A whole community intervention model to prevent/reduce drug use and drug-related harms among young people: A feasibility study to evaluate the 1625 Outreach programme

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1. Executive Summary

This study examines the feasibility and impact of a co-produced, multi-component outreach programme aimed at preventing and reducing drug use and related harms among young people (aged 16–25) in Derbyshire. It assesses the effectiveness of intervention strategies and explores approaches for measuring outcomes at both individual and community levels.

Key Objectives

1. Develop and test engagement measurement tools for future evaluations.
2. Assess the feasibility of tracking short-term intervention effects.
3. Explore methods to evaluate community-wide impact.
4. Identify the factors that influence the successful delivery of the outreach model, including stakeholder participation and partnership dynamics.

Methodology

A mixed-methods approach was employed, including a bespoke survey designed to assess engagement across outreach (n = 17), festival (n = 38), pop-up (n = 66), online (n = 28), and educational settings (n = 89). Responses measured confidence in accessing support, harm reduction safety, relationship trust, message relevance, and future engagement.

Semi-structured interviews were undertaken with outreach team members (n=7) and stakeholders from education, public health, and policing sectors (n=7), exploring themes (using Braun & Clarke's (2006) framework) of intervention effectiveness, service gaps, youth co-production, and stakeholder partnerships. We supplemented this with participant observations of the outreach team working in different settings.

Findings

Survey Findings

1. The majority of respondents (37.4%) engaged in an educational setting, while fewer (7.1%) participated through outreach.
2. Over half (55.0%) were contacted in Derbyshire, but a notable portion (25.2%) lived outside the region, highlighting the need to be cognizant of mobility.
3. Most respondents were female (59.7%), White (82.8%), and students (77.7%).
4. High levels of trust (94.5%) and focus on safety (92.0%) were observed.

Outreach Interviews

1. The 1625 model is grounded in a harm reduction model aiming to prevent occasional or recreational substance use from escalating.
2. Innovation through an online digital presence is a crucial mechanism for harm reduction messaging, as it enhances trust through personalised interactions and facilitates rapid responses to operational changes.
3. Innovation is necessary to develop engagement strategies, including the use of music, fashion, and technology, to initiate discussions tailored to various settings.
4. Reliable metrics are difficult to establish, with qualitative or proxy indicators, such as police data and volunteer feedback, guiding interventions.
5. Long-term relationships foster credibility, emphasizing non-judgmental and confidential communication to empower young people.
6. Co-production is a crucial component of the model, with young people playing a central role in shaping services.
7. Limited resources restricted engagement in the night-time economy, with additional challenges in reaching vulnerable groups.
8. Strong community ties support harm reduction, although event organisers and venues often resist acknowledging the risks faced by young people.
9. The success of the model relies on its tailoring to the needs of the young adult population and the bespoke skill sets developed by practitioners for this population.
10. Political alignment, funding, and staffing impact the program's future. Successful replication requires flexibility, leadership, branding, and local adaptation.

Stakeholder Interviews

1. The 1625 model is rooted in public health principles, emphasizing harm reduction. This approach was accepted by all strategic partners (as embedded in the National Drugs Strategy)
2. Cross-sectoral stakeholder collaboration was perceived as crucial. Strong partnerships with public health commissioners and senior stakeholders ensured iterative improvements through informal coordination and solution-focused problem-solving.
3. Maintaining clear communication with local stakeholders, including parents and schools, was considered crucial for sustainability.
4. Agility and responsiveness were key design constructs. The 1625 model was designed for rapid adaptation to emerging needs, utilising flexible, context-specific methodologies to engage young people across diverse environments, including digital platforms (such as Instagram) in urban-rural settings and pop-up events.
5. The model was widely endorsed by stakeholders for its non-judgmental, expert-led approach, which resonated especially in educational settings. The model was

perceived as enhancing personal and peer safety while fostering trust through increased staff visibility.

6. Several challenges and considerations were identified, including difficulties with data and outcome measurement. Evaluating the model's impact is complex due to challenges in quantifying prevention, engagement, and resource allocation. The service relies on qualitative and quantitative indicators, including stakeholder perceptions and crime data. Competing priorities may impact long-term viability, necessitating ongoing adaptation and stakeholder engagement to maintain relevance and effectiveness.

Future Developments

1. To ensure that the 1625 model remains grounded in a public health approach, harm reduction principles should be integrated with broader societal concerns (health and wellbeing, for instance).

2. The model's effectiveness is enhanced by the strategic and operational acceptance of the public health principles underpinning the model.

3. While measuring individual-level outcomes is feasible, defining and tracking longer-term causal effects requires further development.

4. The study has developed a bespoke tool that captures the core components of a worker's engagement with a young person, and this approach should be expanded and further tested.

5. We identify key attributes that are essential components for a similar model. Young people perceive 1625 as trustworthy, with a strong emphasis on safety. Ensuring open, confidential, and non-judgmental conversations is crucial for fostering longer-term engagement.

6. Ongoing enhancements and continuous improvements to the digital and social media presence strengthen brand identity and public health messaging.

7. Creating the operational conditions (at both commissioning and service levels) is crucial to developing an ethos of agility and adaptability that enables rapid responses across diverse settings. These include the importance of informal communication channels and collaborative and supportive partnership environments.

8. Entrepreneurial leadership (within partners and the 1625 service) drives improvements.

1. Background

The latest 2024 Crime Survey for England and Wales shows 16.5% of 16-24-year-olds have used illicit drugs, with around 971,000 using them in the last year (ONS, 2024). Cannabis, powder cocaine and nitrous oxide are the most commonly reported drugs used (for any age), but trends indicate changing drug use and a worrying rise in ketamine use among 16- to 24-year-olds, from 52,000 users in 2012/13 to 222,000 in 2022/23 (McVeigh and Welch, 2025).

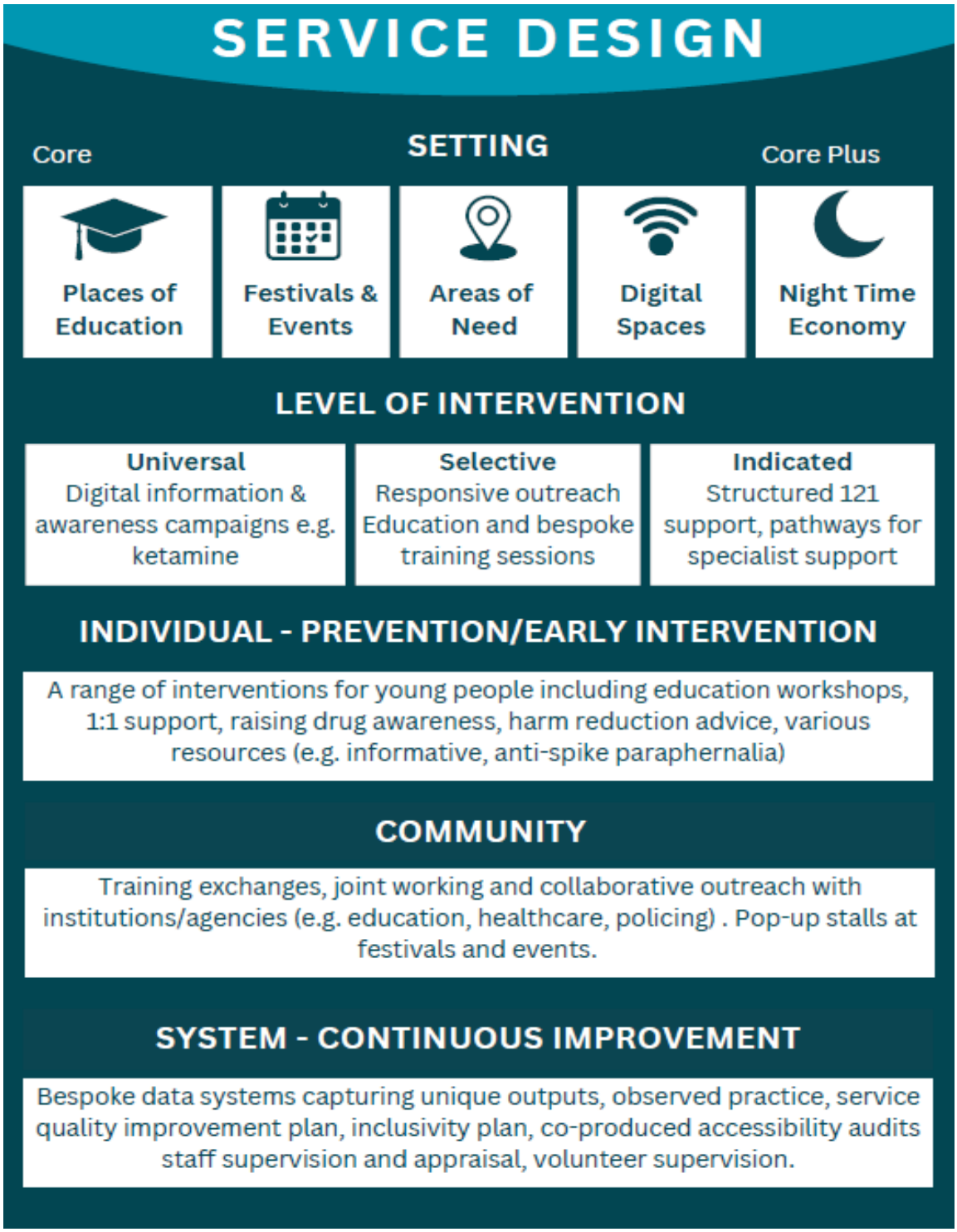
Recreational drug use is often 'normalised' among 16-to-25-year-olds, who are therefore unlikely to recognize the risks and potential harms (Aldridge et al, 2011). Even if they are aware, they are unlikely to engage with specialist drug services (Welch et al, 2025), often relying on drug information and risk mitigation from peers (Aldridge et al, 2011). The lack of engagement is compounded by the decline in youth-specific services and referrals for specialist substance use support for 16- to 25-year-olds in England in the last decade (OHID, 2023). Tailored interventions for 16- to 25-year-olds are needed that consider the contexts of drug use at key transition periods, including education to (un)employment, further education/training, and leaving home, particularly for those who are most vulnerable (Duke et al, 2020; ACMD, 2022; 2025). Outreach services show promise in reaching different groups who may be vulnerable to drug-related harms (Fomiatti et al, 2023); however, UK outreach services are currently fragmented and underfunded (Black, 2021).

In 2018, a community-based outreach service (1625 Outreach) was developed. It is a co-produced, multi-component community engagement model that delivers drug education and prevention interventions across: universal (targeted at the general population, e.g. social media campaigns), selective (targeting subgroups at higher risk, e.g. those excluded from formal education) and indicated (high-risk groups with an identified issue, e.g. referrals into structured treatment) (Gordon, 1983) (See Figure 1). Commissioned by the Derbyshire Police and Crime Commissioner (PCC) with further funding by Derbyshire County Council, the range of services was to be delivered in urban and rural settings across the county of Derbyshire, UK. It aims to reduce illicit drug use and related risky behaviours in 16 to 25-year-olds, running under the banner 'aware, safe and well'.

The combination of place-based interventions across different components creates a coordinated, multi-agency approach aimed at preventing social exclusion and addressing broader harms (e.g. mental health or negative academic experiences). Integrating effective drug education and prevention, especially for at-risk groups, with broader health and social interventions has the potential to reduce both drug use and wider social harms (Black, 2021).

Beyond individual outcomes, building a local network of stakeholders allows 1625 Outreach to ‘educate the system’, inspiring trust and supporting professionals to respond appropriately to drug use. This coordinated and targeted outreach activity uses a community engagement approach to help mitigate the immediate risks and harms of drug use and ensures informed, proportionate responses to drug-related issues across the community.

Figure 1: 1625 Service Design



2. Aims and Objectives

The model has since gained attention from service commissioners as an innovative approach to addressing unmet needs among 16-to 25-year-olds. It shows promise in reducing drug use and associated harms (Welch et al., 2025) and is being adapted for delivery in other geographical locations. This study aimed to assess the potential for a co-produced, multi-component outreach programme to reduce the demand for drugs and drug-related harms among young people/adults aged 16-25 in Derbyshire and the feasibility of measuring outcomes at both individual and community levels.

The objectives were to:

1. Develop and test measures to assess component/ programme outcomes.
2. Assess the feasibility of measuring short-term intervention outcomes at the individual (young person) level for each intervention component.
3. Examine the feasibility of measuring outcomes at the community level (for future evaluation)
4. Identify key factors acting as facilitators and barriers to delivering the model (a co-produced outreach programme). This included an examination of stakeholder involvement – partnership working.

3. Methods

This feasibility study employed a mixed-methods design, including surveys, interviews with key informants (1,625 practitioners and community stakeholders), and observations of outreach sessions.

Surveys

We found no relevant, validated questionnaire covering the topics we aimed to address. Validated tools existed for substance use, mental health disorders, health and wellbeing, lifestyles and youth-specific schedules. We created a bespoke survey to administer across four settings (i.e. outreach, festivals, pop-ups, and education) (See Appendix 1 for the survey questions). The research team designed the quantitative component to include the following themes:

- 'Confidence' to access support in the future resulting from the interaction with 1625;
- 'Safety' is that the messages imparted result in perceived 'safe' harm reduction decisions regarding drug use;
- 'Relationship' whereby 1625 is a trusted source of information;
- 'Message salience' is whereby the information is perceived as relevant (Salience 1 - The info the 1625 worker gave me is relevant to me in this setting; Salience 2 - I would share the info the 1625 worker gave me with my friends.)
- 'Continued engagement' is whereby the recipient would consider engaging with 1625 in the future (Continued Engagement 1 - I would contact 1625 in the future if drugs/alcohol impacted my life; Continued Engagement 2 - I know how to get extra support from 1625 in the future.)

