



Youth perspective on outreach service: A safety net for at-risk youth in a municipality

Olin Oldeide*, Ingrid Holsen, Elisabeth Fosse

Department of Health Promotion and Development, University of Bergen, Christiesgate 13, 5020 Bergen, Norway



ARTICLE INFO

Keywords:

Health promotion
Municipality
Outreach service
At-risk youth
Resilience
Agency

ABSTRACT

At-risk youth often rely on different municipal services, such as child welfare services, social services and medical services. All of these services play an important role in preventing drug use and promoting well-being, following the health promoting principles in the Norwegian Public Health Act of 2012. While the goal is for these services to coordinate their actions, many youths fall through the cracks of the system. Some municipalities have developed outreach services aimed at helping these at-risk youth. This study gives insight into the relationship between the outreach service and the youths, and how the youths experience the outreach service as compared to other municipal services through individual interviews and focus groups. The findings demonstrate that the outreach service has legitimacy as a trustworthy service, emphasizing the importance of at-risk youth having trusting relationships with professionals. The outreach service also promotes the youth's empowerment, which was contrasted to the deficit-focus the youths experienced with other services. The outreach service's resource-orientation endorses the need for empowering-oriented approaches aimed at at-risk youths. The findings also show that the outreach service is able to aid the youths in navigating with the other services. We discuss the outreach service role as a "safety net" between disintegrated services in the municipal organization, enabled by their legitimacy as a trustworthy service and the empowering approach. The study illustrates the valuable role a service such as the outreach service can play, both for the individual at-risk youth and also on a structural level within a municipal organization.

1. Introduction

At-risk youth refers to young persons who are surrounded by an increased level of risk factors, such as dropping out of school and using drugs (Etzion & Romi, 2015; Resnick & Burt, 1996). At-risk youth often rely on different municipal services, such as child welfare services, social services and medical services, and are therefore particularly vulnerable to any fragmentation regarding how these are offered. Within health services, there has been an increased differentiation of roles and responsibilities (Ahgren & Axelsson, 2011). This illustrates a key challenge within the field of public health, manifested as a siloed approach to complex societal problems (Carey, Crammond, & Keast, 2014). This development has accelerated the need for a whole-of-government approach to address the complex needs of at-risk youth and the social determinants of health (Carey et al., 2014). In 2012, Norway adopted a public health act that emphasises the municipalities' role in addressing the broader determinants of health and the equal distribution of factors that influence health through a whole-of-government approach (Fosse, Sherriff, & Helgesen, 2019; Ministry of Health and

Care Services, 2011). In addition, the Norwegian Public Health Act also emphasises health promoting strategies, where the goal is not only "repairing" disorders but also reducing negative factors or increasing positive protective factors that promote health (Ministry of Health and Care Services, 2011). Accordingly, health promoting concepts such as agency and empowerment, defined as "the individual's ability to make decisions and have control over his or her own personal life in health promotion" (World Health Organization, 1998, p. 354), have demonstrated the value of such promotion, especially among at-risk youth (Ungar & Teram, 2000). Municipalities have a central role in health promotion and drug prevention work, as they are responsible for many of the services youth rely on in their daily lives such as, for example, health care, education, school nurses, child welfare, sports, and cultural activities. To ensure that at-risk youth receive the services they require and to promote good health and prevent drug use, there needs to be a high degree of integration between the services (Resnick & Burt, 1996).

At-risk youth are in a period of life where young people generally experiment with new roles and lifestyles and express opposition to parents, teachers and other authority figures (Klepp & Aarø, 2017).

* Corresponding author.

E-mail addresses: Olin.Oldeide@uib.no (O. Oldeide), Ingrid.Holsen@uib.no (I. Holsen), Elisabeth.Fosse@uib.no (E. Fosse).

However, these youth may experience elevated risk factors and face complex challenges. The term at-risk youth does not have an accepted and comprehensive definition (Etzion & Romi, 2015). In the present study, we use the concept of at-risk youth, which overlaps with the concept of “youth with complex needs”, as meaning youth who require services from many professionals from different organisations within the welfare system (Almqvist & Lassnanti, 2018b). It should be noted that the term at-risk youth comes with certain normative assumptions, and the divergence of at-risk youth merely represents a lifestyle that is different from the dominant middle class culture (Henningesen, Backe, Berg, Egge, & Eidsvåg, 2009). The concept has received criticism from both researchers and such youth themselves, who have argued for a more positive concept such as “promising youth” or “youth in flight” (Follesø, 2015). Although the concept of at-risk youth focuses on risk factors, the present study – and the outreach service and youth at the centre of the study – focus on the protective factors.

