deliver harm reduction services and information in a non-judgmental and friendly manner.

Using outreach, we can provide people who use drugs with the means to adopt less risky practices and behaviors, including reducing the risk of transmitting or acquiring HIV and other blood-borne viruses related to shared injecting equipment and unprotected sex.

Outreach | Connecting People & Linkage to Care

Importantly, outreach also helps to connecting people with the adequate services they might need access to – either through mobile clinics, or outreach workers educating drug users about available health services and the effectiveness of treatment for HIV or drug dependency, for example. Outreach is a vital link between people who use drugs – many of whom are

marginalized or fearful of using formal health services – and the health care system.

Outreach | Community Service

If properly trained, outreach workers can be a reliable source of harm reduction information and services, not only to people who use drugs and their relatives but also to others such as people from the local community or neighborhood where outreach takes place, the police, and representatives from different agencies providing services to drug users. Outreach workers may positively influence opinions and raise awareness of HIV and drug use among communities.

Outreach Team

In most cases, outreach consists of a team of two people with a backpack or bag containing sterile injecting equipment, a puncture-resistant container for used needles and syringes (if the project includes a needle-syringe exchange service), information leaflets and other printed media, and condoms and lubricants. This configuration allows to combine a more experienced outreach worker with a less experience one, or to bring together two different people who together may become more representative and aligned to the communities they offers services to.

3. Three methods of outreach work

There are many types of activities that can fall under the category of 'outreach work'. Outreach is any activity which provides support and services to populations which are currently underserved by fixed programmes.

To help you determinate and structure your outreach program to support adequately the communities you work with, we will organize these activities in three categories, based on the location in which the contact and support takes place.

Detached outreach work

Also known as street work, this method of outreach work takes place outside of any contact service, such as public space, pubs, clubs, or squats, among others. Depending on its aims, street work can either display a more *categorical approach* – focusing on specific categories of individuals or communities -, or a more *spatial/geographical approach* – targeting a defined area in which multiple categories of individuals or communities may use the space -.

Detached outreach work usually requires a more long terms and intensive set of activities through which outreach makes themselves easy to access by those who normally are more excluded of more institutionalized forms of care.

The mail going is to establish connection. Once this is done, building upon the needs of the community and their values, outreach workers co-develop actions and strategies through dialogic methodologies. It is through this conversations that outreach workers may defend the interests of the communities they serve in a more effective and respectful manner, independently of normative or official views articulated by policy and/or their own organization.

In this modality of outreach work, special attention needs to be given to the vulnerabilities that may arise by working in public and open space, as well as the potential skepticism with which outreach workers may be encountered by the communities they intend to support.

Domiciliary outreach

This method of outreach work is undertaken in the homes of the individuals or communities we would like to reach. For this reason, this is more targeted model than the Detached Model. Individuals are identified upfront, oftentimes based on specific information, observations, or actions taken by third parties.

Domiciliary outreach activities in the field of drug use are rarely found. Providing support on someone's private space requires a subtler and more sensitive approach, as risks of high tension are common, depending on how contact and consent is negotiated, established and maintained.

Peripatetic outreach

Compared with the previous methods, this model focuses more on organizations than on individuals and/or communities.

Outreach workers provide their services on other community-based organization and/or institutions, such as prisons, schools, or shelters, among others.

In this way, peripatetic outreach contributes to the well-being of an individual as an element within an already existing healthcare support plan. Further, it supports other social and health organizations by providing specific services and/or building their capacity up with training.

When implementing this model, special attention needs to be given to the potential complications that may arise due to differences of methods, approaches or values of the outreach project and the rules and protocols that may be at play in a specific community organization or institution.

Psychological pressure

4. Models of Outreach Work

Outreach models are based on a combination of approaches and tools that support people who use drugs in reducing individual and social risks associated with substance consumptions, as well as to positively influence the behaviors, beliefs and norms that contribute to an increment of vulnerability of this community.

In the following section, we will highlight a series of historical models. Each of them offers us a series of entry points into understanding what different forms of cooperation in outreach work have been established between using and non-drug using outreach workers, and their communities at large. Further, they also evidence a change of focus in these activities. Whereas in the late 80's, activities targeted change of individual behaviors, in the following decades there has been an expansion into incorporating activities that emphasize the communities or social networks, as well as the systemic and institutional conditions that affect the lives and experiences of people who use drugs.

Indigenous Leader Outreach Model [ILOM][4]

Implemented in 1986, this model for providing outreach services relies on former and/or current drug users employed in mobile teams of outreach workers. In this way, social and health organizations relied on PWID with access to specific drug-using communities, and with knowledge about the social systems at play in them.
Relaying on epidemiological and ethnographic frameworks, in this model

[4] More information: Wiebel 1993 + 1988

'leaders' are selected through initial contacts which also involve discussions with other PWIDs within the community. The goal is to understand whose voices are trusted and respected in a community. Once identified, they undergo an individual risk assessment, and receive basic harm reduction information that then can be spread among their peers. Building upon relationships of trust, *'leaders'* engage their community members in discussions about risk, and provide risk-reduction information and supplies.

The ILOM focuses on creating change both on the individual, and on the community level by targeting a specific culture. As such, it activates the capacity of a drug user's network to influence risky behavior, particularly when it comes to prevention of HIV infection. In this way, the goal is to develop a sustained and self-maintaining culture in which PWID will actively discourage one another from engaging in behaviors such as backloading, sharing of syringes or other injection paraphernalia, to name a few.

Community-based Outreach Model[5]

Started to be implemented in the mid-late 90s, the Community-based Outreach Model widened the role of outreach workers. Next to proving risk reduction counselling, information materials, and paraphernalia such as syringes, condoms and alcohol swabs, they also facilitated access to HIV testing and counselling and other medical services, including treatment when requested.

This outreach model includes two interrelated components designed to facilitate behavior change. These include community-based outreach activities and presence in public areas frequented by PWIDs, and two personal sessions of education and risk-reduction, followed up by sustained contact. The first session usually takes place before testing, provides basic information about the prevention and transmission of HIV, hepatitis and STIs. The second sessions, held after the testing, tries to reinforce and support behavior change and involves discussions around how to reduce risks.

In addition to accessing drug users in a variety of community settings, outreach workers serve as role models, educators, and advocates who can provide drug users with changing and accurate risk-reduction information in settings that are familiar to them and at times of greatest risk. Specific outreach strategies include communicating basic risk-reduction information; presenting a hierarchical framework for understanding the relative effectiveness of different risk-reduction strategies; providing literature and other materials to support behavior change; and facilitating access to drug treatment, HIV/AIDS testing and counseling services, and other medical and social services available in the local community.

To disseminate information more rapidly, in this model outreach workers make contact with individuals in small groups, though some sites formally targeted outreach at existing networks of drug users, often engaging network leaders in teaching or modelling HIV risk reduction.

[5] More information: https://archives.drugabuse.gov/sites/default/files/cbom.pdf

Community-based outreach programmes targeting people who use drugs may vary depending on:

- the types and number of people to reach (injectors or non-injectors, young people, stimulant users, etc.)
- the sites for outreach work (streets, residences of people who use drugs, slams, "shooting hotspots", etc.)
- the resources provided (syringes, needles, condoms, bleach, risk reduction information, alcohol swabs, spoons, cookers, tourniquets)
- other services through referrals
- outreach workers' roles and responsibilities and the nature of training they receive
- the types of drug users' sub-groups whom outreach is going to reach
- the organizations involved in service provision (NGOs, government organizations)
- the supervision and management of outreach workers and peer educators; monitoring and evaluation system.

The Peer-Driven Intervention Model [PDI][6]

Also implemented from the mid-late 90's, the PDI is an "chain referral" outreach model that targets the social networks of PWID rather than individuals. The original goal was to train injecting drug users to recruit and deliver HIV prevention interventions to their immediate peers in a community in exchange for monetary reward.

The core outreach activities of this model includes (1) recruiting PWID for interviews and training as well as testing (2) educating PWID in the community and disseminating prevention information regarding health risks (3) relocating PWIDs for follow up interviews and further health education (4) distributing harm reduction materials and information; and (5) referral of PWID to testing and other services.

Contrasting with a "provider-client" outreach model in which volunteers normally were just distributing using materials among their peers, PWIDs involved in PDI also educate their peers on topics related to HIV prevention and safer drug use. This model relies on active PWID to carry-out the core activities that non-drug using professional outreach workers would perform providing them with guidance and direct, per-task monetary rewards to carry out outreach-related tasks.

The PWID first contact occurs when he or she is recruited and educated by the trained peer outreach workers. Next to this, the recruitment process is designed to involve network members in discussing HIV risk reduction with one another, thus strengthening the norms for safer behavior

The PDI has been effective in reducing HIV risk behaviors. Further, the PDI was able to recruit significantly more IDUs to receive HIV information and testing and cost significantly less than traditional outreach efforts. For this reason, The model was also expanded and adapted for use in accessing other at-risk and network-based populations such as sex workers, men-who-have-sex-with-men, high-risk heterosexuals, and people experiencing homeless.

Outreach in Natural Settings Model [ONS]

Guided by a social influence and empowerment framerwork, the ONS relies on individuals with status within their drug-using networks, training them to promote

[6] More information : https://chipcontent.chip.uconn.edu/chipweb/pdfs/PDI%20Summary.pdf

HIV prevention among their contacts within and beyond their sex and drug networks.

Street-recruited drug injectors are asked to bring in people with whom they had injected drugs for a series of six meetings in which they discussed together what the risks were, what could be done about these risks and the potential social and practical obstacles.

The PWID are trained to do outreach work with the members of their drug and sexual networks

Self-Help Model

This model relies on drug-user outreach to reach out to other drug users about issues of mutual interest, including HIV/AIDS. This type of outreach is most common in France, Germany and the Netherlands but is also found in Belgium, Denmark, Italy, Spain and the United Kingdom. In recent years, this model has been adapted to assist PWIDs living with HIV/AIDS. An example of outreach activity includes newsletter on issues relevant to PWIDs. Such a newsletter would use a circular process through surveys to discover what issues are of most interest, and then an expert centre of specialist health educators and outreach workers finds the technical information required and translates it into appropriate language for the community.

Public Health Model

Building upon the Self-Help Model, PWIDs and former users work with physicians, nurses and other health workers to reach PWID and provide HIV prevention information, often needles, syringes, condoms and other equipment and, in some cases, care and support (including medical treatment) for PWID.

This programme is designed to bridge PWID (especially those who cannot or are not willing to stop using drugs) with helping institutions for information and a range of services.

Street outreach workers visiting places frequented by drug users and make contact.

Outreach Needle Exchange [ONE]

The basic package of materials provided through ONE may include:

- sterile syringes, condoms, and alcohol swabs.
- But depending on risk practices and the needs of people who use drugs, we can also distribute needles, sterile injecting water, cookers or spoons, tourniquets, and filters.
- Organisations may also provide bandages, cotton wool, disinfectants, bleach solution, vitamins, painkillers like aspirin, ointments for treating wounds and bacterial infections, or drugs to prevent an overdose (for example, Naloxone).

When providing needle exchange through this model, it is recommended to provide sterile needles and syringes in the quantities demanded by people who use drugs without asking them to return used ones, but rather motivating clients to bring them back through the distribution of small needle containers.

The secondary needle exchange model

Secondary needle exchange is a model of needle and syringe exchange where people who use drugs receive a large number of clean syringes and needles for distribution among their peers who would not otherwise come to services to access these services.