Additional questions were asked of people in Festival or Pop-Up Settings focused on merchandise ("Merch"):

- The merch the 1625 worker gave me is relevant to me in this setting (Merch1).
- I would share the merch the 1625 worker gave me with my friends (Merch2).

All questions were asked using a Likert Scale (1—strongly disagree to 5—strongly agree) to assess their perceptions of the above. Each question was tailored to the appropriate setting (the exact form of words is included in Appendix 1). An open question was included to allow for any extra detail to be recorded. Overall, the questions were shown to form a single

construct that could be utilised in future research. The schedule was piloted with young people known to the research team to test the question wording, and the order had face validity. The questions were amended in the light of this pilot process.

Observations in Outreach Settings

Between August and November 2024, six observational sessions were conducted for a range of 1625 Outreach activities. This included: one festival event, one university hall of residence 'in-reach' session, two pop-up (Freshers'/Welcome Week) events in colleges, and two education sessions in sixth form colleges (one in rural Derbyshire, the other close to Derby city centre). Observations lasted between 90 minutes and 5 hours. Events had between one and eight staff in attendance, and all provided supplies of leaflets, spikies, and drinks covers, as well as lollies. Notes were taken by the observers, describing the event and 1625's set-up within them, as well as recording thematic observations, including levels of engagement with young adults, the content of discussions, examples of tailored support and challenges experienced in seeking to get survey responses.

Semi-structured interviews with 1625 Staff Team

Semi-structured interviews (n = 7) were conducted with five members of the 1625 Outreach Team in person, and two interviews were conducted via Teams. These included the Team managers, outreach workers and volunteer coordinator. These interviews lasted around one hour. They were audio-recorded and transcribed using transcription software. The interviews explored issues around definitions of successful outcomes; ways to measure outcomes; the context/locations of the delivery and any gaps in provision; co-production with young people; partnerships with local stakeholders; assessment of local needs and priorities; the transferability of the model to other locations; and the sustainability of the model.

Semi-structured interviews with Community Stakeholders

Seven in-depth semi-structured interviews were undertaken across the education, public health, and policing domains. The interviews lasted for around one hour, the longest lasting 90 minutes. All interviews were conducted, recorded, and transcribed online using Microsoft Teams/otter.ai. The interviews were reviewed in Microsoft Word before being downloaded into NVivo v18 for ordering and deriving themes. Four overarching themes emerged, which are discussed in Section VI below.

Data Analysis

The qualitative data generated from the interviews and observations were analysed thematically, drawing on Braun and Clarke's (2006) framework for thematic analysis. The research team familiarised themselves with the data by reading through the transcriptions from the interviews and notes from the observations of the outreach sessions. An initial coding framework was developed to reflect the study's aims, as well as to allow for the identification of emergent themes.

Ethics

The study received ethical approval from the Middlesex University Social Work and Mental Health Ethics Committee (ID 25367) and was overseen by the Change Grow Live (CGL) Research Governance Group. The participants' data were anonymised using pseudonyms for individuals and organisations participating in the interviews. For the interviews, written informed consent was obtained using participant information sheets and signed consent forms.

4. Results from short surveys with young people for each component

Table 1: Location of Contact

	Frequency	Per cent
Education	89	37.4
Festival	38	16.0
Instagram	28	11.8
Outreach	17	7.1
PopUp	66	27.7
Total	238	100.0

The breakdown of responses shows that the largest response grouping was from an educational setting (37.4%, n=89), followed by 27.7% (n=66) from a pop-up event. The lowest response rate was from outreach (7.1%, n = 17).

Table 2: Where is this 1625 activity taking place?

	Frequency	Per cent
Not Recorded	28	11.8
Derby City	66	27.7
Derbyshire (but not Derby)	131	55.0
Other / Outside Derbyshire	13	5.5
Total	238	100.0

Table 3: Which area of Derbyshire do you live in?

	Frequency	Per cent
Derby City	57	23.9
Derbyshire (but not Derby)	1	0.4
Derbyshire (not Derby city)	114	47.9
Other / Outside Derbyshire	60	25.2
Prefer not to say	6	2.5
Total	238	100.0

Over half of the respondents (55.0%, n=131) were in Derbyshire at the point of contact (Table 2), with over one-quarter (27.7%, n=66) in Derby City at the point of contact. This compares to one-quarter (25.2%, n=60) of respondents who resided outside Derbyshire, suggesting a mobile population that moves to attend specific events.

Table 4: Gender

	Frequency	Per cent
Not Recorded	1	0.4
Female	142	59.7
Male	92	38.7
Non-binary	1	0.4
Prefer not to say	2	0.8
Total	238	100.0

The largest group of respondents were female (59.7%, n=142), with 38.7% (n=92) reported as male.

Table 5: Ethnicity

	Frequency	Percent
Asian, Asian British or Asian Welsh	19	8.0
Black, Black British, Black Welsh, Caribbean or African	8	3.4
Multiple or mixed	9	3.8
Other ethnic group	4	1.7
Prefer not to say	1	0.4
White	197	82.8
Total	238	100.0

The largest respondent grouping was defined as White (82.8%, n = 197), followed by 8.0% (n = 19) recorded as Asian, Asian British, or Asian Welsh.

Table 6: Status

	Frequency	Percent
Full-time work	33	13.9%
Looking for work	10	4.2%
None of the above	1	0.4%
Part-time work	15	6.3%
Student	185	77.7%
Total	238	

Over three-quarters (77.7%, n=185) of respondents were defined as a student, followed by 13.9% (n=33) looking for full-time work.

Table 7: Perceptions of Key Domains (Percentages)

	Confidence	Safety	Relationship	Salience1	Salience2	Merch1	Merch2
1—strongly disagree	2.1	2.1	2.5	7.1	2.5	2.5	5.0
2	3.8	0.4	0.4	6.7	2.9	1.7	0.0
3	8.8	5.5	2.5	13.9	15.1	9.1	6.6
4	66.4	69.7	52.9	60.5	56.3	66.1	66.9
5—strongly agree	18.9	22.3	41.6	11.8	23.1	20.7	21.5

The overwhelming majority of responses were positive across all domains, with 94.5% agreeing or strongly agreeing that CGL is a trusted source of information and 92.0% agreeing or strongly agreeing to focus on the 'safety' domain.

Table 8: Average Domain Scores (1-5) by Setting

Setting	Confidence (1-5)	Safety (1-5)	Relationship (1-5)	Salience1 (1-5)	Salience2 (1-5)	Continued Engagement1 (1-5)	Continued Engagement2 (1-5)
Education	4.0	4.2	4.5	3.2	3.8	3.1	3.8
Festival	3.9	3.9	4.0	3.9	3.9	3.8	3.8
Instagram	3.9	4.1	4.3	3.8	3.9	3.9	3.7
Outreach	3.9	4.2	4.2	3.8	4.2	4.1	4.4
PopUp	4.0	4.0	4.2	4.0	4.0	3.9	3.8
Total	**4.0**	**4.1**	**4.3**	**3.6**	**3.9**	**3.6**	**3.9**

The variation of scores across domains is broadly similar. However, there are statistically significant differences across the relationship ($F=3.4$, $p=0.01$) domain (4.0 at Festivals to 4.5 in educational settings), the salience1 ($F=9.0$, $p<0.0001$) domain (3.2 in educational settings to 4.0 at Pop-Up events) and Continued Engagement1 ($F=9.2$, $p<0.0001$) which ranged from 3.1 in educational settings to 4.1 in outreach settings.

Additionally, we conducted crude correlations of factors associated with each domain, as shown in Table 9 overleaf. We initially found statistically significant correlations (p-value <

0.05) across all domains. Being of Mixed ethnicity and being from Derby City was associated with 'safety'. The 'relationship' domain was significant for people in education and festival settings and people residing outside of Derbyshire. Both 'salience' measures were associated with a range of encompassing gender (male, female), ethnicity (White and Asian for Salience1), setting (Education, Pop-Up events for Salience1), being a student (Salience 1) and location for Salience 2 (Derby City and outside Derbyshire). Similarly, continued engagement was also associated with a wide range of factors, including gender (male and female for Continued Engagement [CE]1), ethnicity (Asian for CE1), setting (education, outreach, Pop-Up event for CE1) and home location. Satisfaction with merchandise is related to gender (both genders are positive about it). However, in comparison, no factors were significantly associated with 'confidence'.

Table 9: Statistically Significant Correlations with each domain

Confidence	**Safety**	**Relationship**	**Salience1**	**Salience2**	**Merch1**	**Merch2**	**CE1**	**CE2**
-	Mixed Ethnicity	Education Setting	Male	Male	Male	Male	Male	Outreach
	Derby City	Festival	Female	Female	Female		Female	Derby City
		Outside Derbyshire	White	Derby City	Derbyshire		Asian	Derbyshire
			Asian	Outside Derbyshire			Education Setting	
			Education Setting				Outreach	
			Pop-Up Event				Pop-Up Event	
			Student				Derbyshire	
							Outside Derbyshire	

5. Results from 1625 Staff Practitioner Interviews

The interviews with the 1625 Staff team explored issues around definitions of successful outcomes; ways to measure outcomes; building trust and engagement; co-production with young people; knowledge, skills and attributes of the 1625 staff group; key challenges including the context/locations of the delivery and gaps in provision; assessment of local needs/priorities and partnerships with local stakeholders; the sustainability of the model and the transferability of the model to other locations.

Reflections on outcomes

The overarching remit of the 1625 service was to reduce the likelihood that recreational or experimental use would be become problematic in nature for young people/adults in the Derbyshire area. The key focus of the service was to minimise the harms related to substance use.

> *Instead of using the term prevention or reduction, we always just go towards minimizing harm. So what we have set out to do is not to reduce drug use, it's to reduce the risks that are associated with it, whether that be on the high end of overdose and hospital admissions or on the low end of exploitation and low level dealing where young people don't necessarily understand the severity of that criminality that's attached to it. I don't think we could ever say that we'd reduce drug use because what we can reduce the harm that is associated with it (Team Manager 2)*

One of the outreach workers spoke about the importance of early intervention and preventing problems from escalating:

> *There's a big group of people that understand that harm reduction is so crucial to keeping people safe, and the earlier we kind of get that information to young people, the better. So they don't end up down the line being in a worse state and having a much harder time of getting a life back really. So instead of kind of just tackling the end problem, if you like, you're actually initially getting in there early. And hopefully not getting that situation in the future. (Outreach worker 2)*

The outcomes of the various strands of the service were different, but the different components were all working together holistically to reduce substance-related harms and prevent problematic substance use.

Digital strand

The cohort of 16-25 year olds have grown up on and spend their lives online, so the Team saw social media platforms as important spaces to be occupying with their messages. Through the digital strand, the service 'infiltrates' the day to day activities of the young people with drug information and harm reduction messaging.

> *'It's about engaging young people in an intervention that they're familiar with. So a scroll on social media is quite a natural part of their day-to-day activity. So kind of infiltrating their day-to-day activity with specific advice and information in a way that resonates with them. So for example building on things like trends for example, is quite a good thing. So social media based trends…Kind of bending and flexing the service to what they're already engaging with in a digital capacity, so if they're already like scrolling a specific trend within a social media platform, we kind of just put our interventions within that as well.' (Team Manager 1)*

Over time, they have learned what types of posts/messages seem to work well with this cohort (See Appendix 4 1625 Instagram Strategy). They personalise the posts so that young people see the 1625 workers, allowing them to put names to faces. This helps to build rapport in face-to-face settings, such as schools, colleges, events, and festivals. This involves the workers posting videos of themselves discussing particular drugs, harms and scenarios:

> *'Social media is one of the biggest windows that we get to communicate with that cohort. Other than going out and about in the community. So our marketing lead is very adept at algorithms and research into what that cohort does online, what kind of material lands well with them. How often we should post? What messaging should we put out there?...The posts that always do really well are ones that have actual staff members in them and are really personable and they're about a day in the life of 1625, rather than here's some information on cannabis.' (Team Manager 2)*

Through social media platforms (e.g., Instagram), connections with workers are established. There may be links between the young people who follow 1625 on Instagram and the service's involvement with their school or college, or the events they attended.

> *'It wouldn't be out of the norm for some young people that follow us to be like, I know you. I went to an event where you were or you were in my college. Or my school. And*

that's a really nice connection for them to have, because word of mouth with young people travels an awful long way.' (Team Manager 2)

A key outcome for the digital strand is to help the service establish a 'brand identity' and increase recognition of the 1625 brand among young people. This branding was linked to messages and tone of voice, which young people could easily identify.

'So within CGL, we call it tone of voice. It's basically wherever you are and whoever you talk to. If you're branding is the same and the message you give and the authors you give is the same, you're going to be more easy to identify. So our mobile unit at events, it is very much not just YP service branded, but 1625 branded. They will look at it and be able to think, I've seen that on the Instagram, that looks just like their posters, that looks just like their banner.' (Team Manager 2)

A good example of how the service utilised the digital strand was when the law changed regarding nitrous oxide. They were able to highlight the social harms of criminalisation and social supply through their social media channel. A good outcome concerning social media would be the level of engagement or reach their posts receive.

'Achieving a high number of likes, achieving a high number of shares saves, etcetera. So a good outcome measure for that is the fact that young people are engaging with that content, they're reading it, they're saving it, they're saving the information which we think is a really good indicator that they intend to utilise the content within that.' (Team Manager 1)

Outreach strand

Outreach outcome measures were found to be more challenging to quantify, as they depended on whether the outreach worker encountered young people on their routes.

'But with outreach, it's very just dependent on the day, whether you're going to come across a massive group of young people or you're gonna come across nobody.' (Team manager 2)

In some cases, the Team will be asked to go into certain areas by local community stakeholders where local 'problems' have been identified to see if they can speak to the young people there.

> *'I think with outreach because ultimately it's jumping out into an area where an issue has been identified and just trying to just speak to young people within that area. So I think for us, it's obviously targeting young people where they're at.' (Team Manager 1)*

Another measure that could be used to measure outcomes is the number of referrals to young people's treatment services that come via 1625.