Municipalities in urban areas and some rural districts have developed outreach services to meet the needs of youth who fall outside work and school (Henningesen et al., 2009). Outreach services often address selected and previously indicated groups of youth among whom there are elevated risk or present risk factors (Gordon, 1983). The main working method of outreach services is outreach work characterised by a presence in arenas where youth already are, such as hangout areas and schools (Klepp & Aarø, 2017). Through their outreach approach, outreach services have demonstrated a unique power to reach populations who would otherwise not receive essential services (Szeintuch, 2015).

Previous literature on outreach services focuses mainly on describing the different methods that outreach services use by highlighting the characteristics of outreach programmes (Andersson, 2013; Chan & Holosko, 2017; Connolly & Joly, 2012; Grymonprez, Roose, & Roets, 2017; Hart, 2017; Kloppenburg & Hendriks, 2013; Maesele, Bouverne-De Bie, & Roose, 2013; Mounteney & Berg, 2008; Szeintuch, 2015). When describing the target groups of outreach services, the literature is somewhat sparse. Some previous research addresses how outreach social workers view at-risk youth (Chui & Chan, 2012; Tam, 2012), or how youth describe the reasons behind problem behaviour in an outreach programme context (Tam, 2011). In an article from 2016, the youth involved describe their ability to adapt and maintain boundaries with youth workers (Hart, 2016). Although the youth perspective regarding outreach services is present in the literature, it is infrequent and does not focus on how youth experience outreach services in relation to other services. In a recent study regarding professionals working with youth with complex needs, the authors call for studies that illuminate young people’s opinions and experiences about the support they receive and the organisations they interact with (Almqvist & Lassnanti, 2018b). Thus this study aims to contribute with the youth perspective concerning how they experience the integration of municipal services.

Szeintuch (2015) suggests that outreach services are able to develop a unique role in municipal organisations due to their limited result-orientation. Previous research also describes outreach services as usually having a freer mandate and less target-result management style when compared to similar services. As Stenersen (2016) puts it, “Few services have the opportunity to put other tasks on hold, to be present over time without producing immediate results” (p. 88). Szeintuch (2015) warns that outreach services need to avoid becoming result-oriented services, where resources are negated by following a target-measured neo-liberal policy—a policy that may favour working with those who are more likely to succeed while abandoning those who are in most need and require more tailored services. Previous research has shown that the municipal structure can be characterised as siloed and bureaucratic (Oldeide, Fosse, & Holsen, 2019). The siloed organisation may be limiting the integration of services, and as a potential consequence, youths who rely on different services may find themselves “falling between the cracks” of the public organisations. Stenersen (2016) argues in a report

that the outreach service is not the answer to public health challenges but may act as an important piece of the puzzle that can fill in the holes when the local public health service does not work as planned (Stenersen, 2016).

The present study combines the perspectives of both outreach social workers and at-risk youths in answering the following research question: What characterises the relationship between at-risk youths and the outreach service? How do at-risk youths experience the role of the outreach service in comparison with other municipal services?

2. Methods

The present article is based on an instrumental case study of local drug prevention for young people in a Norwegian municipality. Instrumental case studies are often used as a way of examining and understanding a phenomenon, where the case acts as a facilitator for the phenomenon. The focus is therefore on what the case represents rather than the aspects of the particular case, which enables the reader to see the transferability of the case findings (Stake, 1995). At the centre of the present case study is the role, from a mainly youth perspective, an outreach service can play in a municipal organisation with regard to the integration of services. The present case includes data from three focus group interviews with at-risk youth, which helps us explore their experiences with municipal services aimed at drug prevention. In addition, we interviewed employees from the municipal outreach service. The outreach service is organised as a part of the Department of Health and Care and receives its mandate and budget from the municipality. It is located in the metropolitan area with a citywide mandate that aims to prevent at-risk youth from developing problems and improve their circumstances. The interviews were organised in the fall of 2017. The data from the focus groups were triangulated with the individual interviews to enrich the findings and thus create a deeper understanding by expanding the youths’ experiences and including voices from the outreach service (Denzin, 1978).

At any given time, the outreach service is in contact with approximately 100 youths from 13 to 25 years old. We organised three focus group interviews with six to eight participants in each group. In total, there were 21 participants aged between 16 and 24 years. Six were young men, and 15 were young women. The main inclusion criteria for participants were that they were 16 or above and had experience with the studied outreach service. The majority of participants were in their mid-teens, from the metropolitan area and born in Norway. However, there were some individual differences: several were immigrants, a few lived in smaller neighbouring villages, and some were older. Multiple participants had been familiar with the outreach service for several years, while others had only come into contact a couple of months prior to the interview. The participants were recruited to the study by social workers in the outreach service, who invited them to participate in an afternoon focus group on designated days at the outreach service’s venue, which was a familiar setting for the youths. The participants were told that their participation would not have any direct influence on their relationship with the outreach service. The outreach service’s role in recruitment may be a concern with regard to the validity of the study and will be further discussed. Each participant received 200 NOK (approximately 20 euros) in compensation to cover transportation. The first author acted as a moderator together with a co-moderator by structuring and including all the participants in the discussion. Each focus group interview lasted approximately three hours. After completing the third focus group, the first author and co-moderators assessed that enough data had been generated to answer the questions. The composition of each group was such that some knew each other from before while others did not. Below is a figure visualisation of the focus groups’ composition (see Fig. 1).