Together with needles and syringes, drug users involved in secondary needle exchange may distribute condoms, alcohol swabs and information materials.

It is not necessary for a person willing to participate in syringe exchange to be popular among their peers. The main conditions are to be motivated to take part in the programme and have a wide circle of contacts.

Catching the client

The catching the clients model is carried out mainly by therapeutic communities and other drug treatment services, where outreach workers encourage drug users into treatment.

HIV prevention education is also an outreach activity, but the primary focus is on helping drug users to quit.

MODULE II
Planning & Stakeholders

PLANNING

1. INTRODUCTION TO PLANNING

Why planning?

Planning is the process of developing a logical sequence of strategies and steps. Different reasons exists for undertaking a comprehensive planning process. For example, planning:

1. Saves ***time and money.***
2. Helps ensure that the interventions ***meet the needs*** in your community.
3. Helps ***allocate resources*** needed for implementation.
4. ***Distributes the work*** and ensures that all steps have been spelled out and that the responsibilities are well distributed. Also, it helps monitoring developments.
5. Encourages ***member engagement***. Further, matching people to specific tasks can maximize the skills and community connections.
6. Impacts ***future funding opportunities.***
7. Promotes action orientation, and meetings at all levels are more productive.
8. Aids ***targeted recruitment and cooperation.***

How to plan?

An effective strategic and action plan requires involvement from different stakeholders and engagement with community members.

1. The process should be open to all interested stakeholders. This does not mean that large numbers of people need to participate in all aspects of developing the plan. However, there should be points at which input/output can be provided.
2. The processes itself should put in practice the values and changes that seeks to see in the world. E.g. who is included/excluded in the process, and why? What are the roles during these process, and their responsibilities? Why? What are the structures of accountability?...
3. The coordinators of the process should attempt to forge consensus. Group processes must be developed to ensure that a representative vision of the community emerges.

Basic Principles of Planning

What do you want to accomplish?	What will you do?	How do you know what has been accomplished?
Keywords: aims, goals, objectives, problem statements, targets, visions.	*Keywords:* activities, approaches, initiatives, inputs, methods, missions, policies, practices, programs, strategies.	*Keywords:* benchmark, indicator, intermediate Outcomes, impact, measure, milestone, outcome, output, result

2. Developing a Strategic & Action Plan

2.1. NEEDS ASSESSMENT

A common mistake made by some organizations is starting to select strategies they want to use before they define the problem and what they want to change about it. An effective needs assessment would include the four key components:

1. ***Formulation of the problem*** or goal statement, describing the need that justifies the project.
2. ***Contextual information***. This would include not only knowledge about drug-related policy, but also other information about the conditions that shape the reality and experiences of the community we work with.
3. ***Community needs assessment***. This would include a clear understanding of the community itself, and the needs.
4. When possible, ***supporting data*** *either quantitative or qualitative)* of all of the above.

SHORT EXAMPLE

"There is a new group of drug users (approximately 50-100 individuals), consisting of migrants and asylum seekers. They are located in a park in the middle of a popular and trendy neighborhood that has changed rapidly in the past 10 years. The renovation of apartments, the sale of affordable housing and the opening of trendy cafes and shops speeded up the gentrification process in the district. The new population of this area consists of middle aged singles and couples with children and good income. They are not happy with the new situation and feel threatened.

There are difficulties in approaching the group of drug users. Most of them don't have a legal permit and don't speak the language of your country. Most of them come from African countries, but the group is mixed and there are also migrants from other areas. Due to the language barrier and the 'illegal' status of this group, access to services remains limited. It is difficult to establish a trustful relationship with the group members. They are afraid of the police and mistrust those who are not part of their community.

Based on observations, most of them are injecting drug users. They don't visit the drop-in and harm reduction service but visit the needle syringe programme. Most of them are homeless and live in abandoned houses or squads. Nearly all of them are male and some of them earn money by selling drugs or sex and by committing petty crimes."

EXCERSISE

2.2. VISION | IMPACT - *To which fundamental change does your project contribute to?*

This is described by one or more phrases or vision statements, which are brief proclamations that convey the community ideas or goal for the future. By developing a vision statement, your organization makes the values and organizing principles of the project clear to the community, including staff, participants, and/or volunteers among others.

QUESTIONS TO CONSIDER:

1. To what wider change will the use of the project's outcomes lead? Describe this development in terms of observable changes? (What is it that you can actually experience?)

2. What is the role of your organization in achieving change for your target group, does this fall within the mandate of your organization?

3. Why do you want to carry out this project?

4. What are the issues and needs that you are seeking to address through this project?

TIPS

Pay attention to the way in which you write down your vision. For example:

Nouns & Adjectives	Verbs
Safe, community-wide, cared for, self-sufficient, supported, healthy, inclusive, valued,..	Build, collaborate, advocate, educate, promote, reduce, change, strengthen, coordinate, organize, bring, generate, mobilize, increase, enhance,...

SHORT EXAMPLE

"We would like to promote a safe and inclusive public space in which everybody has the right to visit the park. We envision an engaged community movement that collaborates to support the needs of all the visitors of the park."

EXCERSISE

2.3. MISSION

Developing ***mission statements*** is the next step in the action planning process. An organization's mission statement describes ***what*** the group is going to do, and ***why*** it's going to do that. Mission statements sometimes are confused with vision statements. However, the former are more concrete, and they are definitely more "action-oriented" than the latter.

The mission might refer to a problem, -such as inadequate housing -, or a goal -such as providing access to healthcare for everyone-. While they don't enter into a big level of detail, they start to hint very broadly at how your organization might go about tackling the problems it has identified.

Some general guiding principles about mission statements are that they are:

Concise. Although not as short a phrase as a vision statement, a mission statement

should still get its point across in one sentence.

Outcome-oriented. Mission statements explain the overarching outcomes your organization is working to achieve.

Open. While mission statements do make statements about your group's overarching goals, it's very important that they do so broadly. Good mission statements are not limited in the strategies or sectors of the community that may become involved in the project.

SHORT EXAMPLES

"To build and mobilize a comprehensive, community-wide social movement to substantially reduce risks associated with drug use in the Green Park area."

"To develop a safe and healthy neighborhood through collaborative planning, community action, and policy advocacy."

EXCERSISE

TIPS

Typically, mission statements for organizations working in the field of drugs includes one or more of the following:

1. Transforming. Communities seek out information to understand what must be changed, and then act as to bring needed transformation.

2. Making the Most of Existing Resources. A community assessment may lead the community to the conclusion that current services are poorly coordinated, underfunded, and may even be competing against each other to survive. In these circumstances, a coalition may adopt the mission of creating an optimal system of services.

3. Raising Awareness and Understanding.

4. Focusing Existing Resources on the Problem. Some communities have access to adequate sets of resources and well-functioning systems of local governance and decision making. In these communities, organizations may choose to adopt the mission of focusing existing resources on issues which were not tackled before, or not sufficiently.

2.4. OBJECTIVES

Objectives are the specific, measurable results that we aim to achieve. How much of what will be accomplished by when? Objectives serve as well as the basis for evaluating the work we developed. After exploring and understanding the problems in a community, looking at the context and prioritizing the problem(s), we may write our objective using a variety of formats and syntax.

However, regardless of how an objective is written, it should answer the following questions:

- *What will be changed?*
- *By how much?*
- *How will it be measured?*
- *By when?*
- *What is the baseline or starting point?*

BASIC TYPES OF OBJECTIVES

Behavioral objectives. These objectives look at changing the behaviors of people (what they are doing and saying) and the products (or results) of their behaviors. For example, a neighborhood improvement group might develop an objective around having an increased amount of home repair taking place (the behavior) or of improved housing (the result).

Community-level outcome objectives. These are related to behavioral outcome objectives, but are more focused more on a community level instead of an individual level. For example, the same group might suggest increasing the percentage of decent affordable housing in the community as a community-level outcome objective.

Process objectives. These are the objectives that refer to the implementation of activities necessary to achieve other objectives. For example, the group might adopt a comprehensive plan for improving neighborhood housing

WRITING GOOD OBJECTIVES

It is important that organizations write objectives that can be shared with community members and partners in a way that clearly communicates what the coalition seeks to change in the community.

Coalitions can use the acronym "SMART + C" when writing objectives. Objectives must be **Specific, Measurable, Achievable, Relevant, Timed & Community-level**.

EXAMPLES OF OBJECTIVES

Problem statement: there is a lack of contact with the community of drug users in the Green Park.

Root Cause: community do not speak the local language, and because of their lack of residence permit they distrust people outside of their community.

"To have trained 4 peer workers with similar migratory background, who speak the language, by the end of 2020"

What will be changed? The organization will be able to enter into contact with the community of drug users.

How will it be measured? Completion of the training program, amount of contacts established by the peer workers,..

EXCERSISE

2.5. STRATEGIES

Changing the conditions that affect a community, as well as supporting the changes they would like to, is not an easy task. Developing adequate strategies will contribute to achieve the desired outcome. The main question in here is: how will you accomplish your goals

Strategies explain how the initiative will reach its objectives. Generally, organizations and/or projects will put at play a variety of strategies that may include people from different organizations, sector or communities. These strategies can range from the very broad, including people and resources from the community, to the very specific, which aim at specific defined areas.

Comprehensive, complementary & evidence based.

Comprehensive means that there are enough strategies in place to change each local condition identified on your coalition's

logic model. Complementary means that each of the strategies implemented build on each other in a way that impacts the entire targeted community. Evidence-based means that the strategies implemented are built upon research and experience.

SOME CATEGORIES OF STRATEGIES:

Provide information. The goal of this strategy is to change knowledge and beliefs related to substance use, understanding the physical and social context of substance use, and increasing awareness.

Build skills. In addition to targeting attitudes or knowledge, efforts may also seek to give people new abilities to take action.

Provide support. This can be articulated, for example, through peer support groups, counselling, outreach activities,....

Change access/barriers. An important strategy is to ensure that there are no barriers to developing the goals and changes we wish to see.

Change consequences/incentives. Incentives or penalties have a strong effect on the behavior choices people make. Think for example of the impact that law enforcement have in the communities of people who use drugs.

Systemic change Your strategies might target the broader physical, social, cultural, and institutional forces that condition, cause or influence the problems you want to tackle.

Change policies, rules, practices, and procedures. Ensuring that policies and rules are appropriate is an important role for organizations. Often, policy makers are unaware of the side effects of a given policy or an appropriate policy which lacks enforcement.

Prioritizing strategies

After the organization identifies a comprehensive set of strategies to address a local condition on their logic model, and before the organization moves to action planning, an important step is to prioritize the strategies which should be implemented first, second, third and so on.

The effort to prioritize strategies involves two key tasks: 1) **sequencing the strategie**s – identifying when to implement which strategies and, 2) **identifying the capacity needed to implement the strategies.** Considerations for the sequencing include:

- Is everybody involved sufficiently prepared to develop the work? If not, information or skill-building may be needed prior to engaging into other strategies.
- Do the strategies required any specific law/policy to be enforced, modified?

Build capacity to plan & implement sequence strategies for action

This may include identifying new partners, engaging community representatives, specifying non-financial resources, obtaining additional funding, or providing training or instructions.

EXERCISE

2.6. ACTION PLAN

An action plan describes how your organization will use its strategies to meet its objectives along with the action steps or changes to be brought about in your community. Next to this, an action plan articulates everyone's responsibilities. As such, it includes, step-by-step what actions will be taken to achieve the outcomes, who will do what, and by when.