> *'There have been more referrals to the Young People service in the city since we've been in position. That's because young people feel comfortable doing so and they know where it is and we might have given them harm reduction and they've gone, actually, my drug use is a bit more complex than this. Because I think when some people hear more referrals, they think it's bad. It's not. It's good - you want referrals. You want people to seek support. I think it's knowledge. It's signposting as well for young people.' (Team Manager 2)*

Education Strand

The education strand was perceived to be slightly easier in terms of measuring outcomes, as it is timetabled in the school timetable. The team also tailor the session to the needs of the young people:

> *'The education outcomes are a lot easier to measure because we've got the captive audience for feedback…We break the time up within the delivery to incorporate the gathering of feedback and also we can kind of shift the nature of the workshop slightly to be responsive to needs.' (Team Manager 1)*

The education worker has been trialling feedback forms (paper and electronic) in schools. Key questions can be asked about the education they have received. This focuses mainly on their knowledge, skills and confidence rather than changes in behaviour:

'We ask them to identify whether their knowledge has increased on the particular topic. Do they safer as a result of the intervention as their kind of knowledge around other services increased as a result of that? Would they know what to do in an emergency? That's another key indicator that will capture and just generally if they sort of found the intervention useful. Would they recommend engagement with us to a friend if they were worried about their friend's drug use…. So it's a lot easier to capture those outcomes. You can't really track their behaviour because we wouldn't necessarily see them again. But we can identify if they do feel better having had that intervention.' (Team Manager 1)

The feedback form can also capture what changes or additions the students would like to see in the service offer.

'It's for the students, not for the teachers – that feedback for any changes that we could make because it's coming from what the students would want rather than what adults would perceive that the students want.' (Education worker)

The education worker employed dynamic feedback and assessments in the education sessions to assess the knowledge of the young people.

'So I do dynamic assessments. So I'm always gauging the learning by asking questions. Seeing how their knowledge is changing [in the session].' (Education worker)

Other outcome measures could include re-booking the service to come into the school or college again and referral to other education providers:

'So the positive outcome is really the re-booking and the referral on to other schools and things like that. And the feedback that we get from the students and the staff is positive.' (Team Manager 2)

'I rely a lot on the teachers to afterwards give me feedback. Normally if the school asked us to come back again that means I've done my job pretty good…it's not just the young people that are talking about the service, it's the teachers recommending as well and letting other schools know.' (Education worker)

Festivals/Event strand

At festivals and events, the outcomes are similar to other outreach settings. The team employed a brief intervention style format to reach as many attendees as possible at the event.

> *Obviously sharing of mass information to as many people as possible. So I'd say this is probably the environment where the quantity is the key indicator that we're looking for. So we want engagement with as many people in those settings possible. (Team Manager 1)*

Outcomes can be measured by the number of bookings and re-bookings of the service for future events, as well as the number of interactions with young people during the festival or event.

> *So it's the bookings and more in terms of interactions we get. Hundreds and hundreds and hundreds of interactions with people over the space of two to three days. (Team Manager 2)*

At festivals and events, secondary measures can also be implemented to mitigate the impact of the Team's work on other services and alleviate the pressure placed on those services. One of the team managers discussed a particular festival setting where fewer people were accessing medical provision at the site, and this was attributed to the presence of the 1625 service on site:

> *We can look at other indicators within the event environment about how successful our interventions have been. So very interestingly, the guys were at an event last weekend. It was carnage. It was one of the worst events they reported ever working. It was the nature of use. It was really high prevalence use and we ended up getting drawn into a lot of issues that kind of went in my opinion, above what our remit would be there to deliver, but you know ultimately we're there to look after people and we wanted to do that…One of the reports that came back to us is in the previous year where the attendance was roughly around the same numbers demographic, they had 50% less people accessing the medical provision this year, which they directly attributed to us being on site. (Team Manager 1)*

At pop-up events, the interactions are usually 2-3 minutes in duration. This helps the Team identify trends and plan interventions in those settings at later dates.

> *One thing that is helpful to do with pop-ups is trend data so that helps us track any incoming or emerging trends. It helps us formulate plans moving forward. So a good example of this is pop-up events within freshers or welcome events at university. What that does is by having that interaction there, it helps us formulate what our next step would be over the duration of that term or the duration of that academic year if we know we've got a lot of students coming in reporting the use of a specific substance for example or a particular risky behaviour, we know that we can target other interventions that wrap around that so outreach, education workshops to hone in on the issues that they've told us they're concerned about (Team manager 1)*

Night-time economy

The team have not engaged in much direct work around the night-time economy due to resourcing and capacity issues. They did not have a sustainable funding solution that would enable them to have outreach workers in nighttime economy spaces. They mainly work in the evenings, before 8:00 pm, on street outreach activities. However, they have engaged with NTE venues to help them to '*take ownership of what's happening within their venue…it gets them more aware of the vulnerabilities within young people and young adults that are accessing their venues*' (Team Manager 1)

Training professionals

The team have also played key roles in training teachers, the police, and night-time economy staff in how to deal with drug-related issues in a way that reduces harm to the young people involved. They have also established pathways for referrals of young people to structured treatment services. Feedback has shown that this capacity building has increased their confidence and resilience to deal with drug issues.

> *It's increasing their knowledge of signs and symptoms and what to look out for and also breaking down some of the stigma. So trying to support them in working in a more harm reduction centered in focused way. We've supported with policy development in a lot of these settings as well. So trying to change their policy to be more harm reduction centered or to be actually just generally more support centered as opposed to being if you are found in possession. I think this kind of element of being able to increase resilience in teaching staff. (Team Manager 1)*

Measuring Outcomes

Problems of measurement

Given that all contact with young people and adults during outreach work is anonymous, there were problems tracking outcomes for individuals. It was impossible to follow up on contacts. Similarly, there were also problems in tracking outcomes at the aggregate level. For example, one measure could be the number of people aged between 16 and 25 accessing emergency health care while being under the influence, but that also presented problems:

> *We don't know whether that number falling or rising is a good thing because it could be a good thing because young people are getting the medical attention they need when they need it. But it also could be a good thing, because young people are being more careful and more aware of the risks and not getting injured as much (Outreach worker 1).*

Reliance on feedback directly from young people

The 1625 rely on feedback from the young people to measure their impact, but this is often difficult to demonstrate:

> *The feedback that we've always got and the response that we've got from when they realise that these sorts of services do exist is always very appreciative. So it does work with the young people, but how that works, we don't know. And how can we show it works, I'm not sure. I'm still not certain how you do that. (Outreach worker 1)*

The outreach workers discussed the problems of measurement and getting evidence of effectiveness. There was a sense that, based on feedback from young people, one could have confidence that the model works.

> *As far as making what we do quantifiable and like could it be replicated, I don't know how you could…A model like this has to be based on having faith that it works a little bit because the young people say it works*. (Outreach worker 1)

However, the education worker also pointed to some of the limitations of getting feedback from young people, particularly around them denying and underestimating their substance use. He suggested that there needed to be a longer lead-in time to build rapport and trust with the young people before any feedback or survey took place.

> *We had the forms, so it would be like, What drugs are you doing? And I remember them filling it in and just chatting to them, introducing myself, talking about what we did and the service. After about 10 minutes, pretty much the majority of them would say, can I have a new form and I was like, why do you want a new form? I've lied on this. They know it's illegal…they sort of suss me out first. (Education worker).*

Use of outreach forms and SOS tracking devices

Although the outreach team do not take names, they do fill in forms after each session recording where the interactions take place, how many young people were involved, their ages/genders (this is based on guesswork) and if there were any safeguarding issues noted (see outreach form in Appendix 5). The use of an SOS tracking device also provides a map of where the outreach worker travelled during a session:

> *I have my SOS device that we have on us during outreach which tracks where we are around the area. So that's quite a good thing to take reference of because you can kind of see the map and the route and at what times, you know we're in these locations. So that's another way we kind of measure these things. (Outreach worker 2)*

This is useful to track 'hotspots' or areas where 'problems' have been noted by the community:

> *We're asked by certain areas to go and see certain hotspots. So I will make a note of these hotspots and make sure each session I go to them and check them off and sometimes changing the times depending on how successful it was, if we saw people at certain points, I'll just keep going back. (Outreach worker 2).*

Using police and crime data

There is also the possibility of using police and crime data to identify areas where reductions in anti-social behaviour may be attributable to the work of the 1625 outreach service.

So we may jump into an anti-social behaviour issue. We're not an anti-social behaviour service, but drug and alcohol use within those areas could be considered anti-social. So we're going in to address that. We've noted some reductions in some of those using the police and crime data. (Team Manager 1)

Getting feedback from volunteers

Another measure that could be developed in the future is getting feedback from the volunteers who staff 1625 events, festivals and outreach sessions:

You can ask feedback immediately after training. Do you think it would be helpful just to see how people feel after that training? But then you'd also get feedback from them after actually having volunteered and say, did the training, did you feel like training equipped you well enough to be successful in the role? Are there gaps in knowledge? (Volunteer Coordinator)

<u>Building Trust and Engagement</u>

Engagement with the same group of young people over time

Another measure of success would be for an outreach worker to establish trust with a young person or a group of young people and engage with them over an extended period. This engagement and trust could then lead to the endorsement of the outreach worker by larger groups, such as their wider friendship circles, who would learn that the worker could be trusted. One of the outreach workers was seen by the young people as 'safe' in that he could be trusted. He was given the nickname of 'Safe Man' by the group.

So getting in with them [this group of young people] and then the word of mouth that came from that. There were quite a few times I was walking around Derby where I'd introduce myself and they'd be like, 'oh, you're safe, man'. So and so's told me about you. (Outreach worker 1)

This building of contact with the same young people over time also applied to education settings, where they had experienced education sessions with the 1625 Team in schools or colleges and then continued to engage with the Team in other events and settings later on, particularly over the summer months. They would recognise the 1625 brand and the workers:

Some of the students that are coming up to me are students that I worked with at school and they're recognising the brand and they're engaging. I don't need to introduce myself…That barrier has already broken down and they will tell be what they've been up to or get advice about substances. (Education worker)

One of the outreach workers described 'success' as having an authentic conversation with a young person and helping them to open up. This was facilitated by being in their own settings or environments and feeling that they could trust the worker:

I think success would be having a really authentic conversation with a young person who maybe starts off a little bit apprehensive, maybe about what it is that you're doing, but by the end of the conversation is a lot clearer on how they maybe want to go forward. Maybe knowing that there's a service they can discuss these issues with without the feeling of being judged and getting in trouble. (Outreach worker 2)

It's so important for young people because it's difficult to trust and trust adults…It's a massive thing you can't underestimate... like when a young person will come up to you and ask you questions about substances or telling you about taking them…but it's sort of repeat interactions over time. (Education worker)

The voluntary nature of the contact was also stressed as a key component in building relationships with young people. This was particularly the case for the young people who contacted the targeted intervention coordinator in education settings. Most of their work would be from self-referrals:

I think the most important thing is that it's voluntary, that it's if they want the support because a brief intervention is not gonna work if they don't want it. Not to force them to do anything. (Targeted intervention coordinator)

Multiple meanings around the terms 'safe' and 'safety'

The young people saw the outreach workers as 'safe' and trustworthy, and as individuals, they felt comfortable approaching them. The message that the outreach workers give to young people is about keeping them safe and how to minimise their risks of drug use.

We're just people who keep people safe. That's just kind of like an urban legend that's going around. So it's nice to sort of embrace that – that they think there's someone out there who's just going out to keep them safe. And it's the fact they're spreading it amongst themselves. (Education worker)

The outreach workers employ the terms 'safety' and 'keeping safe' in their dialogues with the young people. They do not use the word 'harm reduction' with this age group as it has connotations of injecting drug use, which is not relevant for the vast majority of the young people that they meet in outreach settings.

I've always tried to stray away from using the term harm reduction around young people because if they've got any concept of what that means, generally it's not something they can associate with…It doesn't really resonate with them…So discussing how to be safer when using drugs, but I was also that 'safe' person. (Outreach worker 1)

There was also the issue of creating 'safe' spaces for young people to explore their substance use and the reasons for this use.