The themes discussed in the focus groups were experiences with the outreach service, experiences of other services in the municipality and drug prevention in general. We recruited three senior staff members for



Fig. 1. Overview of the participants in the three focus groups.

Table 1
Summary of key findings showing global, organising, and basic themes.

Global themes	Organising themes	Basic themes
The outreach service has legitimacy as a trustworthy service	Acceptance and acknowledgment	No judgment Experience with drugs and mental health issues Available Friendly Supportive
	Care	Follows strict confidentiality Asks before involving others Volunteer principle
	Trustworthiness	In charge of your own destiny More than passive receivers of help Mapping resources of each youth Too much problem focus Other services have a deficit-focus More opportunities with the outreach service "In charge of the positive"
The outreach service promotes empowerment	Agency	Driving to appointments Translating bureaucratic language Acting as custodian Helping youth find a part-time job Wake-up calls
	Resource-orientation	Believes in you Provides options and alternatives Difficult to understand the "system"
The outreach service aids in navigating with the other services	Practical support	
	Motivational support	
	Barriers to navigating with other services	

individual interviews from among the outreach social workers, all of whom had considerable experience in the outreach service. All of the participants signed informed consent forms and were given pseudonyms in the analysis. Ethical approval for the study was given by the Norwegian Centre for Research Data. Data from the interviews were analysed following a thematic network analysis, where the analysis gradually develops from basic themes to more abstract organising themes. The organising themes are then clustered into global themes representing the highest degree of the analysis (Attride-Stirling, 2001). The first author thoroughly read the transcripts and coded the data. We then grouped the codes together and labelled them as basic themes. The basic themes were arranged together with other similar basic themes about the same topics, which informed the development of the organising themes. The global themes emerged by grouping the organising themes together into a higher abstraction. To demonstrate the different levels of analysis and key findings explored in the present paper, we have included the table below (see Table 1).

3. Findings

3.1. The outreach service has legitimacy as a trustworthy service

At the start of each focus group, the moderator asked general questions about youth culture and drug use. In one of the focus groups,

the conversation drifted into how youths cope when having trouble. Cassandra, who had not said much until then, mentioned the importance of support from others when coping with difficult times. In response to Cassandra, many of the other youths in the group agreed that social support was important when dealing with difficult times. Cassandra then than raised the role of the outreach service, stating; "that is what the outreach service does" to the nodding of others (FG 1).

The notion that the outreach service can help youths cope was analysed as being part of a larger global theme regarding the legitimacy of the outreach service as trustworthy. In the following sections, we will illustrate how the youths describe the outreach service's approach. A typical way for the youths across all three focus groups to describe the outreach service's approach was that they felt acknowledged and accepted by the outreach service social workers. Tammy points to this by differentiating what she experiences as the harsh nature of the drug scene:

Tammy: Sometimes, you're so tired and broken down than you can't bear it anymore. Everyone needs positive things, love, and those things don't exist in the drug scene. But you are met by someone who sees you as you are, in spite of everything you have done, or your looks or stuff like that, then you kind of feel like there is good the world.

Naomi: To feel welcome and not get judged in any way. (FG 1)

Some participants felt accepted due to outreach service's long experience with issues such as drugs and mental health problems.

Tammy: You don't feel that you are stupid for asking for help, because they have probably heard it all before. It's not like they look funny at you if you are embarrassed.

Naomi: They are very open.

Luke: You're welcomed with open arms

Naomi: Taken seriously (FG 1)

Carol: They don't judge you for anything because they have heard it all before. If you do drugs you can say it, you can say what you struggle with, and they won't look down on you. They are positive, regardless. (FG 2)

The sense of acceptance the youths described is related to the description of the outreach services as a service that cares for them. This was expressed across all the focus groups, and exemplified by Nate who points to the availability of the outreach service:

Nate: They really care, more than my doctor or sometimes my mom. You can always contact them when you have problems. Even in the middle of the night if you feel bad. They are there. One of the best things since living in Norway is being with the outreach service. (FG 3)

The youths across all the focus groups devoted considerable attention to the theme of the outreach service's trustworthiness. Some of the youths were naturally concerned about the possibility of professionals tattling on them to their parents or police. One participant described previous negative experiences with service providers not respecting her privacy. All of the youths agreed that the outreach service was to be trusted.

Paul: The confidentiality they follow is beautiful.

Marcus: That's true.

Paul: If it hadn't been for that it would be so much harder to talk with them. It's great for kids who are having a tough time.