ELEMENTS OF AN ACTION PLAN

Activities.
Each step required to accomplish an overall task or effort is completely specified. The action plan will spell out the individual steps required to plan, implement, and evaluate the project.

Who is responsible
Action plans detail specifically who will be responsible for each step or action to be completed.

By when
A specific deadline or timeframe is provided for every step or task to be completed. Action planning creates accountability for assignments made to group members. If deadlines are not met the group can assess the specific action step by asking if the deadline was appropriate, if the people involved were given a reasonable size task, or if unexpected issues or resistance were met.

Barriers / Bottlenecks
What are the potential problems you may encounter, and how do you anticipate solving them?

Collaborators
Who will be cooperating and supporting the activities developed by a responsible person / team of people? How will this be organized?

COOPERATION WITH STAKEHOLDERS

a collection of tools

1. INTRODUCTION

What do we mean by stakeholders?

Loosely defined, a stakeholder is a person or group of people who may be ***affected by or have an effect*** by a given project. A stakeholder may be *actively involved* in a project's work, *affected by* its outcome, or in a position to *condition* the project's development and outcomes.

Depending on the complexity and the scope of the project that you would like to put forward, there may be very few or an extremely large number of stakeholders. In our case, not only the community of People Who Use(d) Drugs, their families, or friends, but even as far people with a strong interest and commitment in the fields of academy, or policy making, to name a few.

WHY TO IDENTIFY AND ANALYZE STAKEHOLDERS AND THEIR INTERESTS?

The most important reason for identifying the landscape of stakeholders in your project is that it will allow you to understand and determinate which people to involve in your project, and on which way. It will not only help you establish networks of cooperation, but also will prime you for the advocacy you need to prepare or for the opposition you might encounter.

Co-creation and participatory efforts that involves representation of as many stakeholders as possible has a number of important advantages:

It puts more ideas on the table than would be the case if the development and implementation of the effort were confined to a single organization or to a small group of like-minded people.

It includes varied perspectives, thus giving a clearer picture of the community context and potential pitfalls and assets.

It gains support by making all stakeholders an integral part of its development, planning, implementation, and evaluation. It becomes their effort, and they'll do their best to make it work.

Fosters equity. All stakeholders can have a say in the development of an effort that may seriously affect them.

It helps you identify blind spots. If everyone has a seat at the table, concerns can be aired and resolved before they become bigger problems.

It strengthens your position if there's opposition. Having all stakeholders on board makes a huge difference in terms of political capacity.

It increases the credibility of your organization or project. Involving and attending to the concerns of all stakeholders increases the changes your organization operates under fair, ethical, and transparent principles.

It increases the chances for the success. For all of the above reasons, identifying stakeholders and responding to their concerns makes it far more likely that your effort will have both the community support it needs and the appropriate focus to be effective.

2. A TYPOLOGY OF STAKEHOLDERS

Primary Stakeholders

Beneficiaries or targets of the effort

Beneficiaries are those who stand to gain something – services, skills, money, goods, social connection, etc. – as a direct result of the effort. Targets are those who may or may not stand to gain personally, or whose actions represent a benefit to a particular (usually disadvantaged) population or to the community as a whole.

Some examples are: a particular population; people experiencing or at risk for a particular problem or condition; people involved or participants in a particular organization or institution; people whose behavior the effort aims to change; policy makers and agencies that are the targets of advocacy efforts.

Secondary Stakeholders

Those directly involved with or responsible for beneficiaries or targets of the effort

These might include individuals and organizations that live with, are close to, or care for the people in question, and those that offer services directly to them. Among these you might find: people in the network, other health and social professionals, community members,...

Those whose jobs or lives might be affected by the process or results of the effort

Some of these individuals and groups overlap with those in the previous category: police and other law or regulation enforcement agencies; emergency room personnel, teachers, trainers,...; employers; ordinary community members whose lives, jobs, or routines might be affected by an effort or policy change, such as the location of a homeless shelter in the neighborhood or changes in zoning regulations.

Key Stakeholders

Government officials and policymakers

These are the people who can devise, pass, and enforce laws and regulations that may either fulfill the goals of your effort or directly cancel them out. This may include: legislators, governors, mayors, local board members, policy makers,...

Those who can influence others

These may include, among others: the media, people in positions that convey influence (doctors, directors of organizations,...) or community leaders.

Those with an interest in the outcome of an effort

Some individuals and groups may not be affected by or involved in an effort, but may nonetheless care enough about it that they are willing to work to influence its outcome. Many of them may have a following or a natural constituency – business people, for instance – and may therefore have a fair amount of clout. These may include: advocates, community activities, academic or researchers, funders, or the community at large.

Identifying Stakeholders

In identifying stakeholders, it's important to think beyond the obvious. Beneficiaries,

policy makers, etc. are easy to identify, whereas indirect effects – and, as a result, secondary stakeholders – are sometimes harder to see.

3. Force Field Analysis

Skepticism and resistance always accompany change. However, these forces can be used during the process and to some extent managed. A force field analysis allows organizations and communities to document arguments and patterns of behavior that a stakeholder expresses in favor of or in opposition to the goals of a project. The assumption behind this model of analysis is that all forms of resistance can be seen as a form of participation that can be worked with.

The following tool proves especially useful when used periodically in the course of a change process, making changes visible among the stakeholders themselves. Also, it draws attention to the forms of resistance against the goals of the project and enables involvement to be managed so that this resistance can be articulated. Lastly, it allows to identify contradictions, and facilitates the formation of homogeneous or heterogeneous groups of stakeholders, depending on the purpose.

SOME GUIDING QUESTIONS:

> Which arguments and observable behaviours can be identified, and how should they be understood in relation to the goals of the project?
> Which arguments and behaviours occur on a frequent basis?
> Which arguments and behaviours reinforce one another or point to alliances among the stakeholders?
> How must the change process be managed so that specific arguments or behaviours are reinforced or mitigated?
> Which relationships among the stakeholders need to be built up and consolidated?

FORCE FIELD ANALYSIS (exercise)

Arguments and patterns of behavior that work IN FAVOUR of the goals of the project		STAKEHOLDERS	Arguments and patterns of behavior that work AGAINST the goals of the project	
++	+	Stakeholder #1	-	- -
++	+	Stakeholder #2	-	- -
++	+	...	-	- -
++	+		-	- -
++	+		-	- -
++	+		-	- -

4. Stakeholders influence & Involvement

This model enables a critical analysis of strategies for involvement. Building upon a typology of stakeholders and their spatial distribution along an axis, organizations and communities can easily plan the levels of involvement, and the actions that would support that.

LATENTS

The best strategy to involve these stakeholders is to speak to directly in order to integrate them into project. The way their involvement is structured must ensure that the reasons and arguments put forward for their negative attitude and scepticism can be made explicit and taken into account. The active participation of this stakeholder group in evaluations is helpful.

PROMOTERS

Projects may benefit from involving these typology of stakeholders in all information and decision-making processes, as well as in evaluation. However, it is advised to not to enter rashly into an alliance with promoters, and to ensure that the positions are in alignment.

Another way of cooperating with promoters is examine their own networks to extend and gain further support. This is particularly useful with 'latent' stakeholders, as promoters they can be of support getting them on board.

DEFENDERS

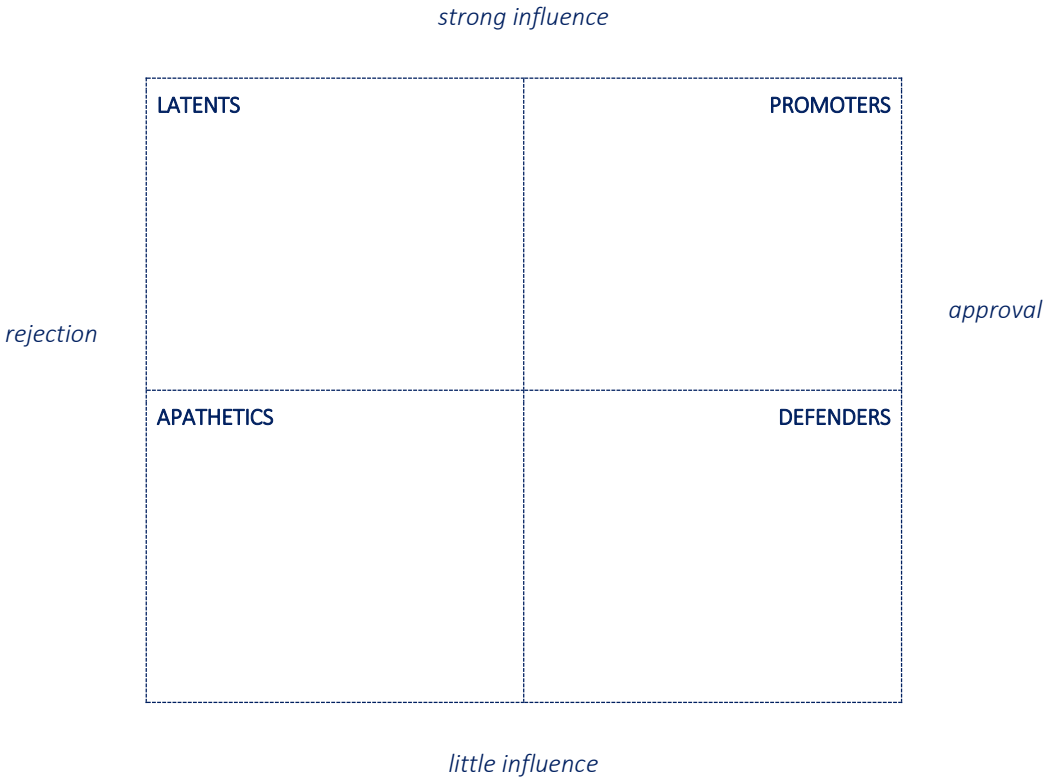
Experience has shown the effectiveness of keeping this stakeholders regularly informed about the progresses of your project, and of the evaluations. In certain circumstances, they may play an important role in cooperation with other stakeholders.

APATHETICS

The stakeholders are kept regularly informed about the progress and outcomes of the intervention and are involved in decision-making processes to do with concrete issues; they are consulted in order to ensure that their experiences and the reasons for their critical stance are integrated into the process.

SOME GUIDING QUESTIONS:

> The stakeholders' attitude towards the project and its goals: do they have a rather negative attitude towards it or are they basically in favour of the intervention?
> The stakeholders' influence on achieving the planned change objective: how much influence do stakeholders have on the project and the accomplishment of its goals?



5. Stakeholders Power Resources

Understanding power

A complete stakeholder analysis cannot be complete without an exploration of the power relationships that exist between them. In some occasions, power may be exercised in such a way as to support development. Others, in restrictive and discriminatory forms.

As such, power is always at play within social relationships, whether they are approached interpersonally, or from a more collective point of view. Power manifests in many different ways, from 'softer 'forms – such as influence, negotiation, or advice -, to more aggressive or violent forms. Sometimes, power might manifest itself as the capacity to direct, organize. Others, as the privilege to control access to resources, knowledge, or skills.

In one way or another, change processes and social justice processes are always linked with power shifts and negotiations. Roles, and relationships all may change.

The following tool offers you a simple entry point into beginning to understand power relationships in the stakeholders structures. As such, they will help you think about the position of power that a stakeholder might occupy, how does this power impact relationships with other stakeholders, and how this power relations may shift.

TO HELP YOU THINKING FURTHER

The use of power resources is markedly affected by three factors:

(1) **Legitimate Power**: how has this resource been acquired? Is it recognized as legitimate by all stakeholders?