I think providing them with a safe space to be able to talk to me, I think it's really important and then maybe having someone they may think actually that you know learning different types of strategies. Different coping mechanisms might help them in the longer run that they may look back and be like, hey, you know, these are these are alternative ways of coping with this situation and different services I can go to because a lot of people don't know what is actually out there, what support is out there. (Targeted intervention coordinator)

Message delivery

The outreach workers emphasised that the way the message was delivered was crucial. This included not taking the young people's names so they felt safe asking questions. It also included not telling the young people what to do but providing them with information about risks, how to minimise these and empowering them to make their own decisions:

I don't take any names. I just come and talk to you about these things, give you information. It's up to you. That approach – one of things I'd always get across is I'm not interested in getting involved in your decision to use or not….Here's how I'd like to contribute to you making your own decision on that…I'm just going to give you the information that these are the risks that are associated with it. (Outreach Worker 1)

The dialogue with the young people was open and honest and one of the outreach workers pointed out that the learning was a two-way process: '*So, I'm learning from you people as well…I think they always took that as more genuine.'* (Outreach worker 1)

Similarly, in schools, the targeted intervention coordinator spoke about building trust and rapport. This also linked to clarity around the protocols around the sharing of information amongst colleagues:

The young people - because they're in it, they're amongst it, they know what's going on. Then I think that's why it's important that rapport is built so that they do trust to come to you about these things and trust that that information is going to be kind of used and kind of shared appropriately amongst colleagues and stuff. (Targeted intervention coordinator)

The education worker emphasised the importance of listening to the young people and not judging them. The tone of the discussion was important to get right, particularly with young adults:

Listening to them, not judging them. I always start off – I'm not a policeman, not a teacher. I'm not here to tell you what to do. OK? Just because I'm older than them means that I know more, but not that we have a right to tell them what to do. They're young adults…I just don't want them dying. I want them staying safe. I'm just not there to lecture. Don't talk down to them. (Education worker)

The outreach workers pointed to the potential of outreach in terms of normalising conversations around drugs and reducing stigma:

I suppose opportunities wise, yes, spreading out as much as possible, so that also it becomes an almost normalised conversation to have. Rather than, oh, we're talking about drugs…the more those discussions can be had in a safe way, the better. And I think it actually changes people's perceptions on, you know, maybe family members or friends or people they know or people they don't know that they walk past in the street. Hopefully it changes that ideology around it. (Outreach worker 2)

Setting for interventions

The ethos of the outreach model was to meet young people where they are (i.e. in *their* spaces and places of interaction). This was seen to be important in facilitating trust and building relationships:

So because this is meeting young people in settings where they're comfortable, so normally for a young person to have an interaction with drug and alcohol services, it's normally referral in pre-arranged, often done at school or home or - what a young person might see as a clinical environment. But meeting them on, say, like, you know, park benches where they regularly smoke weed or drink somewhere where they're comfortable. (Outreach Worker 1)

In some instances, the team would be asked to go to a particular area or setting because of problems that the police or other community agencies had highlighted:

If I'm at a community event and I've spoken to someone who knows that at certain points of they may be working an area where they're like, Oh yeah, we've got a bit of an issue with a group of like teenagers that keep coming around and messing about in front of the leisure centre or whatever and I'll ask. OK, So what times are they, you know, coming around and I'll pop down in my next session and just see if I can intercept that and see what is going on. So it may be word of mouth from other services, but for the most part it is usually the police who kind of are, can you support us with this area? (Outreach worker 2)

Engagement strategies

The outreach workers used various ways to connect with the young people in outreach settings. They spoke about using creative tools to engage young people through music, fashion, sports, and technology. For example, one worker used Shazam to identify the types

of music being played, and he used this as a way to introduce himself to the group. He also introduced the young people to new genres of music. He talked about how using these 'little hooks' to build rapport as a gentle lead-in to a conversation about drugs.

> *Because I've already talked to them about something and got that conversation going, they're more willing to engage in conversation like that so. And yeah, I've always done that. There's certain things that young people are quite passionate about so. Music, fashion. Certain sports. You know things like that. There's always a way that you can connect with them before you and I wouldn't bring up the drugs straight away. There's no way I'd go into a conversation and let's talk about drugs straight away because there's no rapport. (Outreach worker 1)*

However, during street outreach activities, workers sometimes have to adapt their approach due to being observed by the general public. Wearing their lanyards was important in these circumstances.

> *I think I had to adapt my approach because not only was I approaching young people that I was trying to gain trust with, so that I could talk to them. But also I was being observed by other people….People around me had to see that actually I had some sort of ID on…[They think] This is probably a youth worker. (Outreach worker 1)*

The outreach workers used various tools to convey messages about the risks of drug use and how to mitigate them. This could involve providing information leaflets, packs with 'spikies' and other relevant materials, digital resources (such as QR codes to contact the service), referring them to suitable websites for drug checking, and directing them to community services for further assistance. As one outreach worker explained, the harm reduction packs were often a gentle way into the conversation (see Appendix 3 for a photo of the harm reduction pack):

> *It's got this, this and this in the pack. Would you like to discuss it? And would you be interested in having it? It's totally free. It's purely for your education and your information. So it's always giving them the decision on what they want to do rather than forcing lots of different information that they might not even be interested in. And they usually they love the harm reduction packs. They go down very well. (Outreach worker 1)*

However, the interactions were non-judgemental and led by the young person. In some cases, it was drip-feeding them information about how to reduce their risks with specific substances:

> *So sometimes that conversation would be, just my knowledge and having discussions sort of OK. I can see like you're putting actually quite a lot of cannabis in that. You know there's a balance to sort of because cannabis burns at a higher temperature. Do you want to call it down with tobacco? But then tobacco is also a carcinogenic agent, so there are risks with that. So it's about balancing them risks. (Outreach worker 1)*

> *So it's kind of deciphering whether that young person is quite happy where they are and you kind of just have to give them a little sprinkling of well, you know, maybe just consider this…If they turn around and say, well, actually I do feel like this is a bit of an issue, but I don't really know what to do about it. And then, you know, obviously you cater it. Yeah, it's just that initial introduction of the conversation. Just trying to kind of feel what they want to do. (Outreach worker 2)*

In the education settings, the sessions are tailored to the needs of the young people. The workshops focus on issues that the participants have identified as important to them at the time, related to local trends.

> *I will start the workshop saying we have a workshop here, but if there's anything you want to learn about, they say it, because I can go for this and not touch on that. You have different trends in different areas, different slang words…So I get educated by a group of 16 year olds, so again it's keeping up and fresh on it. (Education worker)*

Outreach workers also emphasised broader safety messages that were not explicitly related to drugs. For example, keeping their phones safe and fully charged and ensuring that they have memorised the number of someone they could call in an emergency:

> *Making them more aware of it's not just the drugs and alcohol that can cause the risk, it's also you drop your phone, you can't ring a taxi. You can't ring your parents. Well, you can't call anyone because you've got no numbers. You've got no access to them. Basically anything so you know, looking after your phone, having it fully charged up, so little, things like that. (Outreach worker 1)*

Similarly, the outreach workers were also discussing other issues that young people wanted to share with them, such as problems at school and issues with their parents.

> *A lot of the time it's used as a self-soothing sort of thing for whatever problems they might be having in their day. So it does kind of trigger that conversation naturally. Or you just kind of happen upon a group that are in that moment of, oh, I'm really angry. And you're kind of, Are you OK? And then that conversation opens up. But yeah, you end up talking about all sorts of things. (Outreach worker 2)*

> *The life changes that you go through between 16 and 25, they're hard. They're difficult. The issues that young people are facing now are more than any of us ever did. Social media, cost of living, jobs. Some of what we say will resonate with someone. We would just close down everyone. If we went, who uses drugs in here? Yeah, you won't get anything. (Team Manager 2)*

Co-production with young people

Although the Team work closely with external partners within Derbyshire, they prioritise the voices and contributions of young people in developing the service:

> *We tend to get young people's voice and opinions more and see what they want and what how we can support them, because that's what we're there for. It's the young people that we kind of really care about. We want their input. (Team manager 2)*

The staff team emphasised the importance of co-producing the service offered to young people at every level. All materials were reviewed and approved by young people to ensure that the message was relevant and easily understood.

> *Young people are involved on every level of it…Trying to get young people's input on everything…We try to get groups of young people [to] proofread literature that we want to print. How does this come across? Is there anything we need to change? So making sure that all of our information that we give out is relevant. You know, 'young person approved' basically. (Outreach worker 1)*

Within the digital strand, posts are designed to resonate with the young people based on their input:

> *Content is developed and is constantly being adapted to meet the needs of the audience. We know that that's what young people want, cause they've told us that that so I guess it all comes down to that kind of co-production element. (Team Manager 1)*

> *We also do a lot of YP research. We want their input. We want them to tell us if a meme is funny or is a real silly thing because it be a waste of time to do it. And I think services that are trying to get their social media off the ground don't bother doing that groundwork. They just go straight in. (Team Manager 2)*

The targeted intervention coordinator who was working in schools also spoke about the importance of getting honest feedback from young people about one-to-one sessions and helping them feel confident to provide that feedback:

> *And I think that's really important because young people, as soon as they see, like a service. Unless it's like snappy engaged. You know, if there's too many words, often they just switch off. And so I think getting their take on what's worked, what maybe hasn't worked better, but also it's often people don't want to be critical. They sometimes don't want to be. Like actually this didn't work, so I guess it's instilling the confidence in them. (Targeted intervention coordinator)*

The team manager suggested that there is more opportunity to engage with the older end of their age cohort from a co-production perspective:

> *A lot of our coproduction based activity is done with probably 18-20 ones. I do sometimes think that could potentially turn off the 25s a bit. (Team Manager 1)*

<u>Knowledge, skills and attributes of the 1625 staff group</u>

It was clear that the 1625 staff team had a particular skill and knowledge set. This was seen to be aligned more with youth work rather than drugs work. They needed to have the confidence to initiate discussions with young people and adults in a range of settings. They

needed to understand the needs and trajectories of the different groups within the age range covered by the service.

> *I remember being asked a while ago, what are the kind of the key attributes and skills for an outreach worker, for example, and I was like, find me people that have got the gumption to go and approach a group of young people to start off with -cause that's not for everybody. You can't expect a generic drug worker or a generic practitioner, you know from a different sector to just be able to do that because it's not easy. So for me it's aligning that kind of operational standards with that perhaps more of youth work, than drug work. And I think sometimes there's an expectation that those things are very, very similar. And I would argue that they're really, really not. Most drug workers are probably quite adaptable in terms of therapeutic skills. I wouldn't necessarily say that's an attribute that our workers need, it's more around kind of confidence and engagement related skills. (Team Manager 1)*

> *I would say because it's a very niche project. It takes a niche kind of person and I don't mean that in a bad way. I think in the infant years we went through quite a lot of change. Because it takes a certain kind of person to really thrive in that environment and to enjoy doing that, to be kind of a teacher, but not a teacher, and then do events on the side, it's a very strange job. Of course it's a lot of anti-social hours. (Team Manager 2)*

Working with young adults in particular, was seen as different and required a unique, bespoke skill set.

> *So we absolutely categorically refuse to use generic job descriptions and we put a big rationale and argument out about why we weren't really prepared to do that. We won on the basis of the fact that it does need something quite different. Young adult work is different and it requires something different and I've advocated for such a long time that we keep trying to shoehorn it in. So we're trying shoehorn it in between adult services and then we try and shoehorn it into young people so. And then you're trying to align the thoughts and experiences of a 25 year old with that of a 13 year old and young people services and then you're trying to advocate an 18 year old being the same as a 56 year old opiate user. They're not, it's a distinct it's an entity of its own that this is where I kind of recognise that I've got to take that. Next step into that kind of strategic end, because that needs to be built. (Team Manager 1)*

The staff team was relatively young, with members mainly in their twenties and thirties. One of the workers spoke about getting older and how that might impact relationships with young people; however, this was not seen to be an issue as long as adults were able to relate to the young people and build rapport:

> *Just getting that relatability. I'm getting old and older and it's difficult because the young people don't trust old people, older adults. So it's that trust…You need more than the ethos and the outlook. It's as long as the person isn't trying to tell young people what to do…as long as students relate to you.(Education worker)*

The lived experience of the team members was also an important asset: '*I've got life experience and the way I talk, I'm not really talking like a teacher. I talk very slangy all over the place. I think I'm quite relatable for students'. (Education worker)*

The volunteers working with the service also needed to be trained in a bespoke way to work with the population of young adults using the different strands of the service, which are context-specific (e.g. events, festivals etc):

> *The training that we've developed for 1625 is a mixture of taking the CGL training. So there's generic stuff like if we talk about boundaries training for example…we have to deliver boundaries training for volunteers. The problem with that training is that it's quite generic and 1625 doesn't always fit the model necessarily of a lot of CGL services. So we're meant to update it to our needs (Volunteer coordinator)*

Volunteers also needed to be on board with the harm reduction ethos of the service.

> *The main focus for us is that we are delivering like a consistent message as a service - that harm reduction approach. Some people don't always agree with that approach. That's a different experience than they've had. So it's about just generally when we recruit volunteers to think that this person might not fully have understood our approach. Do you think that they would react well to the training or and be able to deliver that message? So I think we just keep an open mind with that. (Volunteer coordinator)*

Challenges

Hard-to-reach populations

The outreach workers discussed how they strive to meet the diverse needs of the communities they work with. Often, through street outreach, they were able to reach excluded communities. Particularly for those aged 16-17 years, they felt they were able to reach those who were not attending school:

> *We do reach groups that are not attending school or, you know, quite obviously having a lot of issues at home purely just because we're out and about in the community. (Outreach worker 2)*

They discussed some of the problems working with some ethnic minority populations around drugs and alcohol issues:

> *I always wanted to try and do more about that, but it's how do you get past quite a few barriers. One that's always stuck with me is because I come from an area where it's quite high population of Southeast Asians. A lot of their cultures reject any sort of recovery or sort of harm reduction…During that time as well because we've had quite a big influx of Eastern Europeans, they've also got different perceptions of recovery and things like that. So there are hard to reach communities. I don't think anyone's found effective ways to sort of because a lot of the especially Eastern European communities, they see sort of accessing this sort of thing as a weakness. (Outreach Worker 1)*

The Team were also aware that they needed to reach young people who were more vulnerable and were actively building links with young people in alternative provision, a group of young mothers who were seen to be at risk of substance use and a centre that worked with LGBTQ+ young people.

Street outreach after age 18

The outreach strand of the service was designed for those 16-17 years old who were in outside or public spaces where a clear gap in service delivery had been identified. With the decline of spaces like youth clubs and other services, there was nowhere for this cohort to turn to in the community. The general view of the staff is that street outreach works well for 16-and 17-year-olds, but it becomes more difficult to access the 18-to 25-year olds who are not in education or training settings.

A lot of the outreach, it was really effective with 16 and 17 year olds, but there were quite a few times when I'd have young people that I'd see on a regular basis…Once they hit 18, all of a sudden, they've got access to different environments…We're not in a park in Chesterfield anymore. We're going night clubbing in wherever…Sheffield for the night. (Outreach worker 1)

When they're eighteen they hitting the bars, they're hitting the pubs, they're probably more likely to be a university student. They've got other places that they can get their social enjoyment from, whereas when they're 16 -17 years old they're so limited…there just isn't really anywhere for them because they're going to get IDed etcetera (Team Manager 1)

The Team did not have the resources or capacity to undertake outreach work in the night-time economy. This is one of the primary ways to reach the 18-25 age group who were not in education and training settings.