Sophie: It's so much easier talking to them rather than those at school. If you tell anyone at school that something very bad has happened to you they will tell your parents. But, with the outreach service you can tell. They say something when they have to contact the police.

Carol: Yes, and it takes a lot for them to have to bring it forward, again they don't judge you for anything because they have already heard everything,

Lisa: They are in the outreach service because they want to help. (FG 2)

In the interviews, the outreach service social workers also described the importance of trust, and they spent considerable time encouraging the youths to seek and accept help from relevant services such as police and medical professions.

We work based on the volunteer principle. That's the most important. We are on their [the youths'] side and we are staying there. We are very clear that we are here, and we are here when you need us. If you are not ready now, then we are here for you later. (...) Our main activity is outreach work so we totally depend on being allowed to talk with the, and being allowed to help. We aren't always able to do it. Have you been let down by too many adults then it's really difficult. It is our main mission to get into position to help and if we are so worried that we have an obligation to notify [health care professionals or the police] we of course do that, but usually with some cleverness and dedication we get there together. (OSW 2)

3.2. The outreach service promotes empowerment

When the youths described the help provided by the outreach service, they spent some time highlighting their role as agents in their own

lives and that they needed a push in the right direction. This is illustrated by discussions in the following focus group:

Patrick: These days kids are just seen as a bunch of hell raisers, but it's the complete opposite. It's people who want to move on in their lives, and no matter how bad it is, we want to be able to get away somewhere. So even if kids say that they want to end up on the streets and smoke weed the rest of their lives, they don't mean it. Nobody can mean that.

Nate: No we all want [stops]...

Patrick: Everyone can create their own future, and everyone wants to create their own future. It's just, sometimes, you need a little push in the right direction. That's what is so great about the outreach service, what they do is that they give us that little push. (FG 3)

Viewing youths as agents in their own lives can be understood as part of a larger empowering resource perspective guiding the outreach service. The youths are more than passive receivers of help, which is reflected in both the philosophy and the practice of the outreach service. The following are quotes from interviews with the outreach social service staff describing how they steer towards resources when working with youth:

Outreach work requires a resource perspective. We focus on both prevention and health promotion, and the resources are health promoting. So, we work systematically by following up and mapping both resources and challenges (...) Sometimes it is necessary to have a focus on the challenges. It can be mental health, but it may be more effective to look at their resources. To help and aid youths in becoming aware of their strengths so that they can utilise their potential. Mainly, we do both because the resources are so important. (OSW 3)

There is a strong problem-focus on youths today. You see everything that is wrong, and nobody knows what this kids actual competence is, nobody knows! That's the worst part of it all. You know this kid who has been in the system for so long, and what can this youth do? We don't know since the problems take up so much space. (...) So, we focus on the resources. (OSW 2)

The outreach service as resource-oriented became especially clear to the youths when describing their contact with other public organisations and services. Most youths participating in the focus groups demonstrated experience with many different services, among others, psychiatric services, school nurses, teachers, social services, etc. They thus compared the outreach service with these other services, highlighting that their contact with the outreach service was associated with more opportunities.

Carol: You feel there are more choices [out of a problem] when you talk to them, because as I said they don't get shocked no matter what you say to them. You see that they are neutral, no, not that neutral, but they don't react as strongly as other do. So it's easier to talk to them. They are always positive. (FG 2)

Furthermore, the youths highlighted that when visiting a psychologist, they experienced a deficit-focus, which stands in contrast to the resource-orientation of the outreach service:

Lisa: Psychologists today are doctors, while the real psychologists are the outreach social workers.

Marcus: They don't push you in the way that a real psychologist does.

Sophie: They are here to help you, while psychologists are there to give you an illness. (FG 2)

Lisa: The thing about the outreach service is they know many different... Like they have more experience. They see to that they don't treat you the same way as everybody else. Like, they try to figure out how they can help you because you are a different person [than a diagnosis].

Carol: Yeah, psychologists think more on a group level. They think you belong to that group, but the outreach service they talk to you and think that you are an individual, not a group of people. You are unique, not like everyone else. (FG 2)

Later in the same focus group, one participant opposed this description of psychologists and expressed having a positive relationship with a psychologist. This may serve to highlight the different roles of public services, where some agencies and professionals focus on the problematic areas while others, such as the outreach service, have a strong resource perspective. The outreach service has therefore taken the role of “being in charge of the positive”. One outreach social worker explained this role when working with girls who were in contact with many service providers such as child welfare, social services, psychiatric teams, drug counsellors and schools:

Lately there have been several cases where we have been in charge of the positive in young people’s lives. Everything that is hard and difficult is channelled to the professionals in charge of treatment, and our job has been to find something they master. (OSW 2)