(2) **Organizational Culture**: what are the conditions in an institution or organization for the utilization of individual power resources? How are they aligned or not?

(3) **Social Positions**: what are the different social categories to which the stakeholder(s) belong? Think of gender, sexual orientation, race, body ability, educational level,…What are the social values placed on those? What are the expectations? How are they activated as a power relationship?

STAKEHOLDERS POWER (exercise)

	INFORMATION *power deriving from the control of the flow of information, and influence over information content*	COMMUNICATION & NEGOTIATION *power deriving from the capacity to understand and communicate clearly an issue, persuading others and thereby asserting one's own interests.*	SPECIALIST KNOWLEDGE & EXPERTISE *power based in specialist knowledge others do not possess, but which is crucial in achieving a goal.*	PRACTICAL RELEVANCE *power from learned skills & experience through which practical problems can be solved.*	CREATIVITY *power arising from the ability and skills to activate knowledge and experience in such a way as to generate new ideas, concepts and solutions.*	SOCIAL RELATIONS *power originated from belonging to a social group, class, peer group,… and safeguarded by relations with other stakeholders*	Total
Stakeholder #1							
Stakeholder #2							
…							
…							

MODULE III
Strengthening Communication

COMMUNICATION

1. Introduction

Community and social work implies dealing with both simple and complex situations and experiences that affect and condition the wellbeing of people. Understanding and responding to these requires a great deal of communication. It is through communication that we gain and convey critical information, and take importance decisions, handle conflict or build trust with the communities we work with.

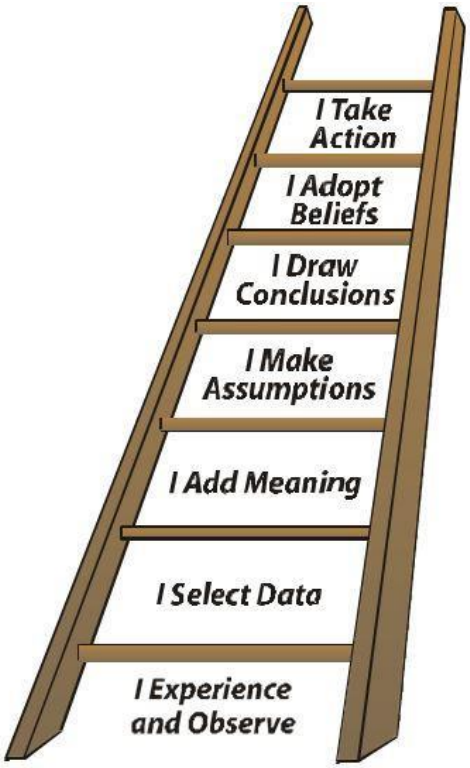
Such a communication may include oral, non-verbal communication, as well as other mediated forms such a ICT based communication. Communication skills involve listening, speaking, observing and empathizing. It is for this reason, that in this module of the training we will present you with a series of models that will help you understand better how communication works, how is it shaped by our experiences and believes systems, as well as an overview of models of interview that will inspire and support you in your peer outreach project.

2. Ladder of Interference

Have you ever found yourself perplexed at the way someone else has interpreted something you said or did, and put a meaning on it that you never intended? Or perhaps did find yourself enraged by someone's comment or action, concluding that they *must* be acting against you for some reason? If the answer to this questions is yes, then you have been climbing the 'Ladder of Inference'.

First proposed by Chris Argyris back in 1970, the ladder of inference is a model of the steps we use to make sense of situations in order to act. It helps us to think about our thinking and to coordinate our thinking with others. How we act depends on how we understand the situation we are in. Our understandings often seem obvious to us, as if they were given by the situation itself. However, people can come to very different understandings, depending on what aspects of the situation they notice and how they interpret what is going

COMMUNICATION IN THE SPLIT OF A SECOND



I act based on my beliefs as if they were proven facts. And I adjust new data to fit my beliefs

I adopt beliefs, based on my conclusions, as if everyone has the same conclusions and beliefs.

I draw conclusions, based on my assumptions, and based on what is best for me, and those I care for.

I make assumptions that my data and meaning are accurate, and represent reality.

I add meaning, based on what I feel is reasonable, according to the data I selected.

I select data that I feel is relevant, and discard data that seems irrelevant.

I experience and observe data as a video camera captures data. I hear words, observe body language collect information.

WHY TO USE THE LADDER?

The Ladder of Inference is a useful tool to understand better how we form the mental models that influence our views and actions. Undoubtedly, our assumptions and past experiences help us interpret and navigate the world. However, often these very same beliefs shape our understanding in such a way as to project them as objective reality.

SELF-REFLECTION: It will help you become more aware of your own thinking and reasoning. When considering your own thought processes, beware particularly of pieces of information that you take for granted. They are likely to be deeply rooted in your belief system, and it's worth stopping to examine them to make sure that they really *are* facts. Some of the time, at least, you will find that others do not see them as 'right' at all.

ADVOCACY: It will support you in improving how others understand your thinking and reasoning. In explaining your reasoning and thinking, key phrases to use are:
"*So, I'm hearing that you like this part, but not that aspect. Would you agree?*" |
"*It sounds to me like…*" | "*I'm thinking that x makes sense, but do others agree?*"

INQUIRY: It will help you articulate questions to understand what other people are thinking, and test your assumptions. You can also ask questions to test the data. There are three main types of questions. You can ask for data, in an open-ended way, test your assumptions, or just note the observable data

USING THE LADDER

TIP 1

Use the Ladder of Inference at any stage of your thinking process. If you're asking any of the following questions, the model may prove a useful aid:

- *Why am I making these assumptions?*
- *Is this the "right" conclusion?*
- *Why do I think this is the "right" thing to do?*
- *Is this really based on all the facts?*
- *Why does this person believe that?*

Use the following steps to challenge thinking using the Ladder of Inference:

1. Stop!
It is time to reconsider your reasoning.

2. Identify where on the ladder you are
Are you selecting data or reality? Interpreting its meaning? Making assumptions?...

3. Analyze
From you current 'step on the ladder', trace the facts back one step down at a time. This will help you to connect with the reality you are working with.

4. Adjust
While doing so, ask yourself at each stage ***what*** you are thinking and ***why.*** For example, you may need to change some assumptions or extend the field of data you have selected.

The following questions may help you *work down the ladder*:

- *Why have I chosen this course of action? Are there other actions I should have considered?*
- *What belief leads to that action? Was it well-founded?*
- *Why did I draw that conclusion? Is the conclusion sound?*
- *What am I assuming, and why? Are my assumptions valid?*
- *What data have I chosen to use and why? Have I selected data rigorously?*
- *What are the real facts that I should be using? Are there other facts I should consider?*

TIP 2

When you are working through your reasoning, look out for steps that you normally tend to skip.

- Do you tend to make assumptions too easily?
- Do you tend to select only part of the data?
- Note your tendencies so that you can learn to do that stage of reasoning with extra care in the future.

With a new sense of reasoning (and perhaps a wider field of data and more considered assumptions), you can now work forwards again – step-by-step – up the steps of the ladder

TIP 3

Try explaining your reasoning to the person you're talking to. This will help you check that your argument is sound.

If you are challenging someone else's conclusions, it is especially important to be able to explain your reasoning so that you can explain it to that person in a way that helps you reach a shared conclusion and avoid conflict.

3. Communication in Practice

Communicating with[in] organizations

Clarity and concision. Instead of speaking in long, detailed sentences, reducing your messages down to its core will reduce the chance of misunderstanding, and help others understand you quickly. While providing context is helpful, it is best to give the most necessary information when trying to communicate your idea, instruction or message.

Empathy. Understanding and acknowledging the other person's perspective by identifying their feelings, ideas and goals will help you when communicating with them. For example, you might need help from other departments to get a project started. If they are not willing to help or have concerns, practicing empathy can help you position your message in a way that addresses their apprehension.

Assertiveness. At times, you will find it necessary to be assertive to reach your goals whether you are asking for a raise, seeking project opportunities or resisting an idea you don't think will be beneficial. While presenting with confidence is an important part of the workplace, you should always be respectful in conversation. Keeping an even tone and providing sound reasons for your assertions will help others be receptive to your thoughts.

Awareness & Consistency. When there is a disagreement or conflict, you might find yourself enacting the emotions you are feeling in your interactions. In these occasions, for effective communication, it is important to remain aware of your emotions. Also, consider the impact that your body language may have on others. Maintaining consistent body language and keeping an even tone of voice can help you reach a resolution peacefully and productively.

Body language. Body language is a key part of communication, and for this reason we will dedicate a whole section in this module of the training. When interacting with others, try to pay close attention to the information people are conveying with their facial expressions and movements. Similarly, we would encourage you to become aware of the way you might be communicating (intentionally or not) with your own body language.

Timing and Responsiveness. Whether you're returning a phone call or sending a reply to an email, fast communicators are generally interpreted as more effective than those who are slow to respond. One method is to consider how long a response

might take. Is this a request or question that can answer in the next five minutes? If so, it may be a good idea to address it as soon as you see it. In case of more complex requests or questions, you can still acknowledge that you've received the message and let the other person know you will respond in full later.

Adaptability Successful communication is typically context dependent. It is for this reason that it is important to consider with whom are you communicating, from which position are you doing so, and the values and norms at play. For example, if you are communicating with another organisation, it might be more effective to send a formal email or call them on the phone In your own workplace, you may find it's easier to communicate complex information in person.

Main principles in communication

Respect

In communication, respect can be perceived as knowing when to initiate or respond. For example, in a team or group setting, allowing others to speak without interruption is seen as a necessary communication skill tied to respectfulness. Respectful communicating also manifest as using your time with someone else wisely — staying on topic, asking clear questions and responding fully to any questions you've been asked.

Respectful communication also requires from us to be aware of the context in which we are. Are we trying to establish a dialogue when a PWUD is looking for a dealer? Are we perhaps trying to reach out to people by sharing epidemiological data when we are in a party dancing? Chances are that communication will not be very effective, and that we might be perceived as disrespectful of someone else's space.

Active Listening

Active listening involves paying close attention to the person who is speaking to you. While this may seem simple, this is a skill that can be hard to develop and to improve. Examples of active listening actions are focusing on the speaker, avoiding distractions like cell phones, laptops or other projects, or to prepare relevant questions, comments or ideas with which to thoughtfully respond.

Friendliness

In general terms, friendliness in communication tends to be perceived as warmth, kindness and approachability. Apparently small gestures such as asking someone how they're doing, smiling as they speak or acknowledging the achievements of another person, may help you establishing and maintaining long-lasting interpersonal relationships.

Self-Confidence

People are more likely to respond to ideas that are presented with confidence. Examples of communicative actions that usually contribute to be perceived as confident include making eye contact when addressing a person, or to keep one's body open and straight up. Preparing a important conversation or meeting ahead, may help you feeling more confident as your thoughts and ideas will be more polished.

Giving & Receiving feedback

Effective communicators are able to accept critical feedback and to provide constructive input to others. In this case, feedback is understood as accountability, and as the capacity to provide support or help to strengthen each other.

Empathy

Empathy is the capacity to understand the emotions, feelings, values and reasons behind other people's actions. This communication skill is important in both team and one-on-one settings. Been able

to take the perspective of another will help you selecting and appropriate and sensitive response. Empathy, also will help understanding and establishing more effective boundaries, yours or others.

