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ALCOHOL AND YOUTH WORK

Linda Wright

Thesis submitted for the degree of Doctor of Philosophy, 1998

Abstract

This thesis is an analysis of a curriculum development process used to train youth workers to raise and respond to alcohol issues.

Within an interpretivist framework, a seven-stage model of curriculum planning was developed. Stage 1 involved examination of the literature on youth work and alcohol and youth work training, an empirical needs assessment study (via a national survey and in-depth consultation in one youth service) and examination of the results in relation to the literature on young people and alcohol. Stage 2 used the stage 1 data to define the rationale, which in turn informed stages 3-5, formulation of aims and learning outcomes, learning activities and teaching resources. Stage 6, delivery, involved pilot courses in in-service and initial-training contexts. Illuminative evaluation was used to assess the training process (Stage 7) and its impact on youth worker practice.

The staged model was found to be a practical curriculum development framework, particularly combined with an action-research approach. The study confirmed the importance of thorough training needs assessment, including the needs of service users. Youth workers were found to typically adopt a reactive approach to alcohol issues, which focused on individual young drinkers rather than structural determinants of alcohol-related harm. The pilot courses were successful in stimulating planned alcohol education initiatives.

Features of training that enabled youth workers to tackle alcohol issues included: a clear rationale based on youth work principles, harm-reduction goals, understanding the place and meaning of alcohol in young people's lives, a practice focus and managerial support.

The study discusses the implications of the findings for youth work training and informal education practice and suggests a strategy for future development of the alcohol training materials.

ALCOHOL AND YOUTH WORK

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Thesis submitted for the degree of Doctor of Philosophy
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September 1998

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LIST OF ABBREVIATIONS

AA	Alcoholics Anonymous
ACMD	Advisory Council on the Misuse of Drugs
AERC	Alcohol Education and Research Council
BLRA	Brewers and Licensed Retailers Association
BMRB	British Market Research Bureau
BPS	British Paediatric Association
CETYCW	Council for the Education and Training of Youth and Community Workers
DES	Department for Education and Science
DfE	Department for Education
ERIC	Education Resources Information Center
GEST	Grants for Education Support and Training
GRIST	Grant-related In-service Training
HEA	Health Education Authority
HMI	Her Majesty's Inspectorate
HMSO	Her Majesty's Stationery Office
HPANI	Health Promotion Agency for Northern Ireland
ISDD	Institute for the Study of Drug Dependence
LA	Local Authority
LEA	Local Education Authority
NACRO	National Association for the Care and Resettlement of Offenders
NACYS	National Advisory Council for the Youth Service in England
NCVYS	National Council for Voluntary Youth Service
NHS	National Health Service
NVQ	National Vocational Qualification
NYA	National Youth Agency
NYB	National Youth Bureau
OFSTED	Office for Standards in Education
ONS	Office for National Statistics
OPCS	Office for Population Census and Surveys
RAMP	Regional Accreditation and Moderation Panel
RCP	Royal College of Physicians
SPSS	Statistical Package for Social Sciences
TNA	Training Needs Analysis
WHO	World Health Organisation
YMCA	Young Men's Christian Association
YSDC	Youth Services Development Council
YTS	Youth Training Scheme

ACKNOWLEDGEMENTS

Statement on Attribution

This thesis is all my own work with the specific exceptions described here. These were necessary to meet my employer's requirements to complete the needs assessment within one year. Half of the interviews in Nestin were conducted by me and half by a local youth worker, Lesley Makin, whom I trained. I wrote the interview schedule and analysed all of the transcripts.

The data from the self-completion postal questionnaires was coded by me and computerised by John Steel. I analysed the data and interpreted the results.

I wrote and tutored all of the pilot courses except the unit on working with young problem drinkers, which, not being a clinician, I felt unqualified to write. Pip Mason of Aquarius wrote this course and I piloted it in Sunderland in 1994. In 1993, this part of the module was taught by two members of the Sunderland Community Addictions team, to learning objectives written by me.

Declaration

No part of the material offered has previously been submitted by me for a degree in this or in any other University. If material has been generated through joint work, my independent contribution has been clearly indicated. In all other cases material from the work of others has been acknowledged and quotations and paraphrases suitably indicated.

Statement of copyright

INTRODUCTION

Outline of the Research

This is a study of a curriculum development project. The *project's* aim was to develop a set of materials to train youth workers in alcohol education. The final product, 'Lager and Blastaways: a training programme for youth workers' (Wright, 1995), was published by Tacade and is not included here. The *thesis* is a critical analysis of the curriculum development process that informed the needs assessment, training specification, and evaluation of the materials. The aim and objectives of the thesis were as follows:

Aim: To devise and analyse a curriculum development process that would train youth workers to raise and respond to alcohol issues.

Objectives:

- to consider how the needs and concerns of the youth service, youth workers and young people could be identified, in relation to alcohol issues;
- to assess where youth worker training solutions might meet the needs identified;
- to design training materials to respond to the training needs identified;
- to pilot and evaluate the training materials in terms of the process of training and impact on youth work practice.

The youth worker's role in promoting the personal and social development of young people is clearly identified in recent reports (e.g. Central Office of Information, 1996) and a role for the youth service has been emphasised in Government reports on alcohol and drug misuse (Home Office, 1987, ACMD, 1990). However, relatively little published work exists on youth work and alcohol education. That which does exist suggests that youth workers require training and support if they are to become actively involved in this kind of issue-based work (Chaplin, 1987, 1988; ACMD, 1990, Home Office, 1997, National Youth Bureau, 1991). Therefore, this study was important in

thoroughly assessing youth workers' training needs in relation to alcohol education and assessing whether a training solution could have any impact on youth work practice.

The project itself was conducted during 1989 -1995. The needs identification was conducted during 1991-2, training materials were developed during 1992-3 and pilot courses were run during 1992-4. Participants were followed up during 1994. In 1995 the results of the evaluation were analysed and the materials were revised for publication.

The curriculum development process is summarised in figure 1; the methodology is discussed in detail in chapter 1.

Figure 1   Outline of the research: the curriculum development process

Needs Assessment
↓
Needs analysis
↓
Specification of training needs
↓
Translation of training needs into curriculum materials
↓
Delivery of the curriculum
↓
Evaluation
↓
Revision of the curriculum materials
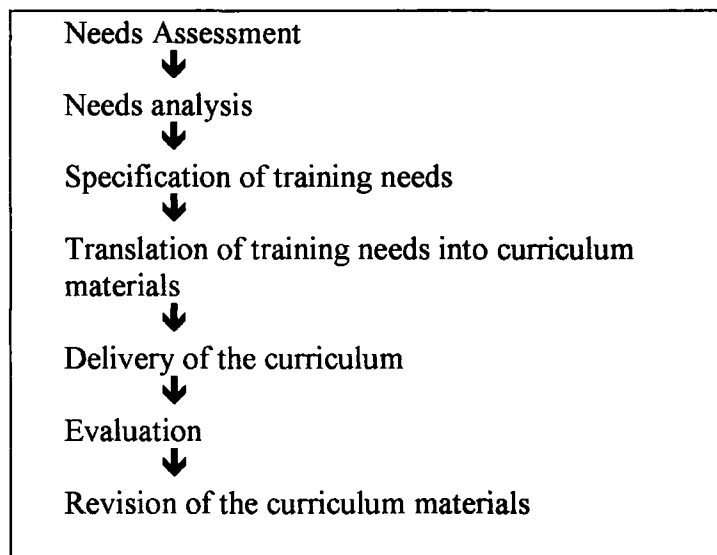
Thesis Structure

This thesis departs from the classic form of presentation in order to best describe the curriculum development process undertaken. **Chapter One** presents the research design and the process adopted. In this field of study, the direction of each stage of the research relied on the findings of an earlier stage; consequently it was necessary to consult new and different types of literature at each stage. Firstly the literature was consulted to inform problem definition, needs assessment and the research design. **Chapters Two and Three** are literature reviews on youth work and alcohol and youth worker training provision. **Chapters Four and Five** report the results of the fieldwork on needs assessment. **Chapter Six** returns to the literature to assess the findings of the needs assessment against the research evidence on young people and alcohol. Together, **Chapters 2 - 6** are the evidence that informs the key principles and values of the alcohol training programme, discussed in **Chapter Seven. Chapter Eight** discusses the process of translating the key principles into training activities and learning outcomes. Evaluation of the pilot materials, in terms of the training process and its impact on youth workers' practice, is reported in **Chapter Nine**. The curriculum development process and its outcomes are discussed in **Chapter Ten**, including their applicability, limitations and scope for future work.

CHAPTER ONE

The Research Design and Methodology

The Research Problem

The research problem was to design curriculum materials to enable youth workers to raise and respond to alcohol issues in relation to young people. The research was concerned with taking an academically rigorous approach to the process of development and evaluation of a commercial product (the training materials) which Tacade could sell to youth work trainers. To be commercially viable, the curriculum materials therefore needed to meet a wide range of needs; suitable for use by youth work trainers from a range of backgrounds, to deliver training to part and full-time youth workers, in initial and in-service training contexts in the United Kingdom.

Factors Influencing the Research Design

My roles

The research design was a compromise between what was academically and technically desirable and what was practicable within the resources and facilities available. Of particular importance were my own multiple roles. I was not only the programme's evaluator, but also the training needs assessor, course contract negotiator, course planner, designer, writer and tutor. I was therefore not only a participant in the research but also an important influence on its nature and direction. In no way can my researcher role be regarded as independent or unbiased. The study therefore demanded that I adopt the role of action researcher (Lewin, 1974, cited in Sanford, 1981) becoming involved in analysis, fact finding, conceptualisation, planning, execution, more fact finding and repetition of this whole circle of activities.

A further difficulty related to my status. I began the study as an employee of Tacade, a national health education charity. I therefore had no automatic right of access to youth

workers, nor did I hold any formal rights or responsibilities for the training or management of youth workers. I was seeking to influence the curricula of organisations outside of my own. Persuading youth services, youth workers, trainers and managers to participate in the project was the first hurdle to overcome. For the needs assessment I anticipated knocking on an open door, because concern about alcohol misuse among young people was high on the moral panic list of many youth workers. Negotiating access to piloting opportunities was likely to be more difficult; youth service managers and training providers would need to be convinced that the material was relevant to local needs and that it would fit into their training provision and local priorities. These difficulties are not unusual in health promotion training contexts because a wide range of disciplines have a non-specialist health promotion role. Inglis et al (1996), in a study to devise methods to assess the training needs of health promoters in Scottish Area Health Boards, found that health promotion training providers were often trying to influence training in institutions outside their control. In common with my own role analysis, Inglis et al observed that the consequence was that to initiate training, health promotion training specialists first had to convince the managers of potential health promoters of the importance of health promotion and the value of a training policy.

A third personal factor influencing the research design was my relative inexperience of youth work culture (at the outset of the study!). Although I had extensive experience of alcohol education and training, my only experience of youth work was as a volunteer in my church youth club. Tacade had some previous contact with youth workers via one-off training courses and via development of drug education materials (Tacade, 1988). However, it soon became apparent that many youth workers did not know about the organisation, its aims and services. Consequently an early requirement was to establish bona fides.

Diversity of youth work provision

The range of services identified as 'youth work' are exceedingly diverse, including Local Authority (LA) provision (i.e. statutory provision) and voluntary groups and organisations operating at local, national or international levels. The commonest form of provision is the club, or centre, ranging from large, purpose-built youth centres to shared use of a church hall. They may cater for a broad or narrow age range and one or

both sexes. There are local units of international organisations, e.g. scouts; strictly local organisations; religious organisations; groups for particular kinds of young people, e.g. girls' groups and those based on particular activities or concerns, e.g. Red Cross, sports or arts clubs.

Youth work also takes place in community centres, community schools, residential centres. In the case of detached work, this is wherever young people gather e.g. in the street, pubs, or bus shelters.

Local authority youth service provision also shows little uniformity throughout the United Kingdom. At the time of the research, provision was predominantly located in education departments and showed great variation in funding, staffing and the nature of the service provided (NACYS,1989).

Youth workers can range from full-time, paid, trained professionals, managing large centres and several staff, to untrained, unpaid volunteers who enjoy working with young people. The latter make up the majority of workers. In 1989 there were almost 5,000 full-time workers in England and Wales (Jardine, 1989). In 1982 it was estimated that there were the full-time equivalent of 31,500 paid part-timers and 523,000 unpaid volunteers (Department of Education and Science, 1982).

In order to produce a curriculum and a set of training materials that would meet the needs of youth workers, it was necessary to take account of this great diversity of youth work practice. The context was further complicated by the fact that research was initiated at a time when the entire custom and practice of youth work was being scrutinised by government. Consequently, an early challenge to the research design was how to identify training needs within a climate of youth worker role uncertainty and service review.

No clear definition of the youth worker population

An early consideration for the research design was to attempt to define the boundaries of the youth worker population. Enquiries to the national organisations responsible for

co-ordination of youth work and training of youth workers[1] revealed that no single database, or professional register of youth workers existed.

Several incomplete frameworks existed. The National Youth Bureau (NYB) held mailing lists of youth centres and subscribers to their magazine '*Young People Now*'. The National Council for Voluntary Youth Service (NCVYS) and Youth Clubs UK held incomplete lists of organisations in the voluntary sector, the Council for the Education and Training of Youth and Community Workers (CETYCW) could provide lists of qualified youth workers. None of the databases comprehensively covered the entire population of youth workers; part-time workers and volunteers were particularly under-represented. For these reasons, it was not possible to construct a sample that would accurately represent the total youth worker population.

Local authorities (LAs) for payment purposes keep more accurate information on workers in the statutory sector. The nature of youth work means that the population of paid part-timers, and particularly volunteer workers in an LA, fluctuates through time. In the voluntary sector, the LA, the local Council for Voluntary Youth Work Service and/or the county officer for Youth Clubs UK hold registers of voluntary organisations. The statutory service also usually maintains some kind of register of voluntary youth work organisations, particularly those that are given financial assistance by the LA. For these reasons, LAs were used as the sampling frame in the needs assessment study, with one LA being studied in depth.

The subject matter

Alcohol education is potentially a sensitive issue for youth workers, because it relates to the use of a drug which is deeply embedded in the social and cultural life of people in Britain, and risks challenging the youth worker's own drinking habits (Alcohol Concern, 1990; Means et. al., 1986). Concern about adolescent drinking surges high on the surf of public concerns, while strategies to address alcohol misuse among young people do not always accord with youth work principles. This is discussed further

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[1]In 1989, these were the National Youth Bureau (NYB), the National Council for Voluntary Youth Service (NCVYS), Youth Clubs UK and the Council for the Education and Training of Youth and Community Workers (CETYCW).

within Chapters Six and Seven. Unlike training in First Aid or book keeping skills, an alcohol education curriculum for youth workers can not be formalised into a set of simple guidelines and working practices. The curriculum development approach needed to take account of youth worker's own attitudes, values and drinking behaviour, as well as those of young people and their families and communities.

There was also no body of literature on good practice relating to youth work and alcohol (see Chapter Two), from which the content of the curriculum could be defined. The research was therefore concerned with an innovation, a new curriculum area, which had not previously been addressed in any deliberate or systematic way.

Research Epistemology

Researchers in the human sciences commonly encounter the realities and constraints described above. The choice of a research design will also be informed by the assumptions made about the nature, purpose and meaning of research itself.

Social science research draws mainly on two well-established traditions, the scientific-empiricist approach and the interpretivist-humanist approach. The former dominates health care research (Mays and Pope, 1996) and alcohol studies are no exception (Wright, 1999). Scientific research in the human sciences seeks to discover social laws that explain, predict or control individual or group behaviour. It is characterised by a quest for objectivity, researcher detachment, quantifiable answers and a requirement to demonstrate validity and reliability. Experimental designs and quantitative analysis are commonly used, or at least considered desirable. In health care research, randomised control trials are considered by many clinicians to be the gold standard for research (Macdonald, Veen and Tones, 1996).

Interpretivism takes as its starting point that people are actively involved in creating and shaping their social worlds. As social beings, we inevitably interpret everything we observe and experience through an understanding based on our previous experience and information from other people and our environment. Therefore the interpretivist approach to research suggests that its purpose is not to establish objective facts (because

objectivity is impossible) but to explore how research participants attribute meaning to the subject being researched. Interpretative research usually employs qualitative methods to explore how research participants make sense of a particular topic. Emphasis is placed on ensuring that theories generated by the researcher reflect the research participants' understandings, using a cyclical process of discovering grounded theory (Glaser and Strauss, 1967).

This research problem presents strong arguments for structuring the work within an interpretivist framework. The multiple roles occupied by the researcher defy objectivity, while the lack of an appropriate sampling frame for the youth worker population limit the possibilities for drawing conclusions which could be justified on a scientific basis as being representative of all youth workers. The sensitive nature of the content area and its possible impact on youth workers' own behaviour, plus the finding that there was little written evidence to guide any definition of good practice suggest a participative approach to the curriculum development process.

The Framework: A curriculum planning model

A first step in the research design was to develop a model for curriculum planning which would provide an overall framework for the research. I could find no literature on youth work training that either explicitly stated or critically examined the overall process of curriculum planning. Elements of curriculum design, such as the content and ideologies of youth work training (Bloxham and Heathfield 1995) or delivery routes (Kavanagh, Ritman and Smith, 1994) are debated but the overall planning framework is usually assumed or implied rather than explicitly described. I looked to the curriculum development literature from education and business training for illumination.

Morrison and Ridley (1988, pp. 34-38) offer useful criteria for assessing a curriculum planning model, recommending that it should:

- facilitate clear thinking and planning;
- be explicit in its range;
- be clear on its level.

Applying these criteria to my research problem, the model should have enabled me to have a clear research strategy, in terms of what needed to be done and when. Its range can be defined as:

a) Content: alcohol issues relevant to youth work:

b) Target group: youth workers in England, including full and part-time workers, paid staff and volunteers:

c) Delivery routes: initial qualification and in-service training courses for youth workers.

The model's purpose was prescriptive, to provide a model for planning, rather than descriptive (a model of planning).

Morrison and Ridley (ibid, p. 37) identify five levels for curriculum planning models, moving from theory to practice and from general to specific. Figure 2 applies their analysis to my research problem.

Figure 2: Five levels of curriculum planning

(adapted from Morrison and Ridley, 1988, p. 37)

Theory → **Level 1: Contextual**   **General**
Philosophical, ideological, socio-psychological and cultural contexts of curriculum decisions relate to youth workers and alcohol

Level 2: Managerial
Decisions about the management of curriculum planning for youth worker training on alcohol issues

Level 3: Conceptual
Rationales for describing and typifying the alcohol training materials

Level 4: Strategic
Policy, staffing and resourcing the alcohol training for youth workers

Level 5: Tactical
Practice → Planning the implementation of alcohol training within youth work   **Specific**

The authors' advice that *'it is a brave curriculum planner who attempts to incorporate all levels into a single model'* (ibid, p. 37) applied to my research. While all of these levels are indeed relevant to my research problem, data on all levels were not equally accessible to me. Level 1, the context for curriculum development could be considered,

by reviewing the literature on youth worker training and youth work and alcohol and via an empirical needs assessment study . At Level 3, the conceptual level, a clear rationale is required, based on evidence from the contextual analysis. However, my opportunities for planning at Levels 2 (managerial), 4 (strategic) and 5 (tactical) were limited by my status as an independent trainer outside of the youth work training structures, which meant that my influence on decisions at these levels would be indirect. The curriculum planning model therefore needed to include the collection of information about decision making made by others - youth work trainers and managers, at all three levels.

Within the literature reviewed, prescriptive curriculum planning models are remarkably similar. The labels may differ slightly, but the core sequence of steps commonly recommended is shown in figure 3.

Figure 3: Core steps in a prescriptive model of curriculum planning

Determine aims/needs
⬇
Define Learning goals
⬇
Select Learning experiences
⬇
Organise the Learning (programme)
⬇
Evaluation
⬇
Modification and revision.
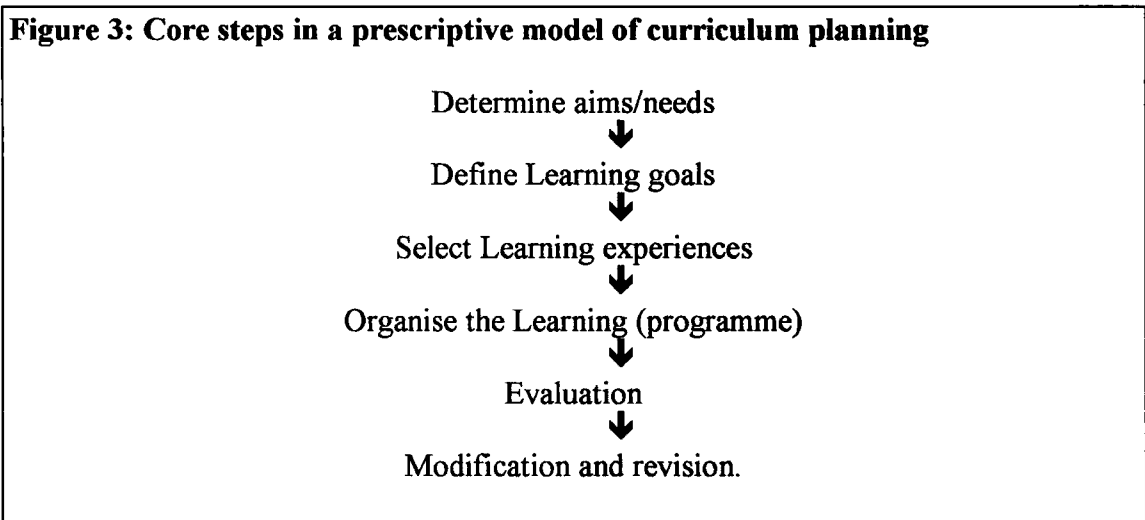
A feedback loop, using evaluation results to re-define aims, goals and Learning experiences is usually implied, meaning that the model is not actually linear but circular, or a series of loops (Figure 4).

Figure 4: A circular model of curriculum planning

Aims/needs → goals → Learning experiences → programme
Evaluation
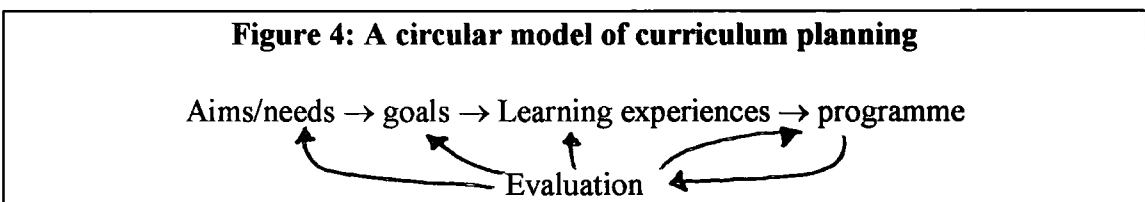
Models differ in the relative weight given to each step, the extent of learner participation and their starting point - the manner in which aims are defined and needs are assessed.

Curriculum developers in education have commented that these are means-end models with some important weaknesses:

- evaluation is seen as summative;
- Learning outcomes are determined at the planning stage with no account taken of tutor-learner interactions;
- the process is seen solely as producing measurable outcomes (Kelly, 1982).

To counter these criticisms, curriculum planning in education has moved from prescriptive to interactive models which seem more suitable for youth work purposes. Boomer's (1992) negotiation-based action research model of curriculum planning in schools begins with a broad definition of content, *'worlds to be explored'* (ibid, p. 37) which matched my own starting point. The world I wanted youth workers to explore was that of alcohol and young people in informal settings. Boomer's model has similar steps to the prescriptive models, but with progression based on a negotiation between tutors and learners at all points, with evaluation and review at every stage. The concept of a negotiated curriculum fitted my personal training style and youth work principles of empowerment and participation. Three factors limited the extent of negotiation possible:

1. As an external trainer I had no continuing or regular relationship with the youth workers who would be trained.

2. The short time frames (half a day - two days) normally available for issue-based youth work training.

3. The one-off nature of the courses, with no continuity of contact with the learners.

These factors meant that curriculum planning needed to be prescriptive, up to the stage of developing an initial structure and organising the learning activities. Participatory learning activities enabled considerable negotiation during the courses themselves.

I therefore adopted Boomer's model as the framework for my curriculum planning (Figure 5); with adaptation to take account of the constraints discussed above, and incorporated three of Morrison and Ridley's five levels.

Figure 5: the curriculum planning model used for the research

(adapted from Boomer, 1992, p. 37)

Stage	Method
1. Definition of the territory for youth workers to explore via the training (content)	Training needs assessment. Decisions about content based on: - empirical study, - published research evidence about alcohol and youth work, - my intuitions and judgements about what will be worthwhile and suitable.
2. Justification of content	Selection of content in terms of the key principles of youth work and alcohol education. Reflection on the values and philosophy which inform the key principles
3. Aims and Learning Outcomes	Definition of aims Expected learning outcomes. Unforeseen learning outcomes will be added after piloting.
4. Learning activities	Planning and organising the pilot programme. Negotiating the activities with the learners and revising the programme in the light of pilot experiences.
5. Teaching/Learning aids and resources	Development of learning aids and stimuli, to include: - Learners' experience - tutor's experience - experience of other youth workers - participatory learning activities - fieldwork practice - unforeseen resources - not envisaged but proved to be useful
6. Delivery	Delivering the pilot courses Negotiating the learning activities with the learners
7. Evaluation	Process evaluation and review at each stage via: a) the researcher: - keeping a diary of the research - reflective practice - research supervision b) youth workers - the learners: - keeping a diary of the course - reflective practice - self assessment - feedback, review and negotiation within the learning activities Outcomes evaluation of the courses via: - testing - self-assessment - follow up interviews with individuals - interviews with learners' managers

Stage 1: Definition of the Territory for Youth Workers to explore

Having developed a curriculum-planning framework for the research, it was then necessary to design each stage of the curriculum development process. The first stage was to define the territory, in terms of the aims and content of the programme. This study was covering new ground; the literature review had found that there had been no comprehensive or systematic attempts to define good youth work practice in relation to alcohol issues (see Chapter Two) and little relevant empirical work on needs assessment.

Within the prevailing culture of accountability and cash limits, youth work training increasingly faces demands for evidence of both need and effectiveness. Training managers' scepticism about curriculum development initiatives such as this project were likely to fuelled by findings from the business sector that training investment is not necessarily linked to improvement in performance. Buckley and Caple (1990) cite the research of Mangham and Silver (1986) which suggested that some companies which did no training at all were as likely to be successful as those who did a great deal. Kirby's (1990) survey of small firms in Gwent found that only 17% of employers thought that training would increase profits. A study of 80 of the largest businesses in the UK found that only 33% felt that there was a direct link between training and achievement of corporate objectives (Hussey, 1985). In relation to youth work training, Tucker's survey (1994) of 116 professionally qualified youth and community workers in eight Local Authorities found that only 35% of respondents thought their training had helped them to develop strategies and ideas which equipped them to carry out their work effectively. Many respondents felt that the changing nature of youth work had not been recognised through training

Alcohol issues will usually be only one of many competing demands made on a youth service's limited training budget. Also I was seeking to influence youth work training practice in organisations outside of my own (Tacade) and therefore needed to convince managers that such training was needed.

Basing the content mainly on what I considered to be important or useful might have failed to take into account the needs and goals of the youth service or the needs of individual youth work roles within it. The use of Training Needs Analysis (TNA), the process of training needs identification, specification and translation into action (Bee and Bee, 1994), was vital in ensuring that the new curriculum was properly focused. TNA would also provide evidence for youth work managers to justify investment in training for their staff and would facilitate decisions about whether training would be the most appropriate response to the needs identified.

Training needs analysis in health promotion and youth work

Originating in business training practice, adoption of TNA by health and social care training agencies has been slow and sporadic. A feasibility study of methods to assess training needs of health promoters in Scotland (Inglis et al, 1996) found that TNA was not widely understood. A limited range of approaches to TNA were used, focusing on the felt needs of potential trainees (mainly nurses) and tending to overlook the needs of their managers and organisations. Difficulties of using TNA in health promotion were described as the diversity of disciplines with a health promotion role, the range of contexts in which health promotion is practised and the contested nature of health promotion itself. To this list I would add the more mundane problem of finding sufficient time and money to do a TNA!

Identifying training needs

Because their purpose is to educate, developing broad understanding and transferable skills, the aims of the curricula of schools, tertiary and higher education institutions are defined by the training providers, the relevant professional bodies that scrutinise and validate the learning and by government. In contrast, within the vocational purposes of business training, the business needs of the organisation are paramount and they drive the aims of curricula. In youth work training, the education model predominates; the aims of initial qualification training in England are set by the training providers within a broad framework defined by the National Youth Agency (NYA), which replaced CETYCW in 1991 as the professional endorsing body. However there is strong employer representation on the NYA's Education and Training Standards Committee.

Employers are also represented on the Regional Accreditation and Moderation Panels (RAMPS). See Chapter Three for more details. This thesis is primarily concerned with youth work training in England. Different arrangements apply in Wales, Scotland and Northern Ireland, which have their own standards. At local level, some youth work training managers have attempted empirical studies of youth workers training needs (e.g. Kent Council for Voluntary Youth Services (1993); Oxford County Youth Service, 1994), although seemingly without any awareness of the business model of TNA.

TNA involves more than the identification of training needs; it is the whole process of training needs identification, training needs specification and translating training needs into action. Only the identification of needs will be considered at this stage, with the other two steps being incorporated in the subsequent stages of my curriculum-planning model.

Business models usually incorporate three levels at which training needs should be identified:

- the organisation

- the job or occupation

- the individual.

The operational needs of the organisation (i.e. what the youth service needs to do to achieve its goals) are the starting point for needs identification. I needed to be able to clearly demonstrate how the alcohol training was relevant to the goals of the youth service.