3.3. The outreach service aids in navigating with the other services

Many of the youth across the three focus groups described that they regularly contact different municipal services such as social services, child welfare services, and psychologists. In two of the focus groups, the youths spent some time discussing how the outreach service played an important role in helping them navigate these different services, both by motivating them and providing aid when interacting with the other services. They underlined practical issues such as being able to drive them to the social services offices, helping them translate the bureaucratic language and acting as a custodian when it was needed. One participant described the struggle of finding sufficient motivation to finish upper secondary school. He was called everyday by an outreach social worker to make sure he was up and ready for school in the morning. In the third focus group, Jane and Nate had a discussion that captures the role of the outreach service in relation to the other service providers:

Jane: Some years ago, I went to school and had a lot of problems. I didn’t live at home and had nowhere to go (...) I needed help, and the outreach service helped me. They helped me sort out stuff with social services, they helped me find a home, they helped me find a job and they helped me get away from all the bullshit and just continue to push through. Today, I have my driver’s license, a job, I finished school. I have to say that it is a big thanks to the outreach service. If they hadn’t been there for me things could have gotten a lot worse.

Nate: Amen, totally agree. (...) I went to the social services and tried to get a job. First my psychologists said yes and my doctor said no, then the doctor said yes and the psychologists said no and social services said no. When I found a job myself, then again they said no, “health comes first”, but then the outreach service said “he doesn’t need medication, he needs to be active, he goes to the gym twice in a day and has a lot of energy”. So bit by bit I built myself up, now I work in a charity thanks to the outreach service to show I can work and I am responsible. (FG 3)

This discussion points to the difficult situation some youths are facing when navigating the different service providers. This was supported by an outreach social worker in the following way:

When we think it’s hard to help a youth through the system, just imagine how hard it is for the youth. When we as educated social workers are struggling to get it right, there has to be many youths out there in the system who are struggling with the same. – OSW 2

Jane and Nate’s discussion also addresses the outreach services’

ability to aid the youths in navigating these bureaucratic obstacles, both by providing motivational support and practical support.

The findings in the present study demonstrate that the relationship between the outreach service and the youths is characterised by the outreach service having legitimacy as a trustworthy service. The youths described that they felt acknowledged, trusted, and cared for. The outreach services also promote empowerment through a resource-oriented approach. The youths described a sense of agency and opportunity when interacting with the outreach service, which was different from the deficit-focus experience associated with other services. The outreach service themselves described a resource-oriented approach both in theory and practice. Youths who are experiencing difficulties in navigating other services acknowledge the motivational and practical support provided by the outreach service.

4. Discussion

We proposed research questions above about what characterises the relationship between outreach social workers and at-risk youths and how these youths experience the outreach service in comparison with other municipal services. The findings reveal a relationship characterised by the youths viewing the outreach service as a legitimate and trustworthy service provider. The youths also experience the outreach service as having a resource-orientation approach, which is in contrast to how they perceive the other service providers. In addition, we found that the outreach service aids the youths in navigating other services. In the following discussion, we postulate that these themes may partly explain why the youths experience the outreach service as capable of navigating the other service providers and consequently able to act as a safety net for at-risk youths.

The relationship between the outreach service and the youths is characterised by trust, which gives the outreach service legitimacy as a service provider. A recent study based on focus groups identifies success factors in higher education for youths with experiences in child welfare organisations (Pinkney & Walker, 2020). The study recognised, among others, the role of ongoing relational support from supportive adults, characterised by “*genuine concern, human warmth and knowledge of the young person*” (Pinkney & Walker, 2020, p. 8.). The study goes on to emphasise that the supportive adult needs to be non-judgemental and available to provide both practical help and emotional encouragement. The findings from this and the present study, which are centred on the youth’s perspective, support the importance of the youths experiencing a trusting relationship with the professionals surrounding them.

A key characteristic of how the youth experience the outreach service, as opposed to the other services, was identified as promoting empowerment. The youths described a degree of agency and opportunities, which differed from the interaction with other services. The resource-orientation was also expressed from the viewpoint of the outreach social workers in the individual interviews. The outreach social workers described how viewing the youth from a resource perspective is a guiding principle in their work. The resource-orientation of the outreach service can be understood as a health promoting approach that accentuates youths’ individual empowerment and ability to take control over their own lives (World Health Organization, 1998). A central part of empowerment is the youths’ experience of agency, which refers to a person’s degree of involvement in a course of action (Drydyk, 2013). In a recent study of adolescent girls with multiple and complex needs, a key finding was that the adolescents expressed a need for agency when interacting with health and social care (Van Den Steene, Van West, & Glazemakers, 2018). Van Den Steene et al. (2018) point to the different benefits of increased participation and agency in youth care, showing that agency provides youth with the ability to make decisions and affirms their capacity for self-sufficiency (Metselaar, Van Yperen, Van Den Bergh, & Knorth, 2015; Scannapieco, Connell-Carrick, & Painter, 2007; Vis, Strandbu, Holtan, & Thomas, 2011). Several researchers point to the strong link between the youths’ perceived agency

and their relationship to the service providers who facilitate youth empowerment (Van Bijleveld, Dedding, & Bunders-Aelen, 2015; Van Den Steene, Van West, & Glazemakers, 2018; Vis et al., 2011). Consistent with the present findings, Almqvist and Lassinantti (2018a) (in a review of social work practices directed at youth with complex needs) identify collaboration-, relationship- and empowerment-oriented practices as the three main themes across the studies.