For example, if someone is expressing anger or frustration, empathy can help you acknowledging and working with their emotion. At the same time, being able to understand when someone is feeling positive and enthusiastic can help you get support for your ideas and projects.

Confidentiality

Providing social and/or health support puts us in the privileged position of accessing a lot of information about the people we care for: from their health problems, employment, family, or perhaps even their income. Occasionally, they might talk with you about things they haven't even discussed with family or friends. Confidentiality is the principle that underpins and sustains trust based relationships: that we will not disclose anything to anyone else unless consent is sought. In this case, consent also implies communicating upfront who you need to inform – and about what exactly-.

Or, how to be aware of your own non-verbal communication

A great deal of communication happens through nonverbal cues such as body language, facial expressions and eye contact. When you're listening to someone, it is important to pay attention to what they're saying as well as their nonverbal language. By the same measure, try to be conscious of your own body language when you're communicating to ensure you're sending appropriate cues to others.

Learn how stress impacts communication

When people are under stress, they react differently. I've seen employees totally botch up conversations because they so desperately needed to get their message out, they couldn't wait for the recipient to be ready to receive it. That's what stress will do.

And if, after all of this, the communication gets messed up, don't let it fester. *Fix it*

Yes, there will be times when, no matter how hard you try, the communication will not go as planned. Instead of ignoring the situation and potentially having it get worse, have a conversation with the person. Let them know that having a positive working relationship is important, and you'd like to talk it out.

UNDERSTANDING NONVERBAL CUES

EXCERSICE | Reflect on how others react to your style of communication

Think about the last five conversations you had that didn't go well, and ask yourself the reason. Then think about the last five communications you had that went really well and the reason.

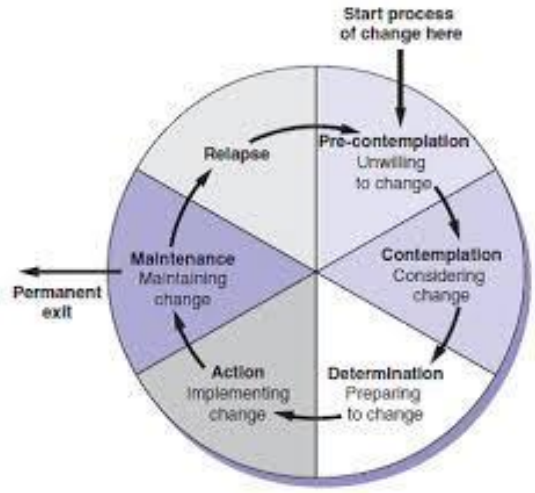
Identify the common elements or trends.

3. Model of change

Widely used as a reference by those working in the field of substance

dependence, the stages of change model also has appeared in literature on community-based support for other communities as well.

The Model of Change, operates on the assumption that people do not change behaviors quickly and decisively, and that they might be in different stages for different behaviors. Rather, intentional change, specially habitual behavior, occurs continuously. As such, this model will allow you to understand better how to help and hold space for the people you work with. By identifying on which stage of change a person finds themselves in, you would be able to better select what dialogue strategies would be the most effective in supporting them moving to the next stage.



Precontemplation | Not currently considering any change

Person does not see the risk behavior as a problem.
Person not interested in discussing risk behavior
Person has no intention of changing risk behavior.
Person is unaware of the risks or easily rationalizes them away.
Person may try to change, feels hopeless about making any change.

Counselling Techniques:
Validate lack of readiness
Clarify the decision is theirs
Encourage re-evaluation of current self-identified risk behaviour
Encourage self-exploration, not action
Explain and personalize the risk and risks associated with the behaviour

Contemplation | Ambivalent about change

Person has some awareness for need to change risk behavior.
Person begins to realize the risks of the behavior.
Person is actively weighing the Pros and Cons of the behavior.
Person becomes aware of need to change, may waver in willingness.

Counselling techniques:
Validate lack of readiness
Clarify the decision is theirs
Encourage evaluation of pros and cons of a behaviour change
Identify and promote, new positive outcome expectations

Preparation | Some experience trying change | planning to act in a month

Person believes the behavior can be changed and can manage the change.
Person has made some successful attempts to change in the past.
Person expresses intent to change.
Person clearly sees the benefits of changing the behavior

Counselling techniques:
Identify and assist in problem solving obstacles
Help identify social support
Verify and encourage person has skills for behaviour change
Encourage small initial steps

Action | Practicing New Behaviour

Person started to make the behavior change
Person is emotionally, intellectually, and behaviorally ready for change.
Person has expressed commitment to change.
Person has developed plans to maintain change.

Counselling techniques:
Focus on restructuring daily routine and social support
Reinforce persons self-efficacy for dealing with obstacles
Discourage feelings of loss and reiterate benefits of change

Maintenance | Sustaining new behavior

New behavior is practiced consistently for over six months.
New behavior is becoming habitual.
Person expresses confidence in ability to continue change.

Counselling techniques:
Plan for follow up support
Reinforce success for change and personal rewards, internal and external
Identify potential obstacles/triggers for relapse into old behaviour
Discuss how to resolve potential obstacles

Relapse | Return to old behaviours

Person does not sustain changes they're attempting to make
Certain goals may seem unrealistic
Strategies agreed upon are ineffective
Lack of support for successful change
Prepare a new plan based upon needs from previous attempt

Counselling techniques:
Evaluate triggers for relapse
Reassess motivation and barriers
Plan stronger coping strategies

4. Brief Motivational Interventions

These type of interventions are based on motivational interviewing techniques. As such, their aim is to be both non-judgmental and non-confrontational. Originally developed by William Miller and his work in the field of alcohol dependence, this methods provide a set of techniques to support motivation for change and the ability to make choices which can be linked to the Model of Change. As part of a range of methods, brief motivational interventions may contain brief advices and may use a motivational approach in its delivery.

Brief advice

This technique describes a short intervention (around three minutes) delivered in relation to a service user's reason for seeking help. It can be used to raise awareness of, and assess a person's willingness to engage in further discussion about healthy lifestyle issues. Brief advice is less in-depth and more informal than a brief intervention and usually involves giving information about the importance of behavior change and a simple advice to support behavior change.

Brief intervention

This technique provide a structured way to deliver advice and constitute a step beyond brief advice as they involve the provision of more formal help, such as arranging follow-up support. Brief interventions aim to provide people with tools to support attitudinal change and to handle underlying problems.

The FRAMES model

The principles underlying most approaches to brief interventions were systemized by Hester and Miller in what is called the FRAMES model:

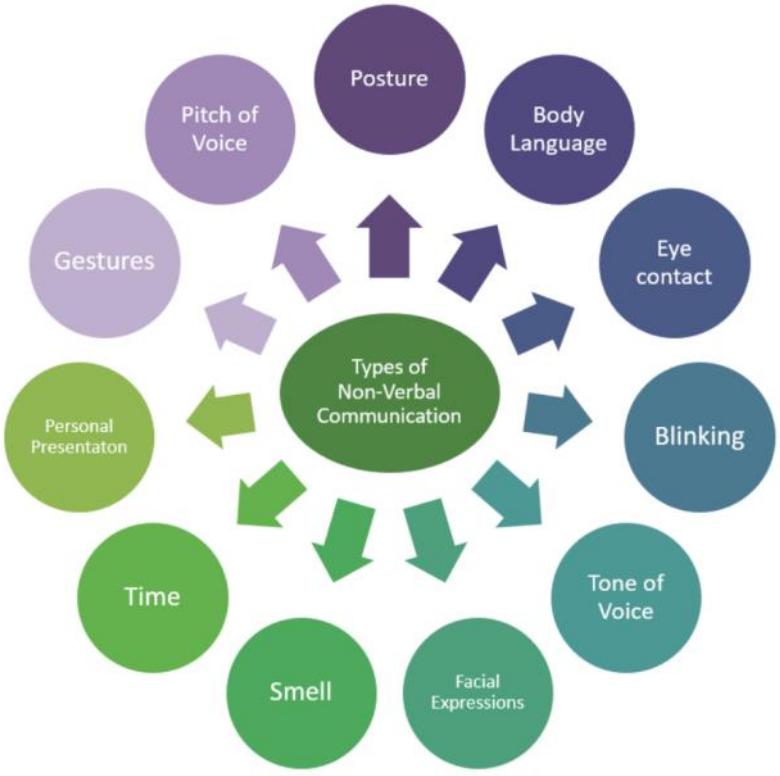
- **Feedback:** Give feedback on the risks and potential negative consequences of substance use. Seek the client's reaction and listen.
- **Responsibility:** Support reassuring agency for making his or her own decision about his/her drug use.
- **Advice:** Give straightforward advice on modifying drug use.
- **Menu of options:** Give menus of options to choose from, fostering the client's involvement in decision-making.
- **Empathy:** Be empathic, respectful, and non-judgmental.
- **Self-efficacy:** Express optimism that the individual can modify his or her substance use if they choose to do se. Self-efficacy is one's ability to produce a desired result or effect.

5. Non-verbal communication

Your nonverbal communication cues—the way you listen, look, move, and react—tell the person you're communicating with whether or not you care, if you're being truthful, and how well you're listening. When your nonverbal signals match up with the words you're saying, they increase trust, clarity, and rapport. When they don't, they can generate tension, mistrust, and confusion.

Roles of Non-Verbal communication [7]

- **Repetition:** It repeats and often strengthens the message you're making verbally.
- **Contradiction:** It can contradict the message you're trying to convey, thus opening up a space for your listener for suspicion.
- **Substitution:** It can substitute for a verbal message. For example, your facial expression often conveys a far more vivid message than words ever can.
- **Complementing:** It may add to or complement your verbal message.
- **Accenting:** It may accent or underline a verbal message. Pounding the table, for example, can underline the importance of your message.



Facial Expressions

Facial expressions are often the first communication element we enter into contact with, even before we hear what someone says. As such, they contribute in a big proportion to all nonverbal communication. It is for this reason, that becoming aware of how this plays a role can open up spaces for more effective communication, and its power. Consider

[7] Source: *The Importance of Effective Communication*, Edward G. Wertheim, Ph.D.

for example, how much information can be conveyed with a smile or a frown, and what is their impact.

The facial expressions for happiness, sadness, anger, and fear are similar throughout the world

Body movement and posture

The way you move also contains a wealth of information. Consider how your perceptions of how people walk, sit, stand or hold their hand shape your understanding of what they are trying to communicate with you. This type of nonverbal communication includes your posture, bearing, stance, and the subtle movements you make.

Gestures

Understood as expressive and deliberate movements, gestures are woven into the fabric of our daily life. You may find yourself waving, pointing towards something, or using your hands when arguing or speaking animatedly, emphasizing and articulating what is been said.

However, the meaning of gestures may be very different across cultures. While the OK sign made with the hand, for example, conveys a positive message in English-speaking countries, it's consider offensive in countries such as Germany, Russia, and Brazil. For this reason, when interpreting this language, it's important to be mindful of the context in which you find yourself.

Voice

When it comes to communication, it is not just *what* you say. It is also *how* you say it. When you speak, other people "read" your voice in addition to listening to your words. Things we pay attention to include timing and pace, volume, tone and inflection. Further, it is also important to consider other sounds through which we might signify understanding, such as "ahh" and "uh-huh." Think about how your tone of voice, depending of the context, can be read as indicating sarcasm, anger, affection, or confidence.