Fairbairns' model of TNA would seem to apply to youth work training. She suggests that the question most usually asked (as applied to youth workers' alcohol training needs) is:

> '*In what alcohol-related skills/knowledge/personal attributes are you in need of training?*' (Fairbairns, 1991, p. 44)

From the learning standpoint, this is a very good question, providing information about salient felt needs and learner motivation. Where youth workers say they do not need training (even if their managers think otherwise) they will be resistant to it. However, Fairbairns (ibid, p. 44) recommends asking two more questions:

'What alcohol-related skills/knowledge/personal attributes are important in your job?'

This provides information about importance of alcohol issues in the job. If it is not considered to be important, a youth worker's motivation to learn will be low.

' What alcohol-related skills/knowledge/personal characteristics are likely to be encouraged, recognised or rewarded by your manager/organisation?'

Responses relate the value of the alcohol training to the youth worker's organisation, including the rewards (financial, promotion) and the realities of line management. If alcohol education is not recognised or rewarded by the organisation, then even if motivation is high and the youth worker learns a lot, change is likely to be undermined as soon as s/he returns to work.

Fairbairns (ibid, p. 45) suggests that the area of overlap between all three questions will represent the best focus for youth work training. It is the point where strategic, operational and individual priorities for learning about alcohol issues converge.

Methods of gathering evidence about training needs

At the organisational level, I needed to identify how alcohol issues related to youth services' plans and priorities. It was also important to question my assumptions about the mission and culture of youth services, if the training initiative was to have any chance of having lasting impact on youth work practice. However, many of the recommended methods for identifying training needs, particularly at the organisational level, are only feasible for a dedicated training department located within the youth service. Business plans, human resource management plans, or full analyses of internal

and external environmental factors affecting them were simply not accessible to me, as an outsider. The main methods available to me for identification of organisational needs were document analysis (e.g. NYA and government reports) and interviews with managers.

Ideally, identifying training needs at the individual level involves identifying the 'performance gap', the gap between what people know and do and what they should know and do in order to achieve the organisation's goals and maximise individual job performance. This mechanistic model of training requires that job specifications should be broken down into key tasks and those tasks into specific competencies. Currently, this competency based approach to training is being enabled by the Training and Development Lead Body's efforts to define the competencies required for youth work roles, but these were not available to me at the time. Indeed, in common with educators of the caring professions (Hodgkinson and Issit, 1995), youth work trainers and practitioners have expressed serious criticisms of competency based training and have resisted such developments (Davies and Durkin, 1991; Norton et al, 1994). Supporters of a positivist, behaviourist model of education and training have welcomed the apparent rigour and precision of the competency-based approach. The youth work competencies currently being developed will define what youth workers should be able to do, and ultimately, the National Vocational Qualifications (NVQs) derived from them will define the range of settings in which such competence should be observed and the criteria by which they can be independently assessed. Competency-based training is attractive to employers, who see it as a way of ensuring that investment in training is focused on developing the competencies to deliver specified work roles. The national transferability of NVQs is considered an asset in a job market where youth workers will rarely keep the same job, or career, for life. Inclusion of accreditation of prior learning is intended to promote equality of access to qualifications and employment, by acknowledging experience and learning gained via non-traditional routes. However, the cost of gaining accreditation and the emphasis on employment-based assessment are divisive, excluding lower income groups and volunteer youth workers.

Competency-based training has been heavily criticised by educators and youth work practitioners who embrace an interpretivist philosophy and a democratic approach to learning and practice, such as that adopted in this study. They argue that this is a

mechanistic, impoverished, 'anorectic model of education' (Norton et al, 1994, p. 28), which 'assumes we can define (youth) work in terms of skills, behaviours and outcomes, not values, morals and politics' (ibid, p. 29). By valuing only technical knowledge and excluding broader educational goals such as critical thought and values exploration, competency-based training runs the risk of producing youth workers who can do youth work, but who do not understand why they are doing it.

Apart from any debate about their value, it was certainly not practically feasible for me to start from scratch in defining key youth work tasks and competencies. I therefore needed to focus my attention on asking youth workers *'What do you want to be able to do differently as a result of the training?'* and in identifying self-reports of the shortfall between what is desired and current practice.

Critical incident technique can also be used to identify the performance gap (Bee and Bee, 1994). This involves focusing on information about incidents when it is felt someone performed particularly well or (more commonly) particularly badly. This technique was adapted to the context of this study, by asking youth workers to firstly describe their general concerns about young people and alcohol and then to describe their experience of specific instances where young people's alcohol misuse had caused problems. Within the focus interviews these accounts provided an opportunity to explore the performance gap by discussing how the youth worker handled these incidents.

The methodology chosen for 'defining the territory'

In order to take into account the problems and limitations described earlier, many compromises had to be made on the choice of enquiry method for Stage 1. The final design chosen was practical, feasible and achievable:

1. Examination of the literature on youth work and alcohol (see Chapter Two)
    ↓

2. Examination of the literature on youth work training (see Chapter Three)
    ↓

3. Focus interviews with key informants identified as having particular expertise in alcohol education in youth work (see below)

↓

4. In-depth consultation: semi-structured interviews with youth workers in one LA (see Chapter Five)

↓

5. National Consultation: Structured postal questionnaire survey of youth workers in 10 LAs (see Chapter Four)

↓

6. Examination of the results in relation to the literature on young people and alcohol (see Chapter Six)

As already discussed, the remit required consultation with a broad range of youth work practitioners on a potentially sensitive subject. The small body of previous work (reported in Chapter Two) suggested that the issues surrounding youth workers involvement in alcohol education could be complex. Such considerations supported a qualitative approach to data collection within one locality (LA). However, in order to ensure that the results were not tied to the unique features of that LA, consultation in other LAs was also required. A two-level design was therefore adopted using a primarily quantitative approach in the national level consultation involving ten LAs. In-depth consultation with youth workers in one LA was completed at the end of June 1990. The postal questionnaire survey was completed at the end of December 1990. The results were subsequently reviewed in relation to the literature on young people and alcohol.

Consultation with key informants

Ten individuals were interviewed whom Tacade or myself knew to be currently working on related curriculum development projects, or to have acknowledged national expertise in health/alcohol education and youth work. Six were face to face interviews, four were conducted by telephone; most also included written exchanges of information. The enquiry aimed to give me a rapid introduction to the main problems and issues to addressed and to assist formulation of questions to ask youth workers.

Interviews covered opinions on the practice gap, perceived training needs of youth workers and the context for curriculum development.

In-depth, qualitative study of youth workers in one Local Authority (LA): method

Capitalising on existing relationships and to limit costs and travelling, a Local Authority (LA) in the north of England was formally approached by letter to the Chief Education Officer with a copy to the Principal Youth & Community Officer. Both granted written permission to proceed. The Principal Youth and Community Officer required, as a condition of the agreement, that neither the LA, nor any individual youth worker or centre would be identified, and that all views and responses would be treated confidentially. This was agreed and the pseudonym Nestin is given to the LA.

The Principal Youth & Community Officer nominated his Deputy, (who had responsibility for youth work training in the LA) as my main liaison contact. Following negotiation with him, Area Youth Officers in the statutory sector and the Co-ordinator of Nestin Youth Association were identified as key informants who would also provide access to youth workers. All were interviewed to obtain their views on youth workers' current practice and their training needs in relation to alcohol and to obtain their permission to interview their staff/members. Each key informant was asked to select a representative cross-section of youth workers within their area for me to interview. They also identified two agencies that had previously provided alcohol training to local youth workers - the NHS Health Promotion Service and the local Alcohol Counselling Service. Interviews were conducted with representatives of both agencies.

In the statutory sector, the co-operation of the Area Youth Officers was essential in facilitating access to youth workers. Fortunately, all four felt that alcohol issues were relevant to youth work in their area and all were keen to support the study. Each one subsequently informed their staff about the research (by letter or at staff meetings) and encouraged their participation. The result was that no statutory sector youth worker refused to be interviewed. The youth workers identified were mainly full-time managers of youth centres or projects. Through them, interviews were set up with part-time youth workers and volunteers.

In the voluntary sector, the Youth Association provided a list of contacts for all affiliated clubs and organisations that worked with children over the age of 12. All of these contacts were followed up and interviews conducted where permission was given. Two contacts refused to participate in the study, because they did not consider it to be relevant to them. The local Territorial Army Corps refused to participate on the grounds that they did not tolerate alcohol misuse (and therefore presumably it did not occur). A playscheme refused to participate because they considered the young people they worked with were too young (8-11) to be drinking alcohol.

From January to March 1990, I conducted all interviews. From April – June, I shared the interviewing with a local part-time youth worker, whose role was limited to data collection. In each case, contact was first made by telephone, allowing four repeat calls before giving up. In all, sixty-six interviews were completed.

The interviews were usually conducted at the club or centre where the respondent worked (except for some voluntary workers who were interviewed at home) and wherever possible in private. Most of the full-time youth workers were interviewed at quiet times, i.e. during the day. Interviews with part-time youth workers were usually during a club session in the evening. This meant that whilst peace and quiet were sacrificed, there was an opportunity to observe and sometimes participate in club activities. Interviews were taped if respondents allowed it and where the surroundings permitted. Where background noise prevented tape-recording, hand written notes were made. Typed transcripts of tapes and notes were made in all cases. A focused interview technique was used with an interview guide (which respondents had received beforehand) as an aide-memoire. The content of the interview guide changed as the number of interviews progressed and new areas of enquiry became evident. Main areas of enquiry were:

a) The work setting - sessions, facilities, staffing, curriculum, young people
b) The job - role, remit and responsibilities
c) Previous and current involvement in health education and alcohol education
d) General concerns about young people and alcohol and critical incidents
      e) Training in health education and alcohol education
f) Interest in receiving alcohol training

g) Felt training needs

h) Barriers and encouraging factors related to alcohol education

i) Awareness of LA policy and opinions on it

j) Teaching aids.

The interview guides for workers in the voluntary and statutory sectors and for practitioners and their managers were differently worded but covered the same broad areas of enquiry.

In the voluntary sector, in addition to individual interviews, in April 1990 a short questionnaire and details about the project were included in the Youth Association's monthly newsletter, which is distributed to over 300 clubs and organisations. The response was extremely poor - only four questionnaires were returned! One reason for this lack of interest is the age of young people served by Nestin's voluntary youth work sector. Most of Nestin Youth Association's member organisations mainly worked with young people under the age of 14. Consequently, these organisations may not have considered alcohol issues to be relevant to the needs of the young people with whom they worked. The results of the interviews with representatives of church groups and the uniformed organisations in Nestin, reported in Chapter Five, support this.

National consultation - method

Informed by the data from the in-depth interviews in Nestin LA, a postal, self-completion questionnaire was drafted and piloted with ten full-time youth workers and ten part-time workers from the voluntary and statutory sectors, drawn from Tacade's contacts throughout the country. Twelve were returned, and as considerable amendments were needed, the revised version was piloted again, with ten workers. Five questionnaires were returned. The final version (appendix 1) was completed in June 1990. In July the questionnaire was printed and distributed to contacts in LAs for onward distribution to youth workers.

The main areas of enquiry covered by the questionnaire used in the national survey were:

a)   Type of youth worker and organisation

b)   County or LA

c)   Type of young people worked with

d)   Concerns about alcohol

e)   Involvement in raising alcohol issues

f)   Factors that encourage or discourage alcohol education

g)   Training in alcohol education

h)   Resources

i)   Attitudes to young people and alcohol.

Fourteen LAs were selected to participate in the national survey; eleven from England and one each from Scotland, Wales and Northern Ireland. Additionally, 50 individual youth workers were included who I knew had a particular interest or expertise in alcohol education. They were mailed an individual questionnaire. The LAs were selected to obtain a spread of urban and rural populations, and to include diversity in ethnicity. The poor response from Nestin Youth Association's members suggested that a high return rate would not be likely. NYB and Youth Clubs UK research staff confirmed that youth workers are generally allergic to questionnaires! The over-riding priority became efforts to ensure a big enough response rate to illuminate the issues, rather than construction of a scientifically valid random sample. In turn this means that the conclusions are not necessarily representative of the entire UK youth worker population.

Personal contact was made with a senior manager in each LA, who was willing to facilitate local distribution of 70 questionnaires. They were asked to select ten full-time youth workers and 40 part-timers (statutory sector) and 20 workers from the voluntary sector, to represent the broad spread of youth work practice and provision within that LA. Responses were encouraged from detached workers, special project workers and those who worked with ethnic minorities.

The questionnaires, each with a postage-paid envelope for reply, were despatched to the key contacts in the LAs in late July 1990 for return by 31 October.

Two of the 14 LAs that received questionnaires, including the only Welsh LA in the sample, failed to distribute them. Plans to distribute questionnaires to a Scottish LA also did not come to fruition. Several individual workers from Scotland and Wales responded to publicity about the study in youth work magazines. However, it should be noted that only youth workers in England and Northern Ireland responded to the national survey.

The questionnaires received were coded and the data computerised and analysed using SPSS-X software. A univariate analysis of the frequency distributions of all variables was made. Bivariate analysis was performed on pairs of variables with sufficient numbers of responses in each value category. These were:

Independent Variables (Youth worker characteristics)

- paid or volunteer worker
- full-time or part-time worker
- statutory or voluntary sector worker
- qualified or unqualified
- length of experience in youth work
- training in alcohol education
- social class background of young people they worked with
- urban/rural location of young people they worked with.

Dependent Variables (Perceptions, attitudes and involvement in alcohol issues)

- Perceptions of local alcohol-related problems
- Involvement in planned alcohol work in last year
- Perceptions of importance of alcohol versus other drugs
- Factors which limited or supported involvement in alcohol education
- Confidence in ability to tackle alcohol issues

The statistical significance of the relationship between pairs of variables was assessed using Chi^2 with Yates correction as a test of association. The results are presented in Chapter Four.

Stage 2: Justification of Content

The evidence gathered in Stage 1 was used to develop a rationale for the training programme. The justification process involved critical reflection on the evidence obtained. It drew on the notion of reflective practice (Schon, 1983) which has had considerable influence on understanding and development of professional practice in a wide range of disciplines, including that of youth workers (Boud, Keogh, and Walker, 1985, Smith, 1994, Jeffs and Smith, 1996). It involves solving problems and deconstructing and reconstructing meaning. In this context, it involved thinking about the meaning and implications of every new piece of evidence (data, literature, my personal experiences in youth work, feeling and intuitions) in relation to the evidence already gathered, leading to reinterpretation, synthesis and ultimately action in terms of formulation of a rationale for the training programme.

To make the process of critical reflection more explicit, I kept a journal throughout the study. Journals are extensively used as a tool to encourage reflective practice (Pipe and Richards, 1992) and will be further discussed in relation to Stage 6: Evaluation. The journal was usually completed at the end of each week, providing a period to stop and think, reflect and plan action for the next week. When the data gathering for Stage 1 was completed, the diary and all the evidence were revisited to refine the rationale (Chapter Seven).

Stage 3: Learning Outcomes

The nature, purpose and value of learning outcomes have been hotly debated in the curriculum development literature for over 20 years, particularly in the field of education. Interestingly, much of the debate seems to have completely bypassed writers

on business training, who have wholeheartedly and uncritically adopted the classic model of educational curriculum design. This model is based on aims (broad statements of purpose and intention; Taba, 1962) and objectives (specific statements of what learners will be able to do after instruction; Beard and Hartley, 1984, p. 26). Stenhouse (1975) traces the idea of objectives in their modern form to the writings of Bobbit (1924) which were later developed by Tyler (1949) and as a taxonomy, by Bloom (1956). Summarising the debate, Beard and Hartley (1984, p. 34) note that objections to objectives have been practical, theoretical and philosophical. Practical objections, as applied to this research include:

- it is difficult to specify measurable activities for all but the most trivial (lower order) objectives (e.g. pouring a standard measure of gin);
- it is time consuming and difficult to break down the whole of the world to be explored into cognitive, affective and skill objectives. As a result there is a temptation to concentrate on the most trivial elements (e.g. how to count 'units' of alcohol);
- the interactions between the youth workers as learners and myself as tutor are ignored;
- specifying objectives in advance does not allow for youth workers' unpredicted 'voyages of discovery' (Boomer, 1992) which might produce valuable learning experiences;
- evaluation risks being locked into a rigid framework of measuring only intended outcomes and ignoring all other learning.

Theoretical and philosophical objections include:

- there are many paths through one body of knowledge, therefore lists of actions do not adequately represent the structure of knowledge;
- there is no one way to instruct;
- the context of learning is ignored;
- learners are cast as passive recipients, rather than active partners in learning;
- tutors are viewed as experts, technicians, managers and controllers rather than co-learners, facilitators or catalysts;

● objectives smack of behaviourism and suffer from many of the weaknesses of an operationalist dogma.

While such arguments are persuasive and difficult to counter, the fact remains that curriculum planning is a purposeful activity:

> '*the strongest justification for planning the curriculum by objectives lies in its appeal to rationality; that part of the meaning of an activity, to be rational, is that it should be directed to some clear goal or purpose*' (Morrison and Ridley , 1988, p. 67)

Furthermore, my own experience as tutor and trainer accords with Beard and Hartley's opinions (op. cit, p. 35) about the advantages of using objectives as:

* guide to planning

* stimulus to clearer thinking

* an aid to precise communication

* a guide to actual teaching and choice of teaching method

* a way of sharing intentions with learners, to initiate negotiation

* a guide to outcomes evaluation.

In relation to the specific project remit, it was also necessary to provide some statements of intended outcomes, to guide other trainers who would use the published materials.

Most of the practical problems can be overcome if Hirst's argument (1980) is accepted - that objectives need not be expressed in specific behavioural terms and that both intended and unintended learning outcomes are acknowledged. If the content is tentative and provisional (as much of it is in this case), then the objective can be written to reflect and incorporate this. Within my model of a negotiated curriculum, this strategy can be advantageous, in enabling youth workers to develop a shared sense of overall direction, while allowing real opportunity for pursuing their own individual learning goals.

The process of formulation of intended learning outcomes therefore followed these pragmatic principles. The key principles informed the generation of a list of aims,

written as broad statements of intention. To achieve each aim, intended learning outcomes were written with varying degrees of specificity, depending the degree of precision available to me. The conditions under which the outcome should be observed in the learner were not usually specified because the range of contexts and settings in which youth workers engage with young people is so broad. Unintended learning outcomes were expected and specifically allowed for within the evaluation design. The aims, learning outcomes and activities are described in Chapter Eight.

It has already been emphasised that the curriculum planning model was not linear but a series of loops. The definition of learning outcomes proceeded in this fashion, with initial lists being revised in the light of the pilot course contexts. The outcomes were renegotiated during the courses and further revised in the light of evaluation results.

Stages 4 and 5: Learning activities, Teaching aids and Resources.

Stages 4 and 5 involved planning the curriculum content as activities, selecting teaching aids and organising the activities into courses. The context of the programme needed to be taken into account e.g. the opportunities for piloting and the time available for courses.

A context profile (Loughary and Hopson, 1979) was completed for each piloting opportunity, to explicitly state and take account of the environmental factors that surrounded the courses and needed to be known before designing them. The context profile for a weekend residential course for part-time youth workers is given as an example in figure 6. Context profiles were also written for all of the other pilot courses.

Figure 6:   Context Profile for pilot residential weekend in-service training course for part-time youth workers in Nestin

Factor	Description	Implications
Tutor	Linda Wright - external trainer.	Advantages: • Knowledge of needs (from stage 1) • Experienced trainer • Not hindered by past history of doing youth work in Nestin Disadvantages: • Not in a position to implement organisational change • Not familiar with the constraints and realities of all participants' roles (although evidence from needs assessment) • Working alone
Budget	Tacade funding covers trainers' fees and materials. LA funding for participants' travelling expenses, accommodation, food.	Youth workers not paid to attend. No child-care provision. May discriminate against youth workers with young children, those on low income and volunteers.
Time available	6pm Friday to 3pm Sunday. Residential.	Participants may arrive tired. Prompt morning starts may be difficult. Home commitments may prevent attendance.
Participants' training history	Have all done, or are doing the accredited training for part-time youth workers. Some have previously done one-day alcohol awareness courses. Accustomed to residential training courses.	Participants will need to get to know each other. May be disparate levels of knowledge, awareness and experience. Participatory learning is desirable. Nothing too extreme.
Voluntary or forced?	Participants are volunteers; LA and managers encourage attendance.	Participants will have some motivation to learn.
One-shot or ongoing?	One-shot.	There will only be the weekend to achieve the desired outcomes.
Homogeneity	All part-time youth workers; voluntary sector will be invited. Varying levels of experience.	Participants will be an invaluable learning aid.
Facilities	Residential training centre in isolated rural setting. Spartan facilities, shared accommodation; training rooms are large, well-lit and equipped. Near a pub. Inflexible coffee and food breaks.	Conducive to a good learning climate. Good training conditions. Room sharing might cause tiredness. Need to build course round allotted break times. Off-site so participants will not get distracted. Proximity of pub could create problems - use as a learning opportunity, negotiate rules for drinking! Isolation could create transport problems for participants without cars. Local roads can be treacherous in bad weather, so finish in time to allow return journey in daylight.
Staff	Linda Wright. Training manager will introduce course then leave. Centre manager in residence.	Will be training alone, so plan time to debrief with another tutor afterwards. Help is available if there is a crisis. At what point am I off duty?
Type of group	Closed.	Newcomers will not interrupt flow. Sensitive issues can be addressed - develop positive learning climate first.

The intended learning outcomes developed in Stage 3 were used to define the content of the curriculum, within the profiled piloting contexts. This was achieved by first grouping the aims and learning outcomes and then using these groupings to construct a matrix, using the intended outcomes in the rows and the content in the columns. Several matrices were attempted until comprehensive content definition was achieved. The grouping and matrices are reported in Chapter Eight.

Choice of teaching methods was informed by the extensive literature on adult learning. Jarvis (1995) draws together a range of theoretical perspectives on adult learning, to construct a theory of learning based on experientialist approaches (Kolb, 1984) and locating adult learners within their socio-cultural milieu (Freire, 1973). This model is not unique to adults. When those conditions of learning that relate solely to age differences in experience and maturity are excluded, the approaches to teaching closely resemble the principles of life-long experiential learning proposed by Dewey (1938) and Rogers' model of student–centred learning (1965). Jarvis's summary of the conditions of adult learning and approaches to teaching is given in Figure 7. A clear conclusion is the limited place of didactic teaching in the planned curriculum and the importance of using experiential, student-centred methods and a facilitative teaching style. This approach is also entirely consistent with the overall curriculum-planning framework adopted for the research.

Sequencing and structuring the activities needed to take into account relevance, continuity and progression. Morrison and Ridley's criteria (Morrison and Ridley, 1988, pages 136-140) guided the process of sequencing the activities:

specific	→	general
near	→	far
concrete	→	abstract
simple cognitive demands	→	complex demands
familiar	→	unfamiliar
contemporary	→	past and future

Following each pilot course, the content, activities, teaching methods and sequencing of activities were reviewed and revised. These revisions were then incorporated into the

next piloting opportunity. At the end of the pilot phase, the curriculum was rewritten as a marketable product, with a modular structure. The activities and course structures are described in Chapter Eight.

Figure 7: The conditions of adult learning and approaches to teaching

(adapted from Jarvis, 1995, pp. 103-104)

Conditions of adult learning	Approaches to teaching
Learning is a basic human need.	Teaching is not essential to learning but may facilitate it
Learning is especially motivated when there is disharmony between an individual's experience and their perception of the world.	Teachers and learners need to structure the learning process together so that it relates to the experience which created the felt need to learn.
Adult learners like to participate in the learning process.	Teaching methods should be socratic or facilitative rather than didactic.
Adult learners bring to the learning situation their own: - Experiences	Teachers should: - Use these experiences as a learning resource
- Meanings	- Build on existing meanings systems and enable students to use their previous knowledge as a resource.
- Needs	- Illustrate the relevance of the subject by applying it to real life; individualise the learning if possible
- Self-confidence and self-esteem	- Empathise with the humanity of the learner; reinforce existing 'correct' knowledge and skills and provide opportunities for reflection upon those that are 'incorrect' so that change is self-dictated.
- Self-perception	- Encourage self-assessment rather than teacher assessment.
Adults learn best when the self is not threatened.	Teachers should create an ethos of trust and security, encouraging co-operation and mutual support rather than competition.
Adult learners need to feel that they are treated as adults.	Teachers should avoid seeing themselves as the 'fount of wisdom' and facilitate a negotiated learning partnership between all participants
Adult learners: - Have developed their own learning styles	Teachers should: - Recognise that different learning styles exist and encourage learners to develop effective and efficient learning.
- Have different experiences of education, so may learn at different speeds	- Encourage adults to learn at their own pace.
- Bring different psychological conditions to the learning situation	- Ensure that the physical environment is conducive to learning.

Stage 6: Delivery, piloting the materials

Opportunities were sought to pilot the courses within initial training and in-service training settings. The in-service training was delivered in Nestin, where the local needs assessment study had been carried out, which allowed the courses to be closely matched to local needs. It also facilitated participative research, by allowing me to work with the same youth workers who had participated in Stage 1 of the study. The two groups did not entirely correspond - not all of those interviewed in the needs assessment participated in the courses (and vice-versa), and if they had been interviewed in Stage 1, this was not disclosed to other course participants. However, post-course follow up of the sub-group of learners who had been interviewed for the needs assessment enabled me to ask an additional level of questions, relating the learning outcomes to expressed need.

Development of a syllabus for the initial training of youth workers was negotiated with the course directors of the Diploma in Community and Youth Work courses at Durham and Sunderland Universities. The outcome was agreement to offer a half-day workshop to second year students at Durham and a half module elective (75 hours) on 'Alcohol Issues in Youth Work' for second year students at Sunderland.

In-service training in Nestin

Four courses were run in Nestin. After consultation with the training officer, training was offered to full-time youth workers first, followed by courses for part-time youth workers. This was done in order to develop full-time workers' skills in managing their staff and centres/projects in relation to alcohol issues. Access to resources and training for part-time youth workers is normally via a full-time worker and it was hoped that by training them first, they would encourage their part-time staff to attend the training.

The time negotiated for training was not ideal, but did reflect the realities of alcohol training provision, as identified in the needs assessment survey. A one-day (weekday) course for full-time workers and two weekend courses for part-timers were agreed. The day course was held in June 1993 and repeated a week later in order to accommodate all

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of the full-time youth workers in Nestin. This enabled changes to be made to the second course in the light of feedback from the first.

Two weekend courses for part-time youth workers were held. The first was a residential weekend, in November 1993. The second was a non-residential weekend in February 1994. These two delivery methods were adopted to offer participants some choice. They were held at weekends because some part-timers have other jobs on weekdays and are in their centres/projects in the evenings. The time between the courses allowed changes to be made to the second course in the light of the immediate feedback from the first. Changes were also necessary because the second course was non-residential.

Initial training

The half-day workshop for Durham students was initiated by the students themselves, as part of their self-directed learning. One month before the workshop, a 45 minutes session was held to identify their perceived training needs.

The half module input for Sunderland students offered the opportunity to develop and evaluate a broader syllabus than that offered to the Durham students or on the in-service training courses. The course was held over 10 weeks during the autumn term, 1993 and repeated in autumn, 1994. It comprised 75 hours of study, including 30 hours of tutor contact time. The taught element was divided into 5 one-day workshops, with the rest being directed and self-directed learning.

Stage 7: Evaluation

Evaluation is considered an integral part of all curriculum planning models, yet the term covers a vast array of concerns and practices. It can broadly be seen as *'the collection and use of information to make decisions about the educational programme'* (Cronbach, 1963, cited in Morrison and Ridley, 1988. p 143) and usually implies certain types of decisions and value judgements:

'any means by which we observe and appraise the context, the effects, and the effectiveness of the teaching and learning we have set in motion' (Rowntree,1981 p. 243).

Evaluation is about making value judgements, on the basis of evidence. The goals and methods of evaluation therefore derive from the type of curriculum development model used, the stake holders interests, and the purpose of the evaluation. Eraut (1984) identifies three main purposes of evaluation - extrinsic, intrinsic and value judgements. Figure 8 identifies the purposes of evaluation in this study using Eraut's classification.

Figure 8: The purposes of evaluation of the alcohol training programme for youth workers

1. Extrinsic Purposes
   - to inform decision making about the programme's improvement, publication and dissemination
   - accountability to employer, funders, participants and youth services
   - to assess participants' learning

2. Intrinsic purposes
   - to examine the relation between intentions and realisation (intended and unintended processes and learning outcomes)
   - to interpret what is happening
   - to ascribe value to intentions, actions and activities

3. Value judgements
   - to prioritise the needs and learning outcomes
   - to assess the worth of the training
   - to inform decisions about what training is reasonable and practicable.

The main purpose of the evaluation was to inform decisions about curriculum improvement. Given that the entire study was an innovation, in terms of producing new courses from scratch, rather than developing or extending an existing training initiative, it would have been inappropriate to focus the main attention solely on measurement of learning outcomes. There was at least as much interest in the teaching and learning process, the experiences of tutor and participants, the route of the journey, as there was in its destinations. Consequently an objectives based model, with its emphasis on outcomes, or the classical research model, with its requirement for a randomised control group, were both inappropriate models of evaluation for this study. Illuminative evaluation (Parlett and Hamilton, 1976) seeks to describe and interpret rather than measure or predict. It aims to illuminate a curriculum in a particular context, with a specific trainer and participants in terms of what is happening and why it is happening. In contrast to the detached objective stance expected within scientific paradigm evaluation, the illuminative evaluator works within the group under study and attempts

to gain as many different perspectives as possible. This model fitted my own dual role as trainer-evaluator.

Illuminative evaluation is also consistent with the overall curriculum planning framework, which emphasises the development of a negotiated curriculum using action research methods. The methodology of illuminative evaluation involves negotiation with the research participants (in this case, youth workers, their trainers and managers) to clarify the central issues in the curriculum, as experienced by them. Evaluation is not approached with pre-determined items for investigation but responds to the unique context (Parlett, 1981). By 'progressive focusing' (Parlett and Hamilton, 1976) the evaluator observes, clarifies, redefines and further investigates what emerges as key issues. In this study, I used this approach to progressively focus the alcohol and youth work issues identified during the 18 months spent on Stage 1, to define the world to be explored. This style of evaluation was applied at all stages of curriculum planning, as a series of feedback loops, culminating in the evaluation of the pilot courses themselves.