The way the youth in the present study describe the empowerment-oriented practices of the outreach service is in opposition to how they describe their interaction with the other services. When in contact with other services, such as child welfare services, social services or psychologists, the youth experienced more problem-oriented dialogues. While acknowledging that the outreach service is in a different position than, for example, doctors and psychologists, the above findings demonstrate the need for more health promoting practices aimed at at-risk youth. One study demonstrates that when vulnerable youth experience respectful and empowering practices from two services concurrently, it appears to have a sustained impact on their wellbeing and resilience (Sanders & Munford, 2014). The present study therefore adds to the literature by encouraging empowering practices when interacting with youth (Almqvist & Lassinantti, 2018a; Haight, Bidwell, Marshall, & Khatiwoda, 2014; Lerner et al., xxxx; Sanders & Munford, 2014).

At-risk youth often require coordinated action from several services. Some youth struggle in school; some would benefit from being active in a sport; others are in the custody of child welfare services, and some need help from a doctor, psychologist, school nurse or social services. In the present case, three different municipal departments organise these services. In the focus groups, the youths described some of the bureaucratic barriers they face when in need of multiple services. Previous research demonstrates that the municipal structure can be characterised as siloed and bureaucratic (Oldeide, Fosse, & Holsen, 2019). The youth describe how the outreach service has a facilitating role in helping them navigate the municipal structures through motivational- and practical support. Previous research highlights the outreach service as employing a unique role as service providers, characterised by a freer-organisation and less target-result management. Based on the findings from the present study, we argue that the legitimacy as a trustworthy service, and the empowering approach, enable the outreach service to position itself in aid of youths who struggle with disintegrated services. The outreach service may, thus, play a valuable role by supporting individual youths and aiding them on a structural level as a “safety net” when other services fail. The disintegration of services that the youths’ experience is in contradiction to the goal of the public health act, which outlines a whole-of-government approach where integration between services is essential. The role taken by the outreach service may, from a youth perspective, curtail the experience of disintegrated services in a municipal structure. We see the need to further evaluate the services for at-risk youth in a municipal organisation where the needs of youth are placed in the centre.

It is possible that youths who are outspokenly negative about the outreach service were excluded from the study. However, all the youths included in the study described the outreach programme in desirable terms, and the analysis follows their experiences. Youths who have negative encounters with the outreach service would arguably not experience, for example, the outreach service as having legitimacy as a trustworthy service in the same way. Therefore, it is important to note that the analysis builds on the experiences of those who benefit from the outreach service. Investigating the perceptions of those who have had a negative experience would be very interesting but was not within the scope of this project.

5. Conclusion

At-risk youth rely on services provided by many different professionals across different organisations within a municipality. While the goal is for these services to coordinate their actions, many youth fall

through the cracks of the system. We combined the perspective of outreach social workers and the youths themselves to shed light on the relationship between the youths and outreach service as well as how the youths experience the outreach service in comparison with other municipal services. The analysis reveals that the relationship was characterised by the outreach service as having legitimacy as a trustworthy service. The youths described an outreach service that is focused on empowering practices, which is a contrast to the more deficit-oriented focus of other services. These findings were discussed in relation to the growing literature on empowerment-oriented approaches directed towards at-risk youth. Consequently, based on the youths’ experiences and the growing literature, other services would benefit from developing a stronger resource focus when interacting with at-risk youth. The findings also show that the outreach service plays an important role in aiding the youths in navigating with other services. We discuss the legitimacy and empowering approach the outreach service has as a trustworthy service provider and what potentially enables the outreach service to acquire this unique position. By aiding the youths who are struggling with disintegrated services, the outreach service can therefore be described as acting as a safety net for at-risk youths in a municipality. This may be the reason why a youth from one of the focus groups described the outreach service in the following way: “*They are youth superheroes, because they help out with serious problems and actually guide us to a solution*”.

CRedit authorship contribution statement

Olin Oldeide: Conceptualization, Methodology, Investigation, Data curation, Writing - original draft, Writing - review & editing. **Ingrid Holsen:** Conceptualization, Writing - review & editing. **Elisabeth Fosse:** Conceptualization, Writing - review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

Katrine Ask and Mari Lilleng aided the data collection and data analysis as research assistants. We would also like to thank the individuals who participated in the interviews and contributed their experiences. Without the municipality and outreach service being so forthcoming by aiding us, gathering participants and opening the organisation up for research, this research project would have never been possible to carry out. We are grateful for your time and devotion to the project.