Eye Contact

In a visual centric cultural like ours, establishing eye contact is an especially important type of nonverbal communication for a big part of the population. The way you look at someone

can be read as showing interest, affection, hostility, or attraction. Eye contact is also generally regarding important for gauging the other person's interest and response. Also, culturally in many places steady eye contact is taken as a s sign that the person is been open, and honest. Shifty eyes, sometimes make us thing that the person is feeling uncomfortable, unsecure, or in some cases can be read as deceptive.

Personal Space

Have you ever felt uncomfortable during a conversation because the other person was standing too close? We all have a need for physical space, although the amount differs depending on the culture, the situation, and the closeness of the relationship. You play with proximity in physical space to communicate many different nonverbal messages, including signals of intimacy and affection, or respect.

Touch

Communicating through touch is another important nonverbal behavior. We communicate a great deal through touch. Think about the very different messages given by a weak handshake, a warm bear hug, a pat on the head, or a controlling grip on the arm, for example.

Appearance

Our choices of color, clothing, hairstyles, and other personal style elements may be interpreted as full of meaning. Just think for a moment on the first impressions you may have of someone in the first minutes while meeting them. For example, the may give us information about the communities someone might belong to, and with it, about the assumptions and judgments that these seems to trigger in us.

An special type of style elements are artifacts, objects, images,… Think for example on a police uniform, and how this signifies already certain meanings, and the capacity it has to render visible the person who wears it, embed them with certain types of power, and to trigger specific behaviors in the people who see it.

6. Attitude in communication.

When communication, **it is important to not be judgemental, e.g. simply judging or** condemning risk behaviour as stupid, or incredible, for example. This will not change someone's behaviour. Also this implies, **avoiding asking `why'.** The question `why' tends to be perceived as someone non understanding, and might trigger feelings of been judged.

Instead, experience has shown that open questions are more inviting for people to tell ***their story brings about the most important*** information.

Sometimes, in social and health support settings there is a risk os patronizing. **Thus, we would strongly suggest to avoid giving unrequited advices** regarding personal affair. It doesn't matter how important or urgent the issue is, expressions like "if a were you I would" oftentimes push people away from us. Instead, you could try to offer relevant, complete information and discuss alternatives. Supporting someone making their own decision is more respectful and effective than imposing our ideas over someone else's view.

Following on this, it is also important to recognize if at any **point we are taking over responsibility for someone else's problem**. Doing so will get on the way of someone else's autonomy, unless it has been explicitely requested from us to take an specific action, and we have the capacity to support in that way.

Another important element to consider it **to listen carefully**, and to be mindful of not taking a lot of conversational space. To listen carefully invites us to not interpret what we think we have understood, but to make sure we check-in and recapitulate shortly what someone has said to clarify intention and meaning.

Experience has also shown the importance of **sticking preferably to the `here and now'.** What do we feel or think now? What do things/emotions mean to people now? What are the perspective we take into consideration? By approaching communication through this lens, we generate more useful information for, among other things, establishing safer behaviour than if we would be focusing the past.

Providing support to people also manifest itself in how we pay attention to how and what the people we work with. It is for this reason that exploring what certain events mean emotionally in the life of the person will endow you with the capacity to enact better care, and have a better insight into the reason behind somebody actions. Further, small gestures often regarded as obvious, may have a powerful impact in our relationships and the openness of communication For example, asking how people are, checking-in when someone is missing for a while, or if possible, paying a visit to their house, hospital or prison. Also, thanking people for the conversations and what is shared in them, apologizing for extra insistence or inviting someone for a cup of coffee in a random moment when you have time free.

What all of this advices have in common is to **avoid playing the role of a therapist. Although carefully** listening and paying attention are important one has to avoid to play the role of an untouchable, personally uninvolved therapist.

7. Practical advices

Try to find a quiet place to talk where you have an undisturbed conversation, e.g a (quiet) bar, a quiet street (where you can sit down), at somebody's home, etc.

Be/make sure that somebody has time and feels like talking. Generally you can see at first sight if somebody is in a hurry, in search for drugs, etc.

Use appropriate language, i.e. language that is readily understood and accepted. It is important to know/learn the jargon, the (sub-)cultural codes of the target group(s).

Provide consistent, complete and neutral information, offering the chance for a well-considered choice.

Informing people is not only telling but also listening. Especially when asking personal questions state clearly that people don't *have to answer, that you don't want to be* offensive.

Explain the reason why you are asking this question, e.g. to get a picture what information someone needs.

Support (positive) change in behaviour *and* attitude to reinforce these changes. This support of changes towards safer behaviour is important to foster self-esteem and self-efficacy, and, thus, is the basis for ongoing change.

Do not judge or reject a person in case of negative change of behavior

Encourage and support snowballing

- by simply asking drug users to pass on the information to their peers,

- by discussing how this can be done,

- by involving drug users in the making and handing out of information material, etc.

Stop a talk in time, do not force people to go on.

MODULE IV
Boundaries, norms & values

Boundaries, norms & values
a collection of frameworks

1. Introduction

Within an organization, culture can be defined as the system of shared assumptions, values, rules that orient how people behave. Such is the powers of these values, that they have the capacity to strongly influence the way we dress, interact with each other, or even perform our jobs.

Oftentimes, these values and the norms they give rise to, are not shared by all members of a team. As we have seen before [insert chapter communication number], our views and actions are usually based on assumptions, our own lived experience, and the way we understand information and the people around us. As a result, when our lived experience and the values that arise are not in alignment, and we lack the capacity to negotiate them, conflict may arise.

Sometimes, even within organizations that work with people with lived experience, there are preconceptions and prejudices towards those communities, and the other way around. It is for this reason that collective discussions around the conditions, frameworks, and understandings we work with and from are essential in the development of peer programs.

Some common assumptions at play, for example:

People working are peers, because of their lived experiences, will have common sense when approaching a situation. Or professionals, because of their education and experiencie, will have common sense.
FACT: "common sense" means that people share a body of historically shared experience that would allow a reasonable prediction of what they do in a particular situation. The diversity of cultural backgrounds, life experiences of people working together provides no such common foundation

Adhering to existing norms and rules will ensure a high level of ethical conduct.
FACT: The problem with this assumption is that what is allowed by the rules and what is ethical do not always coincide.

Ethical standards governing clinical roles (e.g., psychiatrists, psychologists, social workers, nurses, addiction counselors) can be indiscriminately applied to the work of peers.
FACT: There are considerable areas of overlap between ethical guidelines for various helping roles, however, those are often times resulting from structures and needs very different than those of peers (less hierarchical relations, more sustained, different focus,…)

If a peer worker gets into vulnerable situations or faces dilemmas, they will let us know. If the supervisor isn't hearing anything, everything must be okay.
FACT: silence is not gold. There are many things that might contribute to such silence, and all of them are potential problems. The two seen most frequently are the difficulties of peer workers to recognise a dilemmas that arise as such, and the difficulties experienced to bring those issues up for fear it will reflect negatively

2. Boundaries

What are boundaries?

Boundaries are a set of guidelines or limits that a person creates to help themselves identify safe and permissible ways for other people to behave around them and how they will respond when someone steps outside those limits.

Boundaries and limits are the foundation of a strong and safe relationship. Boundary violations can be harmful for both a peer as well as a mentor, or the people we enter into contact with. Through practice and discussion we all can learn how to set limits.

Personal boundaries

Personal boundaries are built out of a mix of beliefs, opinions, attitudes, past experiences and social learning. Boundaries define who we are as individuals through helping us to create ownership and protection of ourselves. Personal boundaries can be difficult to see and

navigate when we consider our relationships and they are crucial when we think about our role as a peer support, or as a peer mentor.

Professional Boundaries

In all professional relationships, there are power imbalances and the potential for discrimination, or harm among others. To safeguard against that, the concept of professional boundaries has been advocated. In most traditional models, these boundaries articulate the need of separation between the "professionals" and the community they serve. Further, boundaries only seem to be articulated from the position of the "professionals", and are meant to not be crossed without considering what boundaries a person in need of support might have.

As a consequence, some understandings of professional boundaries have become incongruent with developments in the field of social and health support. This is particularly relevant in the implementation of harm reduction, outreach services, and the involvement of people with lived experience in the delivery of services.

Whereas in the past the focus lied on *what* the boundary is, contemporary approaches to "professional boundaries", tend emphasize *why* there is a need for a boundary, and *how* it is created and negotiated. As a result, these new models emphasize connections, rather than separation, and advocate for a process that encourages mutuality. In this way, when speaking about boundaries, discussions about self-determination, agency, justice and (re)production of power relationships within the social and health arise. How can we work towards safer and more equitable relationships when we interact with one another? How can we establish boundaries in our relationships that allow for connection, reciprocity, and mutual accountability?

Self-care and boundaries:

Self-care is crucial throughout the journey of well-being for professionals with a lived experience, those who do not have it, and the communities they work with. When setting boundaries, it is important that we are honest with ourselves, peers and the people on our teams. For example, about our time and limits to how much you are able to take on without overwhelming yourself. Just because we are capable, it does not mean we need to say yes to every request. Taking on a role where we are supporting others can be stressful. In order to avoid burnout, it's important to learn how to identify and manage stress. It is okay to say no and take the necessary steps to ensure our own self-care. Remember that "no" is a complete sentence.

Our boundaries are always changing:

Our boundaries are fluid and may change day-to-day or hour-to-hour. It is important to check in with ourselves because one day we may be uncomfortable with giving a hug, but we may feel totally fine with hugs the next day. Our relationship with people will affect how and when we set a boundary. Our comfort levels can also change on a day-to-day basis. It's okay to change a boundary as long as we are clear and communicate adequately with ourselves and others.

The "perfect peer phenomenon"

The so called '*perfect peer'* typically tends to blur boundaries. Usually, this means working beyond their skill comfort level. Sometimes, this as feeling uncomfortable saying "no" out of fear of disappointing. The same that it applies with any other professionals without lived experience when they start. For this reason, it is important to remember to be realistic about the expectations about how to manage and balance new reponsabilities right away, when new ones arise. It takes time to learn, and to find a balance that works.

Self-disclosure

Peer worker activate their own lived experiences as the foundation for their work. However, depending on how this is done, feelings of vulnerability, powerlessness or triggering of trauma may arise. For this reason, notions of boundaries and well-being are important to be considered. For example, restricting self-disclosure with people without a live experience may generate safety. However, when this occurs, it is important to observe how and what kind of barriers may. Specially, if this generates a feeling of isolation or lack of connection.

This type of boundary negotiation are quite common in projects that involve people with lived experience, and on occasions disclose unequitable expectations. Examples of this are projects in which people with lived experienced are somehow expected to communicate fluidly about their experiences, feelings and emotions as a 'profesional behavior', whereas paradoxically other team members are not, also under the label of being "professional".

Elements to consider:

- What elements of our lived experience are relevant to share with the person we are communicating with?
- For what purpose? Are we sharing aspects of our own lived experiences as a means of unburdening our own issues? When self-disclosing, it is important to keep it "other oriented".
- What are the moments or conditions under which we feel comfortable to self-disclose? How often?
- How far can we share on a specific moment? Are we aware of our own personal triggers? Am I about to disclose something that will upset me or take me away from my own well-being?

Tips for communicating about boundaries

Use 'I' instead of 'you' language:

- When I'm…
- When I…
- I think that I…
- I feel the I…

State how the behavior affects you

- I feel unappreciated when…
- My concerns is that…
- I get really anxious when…
- I get really scared when…
- I feel hurt when…
- I feel tired when…

Refer to the behavior, not the person

- When I am shouted at I….