Evaluation of the in-service training courses

The same methods were used to evaluate the short in-service training courses for both part-time and full-time youth workers, although the instruments and schedules were slightly different for the two groups. The main difference was wording of the questions to reflect the different learning objectives set for part-timers and full-timers.

(a)   Pre Course Questionnaire

Approximately three weeks before each course, a pre-course questionnaire was sent to each participant, with a covering letter explaining why and how the courses would be evaluated. Participants were requested to complete the questionnaire and bring it with them to the course, when it was collected at registration.

(b) *Process evaluation during the course*

My dual role of tutor and evaluator restricted the process evaluation measures available to me during the course. Detached observation schedules were obviously impossible and the short contact time meant that formal written tests were not appropriate. The methods employed were active learning methods:

- Each learning activity included process and review questions.

- During the breaks, in the evenings (for the weekend courses) and immediately after each course, I completed a diary which reflected on my experience of running the course. It included detailed notes of what happened, materials and timings, behaviour and group participation, mood and energy, observed outcomes of each activity and reflections on whether the activity achieved its purpose. Notes of any problems or difficulties were made and strategies devised to deal with them.

- For the weekend courses, at the end of the first full day, I asked for brief written feedback on how participants felt the course was going, what they had learned and what they hoped they would achieve next day.

- I spoke to individuals informally during breaks, asking them *'What do you think of the course so far?'*

- Every course closed with a round of *'Resent and appreciate'*, which gave every participant the opportunity to share their positive and negative reflections on the course as a whole.

(c) *Student-determined evaluation*

An important principle of active student-centred learning is that responsibility for learning rests firmly with the participants (Brandes and Ginnis, 1986). They are

encouraged to set their own learning goals and to take responsibility for achieving them. In order to emphasise this, before each course, participants were sent a self-assessment questionnaire which asked them to record the knowledge and skills they wanted to acquire and the attitudes and values they wished to clarify. Participants kept this and referred to it at the end of the course to review whether they had achieved their goals.

During the final session of every course, participants were also asked to complete an action plan (see appendix), with a 3-month deadline. As these plans were intended as practical tool for participants rather than an evaluation instrument, I did not collect them. They were discussed during the follow up interviews.

d)   Post-course questionnaire

During the last session of the course, which was entirely devoted to evaluation reflection and action planning, participants were asked to complete a post-course questionnaire which recorded their immediate self-assessment of learning outcomes and their intentions, if any, to apply the learning to their work.

e)   Follow-up questionnaire

Approximately six months after the course, participants were sent a brief, postal questionnaire to find out the impact of the training on their practice. All of the questions were open-ended, apart from a simple rating scale on how useful each course component had been. A covering letter asked respondents to return the questionnaire and informed them that they would be contacted to arrange an interview. Six weeks were allowed for returns.

f)   Follow-up interview

Attempts were made to interview all participants, approximately six months after the course, and after they had received the follow-up questionnaire. Face-to-face interviews were conducted if they could be arranged within a reasonable time period and if the respondent agreed. Telephone interviews (Frey, 1989; Howard

et al, 1988) were conducted with the remaining respondents. Both types of interview followed the same schedule. They covered the same areas as the follow-up questionnaire, with additional questions drawn from the written information provided by each respondent via the other evaluation instruments. Where course participants had been interviewed during the Stage 1, they were also asked to reflect on whether the course had met the needs they had expressed.

Evaluation of the initial training courses

The half-day session with second year Diploma in Community and Youth Work students at Durham University was evaluated by the students themselves, as part of their self-directed learning. Two students administered a self-completion (anonymous) post-course evaluation form to all participants. This listed the objectives of the session and asked whether they had been achieved, in terms of anticipated youth work practice. They also asked about foreseeable problems and whether participation in the workshop had been fun. The collated responses to the questionnaire were made available to me.

Methods used to evaluate the Sunderland course needed to satisfy the University's academic requirements as well as my curriculum development needs. Considerable emphasis was placed on student-determined evaluation and on using my own and the students' reflective practice as vehicles for curriculum evaluation. This was achieved by using the following methods:

a)   *Individual learning contracts*
Students wrote their own learning contracts when the course commenced. During the final workshop, they completed a post course questionnaire similar to the instrument used for the in-service training courses, which asked them to review their learning gains against their learning contract.

b)   *Skills audit*
At the start and end of the course, students self-assessed their skills in relation to the intended learning outcomes (for instrument, see Chapter Nine). This was an important element of participative evaluation, as it provided a framework for the

students to define their individual learning needs when they started the course and immediate and positive feedback on their learning gains when they completed it.

c)   *Process evaluation during the course* (as for the in-service courses)

d)   *Case study*

Students wrote a case study of a real situation they had experienced involving young people and alcohol (see appendix 2). I marked this as part of the formal student assessment (50% of the mark). Students were given the marking criteria. It enabled me to assess the extent to which students were able to apply their course learning to a practice problem and to reflect-on-action (Schon, 1983, 1987).

e)   *Course journal*

As a second element of formal student assessment (50% of the mark), they kept a course journal (see appendix 3) which asked them to reflect on what they had learned each week and its implications for youth work practice. I also kept a diary.

f) Follow up focus group interview

Four months after the course, following a fieldwork placement, the students were interviewed as a focus group, and also completed a written questionnaire. A focus group interview was used as an evaluation tool (Patton, 1987; Mays and Pope, 1996) in preference to a simple group interview in order to specifically exploit the interaction between the group participants (Kitzinger, 1994). This was another important element of participative evaluation because it enabled the students to hear (and respond to) their fellow course members' views on the course and their experiences of applying the course learning during the fieldwork practice. The focus group also enabled me to explore the meaning of the responses to the post-course questionnaires in the context of the group's youth work values and norms.

Revision of the Curriculum

Within the action research approach, as evaluation data was gathered it was used to revise and restructure the training materials for the next piloting opportunity. After piloting, the curriculum received a final revision taking into account all of the data gathered and revisiting the needs assessment. At this stage, by the end of 1993, I was satisfied with all of the material apart from a unit on working with young problem drinkers, which I had neither written nor piloted. I repeated the Sunderland half module in 1994 which gave me an opportunity to teach and evaluate this course element. This addition was important to enable me to assess whether it was possible for a non-clinician to be able to facilitate learning in this area. The results are reported in Chapter Nine. The curriculum received a final polish before publication by Tacade (Wright, 1995).

CHAPTER TWO

Stage 1, Defining the Territory: Review of The Literature on Youth Work and Alcohol

Introduction

A first step in defining the territory was to explore the nature of youth work practice and the role of the youth worker in alcohol education. This chapter briefly considers the history of youth work and its engagement with health education. Alternative traditions are identified which continue to inform current youth work practice. This is followed by a consideration of the challenges faced by youth workers in doing issue-based work, particularly in relation to health education and alcohol education.

This literature review was conducted at the start of the research in 1989-90, and updated annually to 1992, because its prime purpose was to inform the subsequent development of the training programme. In updating the review during the writing up process, it has also been necessary to acknowledge the significant changes that have taken place during the period of this research. During 1989-98, the entire custom and practice of the youth service has endured a major challenge from Government (discussed later in this chapter). Health care delivery and health education practice have undergone dramatic changes (see Chapter Seven) and there have also been important changes in the way young people use alcohol (see Chapter Six). Consequently, discussion of the key questions in 1998 contains some important differences to the original interpretation made in 1989-90. It is the original interpretation that informed the curriculum development process.

Method

The literature on youth work was accessed via databases held by Durham University and the National Youth Agency (NYA). To identify literature specific to youth work and *alcohol*, a keyword literature search using the ERIC database was conducted, using

the words *alcohol, alcohol education, youth work, youth workers*. Manual searches of the NYA's library collection and Durham University's Department of Adult and Continuing Education library database were also conducted. All searches revealed little relevant published material on youth work and alcohol, in contrast to the wealth of material on young people and alcohol. Most of the NYA database references were to teaching packs for use with young people. The ERIC search revealed one reference, an American account of a youth worker training project with little relevance to British provision. A more fruitful source of information was the 'grey' literature produced by local projects.

The lack of published information, particularly reports of empirical work, may well reflect the previous lack of attention paid by academics, policy makers and researchers to alcohol education in informal settings, and to the youth worker's role as a health educator. The lack of a clearly defined youth worker population and the diversity of youth service provision may also compound it. In comparison to other professionals who work with young people (e.g. teachers, social workers, school nurses), youth workers are not a particularly extensively or rigorously researched group. Examination of reports produced by the NYA and other youth work agencies indicate that generalisability and rigour are usually limited by the difficulties of sampling and access to youth workers operating in a wide range of roles and settings. For example, Smith (1989), while surveying youth service policy in LAs, commented on the lack of a youth service database.

The Problems of Definition

In examining the literature, I have found that, as Jeffs and Smith (1988, p.1) remark, '*Youth work is something of an enigma*' and a neglected one at that. These authors confirm the dearth of literature and research, plus a reluctance to acknowledge youth work's considerable history. They remark that the question ' What is youth work?' is rarely asked, except for non-academic purposes, as an exclusion tactic (e.g. non-recognition of youth groups associated with political organisations) or as a criterion for funding (e.g. LAs that define youth work in terms of work with the 14+ age group).

Throughout its history lack of a coherent theory of youth work, grounded in practice, has left this area immensely vulnerable to political challenge and public confusion.

As Jeffs and Smith (1988) note, it is tempting to respond to the question 'What is youth work?' by saying that it is what the youth service does. This is how both the Central Office of Information and the NYA answer the question in their general reference pamphlets (Central Office of Information, 1986; NYA, 1992) and in the NYA's revised Statement of Purpose (NYA, 1997b). However, as empirical studies of practice are rare, it is difficult to judge how close such descriptions are to actual practice. The sheer diversity of the youth service prevents succinct description. For example, Eggleston (1976) identified six different categories of voluntary youth groups, which included over 40 national organisations. Admitting that no easy definition existed, Eggleston produced a deficit model:

> 'Possibly the only generally acceptable definition of the youth and community service is that it serves the needs of young people insofar as they are not catered for by some other service' (Eggleston, 1976, p. 3).

Youth work's breadth and fluidity should (in theory at least) enable the service to adapt and respond to the continually changing needs of young people and the agendas of its funders. The NYA has recently recognised this diversity by abandoning attempts to produce nationally validated quality standards for youth work and is adopting a facilitative role in supporting local services to develop their own quality assurance systems. Youth work's foundation in voluntarism also helps protect it against any imposed definition. As Jackson (1990) observes in relation to attempts made to impose a core curriculum central government would have difficulty in developing and implementing any type of core curriculum for a service where the majority of the workers and *all* the clients are volunteers. If they did not like the curriculum they would vote with their feet.

Jeffs and Smith (1988) suggest that youth work might also be defined by examining its purpose and process, client group, youth workers as providers, or their relationships with young people as service users. Yet, as the authors emphasise, each of these elements is itself the focus of considerable debate. Nevertheless youth work *has* come to be recognised as having some meaning and boundaries.

Its central characteristics are:

- A voluntary relationship between worker and client (young person)
- A focus on young people
- An educational purpose to the work (Jeffs and Smith, 1998).

These characteristics, taken together, distinguish youth work from other interventions with young people such as compulsory schooling, further and higher education and work with convicted young offenders.

Effective Youth Work

Published accounts of attempts to evaluate youth work or define effective practice are understandably rare, given the difficulties in defining what youth work is. The main sources of data are HMI inspections of youth service provision and individual project evaluations. The latter are usually process evaluations. Methodological differences and the uniqueness of project designs and contexts usually mean that their results are not transferable to youth work in general. Ritchie (1986) conducted a critical review of four HMI inspections of youth service provision and found them to be contradictory, inconsistent and remarkably bland. *Education Observed 6* (DES, 1987), the HMI's own report on effective youth work, admitted difficulty in generalising about elements of good practice and their comments are neither new nor specific:

The document saw youth work's main goal as

> *'the personal and social development of young people, especially with those most in need of the experience' (para 39).*

With regard to good practice, the report noted:

> *'The range of things youth workers do is as broad as the range performed by teachers. Features which all examples of good practice displayed, explicitly or implicitly:*

> *-work was part of a planned process*
> *-youth workers were fully aware of the complexity of what they were doing*
> *- engagement of young people as active and willing partners'.* (ibid, para 40)

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Good practice required youth workers to carry out four basic functions:

'1   *Identify and offer a range of appropriate experiences.*

2   *Create situations in which young people can learn from these experiences.*

3   *Muster resources.*

4   *Support young people while they undergo the experience and learn from it.*' (ibid, para 41)

Additionally:

• '*Youth workers should establish clear aims, objectives and use appropriate methods*

• *Youth workers should make and maintain appropriate relationships*

• *Youth workers should be aware of the richness and diversity of material available for social learning and apply educational techniques.*' (ibid, para 43)

While it would be hard to disagree with any of the HMI's conclusions, these reports say little that makes any new contribution to the building of a specific body of youth work practice. The reports do however emphasise that youth workers often work in very discouraging circumstances with inadequate resources and little or no support. The more detailed OFSTED criteria for inspection of youth work issued in 1995 include systems and structures for planning and managing youth services, as well as judgements about individual practice.

A recent report on the contribution of youth services to drug education (OFSTED, 1997) has identified service limitations that support the findings of the needs assessment for this study (see Chapters Four and Five). It noted:

• confusion about the appropriate response to young people;

• variability in:

- quantity and quality of drug education provision between youth services;

- provision of drug training for youth workers, which often did not match training needs.

A further difficulty in defining effective youth work is the differing views on the purpose of the service held by providers and users (young people). Hendry et al. (1991) found that youth work's aims and principles, as expressed by youth workers in terms of informal education, are not subscribed to by young people, who view the service as recreation and leisure provision. The study also confirmed that youth workers were well aware of young people's motivations for using youth services. As Smith (1988) points out, bargains have always been struck between young people, youth workers and sponsors or funders though they are rarely made explicit. For young drinkers, the bargain for using a youth club is likely to go something like this: 'We don't allow alcohol on the premises. You can come into the disco if you are not drunk. You might even have to put up with me giving you some advice on sensible drinking. In return you will be able to play pool, meet your friends, dance, and listen to music in secure, warm surroundings.' Fun - at a price. Considering the youth work 'bargain' on alcohol issues, one challenge for curriculum development is to enable youth workers to enact their informal education role whilst specifically acknowledging young people's motivations for drinking. As described in Chapter Six, these include positive reasons such as enjoyment and socialising, which are also their motivations for using youth services.

Hendry et al's study attempted to measure the benefits of youth work. The study involved questionnaire surveys of schoolchildren and youth workers and in-depth interviews with youth workers and young people in five contrasting youth work settings in the Grampian Region. The methodology limits the value of the comparisons, because the schoolchildren did not necessarily participate in youth work provided by the youth worker sample. Drawing mainly on the in-depth qualitative data, the main benefits of youth work to young people were identified as:

- *'Growth in self confidence*
- *Developing positive relationships with others*
- *Enjoyment*
- *Meeting friends*
- *Widening horizons, testing new ideas, values clarification*
- *Examining issues in a safe environment*
- *Skill development e.g. decision making'*

(Hendry et. al., 1991, p. 57)

The researchers identified a range of features of youth work that enhanced the benefits to young people: the creation of group identity, opportunities for youth participation, youth worker preparation/teamwork, reinforcement of success and the provision of opportunities for young people to succeed/achieve. Like the HMI studies, they noted that resources were important factors in effectiveness, particularly the youth worker/young people ratio, the physical surroundings and facilities available.

In 1997, the NYA requested examples of good practice, as defined by the providers, from voluntary and statutory youth agencies. Commenting on the returns, the NYA notes:

> '*What now needs to be established is the criteria used to define what constitutes good practice*' (NYA, 1998c, p. 8).

Answers to this question would contribute a great deal more to youth work theory and practice than the survey results themselves, which, as reported in an eight page summary, amount to bland generalisations about good practice offering little new illumination e.g. '*the development of quality relationships with young people*' (ibid, p. 8). Had the NYA chosen to subject the 214 responses to a more rigorous content analysis using a grounded theory approach, this study could have made an important contribution to the body of knowledge, by analysing the meanings different types of youth agencies attach to 'good practice'. As reported, the data are more useful as a picture of youth work practice in 1997. For example they indicate that youth agencies saw good practice as work with specific target groups, '*the more vulnerable, marginalised or at risk young people*' (ibid, p.1), reflecting a reorientation of youth services away from universal provision .

Youth work's History and Traditions

This section briefly defines the youth work 'territory' in terms of its history and traditions and discusses their relevance and application to current practice, particularly to youth work on alcohol issues.

Traditions

Smith (1988, p. 48) points out that while youth work is often portrayed as ever changing, certain patterns of thinking and practice have existed for a long time and can thus be identified in apparent 'new' work such as alcohol education. Building on the work of Butters and Newell (1978) he identifies six traditions of youth work. These are summarised here, giving examples of each tradition in relation to alcohol education.

1. *Welfare* - focusing on material deprivation and risk of harm e.g. young people's risks of harm due to drinking alcohol and the harm that young people experience due to other people's drinking, especially parents.

2. *Rescuing* - similar to welfare, but within a moral and religious framework of 'saving' young people e.g. rescuing young people from the evil and immoral influence of drink.

3. *Character building* - offering an explicit set of moral and religious values e.g. developing young people's values to enable them to say no/resist/avoid/give up alcohol.

4. *Personal and social education* - non-directive enabling of young people to move towards self development and citizenship e.g. developing young people's decision making skills and empowering them to make informed choices about alcohol; promoting a sense of responsibility towards others when drinking alcohol.

5. *Recreation, social and leisure provision* - providing alternative opportunities for recreation and leisure that do not involve drinking alcohol e.g. alcohol-free bars, outdoor sports.

6. *Politicising* - raising young peoples awareness of social policy in relation to alcohol and educating them regarding the impact of local and national control measures; the role of commercial interests in promoting alcohol to a youth market.

Smith suggests that all six traditions can be identified in current practice although three are particularly popular: social and leisure provision; personal and social development; and character building. Current 'professional' youth work is largely informed by the two traditions of welfare and personal and social development. 'Movement based youth work' e.g. Guiding, Scouting, the Women's Movement, derives from three traditions:

politicising, character building and rescuing. 'Organic youth work' e.g. hobby, craft, sport and social clubs, is informed by social and leisure traditions.

Early youth work

Writers who have discussed these traditions, such as Jeffs (1979), Booton (1985) and Smith (1988), point out that no comprehensive history of youth work exists, with written accounts being largely confined to the histories of individual youth organisations. These authors trace the beginning of modern youth work in Britain to industrialisation in the mid-19th century, when young people were first acknowledged as a distinct age group. Concerns about children's working conditions and their behaviour in public places produced a range of interventions and legislation that defined childhood. Extension of schooling, the technical requirements of the new industrial economy for longer training and apprenticeships, and the emergence of lesser paid jobs reserved for people in their teens produced young people as a transitional age group. They were not children and nor did they have the rights, privileges or remuneration of adults.

From its very beginnings, much youth work has been viewed as a form of social control. The existence of large numbers of working class young people in towns and cities, with access to a widening range of leisure pursuits outside of home and family, presented a challenge to adults' moral views, particularly amongst the middle classes (Smith, 1988). There were concerns then about youth social disorder such as drunkenness, violence and prostitution - issues which continue to reverberate through today's moral panics. These concerns prompted the setting up of the first organisations to be specifically focused on youth. They were charitable organisations, run by volunteers - *'public spirited people of good social standing'* (Department of Education and Science, 1982, p. 3). Youth Clubs and Institutes, Boys' Clubs and Girls' Clubs sprang up in all the large cities where

> *'there was a significant middle class presence close to the forms of deprivation and 'problems' that so alarmed their sensibilities'* (Smith, 1988, p. 10).

This early youth work often had an evangelical religious intent; certainly this was the case with regard to the first national group, the Young Men's Christian Association,

formed in 1844, and the earliest uniformed organisation, the Boys' Brigade, established in 1883. Up to the Education Act of 1870, rescuing, welfare and basic education were the main emphasis of youth work. Prior to 1914 saw the founding of the main uniformed youth organisations, which rapidly increased in popularity. Being essentially concerned with 'character building' they left the development of young people's cognitive learning to the schools, thus beginning the separation of voluntary sector youth work from the state provision of education. This division was increased as state welfare legislation grew and formal schooling expanded, and voluntary sector youth organisations shifted their concerns to social and moral improvement, rather than basic education or material deprivation (Jeffs, 1979). This early history explains how youth work came to define itself in social education terms, as enshrined in the Albemarle report (Ministry of Education, 1960). It also explains how youth work came to be distanced from welfare provision, and marginalised by education.

The Temperance Movement and Youth Work

Concern about the impact of alcohol misuse by and upon young people has been part of youth work from its earliest days. Alcohol availability and alcohol misuse in Great Britain was far greater in the latter half of the nineteenth century than at any time since (Williams and Brake, 1980). Growing public concern about alcohol during 1834-1854 resulted in a flurry of legislation to regulate the sale and consumption of alcohol, although legislation to prevent the sale of alcohol to children was not introduced until 1901. In 1847 the formation of The Band of Hope by leading Christian moral reformers marked the birth of the Temperance Movement. This Movement grew phenomenally in the next 50 years, becoming a powerful force for social reform.

When the Board of Education issued its first syllabus for temperance education in state elementary schools in 1909, the time and priority allocated to alcohol education would not be equalled again until 1988, when education about substance misuse was included in the national curriculum. It recommended at least three lessons be given each year (more than in most modern primary schools) on eating and drinking, the effects of alcohol on the body and the evil consequences of intemperance. The Temperance Movement was also an astonishingly successful youth movement, at least in terms of numbers of members. At its annual meeting in 1901, the United Kingdom Band of

Hope reported that in the United Kingdom there were 28,894 local societies, a total membership of 3,536,000 boys and girls (Williams and Brake, 1980, p181). No other youth movement in the UK has ever had a membership of this size.

The Temperance Movement operated across the rescuing, welfare, character building and recreational and leisure traditions of youth work. It literally bribed young people to 'sign the pledge' by offering recreational and leisure facilities and the promise of spiritual salvation in exchange for their signature and allegiance. The local Bands of Hope provided a midweek meeting programme of music, magic lantern slides, competitions and lectures on the importance of total abstinence;

> *'To the children it must have been the bright spot of the week, bearing in mind the drab conditions of the times, when the public house was the only place of good cheer in many communities'* (Williams and Brake, 1980, p181).

This account also illustrates how youth workers viewed young people's increased access to leisure as a problem. Youthful drinking was thus seen as sinful use of leisure time and youth work as a means of filling this as an alternative to drinking. Today's youth workers also profess to offer leisure alternatives to drinking. However, whereas much current youth service provision is offered at times and venues that can not hope to compete with the attractions of pubs and night-clubs, the Band of Hope's services do appear to have been successful in providing facilities that were in direct competition with those of licensed premises.

Character Building

The goal of many early youth organisations, especially the religious and uniformed ones, was character building. For example, both the Boys' and Girls' Brigade and the Scouts were rooted in the Christian character building ideals of Thomas Arnold; strong and active bodies, clear minds, discipline and self-control and the service of God (Jeffs, 1979). The values offered were often assumed to be the birthright of the Victorian upper and middle classes, but had to be acquired by the working classes via direct instruction (Jeffs, 1979). Smith (1988) describes the tension between the values of the Victorian middle class youth workers and those of working class young people. Working class drinking habits, particularly going to the pub, were abhorred by the

predominantly middle class youth leaders, who sought to direct young people's leisure into more respectable channels, with either a military or religious bias, or both (Blanch, 1979). For example, Baden-Powell's views on drinking alcohol in *'Scouting for Boys'* (1908):

> *'Very much of the poverty and distress in this country is brought about by men getting into the habit of wasting their money and time on drink.'* (ibid, p.153)

> *'...once they take to drink no employer will trust them and they soon become unemployed and easily get ill, and finally come to a miserable end.'* (ibid, p.154)

> *'It would simply be impossible for a man who drinks to become a scout. Keep off liquor from the very first and make up your mind to have nothing to do with it.'* (ibid, p.153).

As I will report in my needs assessment research (Chapter Five), value differences between youth workers and young people continue to be identifiable in current youth work practice on alcohol issues. For example, I found that some youth workers had difficulty in accepting that young people drink for positive reasons and that many enjoy being intoxicated. I also found that youth workers from the uniformed voluntary organisations did not consider that alcohol misuse was relevant to the needs of 'their' young people.

Spurred by the finding that in 1901-2, 40% of all recruits were unfit for army service, the Inter-departmental Committee on Physical Deterioration of 1904 (Sutherland, 1979) included recommendations that schools give instruction on the effects of alcohol on physical efficiency. Over the next 30-40 years youth groups increasingly focused on health as part of character building, in the form of promoting physical fitness, (healthy minds through healthy bodies) and some limited state support for youth work developed around this theme. In 1918 LEAs were empowered to fund physical training and organised games, holiday camps and the social education of young people and some LEAs chose to do this by making grants to voluntary youth groups. However, lack of funds prevented LEAs from making much of a contribution to youth work provision. In 1935, continuing concern about the physical condition of young men prompted the Government to fund residential centres and camps, operated by the YMCA, to provide brief periods of adequate nutrition and outdoor exercise for boys, selected mainly from deprived areas (Jeffs, 1979). During the late 1920s and the 1930s, there was also a

general social increase in 'fitness' through fresh air and exercise, such as hiking, rambling, keep-fit, sports and other physical activities (Stevenson, 1977, cited in Jeffs, 1979).

> *'Physical fitness, healthy pursuits (preferably in the open air) and the cultivation of social virtues - all organised by dedicated volunteers - were the hallmarks of the early youth service.'* (DES, 1982, p. 4).

State Intervention

The youth service has its roots in voluntary service and this has always been the larger area of youth work provision. The end of the First World War marked the start of state intervention, but voluntary organisations continued to provide most of the youth service throughout the economic depression of the 1920's and 30's. In 1937, LAs were empowered to encourage statutory and voluntary work that improved standards of physical fitness, although Jeffs (1979) notes that the impact of this legislation was curtailed by the advent of the Second World War and the need for more direct state intervention. In response to social stress, family disruption and a rise in juvenile crime, including drunkenness, *'In the service of youth'* (Board of Education, 1939) was the first explicit identification by government of youth work as part of the education service, supported through LEAs. In the following year, *'The Challenge of Youth'* (Board of Education, 1940) set the scene for statutory youth services, laying down LEAs' responsibilities for funding, management, leadership and co-ordination. This involved appointment of paid part-time youth workers and the opening of youth clubs, often in school premises. These paid youth workers were recruited from a broader class base than their predecessors and tended to have no previous youth work experience (or prejudices), designing programmes to *attract* rather than *improve* young people (Smith, 1988). The priority during wartime was for morale raising rather than morals raising and there was consequently an increased emphasis on recreational, social and leisure provision. This shift is reflected in youth work statements of purpose during the 1940s, in contrast to the pre-war rhetoric of character building:

> *'The purpose of activities undertaken within the youth service should be recreation and enjoyment'* (Ministry of Education, 1945, p. 7).

Brew's *'Practical handbook for working with adolescents'* (1943) and her later *'Informal Education'* (1948), offered an approach to alcohol education which exemplifies the wartime attempts to provide youth services in new ways which would attract young people. Her work also retains a strong sense of educational purpose, within the personal and social education tradition, while her advocacy of conversation and community has recently been re-applied to youth and community work by Smith (1988). Her approach to informal education about alcohol would be considered adventurous and radical by many of today's youth workers, especially her conscientious approach to needs assessment, whereby she reports spending 100 nights in 100 different public houses to gather information about young people's drinking! Her conclusion would certainly have challenged popular opinion:

> *'these young things* (16-25 year olds) *do not go to the pub to drink. They go there as their forefathers did, to sit and talk and be sociable'* (Brew, 1943, p. 232)

Her acknowledgement of young people's drinking as part of normal social behaviour was very different to the prevailing adult view of young people's drinking as deviant or disruptive which informed, and has continued to inform, thinking about young people and alcohol (see Chapter Six). Her vision of a youth service response was also radical:

> *An imaginative and dynamic service of youth which would see young people as they are in our pubs and would lead them from where they are on a grand crusade for that purpose. But too much energy is taken up with dabbling, with taking the young people from where they aren't, to where they don't want to go, via the old way of uniformed organisations, one night a week clubs and mixed evenings'* (ibid, p.238)

Brew's vision of youth work in pubs and clubs was not destined to become a major strategy in youth work practice, even within detached youth work.

In contrast to Brew's acknowledgement of the social value of drinking, young people could not expect to receive such positive messages about alcohol as part of their formal schooling. From 1909-1939, alcohol was dealt with in the context of the hygiene of food and drink, while the standard reference text *'Alcohol: its action on the human organism'* (Central Control Board, 1918) reviewed the physiological effects of alcohol as a drug and concluded that it was definitely injurious to the health of young people (Hudson, Jeremy and Brake, 1985). The prevailing model of health education for that

period was that of rationality - that if young people were given the facts about alcohol they would not drink it. This model continues to be identifiable in current practice in alcohol and drug education in both formal and informal settings, as exemplified by educators who expect that giving information about the risks and harms of substance use will lead to reduced consumption.

Post-war Reconstruction

During post war reconstruction, youth service development was no longer a priority, although the 1944 Education Act did establish a flimsy legislative base for LEAs to offer a youth service. Lack of government investment, limited training and economic problems seriously reduced the statutory provision, while the voluntary sector suffered from fragmentation and a lack of commitment to workable partnerships on the part of government and many LEAs. In peacetime, the number of volunteers declined, as they returned to normal activities and their sense of service to the 'war effort' disappeared. Moral and social improvement aims re-emerged as youth work priorities and have continued to pervade youth work practice ever since. Maud's famous statement of purpose made in 1951, for the Ministry of Education, shows many similarities to the NYA's statement of purpose issued in 1992, in terms of its emphasis on personal and social development:

> '*To offer individual young people in their leisure time, opportunities of various kinds, complementary to those at home, formal education and work, to discover and develop their personal resources of body, mind and spirit and thus better equip themselves to live the life of mature, creative and responsible members of a free society*' (Maud, 1951, quoted in Young, 1990a, p. 8)

Maud's reference to a 'free society' was a rejection of the youth work of Nazi Germany and illustrates the political dimension that has always influenced the youth work curriculum.