You get the ones that do a short apprenticeship when they leave school and they'll get into some sort of trade work. So they'll be earning quite decent money and they'll be going to the pub every Friday and Saturday night causing themselves some risk from the drinking, but we don't really have access to that group because we're not going into where they work, they're not at college, not at uni…They're living normal adult lives, but they are still under 25 and in that recreational phase…We're missing out on supporting them at an earlier stage where we can use more of a prevention sort of tactic. (Outreach worker 1)

More support/structured treatment

There were apparent limitations to the scope of services that the Team could offer through street outreach. For example, they could not offer more support if young people needed more intervention or structured treatment. This was often difficult because there was not an appropriate young people's/young adult service to refer them to:

So you get to the point where it's like there's nothing more that I can discuss with you out here in this setting. If you need more support, this is more than I can offer on an ad hoc basis while I'm walking around the town centre. It would be an onward referral,

but then we've got the dilemma of we can't really take a referral there, so just telling them here's the website. Please go there and refer yourself…it can be a bit difficult. (Outreach worker 1)

This outreach worker went on to express their frustration with this.

So I think for me, the street based outreach was just sort of there's no way to go with this. There's no onwards. You know you can't track what we're doing. It's worthwhile, but without tracking it and demonstrating that. (Outreach worker 1)

In the Derbyshire area, a targeted intervention coordinator has been recently appointed to work with young people who can self-refer for one-to-one appointments. These sessions, typically 6-8 sessions, would mainly be in the format of brief interventions. There would be the opportunity to refer to more structured treatment or to other relevant services if needed.

I think the main things are supporting individuals on that one to one basis to provide them with harm reduction strategies. Ways of protecting themselves, keeping themselves safe? But it also could be a way into a lot of other issues as well, like a lot of other things might come out as well through my work like they might not be known to kind of the pastoral or safeguarding team, but then potentially through my work with them. Stuff might come out whereby it's necessary for kind of those other services. (Targeted intervention coordinator)

Urban vs rural settings

The geographical area that the Team covers is vast and includes both urban and rural spaces. Both types of spaces presented different challenges in working with the young people located within them. They may present with different vulnerabilities:

When you think about the county areas that we engage with which are so rural like. Some of them mega rural. So the young people have got additional vulnerabilities based on the locations that they're engaged in, in those rural settings. So in in the more urban settings, we might have more concerns about exploitation. And you know, perhaps gang involvement and stuff like that with that 16-17 year old age range in the urban settings, there might be some of those….In the rural settings, there might be some of those concerns, but some of the greater concerns to the fact that they're going

and they're going into deep woodland etcetera and if there's an emergency. What happens then, you know, it's an air ambulance in the Peak District, it's not a very simple, straightforward process to reduce harm…it can be a risk reduction in itself just by advising them of those types of things. (Team Manager 1)

Safety of the outreach worker

There were also challenges around the outreach worker's personal safety, which need to be considered carefully. They require excellent local knowledge and awareness of the geography of local spaces:

Making sure you're being very careful in going into spaces where you know the route and not being stuck in somewhere where you're like, Oh my God, I can't get through here now. And I have to go back and being in that situation, but usually I'll plan out a route beforehand. To double check, there's no blind spots there. (Outreach worker 2)

Outreach in different settings and populations

There was also potential to expand the outreach work to sports clubs (e.g., football, cricket) and other events (e.g., knife crime awareness events) where young adults may need drug information and support.

In some settings, there may also be an opportunity to interact with the parents of young people and support them. For example, one outreach worker discussed how they had supported parents at festivals:

So some interactions, you'd be talking to the parents of the young people that weren't there, but how we'd be supporting the parents to support that young person when they get home from the festival….the parents can also get involved in supporting them to make positive changes. (Outreach worker 1)

One-to-one support through the targeted intervention coordinator offered the opportunity to tailor support more to the needs of the young people in education settings:

I think individuals with those extra kind of you know that neurodiversity, they may need a different approach, a different way of doing things and I think me speaking to that team, as you know, I've got this individual, what's the best route? What's their what their communication needs? What? How do they best engage and then take

that on board to then then approach in a certain way. It's not a one-size-fits-all at the end of the day. (Targeted intervention coordinator)

Local needs and stakeholder relationships

Developing an understanding of local needs and priorities

The team has built up a wealth of local knowledge over time and discussed a number of ways in which they develop their understanding of local needs. They gather intelligence about local drug trends and issues from young people themselves, as well as from local partners and communities. As the Team Manager pointed out, this can be reacting to problems as they arise:

It can be a bit reactive. I think that's probably worth saying is a lot of the time something happens and then it's everyone panicking. We need to get somebody in. So there is an element of kind of word of mouth with that as well. I think we've developed a really good reputation with the majority of our kind of external stakeholders and partners…We've become trusted to actually engage in some of these issues (Team Manager 1)

So we're very much led by a lot of young people. It's coming from the young people. It's also coming from police reports or from local data. (Education worker)

This is facilitated by the wider national policy context as well. For example, the UUK guidance on developing drug policy in universities will be used to support the Team's ongoing engagement in university settings. The 2021 national drugs strategy identified 18-25 year olds as a key cohort for drug use, heightened risks and service development.

Volunteers, who are often from the local area and share a similar age demographic to the 1625 target group, can also provide important insights into specific drug trends, local hotspots, and issues surrounding the support of young people with diverse needs.

Over the years, the Team had developed strong connections on the ground and was recognised by other stakeholders as having a deep understanding of local issues.

I think people come to us because we've got the best connection with the ground because young people tell us stuff they don't tell other agencies. So I'm particularly

from like an intelligence gathering perspective. Like I think that we're quite influential in a lot of those spaces. (Team Manager 1)

Local partnership structures

The team has representation on various local multi-agency partnership structures, including serious organised crime and exploitation groups, education forums, the safeguarding board, vulnerable young people's groups, the community safety (night-time economy subgroup), and the sexual health network. This enables them to understand emerging issues, target interventions and activities towards these, and share best practices. They have been very proactive in ensuring they are represented on all relevant local partnership structures:

Basically liaising with all the professionals in that those different areas, some of these networking meetings have more than 70 people, some of them have six. It's just about how local that is. And how we can all work collaboratively together to make that better. So they all have their different agendas. Yeah, it's about being invited to as many and going to as many as possible. (Team Manager 2)

The Team have built up good links with existing services over time but acknowledged the changing nature of service provision and the importance of keeping up to date. They were always on the lookout for new services to partner with. They use 'asset mapping' techniques to identify services/organisations that they could do further work with.

Something that's come incredibly naturally is you can't think you're the only service. If someone is coming to you or wants you to be at an event for drinking alcohol.

There will be someone there for mental health, for sexual health, for hidden harm, for parental substance misuse. There will be services there. If we're so niche and we're here, there will be a service for exploitation. You've just got to do your due diligence and find them. A lot of it's just being a little bit of a detective and asking people. It's keeping up to date because services are coming in and out all the time and being rebranded and renamed. (Team Manager 2)

Prior to the COVID-19 pandemic, the Team hosted and led a local strategic group around children and young people's drug use. This was a very effective way of incorporating the views and needs of local stakeholders into the development of the service. It was an opportunity to

share local information, intelligence and learning. This structure is missing from the current set-up, and at the time of the interviews, there was discussion about re-convening this group:

> *There are still a few spaces where I think a sufficient level of information and Intel is shared, but certainly not on the quality that we used to get out of that meeting, which is hugely unfortunate. There's been talk on and off for the last probably 12-18 months, but we need to stand that meeting back up. But a lot of it is limited with capacity. (Team Manager 1)*

Stakeholder relationships

The Team saw the police as one of the most important stakeholders in their work. Over the years, they had developed strong working relationships. As the Team Manager explained, '*it completely helps guide the approach everywhere in all of the different work streams that we do. So I think nurturing that partnership has been a key one.'* This included the Drug Support Unit, licensing for the nighttime economy, and organised event work, as well as the Violence Reduction Unit in relation to their work on spiking.

They also mentioned the local authority departments that oversee licensing for events and the night-time economy. They mentioned their work with schools and colleges, particularly in both further education (FE) and Sixth-Form colleges, where they see a higher risk as young people transition into these new spaces.

Conflict with stakeholders was often related to the harm reduction ethos and helping stakeholders understand their position:

> *The only conflict - I wouldn't really call it conflict. It would be like mis-messaging would be just purely around harm reduction as an ethos. Some education providers are still very, very scared of harm reduction as a message because they think it's teaching young people how to take drugs. It's about being there to educate people. It's about offering to go in and have a chat with them one-on-one. It's about showing them resources. (Team Manager 2)*

They found schools challenging to work with initially because they struggled to get some of them on board with the harm reduction messaging. However, a memorandum of understanding helped to smooth the relationship and protect everyone:

Something that we learned very quickly with education is that there was a fear – they were scared of us. They were scared of harm reduction. They were scared of the concepts and the methodology that we were going in to use with their students. And they were fearful of repercussions, media etc. So the implementation of the MA helped protect everybody…it's about allowing them to voice those concerns and for us to be able to give counter interactions to those concerns. (Team Manager 1)

We build good partnerships with schools. Schools trust us again to deliver that message. I think maybe there can be some hesitation amongst organisations like schools to open their doors to a service like ours, where we're promoting harm reduction specifically. (Volunteer coordinator)

They also discussed their relationships with universities, their well-being services, and student unions. In some instances, '*cracking the universities was a bit of a tough cookie'*, (Team Manager 1) in relation to the harm reduction messaging.

The Team Manager discussed some of the challenges in working with local private stakeholders who are organising events for financial gain.

I spend a lot of time engaging with private stakeholders, festival organisers, people that are actually in this for a financial gain, not, you know, I think my colleagues that are other service managers and young people services they've got a lovely job in terms of their partnership relationships, cause everybody's kind of singing to the same tune. I don't feel like we're all singing the same tunes. So we've got to spend a lot more of that time nurturing those relationships to bring people on. (Team Manager 1)

Similarly, working with partners in the night-time economy could present challenges. There was a reluctance to admit that young people and adults might be at risk in their venues.

Some of it is still a little bit of fear from people whose business it is. I have been really, really good and helpful at trying to make links between us and their affiliated clubs and bars….I've tried quite hard to get in with their new managers around training for their staff around spiking and overdose, and how to support our young people and it just falls on deaf ears. I don't get any resistance, but I don't get anything back like at all. Because I think when people welcome in training for that like they almost like, they're

admitting it happens. And it does, and it's fine because it's not your fault, but I feel like sometimes there's that miscommunication. So it's almost like stigma for the business. (Team Manager 2)

Parents were discussed as one of the stakeholders they would like to involve more in their work. Initially, they were worried that engaging with parents should stifle their relationships with young people. However, their work with education providers helped them recognise the benefits of engaging with parents. Engaging with apprenticeship provision, particularly the construction industries, was also a group identified by the Team for future involvement due to evidence of high-risk use.

Sustainability

Several threats to the sustainability of the service were identified in interviews with staff participants, including political alignment, funding, staff recruitment, leadership, and changes.

We have just gone for a general election. That's the scary prospect in terms of like political alignment. I think the nature of the service aligns very well with our Labour government, but the majority of our funding has come under a Conservative government and the Conservative government, obviously who implemented the drug strategy so there is a little apprehension I think across the whole sector about what will happen with that (Team Manager 1)

I think we have to be very cautious about recruitment of staff as well. And I think at the moment one of the things from a sustainability perspective is we've got the right people in the right roles and naturally the industry is becoming more competitive with the jobs market…I always have this slight kind of fear that we will we need to get the right person in the right role and if we don't do that, that could be a detriment to the service and the service reputation. So we have to be very cautious around that because I think for us reputation appears to be everything. I think that's the thing that's kind of led us and keeps us getting money and stakeholder feedback that's positive, etcetera. That helps guide that. (Team Manager 1)

It's a conversation that I've had quite consistent consistently with the powers above me that I've always kind of argued that this work should be bigger than me, and sometimes it does feel as though it. It's if I got hit by a bus, I'm not really sure what

would happen in a lot of ways, even down to the infrastructure that exists within the organisation to run the service more generally (Team Manager 1)

A key opportunity for the service going forward is to build the volunteer workforce, which helps to build capacity and coverage of the service.

I guess it would be to build those numbers in a sustainable way where we can still offer like a quality volunteer or where they actually get support. So it's about knowing what is the capacity of our team, what can we manage. And actually allow them to get something from it. Otherwise the team needs to be able to see that they have value. Then the volunteers are not sort of hindering them because they've got 6 volunteers with them on the shift…It would just be about building the volunteer model sustainable with how the team works. (Volunteer Coordinator)

However, the team remained optimistic about addressing issues related to the service's sustainability. This was related to the length of time it had been running and the commitment of the staff to the service:

It's been going for six years. I think in health and social care in general, I don't think anybody does the job for the paycheck. And if you do it because you want to keep people safe and you really believe in the messaging, I think CGL's recruitment process is very thorough. And as long as we recruit people. They're passionate about the service. I think it's really sustainable. I think that's what upholds it, to be honest. The reputation over the past six years had only got more positive and I think as long as you have staff that uphold those morals and values, it shouldn't go anywhere. (Team Manager)

Transferability/replicability

The team identified several key factors that would need to be considered when transferring or replicating the service in other parts of the country. This included having the space to experiment and learn what works locally, the importance of coproduction with young people, the pace and leadership style of the senior managers, the energy of the team, the branding of the service and understanding the composition of the population of young people/adults and the landscape of local events/settings.