References

- Ahgren, B., & Axelsson, R. (2011). A decade of integration and collaboration: the development of integrated health care in Sweden 2000–2010. *International Journal of Integrated Care*, 11(Special 10th Anniversary Edition), <https://doi.org/10.5334/ijic.566>.
- Almqvist, A.-L., & Lassinantti, K. (2018a). Social work practices for young people with complex needs: An integrative review. *Child and Adolescent Social Work Journal*, 35(3), 207–219. <https://doi.org/10.1007/s10560-017-0522-4>.
- Almqvist, A.-L., & Lassinantti, K. (2018b). Young people with complex needs meet complex organizations: An interview study with Swedish professionals about sustainable work practices. *Community, Work & Family*, 21(5), 620–635. <https://doi.org/10.1080/13668803.2018.1527758>.
- Andersson, B. (2013). Finding ways to the hard to reach—considerations on the content and concept of outreach work. *European Journal of Social Work*, 16(2), 171–186. <https://doi.org/10.1080/13691457.2011.618118>.
- Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research*, 1(3), 385–406. <https://doi.org/10.1177/146879410100100307>.
- Carey, G., Crammond, B., & Keast, R. (2014). Creating change in government to address the social determinants of health: How can efforts be improved? *BMC Public Health*, 14(1), 1087. <https://doi.org/10.1186/1471-2458-14-1087>.