The post-war development of industrial and educational systems further prolonged the transitional period from child to adult. Young people came to be viewed as a homogeneous group - the teenager was constructed. Public concern about young people's drinking re-emerged during this time, within the context of its links with

juvenile crime, hooliganism, teenage gangs and violence. In government guidance on health education, alcohol was re-categorised as a drug instead of a food (Ministry of Education, 1956). The simplistic assumption that *Youth + Alcohol = Crime* is a recurring theme throughout the history of youth work on alcohol issues and continues to be used as an argument for funding youth work projects (e.g. the Lord President's Report, 1991). This relationship is challenged in Chapter Six, as part of my review of the literature on young people and alcohol.

The Albemarle Report and its Aftermath

The Albemarle Report (Ministry of Education, 1960) marks the large-scale entry of state youth work provision and the professional youth worker. It was hastily produced, to respond to the needs of an ailing statutory youth service and public concern about anti-social behaviour by young people (Jeffs, 1979). Its main emphasis was on the material expansion of the youth service rather than any serious consideration of its values or effectiveness. It resulted in an extensive building programme of LEA youth centres during the 1960s, increased staff recruitment; the establishment of professional training programmes, recognition of the need for detached youth work and the establishment of a Youth Services Development Council (YSDC) to oversee progress. The purpose of youth work was seen as social education through leisure provision - basically a rewrite of Maud's statement into the language of the 1960's.

The Albemarle Report may have reversed the decline in youth service provision, but its limited preparatory research and a lack of either vision or a clear rationale meant that important problems were overlooked. These included the recruitment and training of part-time youth workers (later to be addressed by the Bessey Report, Ministry of Education, 1962), relationships with the voluntary sector and the merits of different types of provision (Jeffs, 1979). The purpose built centres locked many statutory youth services into building-based provision for decades, until the resource constraints of the 1990s forced providers to review whether this style of provision was best serving young people's needs. The development of training programmes for full-time youth workers created a professional elite, further distancing the voluntary sector, where individual organisations provided their own training for youth leaders and continued to work according to their own values and traditions.

The Albemarle Report viewed the youth service as playing a role as agent of social control that would help mould deviant and disaffected youth into model, law-abiding citizens. Its expectation of the expanded statutory service was for innovation and experimentation in new techniques and methods. Without a coherent theory of social education to guide them, youth workers in the newly expanded statutory youth services enjoyed considerable autonomy. Tucker (1994) notes that youth work practice during the 1960s and 70s pursued somewhat different goals to those expected by Government reflecting the consensus within welfare services in addressing the social and economic hardships of capitalism. Practice was influenced by ideas of collective participation and action, and democratic approaches to decision making. Within the tradition of personal and social education and influenced by the work of Rogers (1961, 1965) person-centred youth work approaches crept into the rhetoric, as expressed in the work of Davies and Gibson (1967), and paralleling the growth of interest in student-centred learning in schools (Rogers, 1969; Hargreaves, 1972). Such work focused on the relationship between youth worker and young people and on their relationships with others. Education for personal relationships, emphasising interpersonal skills and decision making became immensely popular within schools, and alcohol education was addressed within this framework. This distinctly individualistic tradition continues to have a strong influence over current alcohol education activities in schools and in informal settings. It underplays the social, environmental, political and economic determinants that shape youthful drinking.

Investment in statutory youth services following the Albemarle Report failed to significantly increase the numbers of young people participating in them or to halt the decline in engagement with the over 16 age group (Jeffs, 1979). From the 1960s onwards there were a series of initiatives to cater for 'unattached' young people. The street based youth work of some early Victorian crusaders such as Maude Stanley (1878) was rediscovered as detached or outreach youth work (Goetschius and Tash, 1967). These styles of working did not expand quickly, partly due to lack of resources and appropriate training, but also due to lack of good quality research to define practice. Leigh (1993, p.74) also notes that many employers *'found accountability an unswerving obstacle'*. Marks (1977) estimated that by the 1970's, just 5% of all full-time youth workers were operating in this way.

The 1970s and 1980s

The 1970s saw publication of the Milson-Fairbairn Report (Department of Education and Science, 1969), a much more radical re-examination of youth work in the light of continued social change and disadvantaged youth. It sought to re-energise the politicising tradition of youth work, emphasising youth participation and arguing for political education as a legitimate role for youth work. Neither recommendation was accepted by Government, which was not willing to support a strategy that saw young people as active players in a democratic society. Another less controversial recommendation to locate youth work more closely alongside community work was accepted. This led many LEAs to change their services to youth and community services, at least in name, further blurring youth work's boundaries (Griffiths, 1992).

The 1970s were a period of increasing social and economic disadvantage, urban decay, racial discrimination and youth unemployment. The youth policy vacuum became increasingly apparent. A review group to examine the youth service resulted in the Thompson Report (Department of Education and Science, 1982), which recommended greater participation by young people, more effective management and better links with the voluntary sector. The Report also concluded that *'failure to work out a coherent and generally accepted theory of social education'* (ibid, p.35) was one of the reasons why the youth service was not fully meeting young people's needs. The Report did manage to define four characteristics of social education: the experiential curriculum, youth participation in decision making, voluntarism and a non-directive relationship between workers and young people.

Smith (1988) noted that by the mid 1980s, the term 'social education' could be found in most youth services' aims and was often used indiscriminately by youth workers as a shorthand for defining their professional identity. He suggested the term seems to have achieved the status of the 'King's new clothes', with few daring to question what was actually there, despite the admissions of the Thompson Report.

Smith proposed that youth work needed to construct a new vocabulary to define itself and, reviving the work of Brew (1948) and others, he advocated the term *'informal*

education'. He identified seven elements characterising informal education (ibid, pp.131-2):

- *'a variety of settings, many of which are used for other, non-educational purposes;*
- *a deliberate and purposeful process;*
- *variable time scales, structured by the setting;*
- *voluntary participation;*
- *dialogue, marked by mutual respect;*
- *the social structures and cultures of participants lives are acknowledged and engaged;*
- *it may use both experiential and assimilated instructional patterns of learning.'*

In 1994, Smith presented a further analysis of the practice of informal education, by examining the practice of local education, as conducted by neighbourhood and community workers, as well as youth workers. This research represents a significant step forward in defining youth work, by examining, at the level of micro skills, what is involved in the activities of informal education. Central to his analysis is the notion of reflective practice (Schon, 1983), which has strongly influenced the professional development of many other groups of practitioners such as teachers and social workers. This important contribution to theory building and defining good youth work practice has already had impact upon the professional training of youth workers, but it is too soon to judge its impact on the youth service. Despite publication of a practitioners' guide (Jeffs and Smith, 1996), this view of good practice in informal education is more a representation of what youth work should be than what it actually is. The term social education continues to be widely and uncritically used by service providers and practitioners as a catch-all phrase to describe youth work.

Trends since 1980

Since 1980, the youth service, like every other public service, has been reshaped by the social policy agenda of the 1978-1997 Conservative Government. This agenda introduced competitive market forces, attempts at centralised control and encouraged the targeting of specific groups of young people e.g. single parents, the unemployed, street drinkers, drug users. These interventions, together with the drive towards managerialism, economy and efficiency, have significantly altered youth services and dramatically changed the predominant styles of youth work (Jeffs and Smith, 1990). The major changes in youth work practice since 1980 have included:

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- a shift from generic open youth work to targeting specific groups, issues (including alcohol) or neighbourhoods;
- a shift from building-based activities to detached, outreach and mobile youth work;
- a proliferation of short-term funded projects focusing on issues e.g. alcohol, drugs, homelessness, prostitution (Jeffs and Smith, 1990; MacDonald, Banks and Hollands,1993).

Operating without the defences of a coherent theoretical base or an accessible body of empirical evidence the statutory youth service has been particularly vulnerable to these national policy changes. The consequence has been that many LAs have experienced cuts in youth services, particularly in relation to generic, open provision. Voluntary sector youth organisations have seen a reduction in LA grant aid and an expectation that they will work on certain issues with specific groups of young people as a condition of funding support. Additionally, the declining number of young people in the population, and the expanding range of leisure opportunities have meant that all youth services have faced greater competition for fewer customers.

During the 1980s, following the recommendations of the Thompson Report, 70% of LEAs reviewed their youth services, but Smith (1987) found that their focus was yet again on structures and provision, rather than on the purpose, content or quality of youth work. He found that LEA youth services had broadly followed the lead of the Thompson Report in organising their basic aims around the personal and social development of young people and that aims were conceived in individualistic terms. MacDonald, Banks and Hollands (1993) note that there was some development of anti-oppressive practice during this period, with anti-discriminatory statements appearing in official documents and service policies, but little evidence of commitment to long-term action and a tendency to ignore the complex interactions of identity, culture and difference.

In 1989, at the start of this study, the youth service faced yet another challenge from a Government that was concerned with getting value for money. The youth service was again asked to define its purpose and action by:

- *'producing a statement which clarifies for participants, funders and providers of other services, the core of what the youth service is uniquely best placed to provide;*
- *identifying in concrete terms the priority outcomes which the service should uniquely seek to achieve;*
- *agreeing the concept of a 'core curriculum' for the youth service.'* (Young, 1990a, 1)

The youth service responded with a period of consultation and consolidation, leading up to three Ministerial Conferences during 1990-1992. At the first, delegates agreed an interim Mission Statement and a list of key objectives (Young, 1990a, 77-78) which described what the youth service is, and what it aims to achieve. At the second Ministerial Conference, debate focused on outcomes, targets, methods and measures (performance indicators). The second conference further refined the Mission Statement by agreeing a set of five recommendations, encompassing a statement of purpose, age range, type and mix of youth work provision and performance indicators. This Mission Statement represented some small progress in defining youth work, at least in terms of producing a statement which had broad acceptance by its practitioners. However, neither the former nor the current government has formally accepted it; its acknowledgement of social inequalities was not consistent with philosophy of the Conservative government, which was in power for all but the final writing up phases of this study.

The 1992 Statement of Purpose was as follows:

'The purpose of youth work is to redress all forms of inequality, to ensure equality of opportunity for all young people to fulfil their potential as empowered individuals and members of groups and communities', and to support young people during the transition to adulthood' (NYA, 1992, pp. 42-43).

The Statement also recommended that youth work should be based on four principles:

'Youth work should, therefore, offer opportunities which are educative, designed to promote equality of opportunity, facilitate participation and seek to empower young people.' (Rauprich, 1995, 6).

This Statement was used to inform the rationale of the alcohol training materials. Its four key principles were used as criteria to assess the value of alcohol education

strategies (see Chapters Seven and Eight). In 1997, after this study was completed, the NYA revised the Statement of Purpose, replacing lofty idealism (e.g. *'to redress all forms of equality'*) with pragmatism ('a *commitment to equal opportunity'*), while the four principles are implied in statements about what youth work does (NYA, 1997b). The revision offers a clearer definition of the youth work territory, although the 1992 version was a simpler framework for teaching purposes.

The Ministerial conferences recommended that the statement of purpose should form the basis for the establishment of *'nationally agreed learning outcomes of the core curriculum'* (NYA, 1992, p. 43) and that other specific learning outcomes should be determined at *'different levels of the service'* (ibid, p. 43). The nationally agreed learning outcomes have not emerged and it would appear that the political impetus for this to happen has now waned. However, curriculum monitoring and planning at local level has acted on these recommendations, in response to funders' demands for justification of resources. Many statutory sector youth services have developed their own performance indicators (e.g. Dorset Youth Service, 1994) and some have implemented quality assurance systems (e.g. West Sussex Youth Service, 1994).

Approaching the Millennium, the youth service is still struggling to develop a sufficiently coherent and meaningful practice to justify its existence to government. A policy review of the NYA conducted in 1994-95 (Department for Education, 1995) increased the local focus for the agency's work. The review concluded that while the NYA had been generally successful, it had been less so in taking forward *'key work on the curriculum and organisational development'* (DFE, 1995, p1). The NYA's role in relation to endorsement and accreditation of youth work training has continued. The Government promises a consultation paper on the future of the youth service, which will take into account the results of an audit of the service (NYA, 1998b).

Youth Work on Alcohol issues

The historical overview identified a tradition of engagement by youth workers with young people on alcohol issues which dates back to the Victorian temperance reformers. This section considers the literature on current youth work practice on health issues

such as alcohol and discusses some of the problems and possibilities of issue-based youth work in the 1990s.

Published reports of empirical research on youth work practice in health education are rare and inaccessible, being found in Ph.D. theses and the 'grey literature' of project reports. The latter tend to be short, practical accounts rather than reflective or analytical works. This sparse literature almost certainly fails to adequately reflect the scale of youth work activity. During the course of this research many youth workers wrote to me describing their own local work on alcohol issues. There were many examples of exciting, innovative practice in these accounts, but few had been evaluated, written up for publication, or disseminated outside of the local area. There seems to be a pressing need for collation of accounts of effective youth work on alcohol issues and for their national dissemination.

Strong Endorsement, Limited Investment

As discussed in the historical review, the view that youthful drinking and social disorder are inextricably linked has dominated social policy responses for the last 100 years. The Masham Committee Report on Young People and Alcohol (Home Office, 1987), which reviewed the extent of alcohol abuse among the young and its impact on society, echoes the mission of the Victorian temperance reformers. Young people's drinking is viewed as deviant, dangerous or anti-social behaviour while the youth service is seen, as usual, as an agent of social control. Youth work's post war history is punctuated by a series of Government reports, produced in response to the dominant view of young people as a social problem.

> '*From psychologists to politicians and from sociologists to social planners, the image of 'youth as trouble' has been at the centre of popular, professional and academic discourses about youth. Youth stands as a metaphor for the moral and social health of the nation; what they are, we will become. From the moral uproar of the first Teddy Boy riots in the mid-1950s, to the tabloid condemnation and heavy policing of Rave parties in the 1990's, youth has spelt trouble.*'
> (MacDonald, Banks and Hollands, 1993, p. 1)

During the course of this study and in the decade prior to commencement, the youth service's role in addressing alcohol and drug issues related to young people was strongly endorsed by government and service providers. The Masham Committee

Report (Home Office 1987) has already been cited, while the Government's Advisory Council on the Misuse of Drugs described youth and community workers as:

> '*A particularly important group, able to intervene early in the stages of what later may become a problem drug use career'. (*ACMD, 1990, para 6.63)

A survey of LEA youth service provision conducted immediately prior to the start of this study (Smith 1989) asked LEAs about the priority, policy and financial allocations for nine curriculum areas. Approximately half gave priority to substance misuse, health education and AIDS, although, as with all other curriculum areas there was a significant policy gap. Approximately 25% of LEAs had policies for substance misuse, 15% for health education and 20% for AIDS. In discussing this Smith says

> '*the concern with individual health and well-being through the idea of health education is relatively new as a formal aspect of the youth work curriculum, but appears to have been adopted fairly quickly.* ' (Smith, 1989, 28)

Scrutiny of the consultation papers for the first two Ministerial conferences on the youth service in 1990 and 1992 also indicates that work on health issues is generally regarded as important. Health education emerged as the second most commonly mentioned issue in the national consultation exercise (equal opportunities was first).

As part of the same consultation process, young people reported what *they* wanted from the youth service (Young, 1990a). They expressed a desire for accurate and relevant information on things that affect their lives. The top three priorities were information on entertainment, job opportunities and training opportunities. Health needs were also expressed:

> '*Being fitter and healthier seems to be very important to a large number of both boys and girls and they want help with this from the youth service.*
>
> *At a time when there is more and more concern that young men are often drinking too much and that young people are smoking more, it seems too important for the youth service to ignore young people when they say 'we want to be fitter and healthier'.* (Young, 1990a, p. 74)

Opportunities to develop generic personal and social skills which would promote sensible drinking were also mentioned, in terms of help in being more confident, (top priority for young women of all ages) and skills to make decisions and choices. They

also said they wanted help from the youth service in thinking through personal problems.

This desire for the youth service to address alcohol issues has not been matched by a serious investment in it. As noted in the previous analysis of trends in youth work, there has been a strong shift of resources into fixed-term project work, focusing on specific issues (such as alcohol), or particular groups of young people, while generic youth services and universal provision have all but disappeared in many areas. This is certainly true of youth work on alcohol issues. All of the examples of good practice cited by the Masham Report (Home Office, 1987) were separately funded, special projects, rather than work located within generic youth work. The Report identified a role for all youth workers, but gave little detail of how it should be enacted. The many contacts made during this study with youth workers throughout the UK indicated that their work on alcohol issues was also usually tackled as part of separately funded projects or as work with a particular target group, e.g. girls and young women, young homeless people. There were also several instances of work within a specialist aspect of service provision, e.g. Youth Counselling, Youth Enquiry Services, Outreach projects. Almost all of the local projects were aimed directly at young people; few addressed training, support or policy issues for youth workers.

Since 1980 there have been several national and regional projects to promote youth workers' involvement in health education. However, their main focus has again been development of resource materials for use with and by young people. One notable exception to this is the High Profile Project (ISDD, 1991) which was concerned with the development of drugs policies for youth services. To date, none of the projects appear to have had a lasting impact throughout Britain. Four of the projects were confined to a county or region. High Profile focused mainly on policy, the NYB's 'Choose Health' (NYB, 1990) was basically a resource pack. The 'Fast Forward' project continues to provide for Scotland the only comprehensive package of youth worker training and support, together with youth participation in peer-led work. This means that in England at least, most youth workers are unlikely to have had contact with any major project that is supporting or enabling them to take action on alcohol issues.

This concentration of financial investment in short-term projects and resource materials, with little or no dissemination, does little to develop a comprehensive or consistent youth work approach, in terms of either services, or individual practitioner competence. Reference has already been made to the lack of accessible published accounts of project work, which could do much to contribute to building a coherent body of youth work knowledge to inform issue based work. Much of the youth work experience of tackling alcohol issues during the last 20 years is simply unavailable for academic or peer scrutiny. Moreover, the investment in resource materials rather than youth worker training is putting the cart before the horse. There seems little point in producing tools without giving practitioners the confidence and competence to use them, or providing services to use them in. For example the 'Choose Health' resource pack (NYB,1991) assumes that its users will have both well-developed group work skills and an understanding of the determinants of health and well-being. The High Profile Project's learning resource (ISDD, 1991) assumes that youth workers will be able to find support from specialist drug services. Such support may not be available according to a recent review of services in England and Wales for children and young people who misuse substances (NHS Health Advisory Service, 1996), which found them to be extremely limited and fragmented.

Changing Priorities

During the nine years of this study, the priority given by youth services to health issues, particularly alcohol issues, has changed. Funding, particularly earmarked funding may well have influenced local priorities. Employment opportunities for youth workers have also diversified. LEA funded youth services have all but disappeared in some areas, while an increasing number of other services are recognising the value of youth and community work approaches. Since 1990, as part of the new public health movement (see Chapter Seven), NHS Health Promotion Services, in particular, have had a growing influence on the youth work curriculum by employing qualified youth workers in community based health promotion initiatives. There has been a decline in the number of youth centres, while detached, outreach and special projects have increased (Russell and Jones, 1995).

The AIDS panic generated huge sources of funding during the period 1985-93, which creative youth services were able to tap either for narrow AIDS/HIV education initiatives or as a way of paying for HIV prevention within a broader health promotion framework. Since 1993 public concern about young peoples increasing use of illegal drugs has replaced HIV at the top of the nation's moral panic list and consequently funding opportunities have opened up in relation to this issue. Partly as a result of competing with these two health priorities alcohol has dropped down the national agenda since the mid-1980s (Wright, 1999).

The Problems and Possibilities of Issue-based Youth Work

It is not only youth services and government that appear enthusiastic about youth work on alcohol issues. During the last decade, health services charged with promoting the health of young people have employed youth workers because they recognise the potential of informal education approaches in pursuing health goals such as preventing alcohol misuse (Jeffs and Smith, 1999). The World Health Organisation defines health promotion as

> *'the process of enabling people to increase control over, and to improve, their health'* (World Health Organisation, 1985, p.6).

Using this broad definition, it follows that the range of disciplines that have a role in health promotion is potentially huge, including health professionals, community and youth workers, environmental health officers, social workers, sport and leisure professionals, teachers, and criminal justice workers as well as numerous voluntary organisations and charities. However, traditionally the NHS has viewed health promotion as the prerogative of health workers (especially nurses in primary care settings), and teachers in schools and colleges. Those concerned with promoting young people's health have increasingly recognised the limitations of these roles and settings (Ewles and Simnett, 1995; Perkins, Simnett and Wright, 1999).

The content of formal education is circumscribed by the national curriculum and the approach is locked into individualised learning, paying little attention to the social grouping and interactions of young people's lives. The practical constraints of managing a class of young people often mean that the concepts and information will not

be equally relevant or even understandable to the whole group. For example, it will be difficult to provide alcohol information that is relevant to a whole class of 12-13 year olds, within which there will be a few who are already experienced regular drinkers, many who have had the occasional drink and a small minority who have never tasted alcohol. The increased popularity of student centred learning within personal, social and health education in schools (Brandes and Ginnis, 1986) has acknowledged the value of experiential approaches. However, as most alcohol use takes place outside of the school, such learning will always be at least one step removed from young people's direct encounters with alcohol. Moreover young people do not consider schoolteachers to be their main or most credible source of advice on health issues. Their informal social networks of friends, siblings and the mass media are more important sources of health information (Balding, 1995).

Health workers in NHS settings are also limited in their health promotion role with young people because they have restricted personal contact with one of the healthiest age groups in the population and because most are not trained educators despite recent professional development initiatives (Ewles and Simnett, 1995).

In contrast, for health promotion the attractions of informal education and youth work include the possibilities of an educational approach that:
- can happen anywhere, including settings in which young people are more relaxed and receptive to learning and in places where young people drink alcohol;
- is conducted within a voluntary relationship with young people;
- is driven by conversation not curriculum, and so can be centred on young peoples own needs and interpretations of their drinking;
- involves exploring and enlarging young peoples experience within their own social worlds (Jeffs and Smith, 1999).

Beneath this broad acceptance that youth work on alcohol issues is a 'good thing' lies a string of problems and contradictions. At its heart is the relative immaturity of youth work theory and absence of shared wisdom to guide practice. Basing youth work around any specific issue is a form of prioritisation and consequently raises questions about who decides it is a priority, on what evidence and with what expectations about

outcomes. If youth workers can not refer to a body of theory grounded in practice to answer these fundamental questions, then the work is vulnerable to criticism, easy take over by other agencies or diversion into interventions that are not consistent with youth work principles. In the past youth workers, like teachers, have enjoyed considerable autonomy to modify official role definition (Piper and Piper, 1998). There is much less freedom within roles that are tightly prescribed as short-term contracts to work with specific groups of young people on particular issues. Youth workers are increasingly expected to pursue narrow behavioural goals rather than education for autonomy and choice (Jeffs and Smith, 1996). Thus issue-based projects may commit youth workers to practice in bad faith, which is no recipe for success.

A major ethical concern is that a focus on a single issue can divert youth work away from working with the whole person into selling particular ideas or behaviours, within the character building tradition of youth work (Jeffs and Smith, 1989). Smith's warning that

> 'youth workers with their drug education kits (or whatever) start to bear an uncanny resemblance to Tupperware Party hosts or door to door salespersons.'
> (Smith, 1991, 21)

may be uncomfortably close to the mark, particularly where youth workers are employed within organisations which do not necessarily endorse youth work's generic principles (e.g. Health Services), or on projects that have specific behavioural objectives (e.g. to reduce under age drinking).

A focus on a specific issue may also exclude certain groups of young people from accessing youth services, including those who have most to gain from association. For example, the Masham Report (Home Office 1987) noted that youth workers saw banning alcohol from youth clubs as resulting in those young people most at risk leaving the club. Certainly the way both youth workers and young people view alcohol misuse influences the nature of the youth work bargain on alcohol issues, as mentioned earlier in this chapter (p. 58). Although youth workers would not now expect young people to promise lifetime abstinence, the rest of the bargain is not so very different from that set by the Bands of Hope in the heyday of the Temperance Movement. The attraction of today's youth services to its users remains much the same as those offered by the Victorian youth organisations: 'wholesome' recreation, companionship,

amusement and entertainment. In return young people in Victorian times had to submit themselves to 'improvement'. Today we call it informal education.

Another fundamental question to be asked of issue-based youth work is who defines the issues. Chapter Six discusses this question in some depth, by examining the evidence on youthful drinking and considering young people's needs from a variety of different perspectives and identifies how young people's own definitions of alcohol issues markedly differ from the frameworks used by youth workers and other adults. As noted by Chaplin (1987) and in the needs assessment evidence presented in Chapters Four and Five, youth workers cite young people's lack of interest in alcohol education as a barrier to informal education. One reason for this may be that the issue is defined in ways that do not relate to young people's needs and concerns. This question is discussed more extensively in Chapters Six and Ten.

The criteria for success can be problematic in issue-based youth work. Hidden in the rhetoric of the current drive towards developing performance indicators for youth work, there are real dangers of choosing inappropriate outcome indicators for issue based work. For alcohol education the intended outcome might be crudely expressed as 'stopping young people drinking', without paying attention to harm reduction or to other learning gains. As Clive Peters, Principal Youth Officer for Avon stressed in an article in 'The Times Educational Supplement':

> *'When you're dealing with solvent abuse, the main performance indicator is whether the young people are still alive at the end of the year'.* (Peters, quoted in Makins, 1990, 12).

The short-term nature of many projects, bids and pilot schemes creates pressure to demonstrate results. So project managers are likely to either select indices that will demonstrate quick results, rather than longer-term measures of learning gains, or choose indices simply because they can be measured (e.g. numbers of young people contacted) regardless of their relevance to the goals of the project. This is a problem that is not exclusive to youth work or alcohol education, being common to health promotion programmes on other issues and in other settings, including formal education and health services (Perkins, Simnett and Wright, 1999).

Implications for Youth Work Training and Professional Development

The previous discussion implies that youth work training for issue-based work needs to include consideration of the political, ethical and philosophical base, as well as learning about the issue itself and the practical skills of informal education. Jeffs and Smith (1989, p.18) also criticise the educational value of issue based youth work, remarking that it '*rarely progresses beyond the training of feelings towards the education of minds*', due to youth workers' poor knowledge and experience of the issue, this often being less than that of the client. They argue that this type of work requires '*honest professionalism*' (ibid, p.18), a high degree of sophistication in expertise and practice, acquired through rigorous training. The available evidence on youth workers' approach to health education seems to support their opinion.

Chaplin's postal questionnaire survey of youth workers' involvement in health education in Dumfries and Galloway (1987) found that all respondents felt that health education was important. From a list of ten topics, education about illegal drugs was ruled most important, with alcohol education in second position. However he found that the positive attitude towards the subject was dominated by a view stressing physical health and information. Aspects relating to self-esteem and sexuality were less positively regarded than addictive behaviours, especially in the uniformed organisations. Holistic views of health appeared lacking; health education was commonly viewed as a series of topics with little interconnection.

Chaplin found that many youth clubs, including one third of uniformed groups, reported doing no health education at all. Despite rating alcohol education as important, less than half (44%) of clubs and 37% of Guides and Scout groups reported doing any work on this topic during the past year. Chaplin also comments on the great variety of personal philosophies and role identification held by youth workers, and stressed the importance of clarifying attitudes and values in youth work training programmes. He concludes that youth workers recognise the importance of health issues and are keen to address them, but feel held back by lack of knowledge and training. He also emphasises the importance of relating holistic views of health education to other areas of youth work practice, such as anti sexism, racism, ageism work and raising political awareness.

The NYB (1991) drew similar conclusions about youth work practice in health education when they evaluated the impact of their HEA/NYB Health Education in Youth Work Project. A pack of materials, 'Choose Health!' (NYB, 1990) was disseminated via six one-day regional training events. The evaluation aimed to find out what kind of health promotion strategies had been adopted in the youth service as a result of the project and to what extent health education subsequently featured in the youth work curriculum. Six month follow up of participants found that 'Choose Health!' had mostly been used as a 'starter' to raise issues and stimulate discussion with young people within clubs and centres. Detached workers had been unable to use it. The evaluation team concluded that many workers needed to move beyond 'starter' materials, and required more in-depth training and resource materials. Like Chaplin (1987), they noted that many youth workers do not recognise that they are already doing health education, and there is a major task to convince them of their roles as health educators.

Training needs emerged clearly from the NYB survey which recommended that local training programmes should attempt to offer youth workers the opportunity to look at specific issues in depth and also address how to raise them with young people. The study also obtained some useful information about the organisation and delivery of training on health issues. There was frustration about the limitations of one-day training events, with residential or two-day events being considered preferable. The evaluation also revealed the need for attention to be paid to small group work and single-sex group work during training events. As the pack aimed to promote inter-agency links, the evaluators suggested that organisations should be invited to contribute to a 'market place' activity during health training courses, but interestingly they did not recommend multidisciplinary training.

The most commonly mentioned features of the club/organisation inhibiting adoption of health education were identified as insufficient funds and irrelevance to the organisation. Over a third of club leaders thought lack of interest by young people was a barrier. With regard to personal attributes that might be barriers, by far the most frequently identified feature was lack of training in health education, followed by insufficient knowledge of health topics.

Smith (1994) argues that issue-based work can be ethically included within informal education if issues are treated as *'things to look out for'* (ibid, p.73) rather than as a way of prioritising resources. The issues are addressed through creative participation in conversation, based around young people's experiences. This framework is certainly more client-centred, but it still requires a high level of professional expertise to be able to identify and act on the opportunities that naturally present themselves through conversation, and be sensitive to the place and meaning of the issue, such as drinking, in young people's lives. At its best, issue based work can be a way of responding to young people's needs and concerns and drawing attention to social inequalities and discrimination; at worst, it can be a justification for controlling and manipulating young peoples behaviour.