The managers of the team spoke about the space and opportunity they were given to experiment and how this helped them learn what would work for their local communities:

> *We've learned so much in the first couple of years. Sometimes we laugh and think like, why the hell do we do that? Why did we think that would be a good idea? But we were given so much creative license and I think if we weren't, we wouldn't have found things that worked. (Team Manager 2)*

Similarly, the staff were given the opportunity and autonomy to try different things and experiment, and this was highly valued by them:

> *The fact that the [managers] were so supportive of ideas and flexible and organic. I have a lot of ideas. Not all of them are great, but they really encourage me to be flexible with them. (Education worker).*

The co-production with young people and young adults was viewed as crucial in developing the service and keeping it up-to-date and relevant. Young people led this work, and this needed to be the core part of service development in any new area. The right people needed to be recruited for the posts to ensure that they would enable young people to be heard and actively involved in the development of the service.

> *It's that implementation of coproduction with young people and young adults to actually develop what the service offer looks like in all those different work streams, so it's bespoke…so it's that young adult need and again, not trying to shoehorn adult kind of methodology on them. I think the recruitment process is really important. I think getting the right people in, I think that they're the main things for me really it's got to be led by young people and the teams got to work for the young people (Team Manager 1)*

The senior managers were also committed to allowing the service to evolve to meet the needs and priorities of the young people.

> *My leadership style is pace setting, but it has to be because the service is constantly in that evolution state that if you slow down too much, it won't continue to grow and move. I think it's recognising the pace, co-production and a really good energetic team. They're the pillars for me. (Team Manager 1)*

The branding of the service was viewed as crucial in rolling it out to other areas. The Team Manager felt this was replicable.

> *The way that we market and we brand ourselves is very unique and that's completely replicable. It's just getting giving people the confidence to do that (Team Manager 2)*

The roll-out areas would need to tailor their service offer to the different types of events in their local areas. The vast area covered by the 1625 service in Derbyshire meant there were a lot of events/festivals/settings in which they could offer their services:

> *If you are a city centre service, you're not going to get that. You're going to have to find those events in different ways. Maybe it's going to be much smaller events, but more of them. Maybe it's going to be things like more Prides, more community events. You might have to tap into, but not every service will be lucky enough to have three major festivals on their doorstep, so stuff like that is very unique to Derbyshire. (Team Manager 2)*

In Derbyshire, there was continuity in the population of local young people. Many of them stay on to study at local FE and Derby University. Many of them would have encountered the 1625 service at local events and in their schools. This was seen to be unique to Derby. The staff are also recruited from the local area:

> *So people that are continuing on their HE journey in the same area and where you might have a lot of people coming from other parts of the country and in other cities so. During our first year, I got two volunteers that were in their final year of criminology at Derby Uni. They are now full time workers at CGL in Derbyshire. (Team Manager 2)*

6. Results from Stakeholder Interviews

The stakeholder interviews focused on the origins and conceptual design underpinning the 1625 model. The interviews aimed to allow stakeholders to identify good practices alongside areas for improvement or future development. The approach was that stakeholder interviews would run concurrently but separately from the staff interviews.

Development of an innovative operational preventative "public health" model

Interviews with senior stakeholders highlighted the origin of the 1625 model, which was initially situated in public health. The grounding of the model in public health commissioning created a focus on holistic public health outcomes (harm reduction from illicit drug use, improved mental health/well-being, reduced acute needs) alongside improvements in criminal justice outcomes (such as reduced offending, anti-social behaviours such as drug dealing). There was also recognition that the 1625 approach could contribute to public perceptions of drug use and anti-social behaviours. Consequently, the model aimed to focus on preventative public health approaches addressing drug prevention and also linking to broader health inequalities across its domains of education, festivals/pop-up events, 'traditional' outreach, online social media presence, and the night-time economy. These domains were prioritised by local commissioning work (e.g., through local needs assessment processes) that identified younger people as a heterogeneous grouping, presenting different issues that may vary by setting (e.g., school settings differ from festival settings, and so on). In addition, it was identified that the age range should not stop at 17 years, as in most Children and Young People's services, where the age cut-off to adult provision was perceived as arbitrary and unhelpful.

The Public Health Commissioner led, developed and facilitated close collaborative working arrangements with stakeholders involved in substance use (e.g. police and crime commissioners [PCC] and policing). This close working arrangement enabled cross-commissioning arrangements with the PCC whilst allowing for continued public health input. The key to this arrangement was the non-public health stakeholders' acceptance of a public health preventative (focusing on harm reduction) agenda. This, furthermore, allowed the preventive public health approach to be linked to other areas, including safeguarding, enabling a wider consideration of health inequalities.

Underpinning the theme is the acceptance of public health approaches during the COVID-19 pandemic, whereby police and public health officials worked closely together, often using online and social media to impart preventive messaging. Stakeholders perceived this to "*open up*" the possibility of innovative online engagement with young people, who may not be public

facing. Moreover, for non-public health stakeholders, the acceptance of a public health approach was reinforced by having prevention scaffolded with the 10-year National Drugs Strategy, which emphasised a role for preventative approaches (HM Government, 2021). For operational stakeholders in the criminal justice sector, such as the police, the 1625 approach provided tactical knowledge of the location and composition of emerging drug markets, which was perceived as a welcome corollary of the initiative. However, as a word of caution, stakeholders highlighted potential tensions with competing priorities that may emerge over time (e.g., violence reduction, County Lines), so the 1625 model may be deprioritised.

Moreover, it was recognised that at a more local level, the preventive public health message (e.g., for parents, teachers, and schools) needed to be consolidated at the project's inception to ensure clarity and focus. This was considered essential to ensure that the priorities were aligned with all participant expectations:

> *CGL worked really hard with the college, and actually then developed a service level, like an SLA, or a memorandum of understanding that every time they then went into any institution or college they would explain right from the beginning what the purpose of the work that they were doing was - that it wasn't about cessation messages, it was really about harm minimisation and equipping young people with the right advice and information to keep themselves safe. (Stakeholder 3)*

Development of an agile model of operation

A key component of the 1625 approach was to develop methodologies to engage young people in their environment. Different contexts may require multiple methods to ensure engagement. It was recognized across all interviews that the heterogeneity of young people across these contexts would be an operational challenge. In particular, focusing on one-off events, such as concerts and pop-up events, was seen as an opportunity to develop and refine an approach for groups like students. Consequently, the model must be agile enough to adjust its approaches as needed. Furthermore, to heighten the potential complexity, there was awareness of urban-rural disparities encompassing different cultures, requiring differing approaches. The importance of trialling, testing and refining methods to engage a young person in a brief "teachable moment" was accepted by all interviewees.

The public health commissioners guided the concept of testing and refining an approach supported by a relatively collegiate cross-commissioning environment. The interviews highlighted that senior stakeholders had long-standing relationships with each other and that commissioning arrangements benefited from close collaboration and a 'pooling' of resources.

The nature of the close, collaborative arrangements was fostered by a relatively small and cohesive group of strategic partners:

> *Working on drugs and alcohol within Derbyshire, we're quite [a] small group, and so we always have the same kind of meetings. (Stakeholder 2)*

The close-knit relationship allowed senior strategic leads to refine and enhance the 1625 model based on informal interactions (e.g., "*a quick phone call*," "*called in some favours*"). The agility described in the interviews was in part directed by the public health commissioner and the senior partners to allow for the service to "*breathe*":

> *I hope we've given them that freedom to be able to explore what it [the 1625 model] needs to look like. (Stakeholder 1)*

The freedom to adapt the model was further enhanced by the nature of the service provider, which was seen as solution-focused and problem-solving in the context of changing patterns of drug use and associated harms:

> *Personality is can-do, like I said, and the ethos is one of partnership and working together, not in silos or precious about any aspect of their work. That's important to note……[and] they're very, very upfront about what doesn't work and how and always will then come up with a solution as to what they'll do about it. (Stakeholder 3)*

> *You've got to be able to be responsive to what's going on at the time and not stick solidly to a "this is what we've done". This is, you know, we've got to move. We've got to flex, and particularly young people. Lots of flex with young people because drugs, the trends change, behaviour changes. We have far less risky behaviour now in our young people than we did before. But it's different. It's different kinds of risky behavior. It's more online risks, rather than face to face risks. (Stakeholder 2)*

The nature of the service provider was allied to the personality of the service manager, who was perceived as innovative and entrepreneurial, linking the development of 1625 to a 'start-up.' This helped drive forward the model, including developing local relationships and shifting focus and resources as required.

Young Person Engagement and Satisfaction with the 1625 Model

The interviews explored whether stakeholders perceived that young people engaged with 1625 across multiple domains, settings, and geographies. Across all interviews, there was broad satisfaction with the 1625 operational model, the underlying theoretical approach, staffing and the perceived reactions from young people, notably in educational settings:

> *It made them feel a bit more grown up. Made them feel trusted…feedback was amazing. Kids came out very animated, really well. They just had a great afternoon. But they came out feeling a bit more confident, safer, well informed, you know, [CGL worker] had done a brilliant job. (Stakeholder 5)*

The interviews were also clear regarding the components underpinning that success, which focused on a non-judgemental approach that demonstrated subject matter expertise, delivered in a manner that had salience for young people:

> *…because they are really approachable, very articulate, but not patronising, really well informed. You know, they very much know their stuff. I feel like I'm really in the hands of experts. And the thing that the kids love about them is that they're non-judgmental, you know. So in that room you can say, you can tell people anything, and it stays in the room, and nobody judges. (Stakeholder 5)*

For education stakeholders, the availability of a "free" resource during a time of limited income was seen as an attractive option. Discussions focused on how students did not perceive 1625 staff as part of the educational framework, highlighting their independence. The presentational approach was, furthermore, perceived as effective:

> *The resources were brilliant, the PowerPoint presentation, all that really was what the students engaged in straight away, and they liked the way it was presented to them.* (*Stakeholder 4*)

The 1625 model also highlighted the importance of personal safety in conjunction with the safety of friends and peers:

We get a lot of really good responses about telling students how to cope with a friend who may have taken drugs or who might be really, really drunk, and how to help them. So not just about keeping yourself safe, but also your friends as well. I think that really appeals to students. (Stakeholder 5)

The visibility of workers in different settings was also perceived to establish their credentials with young people and build up rapport, especially for a brief "teachable moment":

And the thing I love about it is that sometimes [the outreach worker] or whoever it might be, because they come into towns, you know, they go to festivals. So we've got a local festival, and they, our kids, go and see them. They go and speak to them, so they get to know them a little bit, which is lovely. (Stakeholder 5)

The Problem of Monitoring Performance and Outcomes

Interviews with stakeholders highlighted the difficulty in deploying data to support the functioning of 1625 at all levels, including identifying the intelligence to allocate resources initially, the utility of measuring 'contacts', the limited opportunities to capture outcome data with significant resourcing, and the difficulty in measuring a counterfactual (i.e., something being prevented in the future). Interviews recognized that 1625 would respond to the need based on qualitative and quantitative potential indicators. No clear metric defined the need for 1625 services; instead, it was based on a mix of information, including more intangible data sources such as police reports or stakeholder perceptions of need, aligned with some statistics (e.g., increased anti-social behaviour). Despite the lack of 'traditional' performance data, stakeholders were cognizant that the conceptual design of the service was more critical:

[1625] was meant to be flexible and adjust to needs, so a little bit of this in this area, and a little bit of that in another…. getting the concept right felt like the most important thing. (Stakeholder 1)

In addition, stakeholders recognised the limited utility of measuring contacts only, recognizing that this may not reflect the need or desire to engage with the service, or how useful the recipient perceived that contact. The interviews discussed potential suitable outcomes, and the scope of possible measures (e.g. social cohesion, reduced anti-social behaviour, reduced acute hospital episodes, improved community relations) suggested that a single measure

would not cover the whole breadth of outcomes that 1625 was expected to include. Despite the recognition that there may be an absence of quantifiable data, some stakeholders involved in crime reduction found "narrative data" such as new, emerging drug markets and distribution networks, alongside other qualitative "snippets" of intelligence, helpful feedback that supported collaborative working:

> *And sometimes we see really small pockets of use, you know, but it's enough to get little, small groups of people who can kind of work on that issue together. And I think that then does inform practice*. *(Stakeholder 2)*

Moreover, there was recognition that measuring the prevention component of 1625's work would be impossible, as it represents a counterfactual (whether an adverse event is prevented by engagement with a 1625 worker). Performance monitoring meetings encompassing a range of possible measures (quantitative and qualitative) were also seen as beneficial, including a solution-focused approach that forms part of the 'can-do' attitude described above.

> *They (1625) always come absolutely equipped with all the information that we need. We'll go through the narrative report and the data and pick up any actions that we want, any, you know, kind of feedback that any of the stakeholders want…the amount of information that's in there, the way they kind of think around explaining why something happened, or how well it went or not so well, they're very, very upfront about what doesn't work and how and always will then come up with a solution as to what they'll do about it. (Stakeholder 3)*

Interviews also explored whether the 1625 model could be applied to other areas. Overwhelmingly, interviewees considered the approach feasible and reproducible, provided the proper circumstances and factors were present. These are discussed further below in Section VII.

7. Reflections on the feasibility of transferring to other areas

This section provides reflection points on the feasibility of transferring the 1625 model to other circumstances. These reflections are based on interviews with key stakeholders, including strategic leads. Broadly, we suggest that a highly favourable alignment of factors supported the development of the model, which may not occur in all areas. We highlight the following critical success factors below.

One emerging issue is whether 1625 would work in another area (with the UK or internationally). We begin with the geographic size of the region, which encompasses both urban areas and city centres, as well as very rural locations. Stakeholders described the variation in the geographical distribution of the population as establishing an environment that allowed for a more experimental model, as stakeholders were aware that there was no "one size fits all" approach. This meant that what may work in a city centre might require a different approach in rural settings. Each area was perceived to have a differing population mix, often with their drug-using cultures and sub-cultures. Furthermore, the size of the area, which has a large student and college population, created opportunities for opportunistic engagement through festivals and pop-up events. This allowed for a model that needed to be flexible and agile to meet the competing needs of various segments of children and young people.