- When I'm pushed around I…
- When I think I'm not being heard I…

State what you need to happen

- I need to…
- I would like to…
- What I'd like to see happen is…
- It would be nice if…

[DISCUSSION]

3. Values

What do we mean by values?

The commitment to community doesn't arise out of nowhere. It comes from and is guided by values, principles, and assumptions that spring from our backgrounds and cultures, from our experiences, and from our conscious decisions about what is 'right' or 'wrong' at any given moment. As we have seen before, these values, principles, and assumptions shape our vision of the world as it should be, and motivate us to try to make it so.

The terms values, principles, and assumptions are sometimes used as if they all mean the same thing – the underlying truths on which we base our interactions with the world. Although all these concepts are all "truths" to some extent, they are different in meaning and substance. Although we realize how similar they are, we'll try to consider each of the three. Understanding the difference can help us sort out when we're operating on facts or well-examined experience, when we're applying moral or ethical rules or judgments, and when we're responding to emotion or bias or unexamined "knowledge" that may not be accurate.

Values are our guidelines for living and behavior. Each of us has a set of deeply held beliefs about how the world should be. For some people, that set of beliefs is largely dictated by a religion, a culture, a peer group, or the society at large. For others, it has been arrived at through careful thought and reflection on experience, and is unique. For most of us, it is probably a combination of the two. Values often concern the core issues of our lives: personal relationships, morality, gender and social roles, race, social class, and the organization of society, to name just a few.

EXERCISE: VALUE REFINEMENT

1. List a series of values that you consider important guidelines to have at your work.

2. Once you have done this, consider the following questions:

- How does it mean that you want to treat people o approach things [*insert value*]?
- In what manner do you do that?

Perhaps at this point, you might need to be more specific and to phrase differently your values. Try rephrasing them like this:

"Treat people_____"
"Approach things_____"
"Keep things_____"
"Act with_____"
"In a manner that_____"

3. The values you just wrote. Are they 100% values, or are the a rule, a norm or a goal? The following questions might help you in your discussion:

- Would you do things in this way regardless of outcome?
- Would you do things in this way even if people rejected you? Or not one joined you in?
- What would happen if you do not do it this way? Would there it be any consequences? If so, what kind? For whom?

EXERSICE: HARD TO DO

After we identifying and understanding our own values, it is important to understand how do we relate to ourselves and to others according to this principles. Living guided by our values is not always easy. For instance, have you ever encountered difficulties being honest? Sometimes, being honest means disappointing people, facing embarrassment, showing a vulnerable emotions, or perhaps even shame. However, this is not always the case. Enacting our values might be easier in some kind of social spaces than in others.

The following exercise will help us to clarify what is hard to do when living a value. First, we choose a value, and then we will ask questions about that value relating to our work.

1. Choose a value that is important for you. Think of one of more times that you acted with *[insert value]. **Make a list of the actions that were necessary for being, acting or keeping things [insert value] in that situation.*** E.g. honesty.

2. Think of three times when you failed to be, act with, keep things *[insert value]. **What was hard to do in that situation that would have been necessary for the value to be enacted?*** Perhaps the following questions might help you:

- Were there there any beliefs or assumption about the way the world works that made it difficult to be/act/keep things *[insert value].*
- Were there any rules or norms that made it difficult to be/act/keep things *[insert value]*

3. ***List the things (people, objects, spaces, feelings, moments) you need to be/act/keep things [insert value]?***

4. ***What concrete steps/actions are hard to take in getting those things?*** Perhaps the following verbs might help you getting started: recognising, creating, noticing, finding out about, navigating, obtaining,…

Once you are done, organize all the information in a grid in the following way:

Values	Difficult Parts	Easier when?	Why?
e.g. Honesty	- Disappointing people - Taking a risk - Facing shame & embarrassment - Emotional openness	- Long term relationships - When I trust the other person - Outside of the office space.	- Facing shame & embarrassment means focusing on people expectations. - Openness feel like an investment and makes sense only with people that are close to me, or I trust.

4. Norms & Rules

Differences between norms & rules

Both terms—norms, rules and values—are at many times used interchangeably in our day-to-day use. However, they do not refer to the same. While social norms and rules are standards and expectations for actual behavior, values are abstract conceptions of what is important and worthwhile. Honesty is a general value; the expectation that students in a school will not cheat or use such material forbidden by the codes in the examinations is a norm.

Similarly, there are differences between rules and norms, and oftentimes they also interchangeably used.

Norms are the unwritten regulations and guidelines in a society that govern the actions and behaviors of the members. People know the behavior that is expected of them and also the actions and behaviors they must avoid under all circumstances. For example, raising a hand to shake it with someone we meet is a social norm which is another way to greet an individual. Many of us know that we should obey our elders and respect our parents. These are social norms that we learn to follow because of living in a specific society. There are no laws to punish a person violating social norms though he is certainly looked down upon by a community and potentially ostracized for his actions.

5. Conflict Resolution

Mediation is used to resolve conflicts in the community, in legal cases, in commercial settings, in schools, between victims and offenders, in family disputes (including divorce), between landlords and tenants, in the workplace and others. Although mediation can be defined as a process where someone intervenes to facilitate people to discuss their issues and differences, the detail is often undefined.

Models of Mediation

Structural mediation focuses upon settlement of the basic conflict in an expeditious manner. Under this model, mediators are task-oriented and interventionist. They may give advice on how to resolve the conflict. Another term for this model is evaluative mediation.

Interest-based mediation encourages parties to resolve underlying interests, not just their overt conflict. These mediators help parties move away from positional bargaining to a win-win co- operative approach. Another term for this model of

mediation is problem-solving or facilitative mediation.

The evaluative approach. Broadly speaking evaluative mediation is where the mediator is empowered to offer potential solutions to the issue, if the parties have been unable to do so themselves.

The facilitative approach. Unlike transformative mediation, there is no one school of facilitative mediation. Broadly speaking facilitative mediation is one where the mediator manages the process and the parties manage the content. The mediator does not offer advice, suggestions or possible solutions to the issue. This approach is mainly used in community, family, education, environmental, neighbour and workplace disputes. Another way to look at it, is to see it as being appropriate where there is likely to be an ongoing relationship between the parties and the breakdown of the relationship is part of the cause of the issue.

Transformative mediation is designed to transform individuals by helping them develop mutual understanding by promoting empowerment and recognition between the conflicting parties. The term 'transformative' is problematic because it is often received as meaning 'truly life changing'; whereas normally it characterises the transformation as that between, for example, being unclear or uncertain to being more confident.

Advantages of a Transformative Model

In a Transformative Model, conflict is seen as a crisis in human interaction. It often causes us to feel unsettled, confused, fearful, disorganised and unsure of what to do. Also, in conflict we might feel self-protective, defensive, suspicious and incapable of stepping outside our own model of the world.

Despite been difficult, conflicts can also become productive moments. Depending on how do we negotiate them, their resolution can lead to:

Empowerment, because we can grow calmer, clearer, more confident, more organised, more decisive, regain a sense of strength and be able to handle life's problems. Empowerment is achieved when we become clearer and more confident about our ability to deal with the difficulties we face.

Recognition, because people can choose to be more open, attentive, responsive to others and explore other perspectives. Recognition is achieved when, with some sense of empowerment, we are more willing to acknowledge and be responsive to our and other people's situations. There is a general movement from self-absorption to responsiveness.

Empowerment and recognition work together. Achieving empowerment is likely to lead to the achievement of recognition and reinforce empowerment

SIMPLE MODEL FOR MEDIATION & RESOLUTION

First contact

Approach people separately to start with. This may be a 'meeting' on the phone. The need here is to:

1. Find out what's been going on and how it's affecting people
2. Explain mediation and your role as a mediator
3. Clarify what they want to get from the process
4. Do they want a supporter present?
5. Check they are happy to proceed
6. Clarify any logistical issues (eg when's a good time to meet with the other party, are they going on holiday etc).

Mediation Session Structure

1. Welcome everybody. It is important to check-in how everybody is feeling, and to get a sense of the emotional space in which everybody finds themselves in. Here, it would be useful to also rely on your observations on body language.

2. Establish ground rules. Examples:
    a. Everyone – including the mediator – will respect one another.
    b. Language that other people find offensive will not be used.
    c. No one will interrupt someone while they are speaking.
    d. Confidentiality

3. Set an agenda and clarify issues to be discussed
    a. Participants are invited to account what they would like to discuss
    b. The mediator provides feedback. Will summarize, check-in if everybody agrees with the main points as understood by the mediator.

4. Set a predetermined amount of time to dialogue about the points in the agenda, and explore options.

5. Close the session with specific agreements. These may be temporary, and could be revise on a follow up session if necessary

MODULE V
Advocacy

1. FRAMEWORKS FOR ADVOCACY

1.1. Background

Advocacy for Drug Users was born during the fight against HIV epidemic along the 80's and 90's, depending on the country. People who takes drugs and ex Drug Users (D.U.), some NGOs and a smaller group of persons who were closed to them as health professionals, social and street workers etc., began to say that even if it was **illegal** - especially since the Nixon's war on drug declared in 1970 - **to take drugs, you didn't have to die of HIV or OD.**

So that means that mainly **the DUs themselves with their own organizations take their destiny in their own hands and begin to advocate for their rights and needs**.

But to be respectful to the history and to the first D.U. organization that began to advocate for our rights, we must mention the "**Rotterdam Junkie Bund (RjB)".** They began to ask for needle exchange at the end of the seventies, **so much before HIV** and **they will be an example for DU organizations all over Europe and even outside.**

However, most of the DU and ex DU organizations and people who were closed to them, began to advocate first for needle exchange, then later on for OST (methadone and after buprenorphine), consumption rooms, what we call now **HARM REDUCTION, came from to be able to fight, first HIV and OD deaths and after HCV ones**, from the late 8Oties until nowadays.

1.2. Advocacy Nowadays

Meaningful Involvement[8]

International guidelines recommend that people who use drugs (PWUD) be involved in all aspects of programming, this includes:

- PWUD should be represented on decision-making bodies
- PWUD should select their own representatives
- PWUD should be given opportunities to learn about international and important issues in their countries
- PWUD should be enabled to identify advocacy priorities and strategies to promote them.
- People representing the PWUD community should be accountable to the people they represent

[8] Source: I Injecting Drug User Implementation Tool (IDUIT) & Training Workshop: INPUD (International Network of People who Use Drugs)

- It is important to have a national network/union/association of people who use drugs
- Intersectionality: when decisions are made about specific groups of people who use drugs, for example women who use drugs or MSM who use drugs, it is essential that representatives of those groups be involved

Organisations of people who use drugs

- Community-led organisations have important roles to play at the local and national levels in dialogue about:
- Drug policy
- Health and social services

Organisations of people who use drugs may exist as:

- National networks/associations/unions
- Local formal or informal groups or organisations

Important considerations for organisations of people who use drugs include:

- Governance
- Project management
- Resource mobilization
- Developing partnerships

1.3. MAIN LENSE OF DRUGS ADVOCACY

Human rights aspect

In **this fight for human rights, you must speak about drug prohibition,** because many problems of drug use come from this situation!

Beginning with **stigmatization of DUs**: this feeling **to be out of the law just because you are a DU** has of course psychological, social and professional consequences at individual level, but that's one of the reasons too why DUs aren't really integrated to the teams of harm reduction services.