Conclusions

This literature review suggests that while youth workers, youth services and governments all regard alcohol issues as important, the youth workers' potential contribution to preventing alcohol misuse among young people is not being fully exploited. The studies by Chaplin (1988) and the NYB (1991) suggest that youth workers may fail to transfer their youth work principles and generic skills to work on alcohol issues and that they require training and support for this kind of issue-based work. The discussion of the problems and possibilities of issue-based youth work implies that youth work training should provide an opportunity to examine the purpose, ethics and philosophy of issue-based work in general, as well as the learning related to specific issues such as alcohol.

Given the priority ascribed to alcohol issues, there is a need to test the application of the principles of informal education, as proposed by Smith (1994) and Jeffs and Smith (1996), to the specific issues related to alcohol and young people. The relative immaturity of youth work theory and the lack of empirical studies mean that it will not be possible to develop an evidence-based curriculum on alcohol education for youth workers. The best that can be offered is a programme that embodies the general youth work principles described here and empowers youth workers to apply them to work on alcohol issues with the young people.

It is possible to apply the principles of education, empowerment, equality and participation to alcohol education in youth work. Smith's work (1994) offers some empirical evidence to underpin the practice of informal education, particularly the centrality of conversation and creative participation. Yet in exploring current provision of youth work training on alcohol, I found that alcohol training was commonly modelled on a more formal view of education, aimed at enabling youth workers to be more effective at group work, rather than developing their informal education skills. This is also reflected in the existing alcohol education materials, which are almost exclusively designed for group work. During the needs assessment phase, some youth workers saw alcohol education in terms of their own experience of didactic teaching in school and in rejecting this model, had not considered alternatives more relevant to their role as informal educators (see Chapter Five). Training should acknowledge and develop youth workers as informal alcohol educators.

Hendry et al's study (1991) suggests that youth work can empower young people, by developing self-confidence, skills and introducing them to new ideas and experiences. The alcohol training programme should enable youth workers to enhance young people's self esteem and enable them to take control of their drinking.

The literature suggests that youth services consider promoting equality to be a high priority (e.g. Smith, 1989; NYA, 1997b) although this does not seem to have been reflected in health/alcohol education projects. For example, evaluation of the 'Choose Health' materials (NYB, 1991) indicated that detached youth workers, who are likely to be working with young people at risk of alcohol misuse, could not find a use for these materials. At the needs assessment stage in 1990-91, none of the health\alcohol projects reviewed were consciously attempting to directly challenge oppression such as racism or sexism, or promote equality of learning opportunities. During the period of this study, some learning resources and projects have addressed these issues e.g. the needs of ethnic minority groups (Buczkiewicz and Wright, 1995; Hyare, 1993, 1994) and of girls and young women (Wright, 1993, Wilson, 1990). The training programme should enable youth workers to work on alcohol issues with **all** young people, not just those who regularly attend youth clubs. It should include preparation for detached and outreach work and a focus on the accessibility of youth services to young people. It

should be sensitive to differences in the place and meaning of alcohol in the lives of young people according to their race, class, gender, sexual identity, ability and age (as reviewed in Chapter Six).

Youth participation has received some attention within health/alcohol education projects, such as Fast Forward and Youthlink (Williamson and Wilson, 1988). One of the few commonalities from empirical studies is the importance of a participative approach. Smith (1982) has pointed out that what is called participation can vary considerably in degree, from a few group activities within a programme devised and defined by adults, to handing over total control to young people in deciding what they do and how and when they do it. The alcohol training programme should enable youth workers to treat young people as equal partners in the process of learning and in decisions which affect their drinking. It should also enable them to identify the degree of participation that they are able to promote within their individual working environments.

Chaplin (1987) found that youth workers do not take a holistic view of health. Most of the recent national health/alcohol education projects attempt to locate alcohol education within a broader framework, implying that the training programme needs to be based on holistic models of health and of health education. This is discussed further in Chapter Seven.

This chapter has examined the history of youth work and its engagement with health education. It has discussed the problems and contradictions faced by youth workers in doing issue-based work, particularly in relation to health education and alcohol education. Its conclusions and those of Chapter Three will be considered alongside the findings of the needs assessment survey (Chapters Four and Five) and a consideration of young people's drinking (Chapter Six), to define the principles, values and content of the alcohol training programme.

CHAPTER THREE

Stage 1: Youth Work Training Provision

Introduction

The curriculum needed to be developed so that it could be integrated into existing initial and in-service training programmes for youth workers. This chapter summarises youth work training provision in England and Wales generally and in the study area and discusses the implications for the study. The main focus is on the training provision that existed during the curriculum development period, 1989-1995. Reference is made to developments in youth work training since 1995 that may have a bearing on the future implementation of the alcohol training programme. These later developments are also discussed as part of the conclusions in Chapter Ten.

Training provision in England and Wales, 1989-95

Initial training of youth workers

The initial training of youth workers is part of a wider provision of training in community and youth work. As discussed in Chapter One, the diversity of work contexts and employment opportunities that now exist in community and youth work mean that in practice, individuals commonly combine both youth work and community work roles, lending support to the strategy of a combined initial qualification.

Initial training in England and Wales has been endorsed by the NYA, since it took over the responsibilities of the Council for the Education and Training of Youth and Community workers (CETYCW) in 1991. From the mid-1980s, there was a dramatic expansion in provision of initial training courses for youth and community workers, which far outstripped the employment market (Jeffs and Smith, 1993). Cane (1992) noted that in 1984 there were 20 courses and five different routes to qualification in England and Wales. By 1992, he estimated that there were nearly 60 courses and 13 routes to qualification. While this may have been an overestimate, there is no doubt that

provision did expand, with the 1994 NYA guide to initial training listing 40 courses via seven routes and a further six courses awaiting endorsement (NYA, 1994). This provision was criticised in terms of its quantity (concerns about over provision) and its poor quality (Cane, 1992; Jeffs and Smith, 1993). Arguments about quantity are less relevant to this curriculum development study than the criticisms of quality. Such concerns are fundamental, deriving from an immature theoretical base and a lack of critical examination of practice, so that it is not clear what trainers are expected to achieve. Specifically, Jeffs and Smith (1993) criticise training courses as failing to recognise the process as professional education, failing to explore the nature of youth work, a lack of attention to youth workers' roles as educators and relatively little explicit teaching on professional skills. The latter two criticisms are particularly relevant to this study, as they imply that initial training may not adequately prepare youth workers to be alcohol educators and that the alcohol training programme will need to include basic educational skills as well as a specific focus on informal education about alcohol.

In relation to quantity, the programme did need to take account of the range of courses and routes to qualification that existed at the time. By June 1996, the number of course based learning programmes had reduced and other routes to qualification had expanded - programmes based on validating learning from experience and apprenticeship and employment based schemes.

The study also needed to take into account the changing employment market that qualified youth and community workers are moving into. As discussed in Chapter One, the post qualification employment market has diversified considerably over the last 10 years. In 1995, training providers began to lobby the NYA to broaden the remit of its Education and Training standards function to explore joint endorsement of all courses leading to a qualification in informal education (Russell and Jones, 1995). This initiative is running alongside the development of national occupational standards for Youth and Community work. The NYA is currently seeking recognition as a National Training Organisation covering adult education, community education, community work and youth work (NYA, 1998). However, during the curriculum development period of this study, this development did not apply and the material was written to relate to training provision for youth workers only, with its focus being work with young people in informal settings.

Initial training: routes to qualification (1994)

In 1994 there were seven routes to qualification for full-time youth and community workers (NYA, 1994):

- *A two year full-time course* of initial training.
- *A three year part-time* initial training course
- *A one year full-time or two year part-time course of postgraduate training*
- *A degree course*
- *An approved apprenticeship scheme* - combining employment with study, aimed at local people whose entry is based on experience in youth and community work rather than formal qualifications.
- *Validating learning from experience* - accrediting prior learning via a portfolio scheme
- *Individual recognition* by those holding relevant qualifications[2].

Training provision for part-time youth workers

The majority of youth workers are part-time (either paid or volunteers). Although a minority make youth work their full-time career, seeking qualification via one or more of the routes described above, most part-timers combine youth work with other work. Their employer normally provides qualification training. The large voluntary sector youth organisations, e.g. the Guides, Scouts, St John's Ambulance, provide their own independent training programmes, while LAs normally provide qualification training for part-time youth workers, often as a requirement for paid employment or as a payment differential.

Local authority training provision for part-time workers was, until 1990, extremely diverse and the qualifications awarded had no validity outside of the local area. In response to concern from part-time youth workers about the quality and transferability

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[2] Teachers who qualified before 31 December 1988 have automatic qualification as youth and community workers. After 1988, teachers are only accepted if their training has included a community and youth work component.

of their locally gained qualifications, a national framework of moderation and accreditation was set up in 1990. This involved the establishment of regional panels (RAMPs) to accredit and moderate training courses for part-time and volunteer youth workers, with national endorsement of the regional schemes by the NYA. The process of endorsement began in 1990 and is ongoing, but it was only partly implemented during the study period. When the alcohol training materials were being developed and piloted during 1992-4, only a minority of courses for part-time workers had achieved endorsement by the RAMPs; over half of the local authority courses were awaiting their turn in the queue. The NYA's national survey of part-time qualification training (NYA, 1994b) found that in 1993, only the LEA courses were seeking endorsement; just one voluntary sector training programme had been endorsed through RAMP structures and one other was seeking endorsement. The survey found that voluntary sector training agencies found the RAMPs *structurally problematic and expensive* (NYA, 1994 b, p3) and many did not understand what RAMP endorsement meant. The RAMPs were not formally included in the list of vocational qualification awarding bodies until 1994. Inclusion was very important as it allowed the RAMPs to bid to the DfE for training funding.

The organisation and delivery of qualification training for part-time and volunteer youth workers also changed considerably during the period covered by this study. Initial investigation of training provision for the needs assessment phase, in 1991-2, was based on information provided by the training officer in Nestin LEA and the NYA's training staff. The NYA's data were not comprehensive and suggested that part-time and volunteer qualification training was mainly course based at that time - only three LEA's and two voluntary organisations were known by the NYA to offer portfolio-based or apprenticeship training. Nestin's training for part-timers was also course-based. Consequently, the alcohol training materials that were developed for part-timers and volunteers were course-based.

In 1994, towards the end of the pilot phase, the NYA published the results of a national survey of part-time and volunteer qualification training (NYA, 1994b) which showed that by then, although courses continued to predominate, training was diversifying to encompass other routes, following the recommendations of the *Starting from Strengths* report (Bolger and Scott, 1984). The 70 LAs that responded to the survey usually

offered an annual programme or a rolling programme, which the NYA estimated involved about 5,000 part-time workers per year. Responses included 32 from voluntary sector organisations, of which all but four provided training. No information is given about response rates from the voluntary sector and given the subject matter, it is likely that agencies not providing training are underrepresented in the response. The NYA also cautions that qualification training in the voluntary and statutory sectors may not be equivalent, the former being specifically geared to the work of the individual voluntary agencies. Training was usually delivered as an ongoing/rolling programme in the voluntary sector.

Two thirds of respondents (statutory and voluntary sector) described their training programmes as course based. A third of voluntary sector respondents and a quarter of LAs said they provided portfolio-based learning and about one in ten offered both. There was some overlap between these models, as portfolio-based training includes courses as one type of learning opportunity, while over half of the LA course-based programmes included some portfolio assessment. There was also a trend towards competence-based learning in both sectors, with half of the course-based programmes and most of the portfolio and combined programmes describing their model as competence based or moving that way. This diversification of learning routes was further reinforced by the location of the training; in both sectors, about a third provided training primarily on the job, half as a mix of on and off the job. Mainly off the job training was provided by only 8 (11%) of LAs and by 9 (28%) of the voluntary sector respondents.

These trends were not apparent while the alcohol training programme was being developed. Portfolios were slow to be implemented and many youth work trainers (and the NYA itself) demonstrated considerable resistance to the introduction of competency based training during the study period, despite the growing national investment in National Vocational Qualifications (NVQs). Youth work formally joined the NVQ process in 1994 with a preparatory study to explore the scope for developing NVQ standards for Youth and Community work in England and Wales. This mapped the youth and community work domain, described the boundaries and overlaps with other professionals and existing NVQ standards and advised on lead body location. In 1996-7, this study was followed by an occupational and functional mapping of the youth

sector. This identified the occupations within youth work, the qualifications possessed, needed and used by youth workers, the training programmes available, the functions carried out by youth workers and key values and practices which lead to effective youth work (Brown and Draper, 1997).

These recent developments are discussed in Chapter Ten. They have important implications for any future implementation of the alcohol training programme, particularly in relation to assessment and accreditation.

Training Provision in the Study Area

Training provision in Nestin (pseudonym)

Nestin Local Education Authority (LEA) ran a qualification training course for part-time workers, which was accredited by the RAMP and endorsed by the NYA in 1994. During the study period, the course started annually in September, extended over 26 weeks of one session per week (evenings) and included three residential weekends. The training was assessed by trainee self-assessment, and continuous assessment through written assignments and portfolio evidence against specified standards by the trainee's line manager and the course tutor.

Nestin Youth and Community Service also offered a wide range of short in-service training courses for youth and community workers and teachers. In principle these were open to all workers in either the maintained or voluntary sectors. In practice, most participants were from the maintained sector. The LEA published an annual training handbook listing details of its short courses and basic training course. The in-service courses were organised as half-days/evenings, full days and weekends (residential and non-residential). These short courses were not formally assessed, although participants and course leaders were encouraged to record the learning experience in a record of training which formed part of the youth workers' training portfolio.

Initial training provision in the study area

In the study region, there were two higher education institutions offering initial qualification courses, although neither was located within Nestin itself. The Universities of Durham and Sunderland both offered two-year Diploma courses in Community and Youth work plus an optional third year of study to obtain a degree.

The content of training provided in Nestin

The Nestin Youth and Community handbook, 1989-90 (p. 5), emphasised the high priority placed on health education training:

> *'Training in methods of promoting social responsibility and health education will continue to enjoy a high priority in Nestin, and field staff are cordially invited to refresh their professional skills and techniques by undertaking a short course appropriate to their needs'.*

This statement continued to appear annually in the handbook up to and including 1995, the final year of Nestin LEA's existence. GEST funding was available to support health education training during 1989-90. Translated into short training courses, in 1989-90, youth workers were offered three one-day courses on health education. Two courses were the same, on *'Health Education in the Youth & Community Service, Alcohol, Smoking and General Health Concerns in young people. Training in remedial action.'*

The third, one-day course was specifically on drug education: *'Youth and Community Education Service Health Education. Drugs - modern counter measures at field level'.* All of the courses were run by NHS Health Education/Promotion Officers. Short (1-3 days) courses were also offered on social education, curriculum development, counselling and group work.

Half of all the courses offered came under the heading of *'Safe Practice in Outdoor Education'* reflecting the local priority afforded to outdoor activities.

While health education was a stated priority, alcohol education was not specifically addressed by a training course during the period of this research, prior to my pilot

courses in 1993-4. Interviews with the training officer, area officers and youth workers revealed that day and half-day courses on alcohol education had been run prior to 1990 by the health promotion departments.

Within the voluntary sector, the Nestin Youth Association had not offered its members any training on alcohol education or health education in general. The Director could not recall this ever being requested by a youth worker.

Unlike many other youth services, Nestin's youth workers had not benefited from the training courses and support provided by the LEA's Drug Education Co-ordinator. This was partly due to staffing changes and partly to the way Nestin LEA chose to give priority to providing support to drug education in schools rather than in informal settings.

Conclusions: Implications for Curriculum Development

The alcohol training programme needed to be relevant to the national context because Tacade expected a commercial product, which could be sold to youth work trainers throughout England and Wales. It also needed to be acceptable to the stakeholders in the sites where it was to be piloted, in terms of fitting into their existing provision and relating to trainees' needs. These requirements meant that the programme to be developed needed to be:

- extremely flexible in terms of its mode of delivery;
- 'user friendly' i.e. useable by three different professional groups of trainers: youth work trainers, health promotion officers and alcohol agency staff.

This resulted in three decisions:

1. The programme was piloted separately in an initial-training course within higher education and an in-service training programme for full-time and part-time youth workers.

2. The programme was developed through consultation at every stage, with the trainers from different disciplines and with participants. My own background and experience

spans the three main disciplines that normally provide alcohol training to youth workers. This proved to be a considerable asset in the process of curriculum development, as I was able to acknowledge the principles and epistemologies of health education and alcohol specialists as well as those of youth work trainers. These will be discussed further in Chapter Seven.

3. After piloting, the alcohol-training programme was written up as five units, each of which could be delivered separately and independently from the others. Each unit represented a day's worth of learning activities, in order to match the most common form of in-service training provision. Within each unit, the learning activities were organised as four, one and a half hour sessions, each of which could be delivered on a separate occasion. This allowed some or all of the learning activities to be integrated into existing initial training and part-time qualification training programmes, whilst also offering a structure for developing in-service training programmes.

This chapter has focused on the national and local *context* for curriculum development, to inform the organisation and modes of delivery of the alcohol training materials. The *content* was derived from a comprehensive needs assessment study, reported in Chapters Four and Five. Chapter Six compares the needs derived from youth work practice with evidence about young people's drinking behaviour. Chapter Seven brings together all the evidence presented in the preceding chapters to define the key principles and values of the curriculum.

CHAPTER FOUR

Stage 1: Needs Assessment, Survey Data

Analysis and Presentation of Results

As described in Chapter One, p. 36, the data were analysed using SPSS-X software. Here, results are presented as a commentary on the frequency counts, and significant associations arising from bivariate analyses are noted. The main areas of enquiry are listed in Chapter One, p. 35. The questionnaire is given in appendix 1.

Response Rate and Sample Characteristics

950 questionnaires were sent to 14 LEA's for distribution to youth workers, as described in Chapter One, pp.35-36. A further 50 questionnaires were posted to individual youth workers with special interest or expertise in alcohol education, making a total of 1,000 questionnaires. However, two LEA's did not distribute any of their quotas of questionnaires. The total possible returns is thus 860, from which 293 completed questionnaires were received, a response rate of 34%; this is lower than average expected return of 60% for a postal questionnaire (Wiersma, 1986). Between LEAs, the response rate ranged from 69% to 19%.

This result was anticipated for the reasons discussed in Chapter One. The timing of distribution, during the summer vacation, may also have contributed to the low response. The response was highest in the LEAs where personal contacts were strongest, and where presumably interest and commitment to the project's aims were high. The response was generally highest from Northern Ireland and the LEAs in Northern and Eastern England.

In comparison to the general youth worker population, volunteers, voluntary sector workers and part-time workers were under-represented (Table 1).

Table 1 Needs assessment survey: sample characteristics (n=293)

Characteristic	Number	%
Paid	226	77%
Volunteer	43	15%
No Information	24	8%
Type of youth worker (multiple responses possible)		
Full-time	110	38%
Part-time	159	54%
Detached workers	15	5%
Specialist health project workers	22	7%
No Information	24	8%
Employer/Agency (Percentages add up to more than 100% because some respondents worked for more than one agency)		
LEA/County Council Youth Service	172	59%
Borough Council	47	16%
Voluntary organisation	83	28%
No information	3	1%
Training (multiple responses possible)		
No training	16	6%
Local in-service training	185	63%
Diploma or equivalent	82	25%
Other relevant professional qualifications	84	29%
No information	5	2%
Experience		
Over one years' experience	273	93%
Over five years' experience	211	72%
No information	3	1%

Table 2 The young people (n=293)

Characteristic	Number	%
Sex Ratio		
More boys than girls/only boys	123	42%
More girls than boys/only girls	36	12%
Equal numbers of both sexes	129	44%
No information	5	2%
Age (multiple responses possible)		
Under 14's	205	71%
14-16 year olds	256	87%
17-18 year olds	224	77%
19+ age group	164	56%
No information	5	2%
Urban/rural		
Mainly urban	147	50%
Mainly rural	76	26%
Mixed urban/rural	67	23%
No information	3	1%
Social Class		
Mainly working class	178	60%
Mainly middle class	11	4%
Mixture of social classes	101	34%
No information	3	1%
Ethnicity (totals exceed 100% because some youth workers worked with several ethnic groups)		
European	293	80%
Caribbean	48	16%
African	32	11%
Bangladeshi/Bengali	11	4%
Indian	34	12%
Pakistani	34	12%
Other Asian	26	9%
Other ethnic groups	10	3%
No information	10	3%

The young people

Table 2 summarises the age, sex and ethnicity, social class and urban/rural location of the young people with whom the respondents worked. As might be expected, voluntary sector workers (e.g. Scout or Guide Leaders) were more likely to report that they worked with single sex groups than workers from the statutory sector (Chi^2 p=<.005). Paid workers were significantly more likely than unpaid workers to say that they worked mainly with working class young people (Chi^2, p=<0.005).

Concern about Alcohol and other Drugs

Respondents were asked to consider the young people they worked with and select one of the statements shown in Table 3, which came closest to describing their concern about alcohol and other drugs. Nearly two thirds of respondents treated alcohol as particularly important, seeing it as either *the* drug of concern or one of the main drugs of concern.

Full-time and qualified youth workers exhibited higher levels of concern about alcohol in relation to other drugs (p=<0.005) than part-time and unqualified workers.

Table 3 Concern about alcohol and other drugs

	No.	(%)
Considering the young people I work with:		
Alcohol is the drug which gives me **greatest** cause for concern	81	(28%)
Alcohol is **one of the main** drugs which causes me concern	108	(37%)
Alcohol is **just one of many** drugs which causes me concern	66	(23%)
I am more concerned about other drugs than alcohol	17	(6%)
I am not concerned about any drugs	13	(4%)
No response	8	(3%)
TOTAL	**293**	**(100%)**

When respondents who identified alcohol as *the* drug or *one of the main drugs* of concern were compared with those who held lesser concerns about alcohol (excluding those who were not concerned about any drug), 82% of full-time workers showed high concern, compared to only 60% of part-timers. A similar relationship existed between trained and untrained staff. 64% of respondents who worked mainly with working class young people said alcohol was *the* drug of concern, compared to 80% of those who worked mainly with middle class young people or a mixture of backgrounds (p=<.05). This may reflect youth workers' greater concern about poly-drug use amongst young people from working class backgrounds or the fact that young people from middle class backgrounds drink more alcohol (Goddard, 1997a).

Critical Incidents and General Concerns

Youth workers were asked to describe critical incidents - specific instances where young people's alcohol use had caused problems for them as a youth worker or for their centre or organisation. They also described their general concerns about young people and alcohol. These two questions were open-ended. Responses were grouped into eleven separate categories (Table 4). Respondents were then asked to differentiate between general and local concerns. Five types of concern (matching categories 1-5 in Table 4) were given, plus an example of each. Respondents were asked to indicate the extent to which each was a problem in their locality (Table 5) and to describe, in their own words, what they were particularly concerned about. These open-ended responses were grouped using the same categories as the critical incidents.

Critical incidents

Over two thirds (70%) of the respondents recounted at least one critical incident involving young people and alcohol and 37% described two or more. By far the commonest were incidents in and around the youth club; 132 respondents described 276 incidents of this type. There was 83 occasions of disruptive or drunken behaviour in clubs or residentials, with a further 49 mentions of drunkenness specifically associated with discos. Violent or abusive behaviour had been problems for 58 workers. Incidents involving accidents or illness, vandalism and the accessibility and availability of alcohol were also reported.

Table 4 Critical incidents and general concerns (n=293, multiple responses possible)

Issue	Number of mentions of issue as:	
	A critical incident	**A general concern**
1 Incidents in/around the club		
Violence/Abuse	58	20
Vandalism and Damage	19	9
Disco's	49	12
Drunkenness	83	23
Illness/accident	18	14
sub-total	**227**	**78**
2 Potential harm to young people due to alcohol		
Accidents/Injury	4	54
Drink-driving	1	17
Sexual Risks	2	20
Alcohol>Drugs	7	13
Long-term harm		15
sub-total	**14**	**119**
3 Young people obtaining alcohol		
Accessibility	23	266
Availability	1	84
Price	1	7
sub-total	**25**	**357**
4 Alcohol misuse in the local community		
Lack of facilities	3	80
Vandalism	1	53
Violence	1	32
Crime	8	36
Police action		15
Social acceptability	3	38
sub-total	**16**	**254**
5 Problem drinking		
Parents' behaviour	4	49
Parents don't care	1	44
Abuse/violence in families		14
Young people's problem drinking	8	20
sub-total	**13**	**127**
6 Age of drinkers	5	**48**
7 Young people's attitudes and knowledge	6	**73**
8 Quantity drunk	4	**21**
9 Media portrayal	2	**18**
10 Education needed		**11**
11 Money spent	2	**24**

General concerns

There were considerable differences between youth workers' reports of critical incidents and their general concerns about young people and alcohol (Table 4).

Youth workers are undoubtedly concerned about young people and alcohol, even if they have not experienced any specific problems in their work. A total of 1,133 general concerns were described, a mean of four concerns per respondent. The concerns, while covering the same issues as the accounts of critical incidents, were mentioned with very different frequency.

Three quarters of the problems actually experienced by youth workers were incidents in and around the youth club. These issues were mentioned *least* frequently as general or local concerns. The contrast can be explained if this type of incident occurred infrequently and/or involved a minority of young people.

The commonest concern was about young people obtaining alcohol. This group accounted for one third of the total concerns expressed and also received the most affirmation as a local issue. Young people's ease of access to alcohol, 'obtaining alcohol under 18' and under age drinking were mentioned by 90% of all respondents. Many criticised the behaviour of licensees in breaking the law on sales. Eighty-four people specifically mentioned the availability of alcohol, in terms of the number and range of local outlets. However, only 25 respondents described critical incidents concerned with young people obtaining alcohol, suggesting that either youth workers had little difficulty in addressing issues of accessibility, availability and price or that while they were concerned, they were not attempting to address these issues.

Alcohol issues in the local community were the second most commonly expressed group of concerns, accounting for one quarter of the total concerns. Lack of local facilities for young people was mentioned 80 times, 53 people were concerned about vandalism and 32 about violence in the community. There was also concern that young people would commit crimes and get into trouble with the police, while 15 workers criticised the behaviour of the police, saying that they did not do enough to enforce the law on sales of alcohol.

A quarter of respondents were concerned about young people's lack of knowledge about alcohol and/or their attitudes to alcohol use. Another commonly expressed concern was about very young people drinking alcohol.

Problem drinking by young people and their families represented one tenth of the total concerns. Nearly one third of the sample were concerned about the behaviour of parents, either in terms of their own problem or heavy drinking, poor role models, condoning young peoples drinking, or parents who don't supervise their children's behaviour. Few people mentioned abuse or violence in families or drinking by young people for inappropriate reasons. Thirty-eight respondents emphasised their concern about the social acceptability of drinking alcohol and the double standards operated by adults for themselves and for young people.

The potential harm to young people due to alcohol represented one tenth of the total concerns. Most commonly described were concerns about the immediate health risks such as accidents or injury, or young people's vulnerability to these incidents. Less commonly mentioned were concerns about sexual risks, of unplanned pregnancy, transmission of HIV, sexually transmitted diseases or rape. Drinking and driving was not a commonly held concern.

The range and frequency of concerns suggests that youth workers are both aware of, and concerned about, the social and environmental determinants of alcohol misuse. However, their accounts of critical incidents are mainly focused on the behaviour of individual young drinkers. Accessibility, availability, alcohol misuse in the local community and concern about the potential harm to young people were all frequently mentioned as general and local concerns, but were rarely mentioned as critical incidents. There are alternative interpretations of these findings; it may be that youth workers do not see addressing these issues as part of their role, or that they are not their first priority, or that these are not problematic areas of youth work.

Evidence obtained in the study of practice in one LEA, reported in Chapter Five, also suggests that youth workers' main focus for alcohol intervention is on young drinkers rather than on the social, environmental or structural determinants of alcohol misuse.

While youth workers deal relatively infrequently with young people who have experienced alcohol-related harm, they do however regard this as a legitimate part of their role, together with the much more common problem of managing incidents in and around the youth club.

Local problems

Identification of local problems (Table 5) produced the greatest number of statistically significant differences between types of youth worker of all the questions in the schedule. All of the differences were in the same direction: experienced, trained, paid, full-time and statutory sector workers were more likely to identify young people's use of alcohol as a local problem than were unpaid, voluntary sector, untrained or inexperienced workers.

Table 5:   Local alcohol-related problems

Aspect of young people's alcohol use	Is this a problem in your locality?							
	Yes - to a considerable extent		Yes - to some extent		No		No reply	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Incidents in and around the youth club	28	(10%)	150	(51%)	105	(36%)	10	(3%)
Potential harm to young people due to drinking alcohol	89	(30%)	174	(59%)	21	(7%)	9	(3%)
Young people obtaining alcohol (price, availability etc)	107	(37%)	149	(51%)	17	(6%)	20	(7%)
Alcohol issues in my community (e.g. vandalism, lack of facilities etc)	39	(13%)	180	(61%)	56	(20%)	18	(6%)
Problem drinking by young people and their families	36	(12%)	169	(58%)	63	(22%)	25	(9%)

Involvement in Alcohol Issues

Respondents were asked about alcohol education carried out during the last year, the methods they used in raising alcohol issues and ways in which they could help young people to drink sensibly.

Alcohol education during the last year

Two thirds of the respondents had carried out alcohol education of some kind, or raised alcohol issues with young people. There were no significant differences between different types of youth worker in responses to this question.