The 1625 model described above provides a potential framework for describing an approach to prevention grounded in a 'public health' preventive (harm reduction) approach. The commissioners designed the model to be inherently flexible, allowing for experimental approaches as needed. The model requires leadership, a clear vision, and the ability to coalition-build across partners (e.g., police, crime reduction agencies, education) to be in place before the model is established. This creates an environment that allows the service to have operational 'freedom' to develop as needed. Interviews suggested this was a crucial prerequisite for allowing the service to "breathe", abetted by a relatively close-knit group of senior stakeholders with histories of working collaboratively. This may not be the case in all commissioning areas or circumstances, where more stringent and delineated hierarchies and bureaucracies exist (Westrup, 2012), with a clear strategic direction from the project's onset being a core requirement for developing a similar service.

The interviews also highlighted 1625 as a "new" delivery model (despite having an operational antecedent); whilst maintaining core components such as 'traditional' drug education in schools, there was a noted preference to establish more efficient and youth-specific means of communication, including greater use of social media. In many ways, the establishment of 1625 replicated the stages of a business start-up, emphasising innovation, flexibility, and

efficiency; however, it also presents challenges, including the heightened potential for resistance to change and the need for perceived credibility. A significant area that requires further development to support this is the need for performance management or outcome data. As the service becomes embedded into commissioning, there will be a desire to create clear and transparent performance metrics. We suggest that the creation of the five domains (measuring confidence, safety, salience, relationships and continued engagement) may form the basis for future performance monitoring alongside the community-level outcomes we discuss above.

The model's feasibility depends on the approaches and attitudes of the service provider(s). The model's core is credibility with children and young people as recipients of health promotion information. We have demonstrated that the model's strength includes workers' ability to appeal to children and young people, particularly in building a quick and effective personal relationship to impart key health promotion messages in a 'teachable moment' (Welch et al., 2025). This requires successful recruiting and training to ensure enthusiastic and skilled staff are employed early in the project lifecycle. We found visibility to be a key component, with consistency in staffing crucial in developing the project, especially in its early phases. Interviews with stakeholders suggested another vital ingredient to the service delivery model was the 'can-do' attitude of the whole 1625 team (especially the stakeholder-facing leadership/management team), which includes functions such as building local relationships or coalitions across partnerships to enhance the day-to-day operation, supporting staff job autonomy and self-efficacy, and encouraging "energized-to" motivations like work engagement (Gorgievski et al., 2023). These components, which include attributes identified in the literature such as self-confidence, creativity and a sense of urgency that often are missing within public sector organisations (Mason, 2006), were core requirements to address the potential "liability of newness" that some new public sector approaches may face (Pullen, 1992). We conclude by suggesting that the 1625 model is a feasible approach for replication within the UK and internationally, requiring attention to the core components identified above.

8. Conclusion

This study explored the feasibility and impact of a co-produced, multi-component outreach programme designed to reduce drug use and related harms among young people (aged 16–25) in Derbyshire. It aimed to assess the effectiveness of intervention strategies and the practicality of measuring outcomes at both individual and community levels.

Our key objectives were to:

1. Develop and test engagement measurement tools that could be used for future evaluations.
2. Evaluate the feasibility of tracking short-term intervention effects at the individual level.
3. Explore approaches to assess community-wide impact for future evaluations.
4. Identify factors that facilitate or hinder the successful delivery of the outreach model, including stakeholder participation and partnership dynamics.

The study also examines the perspectives of young people, practitioners, and stakeholders regarding relevant outcomes, effective measurement methods, and the challenges of community-level evaluation.

We used a mixed-methods approach, combining surveys, semi-structured interviews, and observations to assess the effectiveness of the outreach programme. Since no validated questionnaire covered the required topics, we developed and piloted a bespoke survey. It was administered across outreach, festival, pop-up, and educational settings. Using a Likert scale for responses, the survey assessed themes including confidence in accessing support, safety in harm reduction, relationship trust, message relevance, and future engagement. In addition, we conducted semi-structured interviews (n=7) with outreach team members and community stakeholders from education, public health, and policing sectors (n=7). These interviews explored the effectiveness of interventions, gaps in provision, co-production with young people, stakeholder partnerships, and the transferability of models. The qualitative interviews were supplemented with participant observation methods that provided insights into real-world delivery. A thematic analysis of qualitative data was undertaken using Braun & Clarke's (2006) framework.

The study found that the largest group of respondents (37.4%) engaged in an educational setting, while a smaller group (7.1%) participated through outreach. Over half (55.0%) were contacted in Derbyshire, though a notable percentage (25.2%) lived outside the region,

suggesting mobility for events. Demographically, most respondents were female (59.7%), White (82.8%), and students (77.7%). Findings indicate a firm trust in the 1625 model (94.5%) and a high focus on safety (92.0%), with statistically significant differences in perceptions across event types. Crude correlations highlighted that a 'mixed' ethnic group and being a Derby City resident were associated with 'safety', while 'relationships' were stronger in educational and festival settings. 'Salience' and 'continued engagement' were linked to multiple factors, including gender, ethnicity, and setting. Satisfaction with merchandise remained consistently positive, but overall 'confidence' levels did not show significant associations.

From the interviews with outreach staff, several core themes emerged. *Reflections on outcomes* indicated that the 1625 service's primary aim was preventative, allaying recreational or experimental substance use from becoming problematic for young people. Whilst its primary focus is harm reduction, there was awareness of multiple stakeholder or partnership outcomes associated with this overarching aim, which we highlight as a significant problem for the *outreach* strand. This raises complexity in causality and how this could be measured. Focusing on the *digital strand*, interviewees recognised that young people are exposed to influences online, making social media a crucial space for delivering harm-reduction messaging. They strengthen rapport in real-world settings, such as schools, colleges, and festivals, by personalising posts, showing workers' faces, and discussing drug-related risks. Innovative use of social media builds brand identity, ensuring young people recognise the service and, crucially, its messaging. A key success metric is engagement and reach, as demonstrated by their effective response to changes in nitrous oxide laws, which highlights the social harms of criminalisation.

The *education* strand was considered easier to deliver as the operational model allows for engagement with school timetables. The team tailored lessons to meet the needs of young people, assessing their knowledge, skills, and confidence rather than focusing on behavioural changes. Key questions help gauge learning, and feedback forms allow students to suggest improvements. Dynamic feedback techniques help test understanding. Additional indicators of success include re-booking the service for future sessions and referrals to other education providers.

The 1625 team used brief interventions at festivals and events to engage as many attendees as possible. Service bookings and the number of interactions with young people measured outcomes. Secondary measures assessed how the team's presence reduces pressure on other services, such as a decrease in demand for medical support at specific festivals. At pop-up events, interactions typically last 2–3 minutes, enabling the team to identify trends and refine

future interventions for those specific settings. The 1625 team faced resourcing and funding limitations, which prevented them from conducting outreach in the nighttime economy (NTE). Instead, their street outreach operates before 8:00 pm. However, they collaborate with NTE venues, encouraging them to take responsibility for their environments and become more aware of the vulnerabilities of young people. Overall, the 1625 team has played a key role in training teachers, police, and night-time economy staff on harm reduction strategies for drug-related issues involving young people. They have also established referral pathways to structured treatment services. Feedback indicates that these capacity-building efforts have enhanced confidence and resilience among those managing drug-related challenges.

Measuring outcomes was a core theme of our analysis, particularly the challenges of developing reliable metrics, the reliance on feedback directly from young people, and utilising police crime data to inform intervention locations and gather input from volunteers. They also use an SOS tracking device to map their routes, helping identify hotspots and community-identified problem areas for future intervention.

A third theme was building trust and engagement through working with the same group of young people over time. Interviews highlighted a worker ('Safe Man') who exemplified this concept. This continued engagement extended to education settings, where young people recognised the 1625 brand and maintained contact through events and outreach over time. Success is also defined by "authentic" conversations, where young people feel comfortable enough to open up in familiar environments. Furthermore, the interviews highlighted the young people's perceptions of 'safety', focusing on the trustworthiness of information received to minimise drug-related risks, creating the need for calibrated advice. The outreach workers stressed that how the message was delivered was important, including the confidentiality, non-judgmental, open, and honest dialogues that increased young people's efficacy in making their own decisions.

Fourthly, the interviews identified effective engagement strategies. Outreach workers engaged young people using music, fashion, sports, and technology, employing creative tools to build rapport before discussing drug-related risks. One worker, for example, used 'Shazam' to identify music preferences as a conversation starter. In street outreach, workers adapted their approach to increase public visibility, utilising lanyards to establish legitimacy. They conveyed drug safety messages non-judgmentally, often gradually introducing risk-reduction information through the use of leaflets, harm reduction packs, digital resources, and referrals to community services. Educational sessions were tailored to address the concerns of young people, focusing on local trends. Outreach workers also emphasise general safety, such as

phone security and emergency contacts, while listening to broader issues like school challenges or family problems.

The fifth theme focused on the coproduction of 1625 products. The 1625 team worked closely with external partners in Derbyshire, prioritising the voices of young people to shape the service. Co-production is central, ensuring young people check and approve all materials for relevance and clarity. The digital strand is designed based on young people's input to resonate with their experiences. Sixth, the workers' skill set (knowledge and attributes) was perceived as pivotal and aligned more with youth work. The importance of confidence in initiating discussions with young people and adults in various settings was highlighted, alongside understanding the bespoke needs and trajectories of the different age groups. The staff team was relatively young, mainly in their twenties and thirties, and they considered their time-limited, such that age reduced their credibility.

The challenges that emerged from the interviews with outreach workers included the needs of diverse communities, including accessing traditionally excluded groups such as diverse ethnic groups, vulnerable young people, including those in alternative provision, young mothers at risk of substance use, and LGBTQ+ youth, and providing a holistic range of support beyond drug and alcohol issues. Interviews suggested that outreach was effective for 16-and 17-year-olds, but there was a suggestion that 18-to 25-year-olds outside education or training were more problematic. Limited resources prevent outreach in the night-time economy, a key area for engaging the older age group. Street outreach was also perceived to have limitations, particularly in creating adequate pathways for structured treatment for young people needing further support. The interviews also identified differences in presenting needs between urban and rural settings, as well as in various settings (such as sporting events), and ensured the safety of outreach workers when operating in isolated locations.

Interviews also discussed local needs and working partnerships. The Team has built extensive local knowledge, gathering insights on drug trends from young people, community partners, and awareness of the service's 'fit' within national policies. Local volunteers, often of a similar age to the target group, provide valuable intelligence into drug hotspots and youth support needs, and are widely recognised for their strong understanding of local issues. Working within local partnerships was identified as a core strength of 1625. 1625 engaged proactively in local multi-agency partnerships to address emerging issues, share best practices, and adapt the intervention continuously.

Managing stakeholder relationships was more challenging. The Team has built strong partnerships with the police, local authorities, schools, colleges, and universities to support harm reduction efforts. While collaboration with schools and universities was initially challenging, service-level agreements improved relationships. Interviews highlighted perceptions of problems with private event organisers and nighttime economy stakeholders being reluctant to acknowledge youth risks. Interviews indicated a desire to involve parents as part of an integrated approach and have explored establishing links with apprenticeships, particularly in the construction industry, due to high-risk substance use.

Interviews highlighted sustainability challenges related to political alignment, funding, staff recruitment, and leadership changes. Expanding the volunteer workforce offers a key opportunity to increase capacity. Despite these concerns, the team remains optimistic due to the service's long-standing operation and the dedication of its staff. Interviews highlighted that for any area attempting to replicate the core tenets of the 1625 model, the critical success factors included allowing the "space" for experimentation, co-production with young people, strong leadership, team energy, branding, and an understanding of local demographics and events. Managers and staff valued autonomy in shaping services to fit community needs. Young people's involvement is central to development, requiring the right personnel to amplify their voices. Branding was perceived as transferable, but services must adapt to local events. In Derbyshire, continuity in young people's engagement with the service was perceived as a unique selling point, aided by a recruitment process that places a premium on local area knowledge.

Similar themes emerged in the interviews with key strategic partners. The importance of the model being placed within a "public health" framework was perceived as essential, in part due to its commissioning origins. Collaboration with police and crime commissioners strengthened its effectiveness, integrating public health principles into safeguarding efforts. COVID-19 further reinforced acceptance of harm reduction strategies, particularly through online engagement. While supported by the National Drugs Strategy, stakeholders acknowledge potential competing priorities, such as violence reduction, that could impact the model's future. Clear communication with local stakeholders, including parents and schools, remains crucial for its sustainability.

Commissioners emphasised that the model was designed to be "agile," enabling a rapid response to emerging needs and a unique selling point for its services. The 1625 approach prioritizes engaging young people in diverse environments, requiring adaptable methodologies for different contexts, including urban-rural disparities and tailoring a response to one-off events such as 'pop-up' events. Public health commissioners supported

an iterative, flexible approach facilitated by strong collaboration among senior stakeholders with long-standing relationships. The model was perceived to thrive on its agility, informal coordination, and solution-focused problem-solving. The service manager's entrepreneurial leadership was perceived as instrumental in refining the model, fostering local relationships, and shifting resources as needed.

Stakeholders broadly endorsed the 1625 model, praising its theoretical foundation, which aligns with public health principles of harm reduction, as well as its staffing and the perceived positive reception from young people, particularly in education. Success was attributed to a non-judgemental, expert-driven approach that resonated with youth. Education stakeholders valued the service as a free resource, distinct from traditional frameworks, which enhanced its effectiveness. The model emphasized personal and peer safety, while staff visibility across settings helped build trust and facilitate impactful interactions.

As with the interviews with outreach workers, stakeholders highlighted challenges in using data to evaluate the 1625 model, including difficulties in measuring resource allocation, meaningful engagement, and the impacts of prevention. Traditional metrics are limited, as the service relies on both qualitative and quantitative indicators, including stakeholder perceptions and crime statistics. A single measure cannot capture its wide-ranging effects, but narrative data, such as emerging drug markets, is valuable for crime prevention. While prevention is inherently difficult to quantify, performance monitoring using diverse measures and a solution-focused approach support ongoing improvements.