But, because of the implication as we saw in the born and development of harm reduction in the past by DU organizations, **facing nowadays all the problems that exist in many countries to integrate DUs/peers in the teams of organizations in charge of the drug users, this situation is just incomprehensible and unacceptable for DU organizations.**

As we saw, peers have a big role to do in harm reduction, not only in outreach but also working inside the services because DUs and ex DUs know how to use and explain with their own experience harm reduction measures to the peers, because **their life experience is a fantastic amount of real knowledge** , because **"nothing about us without us",** because we know **much better than anyone what stigmatization is**, what OST can bring us, that HIV/HCV treatments can save our lives…

One of the best way for Advocacy **to fight social stigmatization of Drug Users and for the right to be considerate as normal citizens with all their rights and duties despite they are using illegal (for now) drugs is to make easier the full integration of DU/peers to the teams of the services** where they can make a good job!

That's why the P2P project is important **to show that DUs/peers can work as any other professional.** We have to be aware too that what these harm reduction services are supposed to teach, show, tell to DUs are in fact all what DUs and ex DUs always wanted and knew since a very long time at least as DU organizations. So this last idea for this training, it's very important and that's why all the professionals must

understand **that peers not only can work in outreach so, we mean outside, but also INSIDE the harm reduction services with a full integration to the teams** and be considerate and paid as anyone else who is working in this place.

Drug services are well established in many European countries and they influence life of drug users at the same level than police. **Peers involvement could be used to create a low cost class of social workers** , not able to defend drug users rights because they are not graduate and in position of defend their work. **Peers involvement should clear what peers expect from services** .

The right to health:

It's the right of any patient capable of discernment, being fully aware of the facts, to decline or to accept the treatment proposed, it's the right of people to be informed about their illnesses, treatments and ways of improving the quality of their lives. Peers know better than anyone when all those rights have been violated and they know too a lot about what is working or not inside an OST/harm reduction service. They know better than anyone else when some rules couldn't respect the freedom, the individual rights and the rights to health of the patients because they are or have been one of them!

Of course we have the rights of people who use drugs who don't have any social security documents and legal status (mostly immigrants but not only as homeless…), they must be helped and even they must receive special care because they have problems with language, culture, social situation, illness…. Peers are in a good place to help them because they know very well what stigmatization is and how to face it…

Legal aspects

With **the P2P project we hope that this experience will open widely the possibility to change the laws in the countries as France where it's completely forbidden and illegal to work in a harm reduction and OST centers if you are using drugs.** Of course some organizations have some DU in their teams but always in outreach and never working with a normal salary at least officially.

This last point must change if we want a full integration in harm reduction/OST teams all over Europe especially in those countries where it's still illegal to employ DUs. So let them work as any other professional for a fair salary inside the OST/harm reduction centers, **DU/peers must be proud of what they are and what they know!**

1.4. FINAL CONSIDERATIONS

Changing Laws and Policies

Laws criminalising use or possession of drugs or of injecting equipment: can block people who inject drugs from seeking services due to fear of arrest and prosecution can damage the effectiveness of HIV and HCV responses. Harm reduction refers to policies, programmes and practices that primarily aim to reduce the harmful health, social and economic consequences of the use of licit and illicit drugs

Fast-track Strategy for ending AIDS among People who Inject Drugs

UNAIDS has a fast-track strategy that shows the percentage of PWID who should have access to specific services by 2021. It emphasizes that, to achieve this, countries must address human rights, supportive

laws, zero tolerance for violence, and community mobilisation and engagement

UN Guidelines recommend specific interventions for The WHO guidelines address:

- HIV prevention, diagnosis, treatment and care
- Reform of laws, policies and practices
- Stigma and discrimination
- Enhanced community empowerment

UNAIDS have recommended that 6% of global funding be allocated to work on these issues.

1.5. EXERCISE

One of the best, easiest to do and most useful exercises is the role game. With that kind of tool, the peer as well as the professional can try to be as closed as possible to real life.

With a role game exercise, it's possible to see what is the best way to solve a problem, to face a hard situation, to know what to do or to say and what is not working and then it would be easier to react in the best way.

Not only the exercise is very useful but also after the role game, it's really important to have a debriefing session after, not only to see how they managed the situation but also trying to think about several concepts such as rights, dignity, stigmas, or individual freedom among others.

So many role games could be proposed as:

1 policeman or-and 1 outreach peer//1 DU consuming drugs in the street;

1 outreach peer // 1 DU who doesn't see the need to go to the OST center to take a treatment

1 DU who think that his/her rights aren't be respected inside the center because he/she has to come every day because he/she has just one positive test to drug consumption//1 professional or peer

1 peer or professional inside the center//1 DU who doesn't see why he/she will have to do an HIV/HCV tests

1 peer or professional inside the center// 1 DU who is making problems inside the center because he/she is too stoned or drunk…

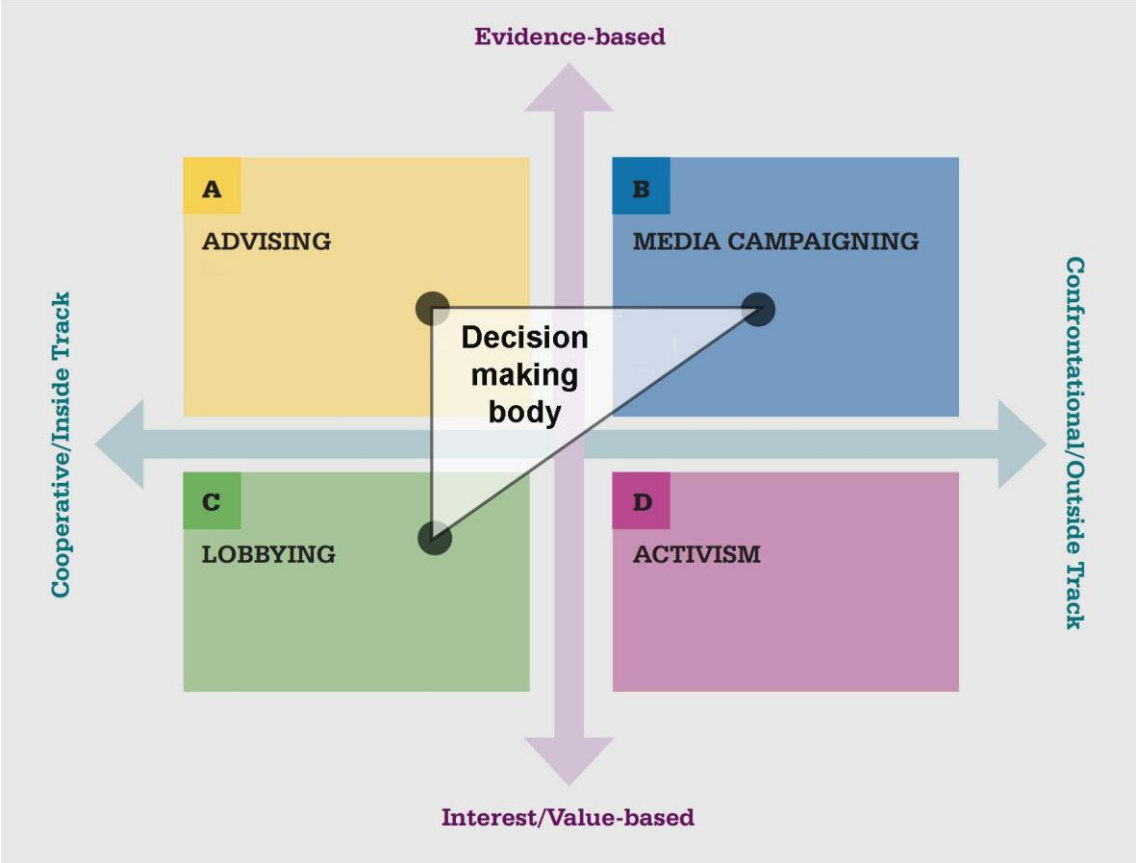
2. PRACTICING ADVOCACY

2.1. Background | What is advocacy?

In its most general definition, we can understand advocacy as arguing in favor of a cause or an idea. More specifically, advocacy comprises processes, methods and activities with which to influence policy decision making. These might include, among others:

Questioning existing policies
Changing public attitudes
Participating in agenda setting
Proposing alternative policies
Creating spaces for a dialogue
Mobilizing people for a cause
Amplifying communities voices
Making systems more transparent/accountable

As such, advocacy might take diverse forms. Examples of this include community organizing, coalition building, advising or counselling decision makers, training, strategic litigation, grassroot lobbying, direct lobbying, or mainstream/social media campaigning.



2.2. Differences between advocacy & lobbying.

Although they are related, it is important to distinguish between advocacy and lobbying processes, as these both articulate different roles, focus, and therefore methodologies and strategies.

Whereas advocacy can become synonymous with raising awareness about the impact of policies or about alternative policies, lobbying implies influencing a politician on a special issue/special piece of legislation. Examples of advocacy include informing an MP how a policy affects communities, mobilising people on social media to support a cause.

Lobbying can be either direct - implying a direct communication with the decision makers -, or indirect - mobilizing grassroots organizations and the general public to communicate with the decision maker -. For example, an organization might decide to call an MP and ask directly this person to vote for a decriminalization bill, or might ask people to send the MP emails or letters asking to vote.

3.2. Five Steps of Advocacy

First Step | Make Your Research

What is the appropriate action? Which public body is making the decision (e.g. Parliament, Ministry etc.)?

Who are the key decision-makers (e.g. committee chairs or members, ministry officials, party leadership)?

Where is your issue in the decision making cycle? When is the issue or legislation coming up for a hearing or vote?

Who is lobbying in support of the issue and who is lobbying against the issue? What are their arguments and messages?

Questions to Make Before Creating an Advocacy Plan

What is the change I would like to see as a result of my advocacy?
What decisions should be made to achieve my goal?
Who are those decision makers who have the power to make these decisions?
What tools/activities are the most effective to influence them?
How can I monitor/evaluate my advocacy?
Who are my allies/enemies?
What is the timeframe?

ADVOCACY CAMPAIGN ACTION PLAN

GOAL:

Objective	Indicator	Allies	Targets	Activity	Timeframe

3.3. Four Methods of Advocacy

Coalition Building

Coalition building means establishing alliances with other organizations, and therefore implies generating a movement. This method is best used when all the organizations have compatible goals, and working together enhances the chances of success. To achieve this, the most employed tools are regular calls, meetings, google groups and/or joint events.

Lobbying

As we have seen before, lobbying implies speaking directly to decision makers. This approach is best used when the target of our advocacy activities is open and ready to listen. Examples of activities that support lobbying are calls, emails, meetings, thematic papers and/or briefings.

Mobilization | Mass Action

This method aims at articulating and enacting public preasure. This method is most effective when the policy maker may be swayed by the public opinion. Examples of mobilization include marchs, rallies, petitions and/or open letters.

Media Campaign

This method builds upon mainstream / social media with the goal to educate the general public. Experience has shown that this method is most effective when the policy makers is not accessible, or the goal of the advocacy strategy is to generate a change in social attitudes and opinions. Activities that form part of a media campaign include press releases, press conferences, videos, TV Interviews, blogs and/or social media ads.

3.4. Choosing the Target Group of your Advocacy Strategy

TARGET GROUP	EVIDENCE	TOOLS
PROFESSIONALS		Scientific papers Research reports
DECISION MAKERS		Policy briefings Facts sheets
MEDIA WORKERS		Interviews Press release/conference
GENERAL PUBLIC		Articles/reports Clips/Feature long documentaries

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peer2peer

Reinforcing Peer's Involvement
in Outreach Work