Methods used

The most popular methods used were those relating to informal, incidental work, requiring minimal resources or preparation. Three quarters used 'casual conversation as it arises', 173 (59%) 'group discussion as it arises' and 139 (47%) 'individual counselling as needed'. Also popular were posters (164, 56% of respondents) and leaflets (113, 39% respondents). Much less common were methods requiring planning or specialist resources. A quarter of respondents had used planned group discussion, while 20% used video/film or games/simulations or a talk by an outsider. 11% had used a talk by a youth leader. Only 13% had used structured group work or workshops. Those who were paid, or qualified, or worked full-time, or had received training in alcohol education were significantly more likely to have used methods requiring some degree of prior planning than respondents who were volunteers, unqualified, part-time or untrained in alcohol education.

Helping young people to drink sensibly

In an open-ended question, respondents were asked to describe ways that they could help young people to drink sensibly. Most respondents (88%) were able to describe at least one strategy, although many responses were brief, and vague, e.g. 'educate', 'inform'. The commonest responses were giving information or advice on sensible drinking, encouraging discussion or other types of incidental work, mentioned by 104 (45%) respondents. One in four respondents said that they could help by running a

planned programme of some kind. Personal example, acting as a role model, was mentioned by 50 (17%) of the sample. However, an alarming 46 people (16%), felt that shock-horror tactics would help promote sensible drinking. One in ten respondents mentioned strategies aimed at offering facilities for young people, such as showing/providing alternatives to drinking, or alcohol-free bars. Very few people mentioned negotiating a policy or code of behaviour for the club or residentials, seeking training or action aimed at challenging availability and sales to under 18's. This supports the conclusion that youth workers do not commonly consider social and community action on alcohol issues to be part of their role.

Barriers and encouraging factors

Choosing from a list, respondents selected factors that had prevented them from doing alcohol education and those which could be important in supporting and developing their involvement in tackling alcohol issues.

Barriers

Respondents were generally reluctant to identify factors preventing them from addressing alcohol issues. The commonest factors were 'not enough staff' (67, 23%) and 'irregular attendance by young people' (71, 24%). One in five said that 'not enough teaching aids' had prevented them from doing alcohol education. Forty-nine (17%) respondents said that 'insufficient money' had prevented them from doing alcohol education and an equal number said that 'all young people are not interested'. Less than one in ten said their 'accommodation is not suitable', 23 (8%) that 'the background of our young people make it irrelevant, 25 (9%), or that other leaders would object (6, 2%).

Respondents who said that insufficient money for alcohol education had prevented them from doing alcohol education tended to be the more experienced workers and those who had not received any training in alcohol education. This latter group were also significantly more likely to cite 'not enough teaching aids' as a barrier (p=<.005).

There was also a significant association between identification of 'our young people are not interested' and respondents who said that they worked with mainly working class young people. A quarter of this group saw this as a barrier, compared to 9% of those working mainly with middle class young people or a mixture of social backgrounds.

Supporting factors

Respondents were much more willing to identify supporting factors. *'Training in alcohol education'* was identified as a supporting factor by 75% of respondents. Four other supporting factors were identified by over half of the respondents:

- *'Training in health education generally'*   (166, 57%)
- *'Support from parents'*   (170, 58%)
- *'Support from specialist workers'*   (163, 56%)
- *'Expressed as a concern by young people'*   (157, 54%)

Accessible teaching aids, money and including alcohol issues in the core youth work curriculum were identified as supporting factors by 42-43% workers.

Only a quarter of respondents saw *'a county policy'* as a supporting factor and *'support from managers'* was identified by only one in five. *'More staff'* was also chosen less frequently than other factors (89, 30%) in contrast to its first place as a barrier to alcohol education.

Respondents were also asked to rank the three most important support factors from the list. The rankings were aggregated by allocating three points to factors ranked first, two to second choices and one point to third choices. The aggregate rankings showed a generally similar pattern to the frequency count, with *'training in alcohol education'* emerging as the most important factor, being top of the aggregate rankings and being put in first place by one in four respondents.

'Expressed as a concern by local young people' was second in the aggregate rankings, followed by *'support from parents'* and *'specialist workers'* in third and fourth place.

'*Training in health education generally*' was ranked fifth overall. The factors that were considered least important were 'a county policy' and 'support from managers.'

Choice of supporting factors was associated with certain types of youth worker. Choice of '*Training in alcohol education*' was significantly associated with paid workers, where 80% chose this factor, compared to only 37% of volunteers ($P=<.005$) and with statutory sector workers, where 79% compared to 56% of voluntary sector workers chose this factor ($P=<.05$).

Choice of '*Training in health education generally*' also showed a similar pattern of differences between types of youth worker. This was selected as a supporting factor by more paid workers (61%) than volunteers (35%) ($P=<.005$); more full-timers (66%) than part-timers (51%) ($P=<.05$); more qualified workers (67%) than unqualified staff (53%) ($P=<.05$). Thus selection of training, as a means of promoting or supporting alcohol education, appears to be more common amongst the qualified paid, full-time, statutory sector workers.

Only 30% of respondents chose '*More staff*' as a supporting factor, and this choice was again significantly associated with being a paid worker, a full-time worker and working in the statutory sector.

Choice of supporting factor '*Expressed as a concern by local young people*' was associated with workers who had received training in alcohol education (70%) compared to those who had not (45%) ($P=<.005$). It was also chosen by a higher proportion of those who worked mainly with young people from middle class or a mixture of social class backgrounds, (63%) compared to those who worked mainly with working class young people (47%) ($P=<.05$).

Training on Alcohol Issues

Respondents were asked whether they had ever received any training in alcohol education and about their interest in such training, if offered. They were also asked to select, from a given list, aspects of alcohol education on which they would most like to

receive training. Respondents were asked to rate their feelings of confidence and competence in tackling alcohol issues with young people.

Previous training in alcohol education

Half of the full-timers and 41% of part-timers reported having received training in alcohol education. Forty-nine percent of paid respondents had received training but only six (14%) of the volunteers (P=<.0000). Similarly, only one third of voluntary sector workers had received alcohol training compared to half of the statutory sector respondents (P=<.05).

There were a number of significant differences between respondents who had received training in alcohol education and those who had not, as summarised in Figure 9. These two groups differed in:

- their perception of local problems (potential harm to young people and availability of alcohol);
- whether they had done any planned alcohol work during the last year;
- their perceived barriers to alcohol education (money and teaching aids);
- seeing 'expression as a concern by local young people' as a supporting factor.

These associations have all been described earlier in this chapter. Additionally, in terms of alcohol training needs, respondents who had already received some alcohol training were more likely than untrained respondents to identify *'alcohol education strategies'* and *'management issues'* as training needs (P=<.05). Encouragingly, significantly more respondents who had received some training in alcohol education rated themselves as confident and competent in alcohol education (P=<.05). They were also more likely to view board/card games and posters as useful resources than their untrained colleagues (P=<.005).

Figure 9 Training makes a difference!

In comparison to untrained respondents, youth workers trained in alcohol education were:

☐ **more likely** to identify alcohol issues as local problems;

☐ **more likely** to have done alcohol education or raised alcohol issues in the last year;

☐ **more likely** to use methods requiring planned work;

☐ **less likely** to see 'lack of money' as a barrier;

☐ **less likely** to see 'lack of teaching aids' as a barrier;

☐ **more likely** to identify 'alcohol education strategies' and 'management issues' as training needs;

☐ **more likely** to feel confident about tackling alcohol issues;

☐ **more likely** to feel competent to tackle alcohol issues;

☐ **more likely** to consider posters, board/card games and structured group work as useful resources.

Interest in receiving local training in alcohol education

Respondents were asked to rate their interest in taking up local training in alcohol education, if offered, on a five point scale, ranging from 'very interested' to 'definitely not interested'. 112 respondents (39%) were very interested, and a further 144 (49%) were interested, making a total of 256 (88%) expressing some degree of interest in training. Twenty-three (8%) were not sure, and ten (3%) were probably not interested. Nobody completely rejected the notion by saying that they were definitely not interested.

Training needs

Respondents were offered a list of aspects of alcohol education and asked to indicate which ones they would most like to receive training in (Table 6). *'How to counsel young people with drink problems'* was the most popular, chosen by 198 (68%) of respondents, followed by *'How to recognise drink problems in young people'* chosen by half the sample. This high priority is of interest because it reflects a felt need rather than a commonly experienced practice gap - problem drinking by young people was only mentioned as a critical incident on eight occasions. *'Alcohol education strategies'* was

chosen as a training need by 115 (39%) of respondents and approximately one in four people chose each of the following:

- *Alcohol education materials*
- *Agencies who can provide help and information on alcohol*
- *Up-to-date information on alcohol*
- *How to set up and run alcohol free bars.*

Table 6: Training needs

On what aspects of alcohol would you most like to receive training?	Numbers	Percentages
How to counsel young people with drink problems	198	(68%)
How to recognise drink problems	143	(50%)
Alcohol education strategies	115	(39%)
Alcohol education materials } Agencies who can help } Up to date information }	74	(25%)
How to run alcohol free bars	66	(23%)
Alcohol and the law	62	(21%)
Ethical issues	38	(13%)
Management issues	24	(8%)

'Ethical issues' attracted little interest and *'management issues'* even less. There were some significant differences between types of youth worker in their selection of training needs. In summary, part-time and unqualified respondents were particularly interested in receiving training on recognition of young people with drink problems, while counselling, alcohol education strategies and materials and management issues tended to be of greater interest to full-timers, paid youth workers and those from the statutory sector.

Confidence and competence in alcohol education

Respondents were asked to rate their confidence and competence in tackling alcohol issues according to a five-point scale. In general, there were higher estimations of confidence than competence. Fifty-one (17%) felt 'very confident' and over half (156, 53%) felt 'fairly confident'. Thirty-seven (13%) were 'barely confident', 33 (11%) were not very confident and only five (2%) were not at all confident. Thus, only 13% (16% including don't know/no reply) had low levels of confidence.

Perceptions of competence were lower – an expected contrast between feeling and doing. Thirty-two (11%) felt very competent, 115 (39%) fairly competent, 75 (26%) competent, while 1 in five, 55 (19%), felt not very competent and a further six (2%) not at all competent. Including don't know/no replies, one quarter of the respondents regarded themselves as having low levels of competence.

Higher levels of confidence and competence were both associated with three youth worker characteristics: having had previous training in alcohol education, being a full-time worker and having more than five years experience in youth work. Thus, taking 'very', 'fairly' and 'barely' competent and confident responses, 85% of those who had some alcohol training felt confident and 84% felt competent, compared to 64% and 74% of those who had not received any previous alcohol training. 80% of full-timers felt confident and 85% felt competent compared to 70% and 72% of part-timers. Seventy-nine % of the more experienced workers felt confident and 82% felt competent, compared to 60% and 70% of workers with less than five years experience.

Resources

Respondents were asked to tick, on a list of resource materials, any that they considered would be useful to them in raising alcohol issues with young people. In contrast with youth workers' accounts of their involvement in informal, incidental alcohol education, several of the most popular resources were those that would either require some prior planning and organisation to set up, or would be difficult to introduce into informal settings.

Nearly three quarters of the sample considered videos to be useful, quizzes were favoured by 59% and half thought that board or card games and structured group work activities would be useful resources. The latter two kinds of resources, normally used as part of a planned programme of work, were both chosen by significantly more full-time and qualified workers, compared to part-timers and those with no recognised youth work qualification. There was also a greater proportion of paid workers and alcohol trained youth workers choosing board/card games, compared with volunteers and those who had received no alcohol training.

Also popular were posters, considered useful by 208 (71%) respondents, and 53% thought leaflets would be useful. Posters were particularly popular with paid youth workers, and those who had received some training in alcohol education ($p=<0.05$).

45% of respondents considered Alcohol-free bars to be useful, particularly youth workers from the statutory sector (50%) and less popularly with voluntary sector workers (35%), ($Chi^2 P=<.05$). A similar proportion thought drama or role plays would be useful, particularly full-time workers, (59%) compared to part-timers (33%), ($Chi^2 P=<.05$).

Computer games and photographs were only chosen as useful by approximately one third of respondents. Computer games tended to be chosen by paid workers, qualified workers and those who had more than five years experience.

Attitudes to Alcohol and Young People

Respondents were given a list of 16 statements about alcohol and young people and asked to tick the column which best described their feeling about each statement. The choices were 'strongly agree', 'agree', neutral/don't know, disagree or strongly disagree. In general, the majority of youth workers' responses indicated that they held attitudes that would promote sensible drinking in young people and are committed to alcohol education to some degree.

Eight statements produced a high level of consensus (in one or other direction) with over 75% respondents holding the same views. Over three quarters of respondents agreed (or strongly agreed) that:

- *'alcohol education should be included in the proposed core curriculum for youth work';*

- *'youth clubs should present a non-alcohol alternative to young people'.*

Over three quarters disagreed (or strongly disagreed) that:
- *'planned work on alcohol is unnecessary';*
- *'youth workers should only tackle alcohol issues as they arise';*
- *'schools have the main responsibility for alcohol education';*
- *'the age limit for pub drinking should be lowered';*
- *'the only way to learn about alcohol is to drink it'.*

There was less agreement about specific strategies for working with young people on alcohol issues. This was anticipated, as the statements were deliberately chosen to cover controversial areas. Table 7 lists the responses to the five statements that produced the broadest spread of opinions.

Nearly one third of respondents agreed (or strongly agreed) that *'young people who have been drinking should not be allowed inside the youth club'*, half disagreed (or strongly disagreed), while the remaining 20% didn't know or were neutral. This was the only attitude statement where there were any significant differences between types of youth worker. A higher percentage of unqualified youth workers (37%) agreed that young drinkers should not be allowed in the youth club, compared to qualified workers, of whom only 21% agreed with the statement.

Only half the respondents disagreed (or strongly disagreed) that *'most youth workers drink too much'*; most of the others chose a neutral/don't know response (43%). This result has at least two interpretations- youth workers may be uncertain about their attitude to their peers' drinking habits, or they may not feel sufficiently informed to make a judgement. Another statement about their own drinking behaviour, *'having the occasional drink with 16-18 year olds helps a worker to maintain a good relationship with them'* also produced a fairly wide spread of opinions. One in five youth workers also agreed that *'youth clubs should have bars to encourage sensible drinking among over 18's'*. Half the sample agreed that *'it is normal for young people to drink under*

age', while 82 (28%) disagreed with this statement and 63 (22%) were neutral/don't know.

The broad range of responses to these five statements suggests that in professional development programmes which cover alcohol or other health issues, youth workers need to clarify their own attitudes to alcohol and consider how their own drinking behaviour might affect their work in this area. It also suggests that consensus on a strategy for handling alcohol-related incidents, should not be assumed, in such instances as admission to youth clubs or drinking *with* young people.

Table 7   Attitudes

Attitude statement	Responses		
	Agree /Strongly agree	Neutral/don't know	Disagree /Strongly disagree
Young people who have had a drink should not be allowed inside the youth club	92 (31%)	52 (18%)	149 (51%)
Most youth workers drink too much	19 (6%)	125 (43%)	149 (51%)
Having the occasional drink with 16-18 year olds helps a youth worker to maintain a good relationship with them	42 (14%)	58 (19%)	193 (66%)
Youth clubs should have bars to encourage sensible drinking among over 18's	57 (19%)	64 (22%)	172 (59%)
It is normal for young people to drink under age	148 (51%)	63 (22%)	82 (28%)

Conclusions

The implications of these findings for curriculum development are discussed together with the findings of the qualitative needs assessment study, at the end of Chapter Five.

CHAPTER FIVE

Stage 1: Needs Assessment, Qualitative Study of Youth Workers in Nestin

Introduction

During January - June 1990, 66 interviews were conducted with youth workers, their trainers and managers in Nestin (pseudonym).

Forty were from the statutory sector:

- 5 youth work officers;

- 16 full-time and 4 part-time youth workers in charge of centres;

- 16 part-time youth workers.

Eighteen were from the voluntary sector:

- 2 area youth officers;

- 5 full-time youth workers;

- 11 part-time youth workers.

Eight were from alcohol training agencies:

5 health promotion officers (from three health authorities)

2 alcohol advice centre workers

1 youth work student (on placement in the alcohol agency).

Nestin Youth Services

Nestin is a county in Northern England. It is a predominantly urban area, with four main towns and several smaller villages. The borders of the county are mainly rural. The urban conurbations are clustered around the river and many of Nestin's now redundant industries were developed there. The area is slowly recovering from years of economic decline with the development of new enterprise schemes and high technology industries. The unemployment rate remains higher than the national average. The

county includes some of the most deprived wards in the North and also some of the most affluent. The latter areas tend to be located in small rural villages, whilst wards bordering the river, especially in the inner city, carry high indices of material deprivation. Nestin's half a million population has higher proportions of children under five and of elderly people than the national average.

In 1990, the LEA provided a combined Youth and Community service. The Nestin Youth and Community handbook (1989, p3) quoted its aim as:

> *'The main aim of the Nestin Youth and Community Services is to offer young people opportunities in their leisure time which will develop their personal resources and help to equip them to be well balanced individuals, and creative and responsible members of society'.*

The purpose of youth centres and youth and community centres was stated as:

> *'...... to provide places in which young people can associate with one another, develop mutual respect and tolerance and with the guidance of full and part-time staff, improve their personal skills and social standards ......to foster the community spirit by bringing together local groups and residents in a common effort to provide facilities for social, educational, cultural and recreational development'.* (ibid, p. 3)

The Principal Youth and Community Officer was supported by a training officer and four area officers. The latter had responsibility for a specialist area of work and for managing youth work in one of the four boroughs in the LEA. No officer had a special responsibility for health education, although it was included within courses organised by the Training Officer (see Chapter Three). The Principal Officer regarded the issue of alcohol education as important; he was keen to support this research project and involve his staff in it.

The Youth and Community Service operated through 55 centres (including a residential training centre) maintained by the LEA and a further 23 voluntary centres that had full-time or part-time staff paid by the Authority. Links were maintained with over 300 registered voluntary youth organisations. Qualified, full-time youth and community workers, supported by part-time youth workers and volunteers, managed the larger centres. Part-time youth workers and volunteers ran the smaller centres (including most

of the voluntary centres). Twenty-eight of the centres were school based, and the youth leaders who managed them held teaching and youth work qualifications.

Voluntary sector youth work was co-ordinated via the LEA and the Nestin Youth Association, a charity affiliated to Youth Clubs UK. The Youth Association aimed to *'help and train young people to grow to caring and responsible individuals and members of society'* and had over 90 member clubs, serving approximately 7,000 young people.

The context for alcohol education: clubs and young people

The clubs and centres visited were extremely varied. In general, the voluntary sector workers had less extensive, adequate or sole-use facilities than their colleagues in the statutory sector. I visited portakabins, church halls, wooden huts and modern, purpose-built centres. Some were in areas of extreme material deprivation, in the inner city and poorer rural areas. Others were in affluent or middle class locations and some were isolated rural areas. There were no detached youth work projects.

The backgrounds of the young people were also similarly varied. Boys outnumbered girls in most clubs in the statutory sector. Most respondents recognised this as undesirable and some had made particular efforts to encourage girls to participate, such as organising girls nights, girls groups and identifying anti-sexism as one of their working principles. While the LEA gave priority to youth work with the 14+ age-group, one of the most important themes emerging from the interviews was youth workers' concerns about younger children and alcohol.

> *'The age of experimenting with alcohol has dropped so low. We had a 12 year old flat out in here'.* Full-time leader, rural club, poor area.

> *'I think they seem to start drinking a lot earlier. I've seen 11 year olds who've drunk a full bottle of cider. It's their size and they drink it so quickly. They probably aren't aware of the effects because they won't have had any education on that at 11 years old'.* Full-time, school-based youth worker

> *'We had two kids in here, 10 and 11, who had been drinking whisky. The parents were called and they blamed the club for not being open earlier. The kids blamed their dad for always being at the pub'.* Part-time worker, inner city club

Several statutory sector youth workers told of their frustration at the 14+ age band funding limits:

> '*I would like to be paid to spend more time with the younger lads. If you can catch them at 12, 13 and develop a good relationship and understanding, then hopefully this will continue right the way through their teenage years*'. Part-time worker, inner city club.

Concerns and Critical Incidents

Respondents were asked about their general concerns about young people and alcohol and also about any specific instances where young people's alcohol use had caused problems for them, their centre or organisation (critical incidents). These critical incidents were used to focus discussion on training needs around the practice gap (see Chapter One). The results from the self-completion questionnaire surveys (Chapter Four), suggested that respondents were able to differentiate between general concerns and specific problems. In the interview situation, there was considerable overlap between these two elements. Thus respondents might begin by describing a critical incident at a disco, describe how they managed the situation and then express general concerns about young people getting drunk. Alternatively, they might describe a general concern about young people who drink to solve problems and then give an example of a specific problem they had encountered with one young problem drinker. In interpreting the data, the difference lies in the extent to which youth workers' general concerns about youthful drinking (i.e. their felt needs) can be regarded as legitimate training needs if they are not experienced as real problems for youth work practice. While the training programme needed to address both the felt needs of individuals (in order to be perceived as relevant) and the needs of the job, priority was given to the identified practice gaps, based on accounts of critical incidents. In Chapter Six, youth workers' general concerns are also assessed against the research evidence on young people and drinking to determine whether they are supported by empirical research data.

Every respondent had general concerns about young people and alcohol, but not everyone had experienced a critical incident. Most of the leaders of church groups and all of the representatives of the uniformed organisations stressed that their concerns were about alcohol and young people in general and not with the young people they worked with:

'I think we have a commitment to a common standard of behaviour on drink and I know it sounds a bit pious but I think, quite genuinely, most guiders do try to keep it. I'm not saying none of them ever have a drink because that would be untrue, I can't honestly ever remember having seen a guider the worse for drink, or overindulging, in or out of uniform'. Guide Leader

'The nearby area has a field that could be used for Scouts to do activities but can't because of young people using it as a drinking haunt. These kids 'rubbish' the Scouts working so I can't let them out there anymore. This is the only problem the club has - then it's outside and not the troop'. Scout Leader

Alcohol-related incidents in and around the club

Alcohol misuse, typically intoxication, surrounding one popular youth centre activity, the disco, was by far the commonest critical incident. All of the respondents from the statutory sector reported this, as did many voluntary sector workers. It was not a concern of those who ran church clubs or the uniformed groups (but many of these did not run discos). Youth workers were concerned about young people who had been drinking before turning up at the club, in terms of how to judge whether to admit them and for the very inebriated, concerns about their safety. They were also very concerned about anti-social, disruptive or violent behaviour in the disco by young people, typically where a young person (usually a girl) had turned up so drunk that they had to bring her into the club, try to sober her up, call parents and/or an ambulance.

'Alcohol isn't a problem on a normal night but it's an absolute problem on a disco night. We had a girl in here last disco (and we take extra precautions - print a warning on the tickets, frisk them and check for polos on their breath), she looked OK and got in. A bit later on I heard her slurring her words in the loo.
Karen was talking to her about drinking. She said she hadn't and 'me mam'll kill me'. Later she was sick and still denying it'. Part-time worker, large semi-rural club.

'We did have a disco here and that presents a whole different set of rules. Wanting a drink before they come .... one girl in particular was very very drunk and wanting to make herself sick .... To start with we couldn't do anything with her, she was a big girl, and I didn't feel able to manhandle her and I didn't want any of the male leaders to manhandle her so we just had to let her get on with it' Part-time leader, small rural club

Part of youth workers' concern was the lack of clear cut procedures, or agreed practice on what action to take. Respondents reported that dealing with intoxicated young

people often resulted in disagreement between workers about what to do. For example, in the two cases above:

> *'Later she was sick in the loo and still denying it 'don't tell me mam'. We disagreed on what to do. Karen left her at the door of her home, because our leader told her not to betray her trust. I think she should have told the parents - what if she'd choked in her sleep? We did discuss it in our staff meeting and a lot came out of it. I just saw it as - what if it were my daughter? I would want to be told'.* Part-time worker, large semi-rural club.

> *'She was trying to make herself sick. I got into a bit of a conflict with the Assistant Leader. He felt she should be thrown out, but I maintain that she was safer in these four walls with me throwing coffee down her neck. Her mother wasn't at home, she was on night shift and eventually we managed to get one of the young boys to take her home'.* Part-time leader, small rural club.

There were a variety of policies adopted by the respondents with regard to admission to discos, ensuring the safety of drinkers and other members and involvement of parents. These ranged from a fairly rigid but clear policy:

> *'If they turn up at the door drunk or smelling of drink they're not allowed in, unless I think they would be endangering themselves. In this case they're brought in, sat in the office and the parents are called to take them home'.* Full-time worker, large, urban school-based club.

To the more commonly occurring, flexible response, based on how well the young person is known and the youth worker's judgement about whether they would misbehave:

> *'They come, they're merry, but I mean most have had very little to drink really. Occasionally they may be sick you know, but all we do, we just try to talk to them and reason with them'.* Full-time worker - Large urban club, deprived area.

> *'It depends on what attitude they come in with. William came in having had a bit to drink, and he says 'I'm just nice, not really drunk'. You can tell he's not really drunk, not being abusive so under those circumstances we let them in'.* Part-time worker - Large urban club (inner city)

Part of youth workers' concern about involving parents was uncertainty about how they would react. Many respondents described parents who either were not interested or blamed the youth club for letting their child get drunk:

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'There was this girl out on the lawn outside the club. She was completely out of her head. She was wearing one of these skimpy dresses and hanging out all over the place. We brought her in and her mother came down to take her home. She accused me of getting her drunk - 'How did you let her get into this state?' - I'm sure some people think we sell alcohol in the club!' Full-time worker, school campus club, middle-class urban area.

Interestingly, most of the critical incidents concerned girls. One respondent suggested that this might be to do with the boys' greater drug tolerance to alcohol and previous experience of drinking. Observations were also made about sex differences in behaviour when drunk (and in respondents' confidence to deal with this):

'The lads tend to get aggressive so they'll come in and want to take on the world. You get the girls who are silly, giggly, sick, unmanageable. I pass them on to the part-time staff. It's like a refugee camp in the toilets sorting out all these girls splayed on the floor. Done a mixture probably - is it a cocktail or something with cider and whisky, or vodka and rum? They all get little tipples from somewhere and mix it all up'. Full-time leader, medium sized club, urban area.

Discos also created problems outside the club, with vandalism and cans and bottles thrown into neighbouring property. Similarly, discos elsewhere could sometimes create problems for the youth club:

'Every Friday, the municipal dance hall has a disco which ends at 9.00pm. Then we get all the youngsters coming into the club and we always end up staying open late sorting them out'. Part-time worker, urban club

Another area of concern was illicit drinking on residentials and weekends away with groups of young people. As with discos, there were a variety of strategies for preventing this and dealing with those who broke the rules. Some respondents felt it appropriate to negotiate an agreement with the young people regarding drinking, whilst others did not consider this to be negotiable.

'If I take lads away for a weekend, invariably someone is smuggling booze in the group. Last year one lad brought his holdall and we couldn't pick it up. I said, 'what have you got - a tin suit?' I didn't say anymore till we got to the centre. Then I asked everyone to open their bags; 'we will confiscate drink of any nature'. They all brought out a can or two each and the guy who'd got the heavy holdall produced 20 cans. I was a bit gobsmacked to say the least. I said, 'is that the lot?' and eventually we got the lot. When it was piled up on the table there were 150 cans and we couldn't believe it. One hundred and fifty cans between 10 kids'. Full-time worker, urban, middle-class area.

'We stayed on a camp site that had a bar on it. We said quite categorically, 'nobody's 18, nobody drinks'. The staff weren't drinking, nobody drinks. We'd been there 90 minutes when I was told that two of our boys were in the bar. I went in and took the beer off them and said 'right lads, you've broken the ground rules, I'm sorry, you're going home!' They argued for nearly two hours. Eventually we took the tent down round them, packed their gear, put them in a car and two of us drove them all the way back home. We got back to camp at 3.00am'. Full-time school-based worker. Poor urban area.

The respondents' own drinking behaviour in these situations also varied, but this was rarely questioned. Only two respondents suggested that youth workers should consider their own alcohol use.

'The cans were locked up and we said if you want them back your parents can come and collect them. No parents came forward. The staff had a bit of a party a few weeks later.' Full-time worker, urban, middle-class area.

'I've taken kids away on weekends and had a couple of drinks with them in the pub. I think its better that they have a short period of supervised drinking - they're going to drink anyway so I would rather set them a good example and know what they're doing. I don't think the County would approve though!' Full-time worker - semi-rural, large club.

'Recently we've been trying to encourage our leaders not to drink at all on camping weekends. Not that any were drinking excessively, but sometimes a leader might take a drink before bedtime. It doesn't give too good an example when were telling the girls not to drink'. Guide Leader

'We gave them two hours in Keswick to get some fish and chips. This time the staff had gone to the pub, - we'd all had just a pint -we weren't drunk, and as we were walking out the door one of the youngsters came past with a bottle of vodka up to his mouth. The member of staff in charge of the group took it out of his hand and he said 'It's not mine, I wasn't going to drink it'. In the end it turned out four of them had clubbed together to buy it' Full-time leader, urban club (school based).

Many respondents had confiscated alcohol from young people, either as a condition of entry to the club, because they were drinking inside the club, to prevent further intoxication, or for breaking 'house rules' on residentials. Few were aware that young people, even under-18s, are entitled to have their property returned to them. The commonest strategies were either pick it up as you leave, if the worker considered the amount fairly small, or in the case of large quantities, spirits, or intoxicated young people, inviting them to ask their parents to call and claim it.

Potential harm to young people due to alcohol consumption

With the exception of two church group voluntary leaders, respondents did not see young people's drinking *per se* as a cause for concern. The general opinion was that drinking was 'normal' and commonplace amongst the 16+ age group. There was serious concern expressed about very young children - 11, 12 or younger - consuming alcohol, mainly in terms of risk of overdose or accidents. Youth workers were more ambivalent about drinking by 13-16 year olds. Some said that they had started drinking at that age themselves and had come to no harm, so it was probably nothing to worry about. Others were more concerned about potential harm and risky drinking behaviour at all ages. There was quite a clear contrast between the rules enforced in all of the youth clubs (no alcohol sold or consumed on the premises, no drinking for under-18s) and what workers knew was commonplace in the world outside.