Final Thoughts

This study highlights the potential of a co-produced, multi-component outreach programme to reduce drug-related demand and harm among young people aged 16–25. The model's grounding in public health principles enhanced its effectiveness, particularly through strong multi-agency partnerships that supported this approach. The findings suggest that measuring individual-level outcomes is feasible in the short term, but further work is needed to define and track longer-term causal effects.

Young people perceived CGL as trustworthy due to the nature of the information imparted, with a strong focus on safety. "Authentic" conversations in familiar environments foster openness, emphasizing confidentiality and non-judgmental dialogue. We argue that the service's key elements enhance its effectiveness. Firstly, embracing innovation was crucial in developing the model away from traditional or 'vanilla' forms of prevention. A digital, online and social media presence is a vital space for harm reduction messaging, fostering rapport

and brand recognition. Second, agility and adaptability enable rapid responses, allowing for engagement in diverse settings, such as urban-rural areas and pop-up events. Strong service leadership (using a broad entrepreneurial approach) and stakeholder collaboration support its iterative development.

The model demonstrates promise for broader adoption, although there is recognition of competing priorities in the same space (such as violence reduction and more generic health and wellbeing offers) that could affect the model's longer-term viability. We argue that successful replication requires space for experimentation, youth coproduction, strong leadership, branding, and local adaptability.

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Appendix 1: Bespoke Survey Questions

	Digital		Education		Outreach		Pop-up events		Festivals	
Confidence	Based on the information I've seen on Instagram, I know where to go for information and support from 1625	Likert scale 1-5 (strongly disagree - strongly agree)	After the educational session with 1625, I know where to go for information and support about drugs and alcohol	Likert scale 1-5 (strongly disagree- strongly agree)	After having spoken to the 1625 outreach worker, I know where to go for information and support about drugs and alcohol	Likert scale 1-5 (strongly disagree - strongly agree)	After visiting the 1625 stall, I know how to get information or support from them in the future	Likert scale 1-5 (strongly disagree- strongly agree)	After visiting the 1625 stall, I know how to get information or support from them in the future	Likert scale 1-5 (strongly disagree - strongly agree)
Safety	Based on the content I have seen on 1625's Instagram, I have the information I need to make safe decisions about drugs	Likert scale 1-5 (strongly disagree - strongly agree)	After the educational session with 1625, I have the information I need to make safe decisions on the topics covered	Likert scale 1-5 (strongly disagree- strongly agree)	After having spoken to the 1625 outreach worker, I have the information I need to make safe decisions on the topics we discussed	Likert scale 1-5 (strongly disagree - strongly agree)	After visiting the 1625 stall, I have the information needed to make safe decisions on the topics we discussed	Likert scale 1-5 (strongly disagree- strongly agree)	After visiting the 1625 stall, I have the information needed to make safe decisions on the topics we discussed	Likert scale 1-5 (strongly disagree - strongly agree)
Relationship	Based on the content I have seen on 1625's Instagram, I feel that 1625 is a trustworthy source of information	Likert scale 1-5 (strongly disagree - strongly agree)	After the educational session, I feel that the 1625 worker is a trustworthy source of information and support	Likert scale 1-5 (strongly disagree- strongly agree)	After having spoken to the 1625 outreach worker, I feel that they are a trustworthy source of information and support	Likert scale 1-5 (strongly disagree - strongly agree)	After visiting the 1625 stall, I feel that the 1625 worker is a trustworthy source of information and support	Likert scale 1-5 (strongly disagree- strongly agree)	After visiting the 1625 stall, I feel that the 1625 worker is a trustworthy source of information and support	Likert scale 1-5 (strongly disagree - strongly agree)
Message Salience	The information I have seen on 1625's Instagram is relevant to my life	Likert scale 1-5 (strongly disagree - strongly agree)	The information in the educational session is relevant to my life	Likert scale 1-5 (strongly disagree- strongly agree)	The information and/or merchandise the 1625 outreach	Likert scale 1-5 (strongly disagree - strongly agree)	The information and/or merchandise the 1625 worker gave	Likert scale 1-5 (strongly disagree- strongly agree)	The information and/or merchandise the 1625 worker gave	Likert scale 1-5 (strongly disagree - strongly agree)

					worker gave me is relevant to my life		me is relevant to me in this setting		me is relevant to me in this setting	
	I would share details of the 1625 Instagram with friends	Likert scale 1-5 (strongly disagree - strongly agree)	I would tell my friends about the information I learned in the session with 1625	Likert scale 1-5 (strongly disagree- strongly agree)	I would share the information and/or merchandise the 1625 worker gave me with my friends	Likert scale 1-5 (strongly disagree - strongly agree)	I would share the information and/or merchandise the 1625 worker gave me with my friends	Likert scale 1-5 (strongly disagree- strongly agree)	I would share the information and/or merchandise the 1625 worker gave me with my friends	Likert scale 1-5 (strongly disagree - strongly agree)
Continued Engagement	How likely are you to come back to 1625 for information or support?	Likert scale 1-5 (extremely unlikely - extremely likely)			I would contact 1625 in the future if I need to	Likert scale 1-5 (strongly disagree - strongly agree)	I would contact 1625 in the future if I need to	Likert scale 1-5 (strongly disagree - strongly agree)	I would contact 1625 in the future if I need to	Likert scale 1-5 (strongly disagree - strongly agree)
Open	What other information would you like to see on 1625's Instagram?	Free text/spoken response	What other information would you like to have in the educational sessions?	Free text/spoken response	What other information or merchandise would you like the 1625 outreach worker to share?	Free text/spoken response	What other information or merchandise would you like the 1625 outreach worker to share?	Free text/spoken response	What other information or merchandise would you like the 1625 outreach worker to share?	Free text/spoken response

Appendix 2: Interview Schedules

1625 Outreach: A community intervention model to prevent/reduce drug use and drug-related harms among young people

Feasibility Evaluation

Interview Schedule: PRACTITIONERS (STRATEGIC)

Outcome measures/what works?

How is the 1625 programme contributing to a reduction in substance-related harms for young people in Derbyshire? (Ask for each strand: digital, outreach, education session, festival stall, pop-up event stall, night-time economy staff training)

How does the 1625 programme contribute to the work of other stakeholders in the community? (Probe on: education providers, mental health services, health services (physical/sexual), drug and alcohol services, festival and event organisers, housing/homelessness, police, probation, safeguarding, ambulance service, night-time economy (Pubwatch), resident's associations etc etc)

Relevance/contexts/locations:

How do you develop your understanding of local priorities? (Probe: local prevalence data/intelligence; stakeholder feedback; young people's feedback etc).

How do you choose the locations for the interventions? (Ask for each strand: outreach, education session, festival stall, pop-up event stall, night-time economy staff training). What sources of knowledge inform your decisions? (Probe: approach from organisation; local intelligence/data; young people's feedback; police/stakeholder suggestion).

How do you know that you targeting young people aged 16-25 in the right contexts? (Ask for each strand: outreach, education session, festival stall, pop-up event; night-time economy staff training). (Probe depending on strand: attendance figures, Instagram hits, outreach numbers, traffic at stalls).

Partnerships/Co-production

How are the different stakeholders/partners in the community identified? How are their voices and needs incorporated in the implementation of the different strands? (Ask for each strand: digital, outreach, education session, festival stall, pop-up event stall, night-time economy staff training)

Who are the most important stakeholders/partners for each of the strands? Are there any stakeholders who are listened to more than others? Why? (Ask for each strand: digital, outreach, education session, festival stall, pop-up event stall, night-time economy staff training)

How are the various partners/stakeholders brought together to discuss local needs/priorities? (Probe: mechanisms – meetings, forums etc., how often do they meet)

How are the needs of the community assessed based on the input of the various stakeholders? What forms of knowledge/evidence are employed? Probe for examples.

Are there any stakeholders who are difficult to engage in the 1625 work? Why? How can they be integrated into the partnership?

Are there any conflicts between the partners/stakeholders? Examples? How are these resolved?

Are there any additional stakeholders that need to be involved in the partnerships (operationally/strategically)? Why are they needed?

Agility/Adaptation/Sustainability/Transferability

How sustainable is the 1625 service? Over the short-term? Over the long term? What are the key threats to its sustainability? How can these be managed?

How could the model be transferred to other areas in the UK? What would need to be considered? Would it need to be adapted? How? What elements/strands?

Final Questions (suitable for both strategic and operational?)

What are the key opportunities for the 1625 service going forward?

What are the key challenges for the 1625 service going forward?

Any other issues you would like to add?

Which stakeholders are a priority for interview?

1625 Outreach: A community intervention model to prevent/reduce drug use and drug-related harms among young people

Feasibility Evaluation

Interview Schedule: PRACTITIONERS (OPERATIONAL)

Outcome measures/what works?

-What would be a successful/positive outcome for each of the strands? How would you define success for each of the strands? (Ask for each strand: digital, outreach, education session, festival stall, pop-up event stall, night-time economy staff training)

-How would you measure this? (Ask for each strand: digital, outreach, education session, festival stall, pop-up event stall, night-time economy staff training)

What leads to successful/positive outcomes for each of the strands? What are the necessary elements for successful/positive outcomes? (Ask for each strand: digital, outreach, education session, festival stall, pop-up event stall, night-time economy staff training)

Relevance/contexts/locations:

How do you ensure that the information shared with young people is relevant to their situations and needs? How do you ensure equity of provision i.e. that you are responding to diverse needs of different groups of young people? (Ask for each strand: outreach, education session, festival stall, pop-up event stall, night-time economy staff training).

Are there differences between the rural and urban delivery of the interventions? How do they differ?

Are there any additional contexts/locations/groups of young people that need to be covered by 1625 service? How do you know this?

Are there any gaps in provision? How can these gaps be addressed? Any barriers/ challenges? How can these be overcome?

Partnerships/Co-production

How are the voices/needs of the young people/young adults captured? How have their views and ideas been incorporated in the development of the different strands? (Ask for each strand: digital, outreach, education session, festival stall, pop-up event stall, night-time economy staff training). Probe for examples.

Agility/Adaptation/Sustainability/Transferability

How are the various strands adapted and tailored to meet emerging/changing needs of the community/young people? (Ask for each strand: digital, outreach, education session, festival stall, pop-up event stall, night-time economy staff training). Probe for examples.

Final Questions (suitable for both strategic and operational?)

What are the key opportunities for the 1625 service going forward?

What are the key challenges for the 1625 service going forward?

Any other issues you would like to add?

Which stakeholders are a priority for interview?

Appendix 3: 1625 Harm Reduction Packs

Appendix 4: 1625 Instagram Strategy (Autumn/Winter 2024)

Based on our posts for the last quarter, we've found that certain types of content perform best in certain places, and that other types of content aren't doing too well. We've decided to test this further over the next few months.

This strategy is flexible – will be reviewed monthly:

Photos/Grid Posts

Aim to post a monthly recap of what the team has been up to, and a 'fun' post each month

1. Photos of the team out and about (monthly highlight posts) do well in terms of engagement, so we will continue to post these monthly, as they break up the feed and showcase what we are doing.
2. Infographics and memes aren't performing as well for us at the moment as they have previously, so we're going to try and move our information posts to doing more fun reels (ideally including the team)
3. Fun posts (e.g. the 'tag yourself' Halloween post, Brat Girl Summer) get a high reach as people share and save them. We'll aim to post 1 a month to begin with and see how they perform. These posts try to share some advice and info, but in a funny/relatable way, rather than just being plain facts
4. We need to improve our call to action on our posts to encourage engagement – ones where we've requested a specific action for a specific reason have done well, e.g. share this with the friend who's most likely to need this advice. Normally we just ask people to DM us if they need advice, but people rarely do this, and it doesn't improve our reach or engagement.

Reels

Aim to post 2 per month

1. Our reels involving the team have done well, especially when it looks like we're having fun. People seem to stop watching when people aren't in the shots, so it's important to get the team as involved as possible
2. Reels where people are talking aren't doing very well, but people acting something out with captions seem to do better – maybe this can be a more fun way of sharing advice, e.g. about spiking – we'll aim to post 2 reels a month
3. Using trending audio definitely helps with reach
4. The average watch time has maxed out at about 15 seconds (on posts where we're doing shorter clips/montages), longer clips don't retain viewers for as long

Stories

Post regularly at events, and try to post interactive stories (minimum of 2) to get people engaging with our account

1. Our most successful stories in terms of engagement are ones where the team look like they're having fun, and ones where we've asked people to answer polls
2. Getting people engaged via the polls allows us to see what they are engaging with, but is also a chance to encourage them to head over to some of our info, e.g. powdered drugs info
3. Event posts saying that we'll be somewhere don't do well unless it's a post of us already there looking like we're having fun – encourage more photo taking at events rather than pre-planned posts

November Post Calendar

Stories to be posted at events

Date	**Post**
1st November	Merlin Edibles Reel
5th November	October recap post
12th November	Staying safe on a winter night out poll on stories – what would you do in x situation
18th November	Student Drug and Alcohol Awareness Week – info reel with team
20th November	Student Drug and Alcohol Awareness Week – alcohol quiz on stories
29th November	Tag yourself post about budgeting and nights out – e.g. the friend who blows their whole student loan in one night – black Friday

Appendix 5: 1625 Outreach Form

Date:
Time:
Locations:
Staff:
Notes:
Any Op Liberty forms submitted? **General Information**
Any Incidents Noted? **General Information**
Any Safeguarding Issues Identified? **General Information**
Information for Stats:
Any other issues:

Appendix 6: Factor Structure of Quantitative Questions

Component Matrix

	Component
	1
Confidence1	0.700
Safety1	0.789
Relationship1	0.761
Salience1	0.608
Salience2	0.702
CE1	0.721
CE2	0.780