- Chan, C., & Holosko, M. J. (2017). The utilization of social media for youth outreach engagement: A case study. *Qualitative Social Work*, 16(5), 680–697. <https://doi.org/10.1177/1473325016638917>.
- Chui, W. H., & Chan, H. C. (2012). Outreach social workers for at-risk youth: A test of their attitudes towards crime and young offenders in Hong Kong. *Children and Youth Services Review*, 34(12), 2273–2279. <https://doi.org/10.1016/j.childyouth.2012.08.006>.
- Connolly, J. A., & Joly, L. E. (2012). Outreach with street-involved youth: A quantitative and qualitative review of the literature. *Clinical Psychology Review*, 32(6), 524–534. <https://doi.org/10.1016/j.cpr.2012.05.006>.
- Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods*. New York: McGraw-Hill.
- Drydyk, J. (2013). Empowerment, agency, and power. *Journal of Global Ethics*, 9(3), 249–262. <https://doi.org/10.1080/17449626.2013.818374>.
- Etzion, D., & Romi, S. (2015). Typology of youth at risk. *Children and Youth Services Review*, 59(2015), 184–195. <https://doi.org/10.1016/j.childyouth.2015.10.017>.
- Follesø, R. (2015). Youth at risk or terms at risk? *Young*, 23(3), 240–253. <https://doi.org/10.1177/1103308815584877>.
- Fosse, E., Sherriff, N., & Helgesen, M. (2019). Leveling the social gradient in health at the local level: applying the gradient equity lens to Norwegian local public health policy. *International Journal of Health Services*, 49(3), 538–554. <https://doi.org/10.1177/0020731419842518>.
- Gordon, R. S. (1983). An operational classification of disease prevention. *Public Health Reports*, 98(2), 107–109.
- Grymonprez, H., Roose, R., & Roets, G. (2017). Outreach social work: From managing access to practices of accessibility. *European Journal of Social Work*, 20(4), 461–471. <https://doi.org/10.1080/13691457.2016.1255589>.
- Haight, W. L., Bidwell, L. N., Marshall, J. M., & Khatiwoda, P. (2014). Implementing the Crossover Youth Practice Model in diverse contexts: Child welfare and juvenile justice professionals' experiences of multisystem collaborations. *Children and Youth Services Review*, 39(2014), 91–100. <https://doi.org/10.1016/j.childyouth.2014.02.001>.
- Hart, P. (2016). Young people negotiating and maintaining boundaries in youth work relationships: Findings from an ethnographic study of youth clubs. *Journal of Youth Studies*, 19(7), 869–884. <https://doi.org/10.1080/13676261.2015.1112881>.
- Hart, P. (2017). The reality of relationships with young people in caring professions: A qualitative approach to professional boundaries rooted in virtue ethics. *Children and Youth Services Review*, 83(2017), 248–254. <https://doi.org/10.1016/j.childyouth.2017.11.006>.
- Henningsen, E., Backe, Å. T., Berg, E. K. U., Egge, M., & Eidsvåg, G. (2009). Oppsøkende og utadrettet arbeid overfor ungdom utenfor opplæring og arbeidsliv. [Outreach work towards Youth Not in Education or Employment] Retrieved from <https://www.regjeringen.no/globalassets/upload/bld/barn-og-ungdom/rapport-2009-oppsoekende-og-utadrettet-arbeid-overfor-ungdom-utenfor-opplaring-og-arbeidsliv.pdf>.
- Klepp, K.-I., & Aarø, L. E. (Eds.). (2017). *Ungdom, livsstil og helsefremmende arbeid [Youth, life style and health promotion]*(4. utg. ed.). Oslo: Gyldendal akademisk.
- Kloppenborg, R., & Hendriks, P. (2013). Outreach approaches in the private domain: An international study. *European Journal of Social Work*, 16(5), 605–619. <https://doi.org/10.1080/13691457.2012.732930>.
- Lerner, R. M., Steinberg, L., Lerner, J. V., Phelps, E., Forman, Y. E., & Bowers, E. P. Positive Youth Development (2nd ed. ed.). Hoboken, N.J.
- Maesele, T., Bouverne-De Bie, M., & Roose, R. (2013). On the frontline or on the sideline? Homelessness care and care avoiders. *European Journal of Social Work*, 16(5), 620–634. <https://doi.org/10.1080/13691457.2012.732932>.
- Metselaar, J., Van Yperen, T. A., Van Den Bergh, P. M., & Knorth, E. J. (2015). Needs-led child and youth care: Main characteristics and evidence on outcomes. *Children and Youth Services Review*, 58(2015), 60–70. <https://doi.org/10.1016/j.childyouth.2015.09.005>.
- Ministry of Health and Care Services (2011). Public Health Act, No. 29, 24-06-2011. Ministry of Health and Care Services: Oslo, Norway.
- Mounteney, J., & Berg, E. K. U. (2008). Youth, risk and rapid assessment: A new model for community social work assessment? *European Journal of Social Work*, 11(3), 221–235. <https://doi.org/10.1080/13691450701733333>.
- Oldeide, O., Fosse, E., & Holsen, I. (2019). Collaboration for drug prevention: Is it possible in a “siloe” governmental structure? *The International Journal of Health Planning and Management*. <https://doi.org/10.1002/hpm.2846>.
- Pinkney, S., & Walker, G. (2020). ‘It was me, but it was them that helped me’: Exploring the issues for care experienced young people within higher education. *Children and Youth Services Review*. 108(104576), 1–9. <https://doi.org/10.1016/j.childyouth.2019.104576>.
- Resnick, G., & Burt, M. R. (1996). Youth at risk: Definitions and implications for service delivery. *American Journal of Orthopsychiatry*, 66(2), 172–188. <https://doi.org/10.1037/h0080169>.
- Sanders, J., & Munford, R. (2014). Youth-centred practice: Positive youth development practices and pathways to better outcomes for vulnerable youth. *Children and Youth Services Review*, 46(2014), 160–167. <https://doi.org/10.1016/j.childyouth.2014.08.020>.
- Scannapieco, M., Connell-Carrick, K., & Painter, K. (2007). In their own words: challenges facing youth aging out of foster care. *Child and Adolescent Social Work Journal*, 24(5), 423–435. <https://doi.org/10.1007/s10560-007-0093-x>.
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, California: Sage.
- Stenersen, A. O. (2016). Oppsøkende arbeid er helsefremmende [Outreach work is health promoting]. *Rusfag*, 1, 81–91.
- Szeintuch, S. (2015). Street work and outreach: A social work method? *British Journal of Social Work*, 45(6), 1923–1934. <https://doi.org/10.1093/bjsw/bcu103>.
- Tam, H. L. (2011). “Delinquent behaviour as a kind of body politics” against adult regulations - Young people's discourses in Hong Kong. *Children and Youth Services Review*, 33(6), 878–887. <https://doi.org/10.1016/j.childyouth.2010.12.013>.
- Tam, H. L. (2012). A discourse and practice gap in working with youth-at-disadvantage in the outreach social work service in Hong Kong. *Children and Youth Services Review*, 34(8), 1570–1580. <https://doi.org/10.1016/j.childyouth.2012.04.012>.
- Ungar, M., & Teram, E. (2000). Drifting toward mental health: High-risk adolescents and the process of empowerment. 32(2), 228–252. doi:10.1177/0044118x00032002005.
- Van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2015). Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child and Family Social Work*, 20(2), 129–138. <https://doi.org/10.1111/cfs.12082>.
- Van Den Steene, H., Van West, D., & Glazemakers, I. (2018). A multi-perspective exploration of the service needs of adolescent girls with multiple and complex needs. *Children and Youth Services Review*, 90(2018), 28–37. <https://doi.org/10.1016/j.childyouth.2018.05.010>.
- Vis, S. A., Strandbu, A., Holtan, A., & Thomas, N. (2011). Participation and health - a research review of child participation in planning and decision-making. *Child and Family Social Work*, 16(3), 325–335. <https://doi.org/10.1111/j.1365-2206.2010.00743.x>.
- World Health Organization (1998). *Health Promotion Glossary*. Geneva: WHO.