Concern was expressed about the centrality of alcohol in the social life of young people:

> *'They seem to think they can't socialise without having a drink inside them ...'*
> Volunteer, large urban club

> *'Alcohol abuse is taken as a joke round here. They can't see the seriousness of drinking. Everybody has hangovers - it's the 'so what?' attitude. Drink is all-important in this area'.* Volunteer, inner city club

Concern was also expressed about the type and amount of alcohol consumed:

> *'When I was a lad we had the odd pint, but not these strong lagers and spirits that they have nowadays. The girls are the worst - they drink some disgusting mixtures. What's favoured is whatever gets you drunk the quickest.'* Part-time youth worker, large urban club

> *'What disturbs me is that youngsters see cider as pop. My own daughter was brought home worse for wear from a party and she said she'd only had 3 glasses of cider - only!'* Full-time worker, School campus club

Another common concern was that young people drank for the pleasurable effects, but had no idea about the possible risks that they were taking.

> *'The amazing thing is how they can rationalise (previous drunkenness) and say, 'OK nobody got hurt, it was alright, no big problem' and 'you've got to let your*

hair down now and again haven't you?' They come out with all the clichés ... The big thing is that they aren't alcoholics, so they don't see any problem. They'd generally disapprove of being an alcoholic because it ruins your life, doesn't it, your life is taken over by drink' Volunteer, middle-class suburban club

'It really worries me girls going out at weekends deliberately to get drunk. They're really running risks of getting attacked, or raped or ending up pregnant or with AIDS'. Part-time youth worker, voluntary sector

'The cafe owner found a kid practically unconscious in the churchyard and told his mates to bring him here. They didn't know what to do, had no idea of First Aid, were panicking. They don't think about the real risks of taking a drink outside or in the public toilets or an isolated place'. Full-time worker, rural community

Availability and accessibility of alcohol to young people

Youth workers were extremely concerned about the widespread availability and low cost of alcohol to young people. Accounts of intervention with licensees varied considerably. A few had succeeded in persuading local off-licences to enforce the law, others had failed, and most hadn't even tried. The attitude of police to enforcement of alcohol sales laws was reported to vary considerably around the county. Older teenagers purchasing drink on behalf of younger ones was considered a problem, as was obtaining drink from home in more affluent areas. Most youth workers thought the under 18 law was unenforceable and commonly ignored. Several commented that their facility was the only non-alcoholic alternative available to young people and were concerned that their premises could not compete with pubs and clubs in terms of comfort, decor and general allure.

'We've had trouble with one particular local off-license selling alcohol to under age lads. The big chains like Blayneys seem OK because the staff just work there and there are directives from head office. This one is owned by the shopkeeper and it's his profits he's interested in. The local police haven't helped - they say they can't do anything till they actually catch it happening'. Full-time worker-school campus club.

'There's nothing for kids round here except the pubs. We've got seven pubs within 500 yards and most of them turn a blind eye to under age drinkers'. Volunteer, rural market town.

'Our town is nicknamed 'Wine-bar City' and we just can't compete. We've given up trying to do things on weekends because they're all off down the clubs and wine bars. The licensing laws are wrong, they should never have allowed so

many places in such a small area'. Part-time worker, large urban club, middle class area.

'A lot of the kids have fathers who work abroad, so there's lots of duty frees in the cupboard. Quite a few of our lot say they get their booze from home'. Part-time worker - large urban club.

In contrast, respondents working in small rural communities noted fewer opportunities for young people to purchase and consume alcohol:

'Our club's up here on its own. There's nothing else in the village, no shops with lighting or off licences to hang about outside; there's a chip shop that opens a couple of nights a week but that closes early. There's no cafe, just two spit and sawdust pubs and a working men's' club. Again, everybody knows most of the village kids so the chances of them getting in there are remote - so we've cornered the market really'. Part-time leader in charge - small rural club.

'We're a small village, closed community. There's one pub and one club. Between these two places the parents of the members drink, this means that none of the kids can go in without being seen. I think this is why I've not come across many alcohol problems'. Part-time worker - small rural club.

Alcohol and the local community

Most of the respondents were acutely conscious that they lived and worked in a drinking culture. This influence and the poor example set by parents were emphasised as major barriers to tackling alcohol issues with young people. These issues were of particular concern to workers in a town labelled 'wine bar city', and may have been a reflection of media interest in the issue at the time of the interviews.

'This is an area where the whole culture is 'drink'. Parents drink so they do, parents take them drinking, parents get drunk in front of them ...' Part-time worker- deprived urban area club.

'I work with basketball teams. They drink more at 18-19 than I ever did. Wine bars and all day drinking does affect them. I now have to check that they haven't been drinking on Sunday before a game at 4.00pm. Most will be out from 7.30pm - 1.00am Thursday to Sunday nights. Now we've lads sharing houses and into the male heavy drinking culture. I've a friend who daughter is 17, she goes four nights a week to wine bars'. Full-time leader in charge – school-based urban club.

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Problem drinking

Whilst critical incidents mainly centred on alcohol intoxication, most of the respondents also described at least one incident involving a young person who appeared to have serious alcohol problems or dependency. Respondents were aware that drinking often indicated an underlying problem, such as family support. When asked how they dealt with such cases, nobody described any specific strategies for counselling young problem drinkers, emphasising general counselling methods and the importance of a trusting relationship. Few expressed the need to refer to any outside agencies. Full-time youth workers tended to allocate this role to a particular part-timer with whom that young person had established rapport.

> *'We had one lad who told one of my staff that he was worried about his friend's drinking. We talked to him about it. When that sort of thing happens I always ask the staff to keep an eye on them'.* Full-time worker -large semi-rural centre.

Involvement in Health Education

At an early stage in the interview, before discussing alcohol, respondents were asked whether they had done any health education with young people. Approximately half of the respondents said they had *not* been involved, including most of the part-timers. Later in the interview it usually became apparent that respondents were interpreting health education in a narrow formal sense. They did not consider their involvement in incidental, informal conversation around health issues raised by young people to be 'health education'. When directly asked about this, most youth workers agreed that they had been involved in informal health education and this re-framing often proved to be a key to enable the dialogue to move beyond polite co-operation into an in-depth discussion of youth work. While only five people volunteered informal chats as their health education involvement it is evident that this was the commonest form of health education activity. However, the informal, incidental approach, clearly requires youth workers to be highly skilled and sensitive to young people's feelings and concerns:

> *'I don't see it as a formal involvement. I do talk about issues that come up - if kids are smoking, ask them why they do it, but to approach it formally - highly questionable. Often sex education is done this way, not brought in straight but sideways. I've found new staff a bit distressed that they've been asked so many personal questions, but they're* (the young people) *trying to find out if you're*

someone they can talk to about the problems they might be having. How you respond will determine whether they actually talk to you. If you can respond, not feel you want protection and say, 'What is it you want to know' then you go on. If you just blush and are embarrassed and you don't cope then they back off. I don't think they deliberately suss you out but subconsciously that's what they're doing'.
Full-time leader - deprived area, large club.

A small minority had planned structured activities. One had involved his centre in a community health week, more as part of his community worker role more than his youth worker role.

> *'We've had displays and brochures from the Health Education people - smoking, AIDS, drugs and the rest of it. Some weeks ago I was involved in a health education day. It wasn't aimed at kids but at the local community. What they did, you'd come in and they'd have a look at you, see how far you could stretch, do a few exercises, you talked to somebody about your health habits; it all went through a computer and you got a print out at the end saying 'you've failed or you've passed your MOT' ..... It was a really good day. Unfortunately I failed!'*
> Full-time worker - large urban youth and community centre

The same worker also tried to offer healthy alternatives in the club coffee bar. Several respondents had put up posters and one had held a poster making sessions with the club members. The uniformed organisations all included health education group work in their programmes, usually linked to physical fitness or exercise, or taking care of yourself. Church groups were less consistent; most had held group discussions on moral issues e.g. abortion. A specific health-related incident had sometimes stimulated some intervention:

> *'We've had some lads who were getting heavily involved in glue sniffing, so we did some group work with them. Quite a lot came out of it and most of them got into other activities* (in the club). ' Part-time worker - small urban club

Where clubs ran girls' groups, these offered opportunities for health work, on topics chosen by the members:

> *'Our girls' group have devised their own game 'Dilemmas'. Its like 'Scruples' and they made up all the situation cards themselves. There's quite a lot of health questions in it, including alcohol'.* Full-time leader - suburban club, working class area

School-based youth workers planned and taught health education within the school curriculum, but interestingly most of their informal work on alcohol was incidental.

Involvement in Alcohol Education

Approximately half of those interviewed said they had been involved in alcohol education. However, similar interpretations can be made of this response as were applied to involvement in health education generally. It was apparent that, with the exception of some voluntary church group leaders, all respondents had been involved in alcohol-related issues, mainly on an unplanned, reactive or informal basis. A variety of proactive approaches were described, some of which were extremely sophisticated and imaginative, combining many facets of good youth work practice. These included a formal Christmas dinner with non-alcoholic wines, a non-alcoholic bar, a girls group that offered a non-alcoholic cocktail service to other clubs, action with licensees and structured workshops. A small number of full-time leaders had used alcohol-related incidents e.g. management of disco nights, as an opportunity for staff development, holding follow-up meetings with their part-timers to clarify policy and procedure. These examples of good practice were mainly found in the larger statutory-sector clubs. Some of the best work was done by experienced part-timers, with support from their centre leader. The work was done with young people from a wide range of backgrounds and from urban and rural areas. Facilities were not always a barrier - Guide groups often met in limited, facilities such as shared church halls etc, yet still managed to pursue a badge programme with a health component including alcohol.

'In our girls group, someone from the STAY DRY campaign came and showed us the cocktails. The girls then ran their own non-alcoholic cocktails for the Christmas disco and offered this to other clubs. They were amazed that the drinks tasted like alcoholic ones especially the pernod-type and they had lots of fun in making them. Also the young people, including the boys, didn't attempt to bring alcohol in, there was no bother, no cans in the toilets so it made things a lot easier for the youth leaders'. Part-time youth worker - large suburban club

'We had this formal Christmas dinner. I made a punch and dressed up as a Butler, top hat and tails and the other leaders were waiters. They went for pre-dinner drinks - nibbles and things - and they were called in to sit down and had non-alcoholic wine served with the meal. They all thought they'd been served the real thing. The younger ones especially thought they were drunk and everyone had a great time. We showed them the label and asked them 'did it really make any difference not having alcohol, didn't you enjoy yourself just as much? That sparked off quite a few discussions.' Part-time worker - deprived inner-city club

Training in Health Education

Approximately half of those interviewed had received some health education training. Most of the full-timers, half of the part-timers in the statutory sector and a minority of part-timers from the voluntary sector reported having had some training. No full-timers recalled covering health education in their initial training, although it was a small component of the part-timers' basic training course in the LEA. Additionally some workers had attended one-day in-service courses. These were on current health issues such as HIV/AIDS. Respondents' previous training was brief and topic-focused. The only respondents who reported having had any training in the general principles and practice of health education were the school-based youth tutors who had access to teacher in-service training courses.

These responses lend further support to the conclusion that youth workers saw being a health educator as something separate and different to being a youth worker. Only a handful of those interviewed had made links between their existing informal education skills repertoire and the overlap with skills needed to be an effective health educator. The fact that all of the health components in their in-service training programme were delivered by agencies outside of the youth service may also have served to enhance the subject's mystique.

The experience of relevant training by respondents from the voluntary sector was extremely limited. Most respondents had not received any training and those who had, attended the county one-day courses together with statutory sector workers. Respondents said they couldn't afford the time or money to go on courses, even if they were offered.

Alcohol Training

No qualified full-timers reported having received training on alcohol and drug abuse in their initial training. Half of the statutory sector youth workers had attended local one-day or half day courses on drug misuse, including alcohol. In two of the four boroughs, respondents had received some training on alcohol issues during their annual area training weekends. Two school-based full-time workers had attended a five-day multi-disciplinary training course on drug education run by the Health Promotion

Departments and had clearly gained a great deal from the experience. One of the two had then gone on to set up training for other workers in her area.

Several respondents, particularly those who had been on one-day courses, were concerned about the lack of progression in the training available:.

> *'I would like to have up to date information and new ideas rather than the same course every year. I like to go a step further each time and there's very little progression here. It recharges your batteries but can't we go a step further?'*
> Part-time youth worker - large urban club

> *'I don't want to look at why and how - we did that on the training day. I would like to go one step further - what methods do you have available to you? How can you really work on alcohol issues in such an informal setting? We've tried games but they only see them on that level. It's difficult to get them interested enough to sit down and keep attention. Also who could you go to for help or to talk over problems?'* Part-time youth worker - large inner-city club.

> *'I've done the county one on drugs and alcohol, (one-day) which was very good indeed. We were shown a wealth of material. The only thing is, I would have liked another day, to look at the material properly and get a bit more help in dealing with the problem.'* Part-time worker - town centre club.

Respondents were asked whether they would have any interest in receiving training on tackling alcohol issues, if provision could be made locally. All but three expressed some interest in receiving training. Most were enthusiastic about the idea and indicated that they would definitely take up training if it were offered. This particularly applied to the part-timers and voluntary sector workers, including those running church clubs, who didn't see alcohol as a problem for their young people. Full-time workers also stressed the need for part-timers to receive training, even if they did not want training themselves.

> *'This is a very narrow bit of work and the people that should get hold of that training are not people like me. I think the part-time staff would be more interested. The full-time staff will look at it as an issue, but the majority of us are interested in wider issues and more in enabling our staff to get the most out of training and effectively apply it'.* Full-time leader - large urban club, deprived area.

Following on from a general discussion of interest in receiving training, youth workers were asked what kind of training they would like to receive, both in terms of organisation and content. Diverse views were expressed. Some workers wanted a single

one-off session over a half-day or evening, others felt the subject merited a longer course run over a residential block or 4-6 weeks in the evenings. It was apparent that part-time and volunteer youth workers would have particular difficulties in attending courses in any type, because they attend unpaid, in their own time.

'It would have to be local, free or low cost, held during the week rather than weekends because I've got kids'. Volunteer - Rural market-town, voluntary sector club.

The likely impact of the (then) proposed national curriculum on statutory sector working was frequently raised, with the general view being that this might place greater emphasis on issue-based work. There was also general support for the need for training for all staff.

'The thing that concerns me is that for decades we've talked about alcohol and drug issues, there's been a lot of training done on it but obviously not enough because the problem is still there. There's definite room for new approaches and outlets. It should be for all staff really, not just selected staff. Every member of staff should receive some kind of training'.
Full-time worker- school campus club.

When asked about their training needs, the content of courses and what they would most like to learn, most respondents, while saying they wanted training, had only the vaguest notions of what that training might be. Phrases like *'up to date information'* were frequently mentioned. Others said they would be happy to leave the choice of content to the course organisers.

Respondents who were able to articulate their training needs identified as priorities the need for up to date information, and practical skills and strategies to tackle alcohol issues with the young people they worked with. The application of knowledge and skills to their own club and members was seen as essential. Some workers wanted the skills for informal strategies so that they could respond to young people, whilst others took a more proactive stance:

'What is important to us is - what can we use back here at the centre? Any training is useful to you personally, but the majority of our thoughts would be how we would use it in our club'. Part-time worker - large urban club.

'I want to know how it affects people. How to make it interesting and relevant to kids, and what I as an individual could do about it'. Volunteer - voluntary club, rural area.

'It might be of value, if it was on needs and how to get behind why people drink. Alcohol education might be OK if it were workshops which were fun and non-threatening. Not big posters that say 'don't drink'! Issue raising would be better, giving young people the opportunity to decide for themselves'.
Full-time worker - urban club.

'The information I have got is common sense - the fact that I've been through it myself. I don't think that's adequate sometimes because they usually have all the quick answers and sometimes I don't feel I'm equipped with all the correct answers. I would like facts and figures. Plus possibly some ideas to convey my information to them, to raise the issue - a good background knowledge on drugs and alcohol really'. Part-time worker - small rural club, poor area.

'I would like to know how to get through to young people on their level so they'd listen. I would also like some facts and figures. I'd be keen on something that was a night a week for several weeks to ensure full understanding and how we could best deal with it in the club'. Volunteer - church youth club.

'Up to date information on resources and new projects. How to work on a long-term basis with young people - most of our work is one or two nights, nothing is particularly long-term. Specific counselling techniques might also be useful'.
Part-time worker - large urban club.

Barriers and Encouraging Factors

Respondents were asked to describe barriers to their alcohol education role and factors that would support or encourage it.

The commonest barriers described were lack of staff, unsuitable facilities, lack of training, lack of interest from young people and the low priority afforded to issue based youth work. Alcohol education (and possibly good practice generally) was facilitated by adequate material and staffing provision. Many voluntary sector workers, often struggling to work with young people with little support, cash or facilities, mentioned the lack of such provision. In such circumstances, issue based work often takes second place to policing and general management of sessions.

The physical features of clubs, both large and small, were often identified as barriers, particularly in combination with a shortage of staff:

'Our problems are time and space. We've only got one room so everyone would have to join in ... ' Part-time worker- urban club, deprived area.

'I've got two changing rooms, lots of corridors, two specialist rooms, a gym, workshops, four large social areas, coffee bar, lounge and several small offices. With three members of staff on duty we've got a lot of doors to patrol and supervising the place takes two at least. So giving someone any time to do project work is very difficult.' Full-time worker- inner city club.

Lack of interest by young people, sometimes combined with their negative experiences of school health education were identified as barriers. Because respondents equated health education with formal, structured approaches, they consequently felt that such approaches were not appropriate in youth work settings.

'It's the negative reaction of the young people. They've already had this at school and they're not keen to go over it again. Too many members in the club make it difficult to do any small group work'. Volunteer - voluntary club.

'We've offered members discussion groups, workshops, speakers on drugs etc and the kids just aren't interested. Whenever we arrange them there's only ever a couple of kids turn up.' Volunteer - church youth club.

'Nothing actually prevents leaders doing alcohol education. It's just not what the kids want. Our full-timer thinks set work (i.e., planned and structured) isn't effective and favours informal approaches'. Part-time worker -inner city club

'The main barrier is lack of interest from the kids. A non-teaching approach is a must'. Full-time worker-school-based club.

'Our members won't listen. They're not interested, they won't even sit together in one room!' Part-time worker - school campus club.

'I don't think there's a need for it here. The types of kids we have are just not interested, other than the odd 'testing' case. Often other members put off the ones who actually smoke or drink'. Scout-leader.

A minority of workers saw the example set by parents as a barrier:

'You can't directly criticise what their parents are doing. You can't say their parents are wrong to drink every night. This is what the kids here think life is all about!' Part-time worker- deprived inner city club

Some workers identified their club's values and ethos as a barrier, while for others this was an encouraging factor:

'Our Parochial Church Council would have to give the go ahead, and there might be problems, because they take the view that kids shouldn't have booze or

cigarettes so talking about it might encourage these activities'. Volunteer- church youth club.

'Ours is a Christian club, promoting personal relationships with God through Jesus. Social and health issues are given as much time as possible'. Volunteer - church youth club.

The diverse nature of youth work and lack of clarity about the youth worker's role as a health educator, combined with lack of training were personal barriers for some workers.

'I tend to shy away from issue based work because I think they won't respond to a teaching type of situation'. Full-time worker - urban club.

'The fact that I'm new to youth work and to the club. I feel I'm lacking in knowledge and I'm aware that if I give the wrong information I would do just as much damage. So I would prefer to know my facts and know how to go about it before I do anything'. Part-time worker - urban youth club.

'I think workers like me don't see themselves as health educators. We have such diverse roles, we devalue ourselves and working in isolation doesn't help. A lot of our work is really hard to describe and measure. I think we're good at working with young people, but not so good at describing how we do it'. Full-time worker - inner city club.

Despite obvious practical difficulties, some respondents managed to do excellent alcohol work, suggesting that if the youth worker sees alcohol education as priority and has the confidence and skills to carry it out, then other barriers can be overcome. For example, this worker ran a girls group who promoted non-alcoholic cocktails, had a planned health education programme and displayed posters as well as incidental work:

'Sometimes money is a problem - justifying why you want to spend money on alcohol-related work (cocktails) to the management committee. Staff and space can be difficult. Our youth extension is two large rooms and sometimes leaders can't go off with one group if there isn't someone else there to manage the rest'. Part-time worker, suburban club.

Policy

To identify existing organisational support for alcohol education, respondents were asked whether they knew what the LEA's policy on alcohol was and their general opinions were sought on the value of policy and guidelines on alcohol issues. Only the

second question was asked of voluntary sector workers, who would not be bound by LEA policy.

The only alcohol policy guidelines issued to workers by Nestin LEA concerns non-use of alcohol on premises and sale by special licence up to three times per year for combined youth and community centres. All workers knew these guidelines.

Opinions on the value of policy varied, with strong resistance to the idea of rules and regulations, or a policy which was imposed from the top rather than devised by consultation:

> *'Obviously if the LEA makes a statement as to what we should be doing we have to do it. Fortunately they're fairly flexible in allowing us interpretation. We're doing what we feel is right here, in the interests of the centre and the young people'.* Full-time worker – rural village club

However, many full-time leaders thought that more guidelines (as opposed to policy) would be helpful, in clarifying procedures and helping to formulate responses to common club problems.

> *'I think no matter who you are you need a strategy. I find when I go to area meetings, 15 of us from different centres, we've all got the same sort of problems but there's not guidance, or anything you can follow. I think we do need a policy or guidelines at least'.* Full-time worker, urban club.

> *'At the very least we should all know the legal implications. We're busy trying to decide our own club policy at the moment and a few guidelines from the LEA would help. It would also be nice to see how other leaders focus on the problem and deal with it'.* Full-time worker - LEA maintained voluntary sector club.

Some recognised that a policy can give support and justification to alcohol-related work:

> *'An LEA policy might justify alcohol-related work a bit more. If there was some provision financially for some special work, with cash to be matched by the management committee. Our centre is quite well off but most centres are struggling ...'* Part-time worker - suburban club.

Some workers expanded discussion on policy to other ways the LEA could promote and support alcohol education. The general view was that while the LEA was giving some support, much more could be done:

> '*I think the LEA is beginning to give us more guidelines through training, but it's very much the tip of the iceberg. They could do a lot more. It would be nice to have an Area Officer who had responsibility for developing health education, perhaps combined with promoting work with girls and young women. They could also give us more teaching aids*'. Full-time worker - school campus club.

Policy in the voluntary sector, if it existed at all, tended to be devised by the youth workers, sometimes in consultation with their management committee. It generally covered the same limited area as the LEA policy, namely non-use in the centre, and sometimes admission of intoxicated young people.

Conclusions: Implications for Curriculum Development

This section summarises the implications for curriculum development of the results reported here and in Chapter Four. This is part of stage one of the curriculum development process: defining the territory for youth workers to explore.

Is a training response appropriate?

The data indicate that lack of training is by no means the only factor that determines youth workers' abilities to raise and respond to alcohol issues relevant to young people. Management support, the local priority afforded to issue-based work, the policy framework and the adequacy of staffing and resources all emerged as factors contributing to an effective response. These will be discussed further in Chapter Ten. However, it is abundantly clear that a training response *is* appropriate. Training is certainly needed, both in terms of practice gaps and youth workers' felt needs. The overwhelming majority of youth workers (88% in the national survey) said they would be interested in receiving training on alcohol issues. Responses also suggested that where alcohol training is provided, it does not fully meet youth workers' needs.

Alcohol training is also not equally accessible to all youth workers. The Nestin study found that the workers doing most of the face to face work with young people had least

access to training. The survey data revealed that, although there was no significant difference between the proportions of full and part-timers who had received alcohol training, a significantly lower proportion of voluntary sector workers (one third) had received some prior alcohol training compared to half the statutory sector workers.

Finally, training makes a difference to youth workers' performance. The most encouraging finding from the national survey is that the youth workers who had received some alcohol training felt more competent and confident to deal with alcohol issues than those who not had any training. They did more alcohol-related activities, in terms of both the quality and quantity of their approach. This finding is particularly important given the prevailing demand placed on youth work training for evidence of effectiveness and training managers' general scepticism about the value of training (see Chapter One, p.25).

General principles

The general principles for curriculum development suggested by the findings are:

> *(a)* *Training should be linked with and extend existing youth work practice.* The results indicate that youth workers are not always able to transfer their generic youth work skills to work on alcohol issues. This means that the training needed to enable youth workers to apply and extend their existing roles and current practices to take account of the alcohol issues facing the young people with whom they work. It therefore needed to address as priorities, the management of alcohol incidents and incidental work, as well as covering the planned programmes of activities.

> *(b)* *Training should empower youth workers and enhance their skills and confidence to work with young people on alcohol issues.*

> *(c)* *Training should be accessible to all youth workers and particularly to part-timers and volunteers.*

> *(d)* *A focus on facts is not sufficient.* Youth workers need to be given the skills and techniques to carry out practical, achievable work in the context of

limited time, staff and other constraints. One of the most important messages from youth workers was that training had to be practical and applicable to their own situation.

(e) ***Training should be based on holistic models of health and health education*** including community development, personal development and empowerment models and strategies based on active youth participation. Youth workers' assumptions about health education were negative and partial, based on a formal didactic process and individual, victim-blaming models. They rightly rejected such models as a basis for practice.

(f) ***The curriculum should be specific to informal education***. Direct transfers of curricula from formal situations such as schools are not appropriate. Observation of alcohol courses for youth workers in Nestin run by the local alcohol service, and respondents' reports of previous courses indicated that their emphasis was on promoting planned group work activities rather than enabling youth workers to exploit incidental opportunities, clarify responses to alcohol-related incidents or develop policies. This may reflect the trainers' lack of understanding of youth work principles. The findings lend strong support for alcohol training that covers all types of youth work activity, not just group work.

(g) ***Youth workers and young people should participate in the process of curriculum development.***

(h) ***Refocus efforts upstream***. In their preoccupation with managing the immediate consequences of young people's intoxicated behaviour, youth workers are being diverted from addressing the causes of the problem. The training needed to enable youth workers to become more proactive in promoting sensible drinking and minimising alcohol-related harm.

Training methods

The methods used to train youth workers should demonstrate good youth work practice. Therefore, they should be participative and active, modelling the kind of strategies

workers can use with young people. The focus on planned group work in previous courses in Nestin only addressed one element of informal education. The new curriculum clearly needed to find ways to demonstrate a broader perspective.

The content of training

Figure 10 summarises the ways in which youth workers are involved in alcohol issues, according to frequency of occurrence, with the commonest strategies at the bottom of the table and the least common at the top. The training programme needed to acknowledge that the perceived practice gaps were at the bottom of the pyramid (problem-led), whilst aiming to extend youth workers' repertoires to include the more comprehensive, proactive and considered approaches to alcohol issues.

Figure 10   Youth workers' involvement in alcohol issues
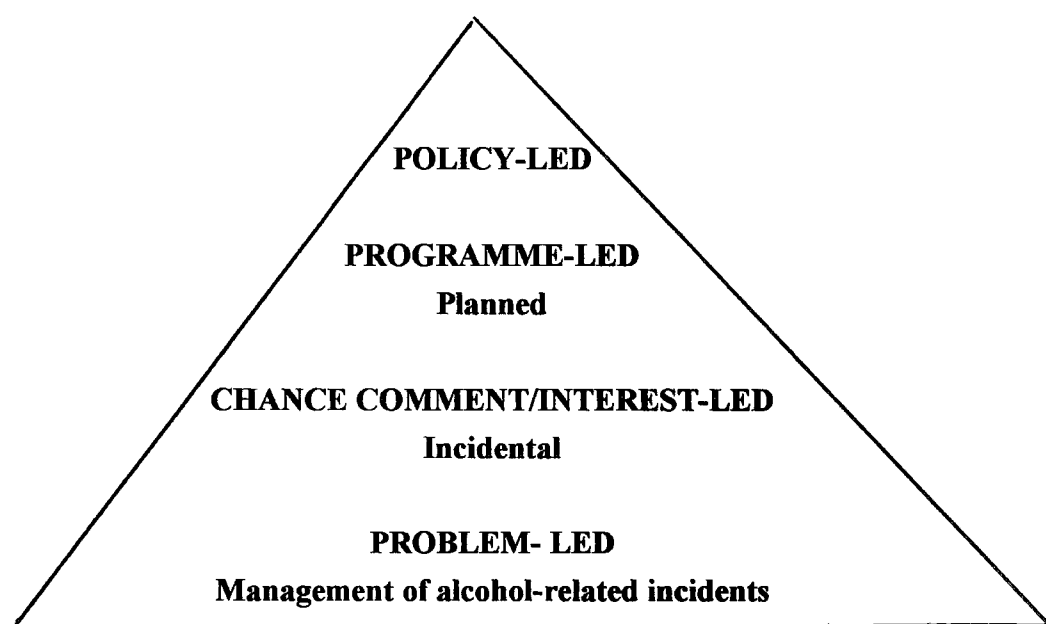
The study has identified a wide range of concerns held by youth workers about young people and alcohol, and has documented the critical incidents they have experienced. Their implications for training are summarised in figure 11.

In the national survey, and in Nestin, youth workers were asked to identify their own training needs. In Nestin, where respondents were asked an open-ended question, they had difficulty in articulating their training needs. Up to date information and practical

skills and strategies to tackle alcohol education with young people were mentioned most frequently.

In the survey, respondents were asked to select, from a list of topics, those on which they would most like to receive training. The strategies, materials and information mentioned by Nestin workers were only selected by 39% (strategies) and 25% (materials) of survey respondents. Much more commonly selected were two aspects of training related to problem drinking - 'How to counsel young people with drink problems (68%) and 'How to recognise drink problems in young people'. These training needs were not articulated in Nestin, although respondents' descriptions of their practice suggests that such training is needed. The critical incident data suggests that the numbers of young people with serious drink problems are fairly small, in comparison with the extensive catalogue of alcohol misuse by young people. It is possible that youth workers' definitions of problem drinking are broader than those used in the alcohol treatment field. The latter would define 'problem drinkers' as those young people who have developed a degree of physical or psychological dependence on alcohol. Youth workers may well consider a young person to have a drink problem if they misuse alcohol in any way, including getting drunk. However this explanation does not accord with the evidence regarding youth workers' concerns.

An alternative explanation is that this is a genuine area of training need. It implies that youth worker training, which would normally include training in counselling young people, should be extended to introduce some simple and basic techniques related to working with problem drinkers. It also implies that youth workers need to know about local helping services for young problem drinkers, and when, where and how to refer young people for specialist help.

Figure 11   Alcohol-related concerns and critical incidents: implications for curriculum development

Concerns /critical incidents	Implications for curriculum development
Not relevant to 'our' young people (church and uniformed groups)	Promote entitlement of all young people to information about health. Provide information demonstrating extent of alcohol use among young people
Management of alcohol-related incidents in/around the club	Teach management skills and demonstrate appropriate strategies for managing incidents, including handling violence and aggression, basic first aid and relationships with parents. Provide information about alcohol and the law. Develop team approaches. Train youth workers to develop young people's skills in above areas. Promote development of policies and practice guidelines
Concern about girls' behaviour when drunk	Develop youth workers' generic skills in working with girls. Offer training in specific strategies for alcohol education to meet girls needs.
Availability and accessibility of alcohol	Link with workers generic skills of community development, campaigning and lobbying. Offer examples of good practice.
Abuse of alcohol in the local community, including parents	Inform workers of role and functions of local health promotion workers. Where youth workers also have a community work remit, train in community health education techniques. Train workers in strategies to involve parents in youth work
Problem drinking by young people and their families	Provide information about local services for problem drinkers and referral procedure. Extend training in counselling to include specific alcohol counselling techniques.

The questionnaire data also revealed that different types of youth worker have different training needs. Part-time and unqualified youth workers were particularly interested in receiving training on recognition of young people with drink problems, whilst counselling, alcohol education strategies and materials and management issues tended to be of greater interest to full-timers, paid workers and those from the statutory sectors. This suggests that a range of training opportunities should be offered, paying attention to integration with other areas of youth work training and to progression within the curriculum. Differences between types of youth worker were not sufficiently distinct as to imply entirely separate training provision for full-time and part-timers or statutory and voluntary sector workers. There is a case for building into the curriculum a distinct developmental/sequence and the opportunity to 'specialise' so that, for example, full-timers in charge of centres could benefit from training on policy development.

Organisation and delivery of training

One weakness of the survey is that it did not ask about the way alcohol-related training of youth workers was organised or delivered. The only empirical evidence was that provided by the Nestin study, together with accompanying written or verbal information supplied as background by questionnaire respondents and by expert key informants.

Alcohol training in Nestin was not a high priority, despite references to its importance in the in-service training handbook. The previous alcohol training had been brief (one day) and provided entirely by agencies outside the youth service (and the LEA). There was little ongoing support for alcohol education within the service. The co-operation and support offered to me suggested that this was due to lack of awareness rather than any deliberate discouragement. The priority afforded to sports and outdoor pursuits was very apparent. Unlike many other LEAs, Nestin did not employ anyone to take responsibility for alcohol, health or social education within the youth service. Training opportunities were even more lacking in the voluntary sector, suggesting that the planned training should be offered to youth workers from both sectors. The interview data suggests that training needed to be more extensive in content and time allocation and that it should be organised in a variety of ways to encourage part-time workers and voluntary sector staff to attend. This meant provision of courses in the evenings or (less

popularly) at weekends. Part-timers might be more willing to attend if payment was extended to training courses, and volunteers would need courses to be free of charge.

The available evidence from other youth services suggested that short, one-off courses on alcohol and other health issues were common features of youth worker in-service training throughout the UK. Little attention seemed to be paid to progression and most of the courses were not certificated or validated. Within the time usually allocated (one or two days), it is difficult to see how all, or even most of the content areas listed in Figure 11 could be covered. Skills, in particular, need practice, feedback and consolidation in order to improve - a process that cannot be satisfactorily completed in a short course. The ideal answer to this would be to develop longer, modular courses, perhaps over a series of evening sessions, ideally leading to a recognised certificate and including a strong element of assessed practical work to develop basic competencies. This approach to training would also be appropriate for the minority of youth services who have adopted a portfolio approach to training (NYA, 1994b).

A validated course already exists for general health education in some parts of the country, in the form of Health Education Certificate courses and the open-learning version of such courses. Youth workers should be encouraged (and funded) to attend such courses as a route to obtaining a recognised qualification in health education. The open-learning version would be particularly suitable to part-time and volunteer youth workers and those compiling training portfolios. However, it is likely that the entire Health Education Certificate Course Syllabus will not be relevant youth work practice.

None of the qualified youth workers interviewed in Nestin reported receiving health or alcohol education in their initial training. Discussions with second year students on the University of Durham course in Community and Youth work suggested that although this particular course did cover alcohol and drug misuse (via an invited speaker), the basic principles of health and alcohol education were omitted. Moreover, students had not made links between alcohol issues and issue-based work in general. Clearly there should be a health education component within initial training of full-time youth workers if they are to enact their role as social and health educators.

In terms of training expertise, there appears to be relatively little within the youth service itself. This was certainly the case in Nestin and is borne out by information from elsewhere and by National Youth Agency staff (Julia Lyford, personal communication). Youth services commonly recruit outsiders, mainly Health Promotion Specialists or Drug and Alcohol agency staff, to deliver the training for them. The LEA Health Education/Drug Education Co-ordinators have also been involved in training youth workers, although most have a background in formal education. As emphasised earlier, all of these training specialists are likely to focus on the planned alcohol education activity aspect of youth work practice, rather than on policy, management of alcohol-related incidents or incidental work. Also they may not fully comprehend the nature of informal education. The bulk of their other training experience will relate to training people who have higher education qualifications, e.g. teachers, and the level and content of their courses may be too academic for some part-time and volunteer workers. Priority should be given to enabling youth work trainers within youth services to be health education trainers. To do this they will require training themselves, and will need appropriate training materials to use to train youth workers.

Conclusions: Whose Needs?

Chapters Four and Five have considered youth workers' training needs in relation to alcohol and young people. The findings from the interviews and questionnaire survey are very similar, lending weight to their validity. However, youth workers' practice and their felt needs may not accord with those of young people as service users. Chapter Six examines the research evidence on young people and alcohol to determine whether there is any foundation for the barrage of youth workers' concerns about youthful drinking. It also reviews the evidence about young people's own needs and considers their implications for youth work practice.

CHAPTER SIX

Stage 1: Review of the Literature on Young People and Alcohol

Introduction

This chapter draws on my recent literature review on young people and alcohol (Wright, 1999) to assess the findings of the needs assessment study against the research evidence about youthful drinking. It also considers young peoples' own needs. The chapter considers the following questions:

1. What evidence is there to support or refute youth workers' concerns about youthful drinking?

2. What are young people's needs and concerns in relation to alcohol?

3. What do youth workers need to know about youthful drinking in order to respond appropriately?

Limitations of the literature

Problems of comparison, generalisability and relevance were encountered in examining the literature. Additional difficulties derived from the lack of agreed definitions of 'young people' and alcohol terminology (e.g. 'heavy drinking', 'binge drinking') and stereotypical assumptions about the nature of youth and adolescence. These issues are discussed more extensively in (Wright, 1999).

As Milburn et al. (1995) note for much of the study of health behaviour, positivist epistemologies predominated in the literature examined. Other epistemologies may have important contributions to make to our understanding of young people and alcohol. For example, within the interpretivist perspective, young people's use of alcohol is

viewed as being socially and culturally defined, rather than objective fact. The purpose of research is seen as exploring how young people understand and make sense of their worlds and the place and meaning of alcohol within it. While recognising that there is continued debate about the validity and comparability of research derived from such differing perspectives, I have acknowledged data derived from both ends of the epistemological spectrum.

Pathology and panics

Young people's drinking patently worries adults. In reading the literature, I wonder whether alcohol researchers were ever young themselves. Perhaps they never experienced adolescence, metamorphosing overnight from children into fully developed, socially responsible adults? The moral panic about youthful drinking described by Dorn (1983) is evident in the way questions have been asked and the assumptions and interpretations made by most research studies on young people and alcohol. Many have focused on the problems related to young peoples drinking and have labelled young drinkers as deviant. This is a particularly dominant paradigm in North American studies.

Recently, British researchers have challenged this perspective, arguing that adolescent drinking in Britain is essentially normal behaviour, which is part of the process of socialisation and reflects adult norms and drinking practices within the wider cultural setting (Sharp and Lowe,1989; May, 1992; Lowe, Foxcroft and Sibley, 1993; Brain and Parker,1997). Also, as studies of young people's illicit drug use (Davies and Coggans, 1991), and ethnographic studies of young people's drinking (Dorn, 1983; Gofton, 1990) have demonstrated, young people use alcohol for positive reasons, as they perceive them. This chapter will argue that, as Sharp and Lowe remark (1989, p. 305), seeing youthful drinking as inevitably problematic *'runs the risk of turning what is essentially normal behaviour into something deviant'*.

Youth Workers' Concerns about Youthful Drinking

The needs assessment (Chapters Four and Five) revealed that youth workers, unlike researchers, were not unduly concerned about young people's drinking per se. They

were very concerned about the potential for alcohol-related harm related to youthful drinking. Their concerns about young people and alcohol fell into six main areas:

1.　Age of young drinkers and the quantity of alcohol consumed
2.　Alcohol-related knowledge and attitudes of young people
3.　Potential harm to young people due to alcohol consumption
4.　Violent, aggressive or anti-social behaviour by young people when intoxicated
5.　Availability and accessibility of alcohol to young people
6.　The example set by parents and peer group influences.

1.　Age and Quantity

Youth workers were concerned about the amount that young people drink, commonly citing cases of individuals drinking quantities far in excess of the recommended safe limits for adults. Also of concern was the young age at which children start to drink.

Measuring and classifying consumption

Accurate measurement of young people's alcohol consumption is difficult due to the bias inherent in self-reported behaviour, lack of standard questions and measures and young people's consumption of non-standard drinks. Measurement and classification of young people's alcohol consumption is not consistent between studies (Wright, 1999).

Until December 1995, the recommended sensible drinking levels for *adults* were 14 units per week for women and 21 for men. The new guidance focuses on daily levels, recommending up to three units a day for women and four for men (Department of Health, 1995). Most of the studies reported here pre-date this advice and refer to the former adult weekly drinking limits. Neither set of guidelines apply to young people, although the current advice does attempt to address binge drinking, which is particularly common among young people (see below). In the absence of authoritative guidance, researchers have varied in the way they have classified young peoples drinking as 'moderate', 'heavy' etc.

Prevalence of alcohol consumption among young people has attracted considerable research interest in the last 25 years. There have been several large scale, single phase, cross-sectional surveys of adolescent drinking using mainly quantitative methods (Davies and Stacey, 1972; McGuffin, 1979; Hawker, 1978; O'Connor, 1978; Plant, Peck and Samuel, 1985; Marsh Dobbs and White, 1986; HEA/MORI, 1992a, 1992b; Goddard, 1991; Miller and Plant, 1996).

National time-series studies of adolescent drinking have been set up within the last ten years and the first published reports emerged in 1995-6 (Wright, 1999). There are also numerous local and regional surveys of young people's drinking behaviour, which are useful for informing local interventions and to provide snapshots of what is happening at a certain time; indeed the level of regional variation suggest that they are preferable to national data for these purposes. However, methodological limitations mean that they are usually not generalisable to young people elsewhere (Wright, 1999).

Adult drinking in Great Britain is monitored biannually in the General Household Survey. The age group 16-24 has recently been adopted as the lower age band in this and other surveys of the adult population, reflecting the reality that the drinking habits of 16-18 year olds closely resemble those of adults (OPCS, 1991,1994; ONS, 1998; Bennett et al, 1996).

Starting to drink

Young people's experience of alcohol begins well before they reach their teens, as a normal part of socialisation. Ninety per cent of adults drink at home, and half do so at least once a week (HEA/RSGB, 1991). Most children's first experience of alcohol will be gained from observing the drinking behaviour of family members. All of the national surveys cited above have indicated that drinking begins at ages 8-12, with virtually all 12-14 year olds having had some experience of drinking. For example, in 1991-2, only 15% of boys and 20% of girls aged 8-9 who completed the University of Exeter's health-related behaviour questionnaire had not yet sampled an alcoholic drink (Balding and Shelley, 1993). By the time they complete junior school (Year 6, 10-11 years) most children will have had some limited experience of drinking alcohol, though very few will drink regularly (Balding, 1996).

Data from national monitoring surveys for England and Scotland suggest that age of initiation seems to have remained fairly constant in these countries over the last 20 years (Goddard, 1997).

Young teenagers (11-16)

The early teenage years are an important period of change for many aspects of young people's lives, including their drinking behaviour. Between the ages of 11 and 16, young people develop from taking the occasional sip of alcohol to being on the verge of drinking like adults; from drinking (mainly) under adult supervision to drinking independently.

There are different drinking patterns among schoolchildren in each UK country and considerable regional variation within countries. Methodological differences limit direct comparison of data from different studies and countries. Schoolchildren's experience of drinking is least in Northern Ireland and greatest in Wales (Wright, 1999). There is no clear evidence that young people are starting to drink earlier; in England and Scotland, the proportion of non-drinkers among 11-16 year olds has remained at about 40% for the last 20 years. By the time they reach 16, virtually all teenagers (94%) throughout the UK have had some experience of drinking alcohol (Miller and Plant, 1996). However, it should be noted that many young teenagers either do not drink alcohol at all, or drink small amounts, infrequently.

In the 1990s, the proportions of young teenagers who drink has increased in Scotland and Northern Ireland and has remained fairly stable in England and Wales. Once they start to drink, young adolescents are consuming larger amounts and are drinking more frequently. This trend has been observed in England (Goddard 1997a), Scotland (Goddard, 1997b) and Wales (Roberts et. al, 1997), while increased frequency of drinking has been observed among schoolchildren in Northern Ireland (HPANI, 1995).

Young teenagers in all four UK countries are also increasingly involved in getting drunk and 'binge drinking'- drinking a large amount of alcohol in a single session. In England in 1995, 55% of current 11-15 year-old drinkers had been drunk at least once and 17%

had been drunk four or more times (19% of boys and 15% of girls). In Scotland one quarter of 11-15 year old boys had been drunk four times or more in 1990, rising to over a third (35%) in 1994. The same measure of intoxication had almost doubled for girls, from 17% in 1990 to 30% in 1994 (Goddard, 1997a, 1997b). Similar trends have been observed in Northern Ireland and in Wales (HPANI, 1995;Roberts et al, 1997).

Young teenage boys drink more alcohol than girls and they drink more frequently, a pattern that continues into adulthood. However, the frequency of girls' drinking is increasing at a faster rate than that of boys' so that gender differences are diminishing. The latest data for England, Scotland and Wales suggest relatively little gender difference in experience of intoxication (Wright, 1999).

Youth workers are justifiably concerned about the potential risks attached to such youthful drinking. By virtue of their small size, inexperience and immaturity, children and young adolescents will become intoxicated after only one or two units of alcohol. The threshold for experiencing severe alcohol poisoning, and even death, will also be very low.

16-18 year olds

Between ages of 16 and 18, young people in England rapidly acquire adult drinking habits, in terms of drinking prevalence, consumption levels and settings for drinking. Mid teens is the period when young people become experienced drinkers and drinking alcohol becomes the norm for the peer group. Drinking becomes seen as a sociable and 'adult' activity (Wright, 1999).

Recent surveys have shown that there is no marked increase in drinking at 18, when it becomes legal to buy alcohol. Up to 16-17, there is no difference between the proportions of males and females who drink (although big differences in the amounts they drink). After 17, young men are more likely to be drinkers than young women. 16-18 is the peak age for young women's drinking in terms of frequency and quantity of alcohol consumed (Plant, Peck and Samuel, 1985; Plant et al 1990; Goddard, 1992; HEA\MORI, 1992a, 1992b). For young men, consumption continues to rise and peaks at 18-21. It is evident that long before the age of 18, when they can legally buy alcohol

or drink it in licensed premises, the majority of young people are drinking on regular basis.

A 1991 survey of drinking habits in England and Wales (Goddard, 1991) recorded consumption levels in relation to the weekly limits for adult 'sensible' drinking and the upper risky/harmful drinking threshold (females 35 units/week, males 50 units/week). Among 16-17 year olds, 13% of boys and 8% of girls were already drinking more than the sensible limits, while 2% of boys and 1% of girls aged 16-17 consumed more than the harmful limits, which are considered to predict serious health damage.

Since 1991, drinking patterns in 16-19s may be in the process of changing towards increased frequency of drinking and increased amounts of alcohol consumed, following the trends reported for younger teenagers. If the cohort of young teenagers continue to drink in the same way as they mature, then the 16-19 age group could be moving into riskier drinking patterns (i.e. binge drinking), with females narrowing the gap on males in terms of frequency of drinking.

Young adults (18-24)

Young adults aged 18-24 are the heaviest drinking group in the population (both in terms of weekly drinking at harmful levels and binge drinking), and their drinking is increasing (ONS,1998). In 1996, over a third (41%) of young men aged 18-24 in Great Britain were drinking above the sensible weekly drinking limits and 12% were drinking at harmful levels (50+ units per week), twice as high as all adult males.

The proportion of adult males in Great Britain who are drinking more than the former sensible weekly limits has remained fairly steady since 1986, whereas the trend for young men has been more erratic, with the 1996 levels being the highest recorded since 1984. If 16 and 17 year olds are included, 35% of 16-24 year old males drank over 21 units per week in 1996. Average weekly consumption for 16-24 year old males was 20.3 units per week, compared with 19.1 units in 1992 (ONS,1998).

The proportion of all adult women drinking more than sensible weekly limits (14 units per week) has slowly risen since 1984, across all age groups, this upward trend being

particularly apparent among young women. The 1996 General Household Survey data (ONS, 1998) reveal that 21% of 16-24 year old women are drinking above the former sensible drinking limits. This is a much higher proportion than other age groups (in 1996, 14% of all adult women drank more than 14 units per week). Average consumption for 16-24 year old women was 9.5 units per week in 1996, compared to 7.3 units in 1992. Young women are the only adult population sector to show an increase in drinking at harmful levels. In 1996, 6% of young women aged 18-24 drank over 35 units a week, compared with 2% of all adult women. This is twice the level recorded for young women in 1994 (ONS, 1998).

Preliminary findings of a national survey of adults in England in 1997 (Goddard, 1998) indicate that young adults aged 16-24 are much more likely to indulge in heavy drinking sessions than other adult age groups. To avoid the ambiguity inherent in the term 'binge drinking' this survey focuses on 'heavy drinking occasions', defined as consuming at least 6 units (women) or 8 units (men) on a single occasion. Taking all adults who had had an alcoholic drink in the past year, 58% of men and 36% of women had drunk 6-8 units on at least one occasion; 71% of 16-24 year olds had done so- 81% of young men and 60% of young women. Young adults, particularly males, were also the group most likely to have frequent heavy drinking sessions, although very few did so every day.

Not surprisingly, young adults were also more likely than older people to have felt drunk during the past year; 77% of 16-24 year old drinkers had felt drunk, compared with 44% of all adult drinkers. Young adults were most likely to have set out on a drinking session with the intention of getting drunk and to have had frequent hangovers. Over half of the young adults (54%) who had been drunk at least once in the past year had started out with intention of getting drunk on at least one occasion, compared with 30% of all adults (about one in eight of all drinkers). A similar proportion (55%) of 16-24 year old drinkers said they had a hangover at least once a month.

A survey of drinking in Wales in 1993 (Moore, Smith and Catford,1994) also found that binge drinking (here defined as drinking half the recommended adult weekly units of alcohol in one session) was most prevalent among young adults aged 18-24, especially young men. Nearly a third of drinkers aged 18-24 reported binge drinking at least once

a week, compared with a quarter of 25-34 year olds and falling to 15% of the over 55s. Young people who were single and had not completed further education after leaving school were particularly likely to binge drink.

The switch in sensible drinking advice to daily benchmarks may be more relevant to young people's interest in binge drinking than the previous emphasis on weekly levels, but it may still not be perceived by young people as relevant to them, because most do not drink every day. Young adults do drink the most alcohol, but they are least likely to be daily drinkers (NTC, 1994, Prescott-Clarke and Primetesta, 1997, Goddard, 1998).

Young adults are less likely than older people to be non-drinkers. In 1996, overall, 7% of men and 13% of women claimed they never drank alcohol. Among young adults aged 16-24, not only are there fewer non-drinkers, but there is also little difference between the sexes- in 1996, 8% of young men and 9% of women say they never drink (ONS, 1998). Over the whole time period of General Household surveys, 1984-98, the proportion of young adults who claim not to drink has remained fairly constant.

Ethnicity

Ethnicity, culture and religion are all-important factors in young people's alcohol use but very little research has been done in Britain on these issues. The subjective impressions of Asian alcohol fieldworkers (Ahmed,1988; Asad, 1994) are that today's young Asians are drinking more than previous generations. Few studies have examined ethnic differences in young people's alcohol consumption, let alone trends, or even taken such issues into account when considering the accuracy of their data. Denscombe (1995) points out that, apart from not acknowledging the needs of different ethnic groups, studies which do not take account of ethnic and religious differences may considerably underestimate the extent of alcohol use among white young people.

At a national level the only available data are from three HEA studies, one a qualitative study (Mathrani, in preparation) and two national surveys of the health behaviour of school age children in England, conducted in 1989 (HEA/MORI, 1992b) and 1995 (Turtle, Jones and Hickman, 1997). The two surveys used different age groups (9-15 in 1989, 11-16 in 1995), sampling methods and questions and so are not directly

comparable. Both surveys found that Black and Asian young people continue to have less experience of alcohol than their white peers. However, both data sets offer indications that their drinking patterns may be changing alongside those of white teenagers.

Conclusion: are youth workers justified in their concerns about the age of young drinkers and the amount that they drink?

The data on trends in young people's drinking amply confirm youth workers' concerns, particularly in relation to under-16s. There is no clear evidence that young people are starting to drink earlier, but when they do start to drink, 11-16 year olds are drinking more alcohol, more often. From 16 upward young people rapidly achieve adult drinking levels, and young adults are the heaviest drinking group in the population. This group is drinking more alcohol, with a trend towards binge drinking. From 16 upwards, most young people will have some experience of being intoxicated and many deliberately plan to get drunk on occasions. Gender differences are diminishing and the increase in young women's drinking has been particularly marked. Nevertheless it should not be forgotten that the majority of young teenagers do *not* drink to excess and that consuming alcohol is normal behaviour across the older adolescent age group.

Young people also alter their drinking habits as their circumstances change or they enter different life stages. For example, drinking patterns adopted as students are usually not sustained after leaving college, when typically the frequency and amount of drinking reduces (Clark, 1991). Marriage is an important moderating influence on young men's drinking habits, which reduce even further when they become parents (Power, 1992; Backett and Davison, 1992). There is some truth in the statement 'they'll grow out of it'!

2.   Knowledge

Youth workers were concerned that young people did not know enough about alcohol. This subject has received little research attention, perhaps due to the overwhelming preoccupation with young peoples drinking *behaviour*. Nevertheless, youth workers

would argue that young people have a right to know the facts about alcohol. Indeed, in consultations about the youth service, access to accurate and relevant information is one of the few felt needs expressed by young people themselves (Young, 1990a).

Children begin to acquire knowledge about alcohol long before they start to drink, or even taste, alcohol themselves. 5-8 year olds can identify alcoholic drinks by smell and/or photographs and can recognise drunkenness (Jahoda and Crammond, 1972; Gaines et al, 1988; Fossey, 1992).

Two local studies of 12-13 year olds (Bagnall,1991; Boyns,1993) found that by this age, young people are fairly clear about the harmful physical effects of alcohol, the legal age for buying alcohol and can identify alcoholic beverages. Both studies reported confusion about unit equivalents and alcoholic strengths of drinks, especially cider, with a tendency to overestimate the equivalent strengths of spirit measures.

At this age, most young people are novice drinkers. Drinks will often be self-poured, direct from the can or bottle, or in non-standard glasses, rather than standard pub measures. Grasping the concept of unit equivalents may be difficult for young people whose experience in school is of metric volume measures, in contrast to the imperial measures used in licensed premises and adult's home poured measures, which are known to be considerably more generous than standard measures (Robinson, 1989). Therefore their apparently inaccurate knowledge may simply reflect an accurate account of their own experience (Wright, 1999).

Surveys have found that 16-18 year olds are generally well informed about alcohol (Kemm and Rowe, 1992) and have a good knowledge of its harmful effects (Black and Weare, 1989). Data from the HEA Drinkwise campaign in 1994 found that 16-24 year olds had broadly similar levels of knowledge as all adults, in relation to awareness of units, weekly limits and estimation of the unit content of various drinks. They were more aware of the 'alcohol by volume' labelling method (74% compared to 59% of all adults). As with all adults, while general awareness of units was high, only a minority of 16-24s could correctly estimate the number of units in specific drinks ((Wright, 1999)).

Conflicting results have been obtained from studies of young people's knowledge of 'safe' or 'recommended' drinking limits. Differences may derive from the way questions are framed in different studies. Black and Weare's (1989) survey of 17-18 year olds in Southampton asked young people how much beer or wine a person would have to drink *each day* to suffer from an illness caused by alcohol. Respondents significantly *over estimated* the 'safe' levels (judged by the researchers as 8 units/day for men and 5 for women!) and were particularly likely to overestimate their definition of a 'safe' level for beer consumption. In contrast, the majority response to an HEA survey of 16-19 year olds that asked young people to estimate *in units*, the *'safe weekly limits'* was to set a weekly limit that is *lower* than the former recommended sensible weekly drinking level (Wright, 1999).

This evidence is consistent with the drinking patterns adopted by young people. Young people tend to concentrate their drinking into a small number of heavy drinking occasions rather than spread their consumption evenly throughout the week. It may be that while young adults are aware of the message about sensible *weekly* drinking levels, they are unclear about sensible levels for one drinking occasion. Acknowledgement that weekly consumption levels can have little relation to single drinking episodes and may mask binge drinking was one of the factors which led to the change in guidelines from weekly levels to daily benchmarks (Department of Health, 1995).

A small-scale survey conducted by the HEA (1994) found that young adult drinkers from Hindu, Muslim, Sikh, African and Caribbean ethnic minority groups were less knowledgeable about alcohol than white young people. They knew less about the terminology used in alcohol education (sensible drinking, units and limits) but were better informed than older people from those ethnic groups. Very few 16-24 year olds could correctly define a unit or the weekly adult sensible drinking levels, although the majority were familiar with the term ABV%. Only a third were aware of the 'sensible drinking' concept and Muslims felt this term was inappropriate and offensive.

Conclusion: do young people know enough about alcohol?

The available evidence about young people's knowledge about alcohol suggests that they know about alcohol's harmful effects and that their knowledge develops as they

mature. In common with adults, young people's awareness of units and sensible weekly levels is quite high, but the ability to relate these concepts to their own drinking behaviour is less common. Sensible weekly levels have little relevance to young people's chosen pattern of heavy drinking sessions.

While youth workers can be reassured that young people do appear to know about the harmful effects of alcohol and are at least as well informed as adults, this data is derived from information that researchers consider is important for young people to know. We know little about the way young people themselves define, prioritise, organise or interpret information about alcohol. The research on how South Asian young people interpret sensible drinking messages (HEA, 1994) illustrates the extent to which knowledge is culturally defined and interpreted. Without more studies of this type, youth workers (and researchers) will continue to make uninformed assumptions about the information that might be relevant or useful to young people. The most important training implication is the need to develop youth workers' skills in identifying the place and meaning of alcohol in young people's lives and within this, the information that *young people* consider useful in informing less risky drinking behaviour.

3.   Attitudes

Youth workers were concerned that young people's attitudes to alcohol supported risky drinking, especially the attitudes that drinking alcohol is essential for a good time, tolerance of drunkenness, approval of risk-taking or anti-social behaviour and the negative image of non-drinkers. There is a considerable amount of research evidence to confirm these concerns.

Development of attitudes to alcohol

From an initially neutral stance, young children develop increasingly negative attitudes to alcohol and to drinkers up to the age of about ten years (Jahoda and Crammond, 1972; Spiegler, 1983; Fossey,1993). From the age of eight, most children are aware of adult motives for drinking (Gaines et al, 1988) and begin to acquire more positive

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expectancies regarding alcohol. These increase as they begin to experiment with alcohol.

After the age of 10, attitudes to alcohol become more positive and children enter adolescence with cognitive structures which are already positively oriented towards drinking (Davies and Stacey,1972; Aitken,1978). Attitudes continue to become more positive in parallel with increased personal experience of drinking. An HEA\MORI (1992b) national survey of 9-15 year olds' health and lifestyles in England demonstrated this, with development of perceptions of the social benefits of drinking being particularly apparent. These studies also found that young adolescents do not find the image of either non-drinkers or heavy drinkers attractive.

A small-scale study, conducted in the South West of England with 11-13 year olds (Hanmer-Lloyd,1989), found that by this age, children exhibit positive beliefs about the effects of alcohol while having little real experience of these effects. The author suggested that there is a conflict between children's overall attitude that drinking is a 'good thing to do' whilst also believing it to be foolish. They generally see alcohol as being bad for health but are not aware of how alcohol actually affects the body. Their favourable attitudes relate to viewing the drinking of alcohol as an essential way to gain adult status. This study also explored the meaning of the term 'sensible drinking' with 11-13 year olds and concluded that the term was too vague for them to understand, because of their lack of direct experience of drinking and the subjectivity of the word 'sensible'. 'Sensible' is what each child personally thinks and does. Some viewed sensible drinking as drinking *'enough to get you drunk'* but not *'crawling under the table'*.

As young people enter mid to late teens and become more experienced drinkers, so their attitudes change and develop. Most young people say they drink for positive reasons - because they like the taste, relaxation, celebration and socialising. In contrast with younger teenagers, heavier drinking females are significantly more likely to drink to boost their self-confidence. Heavier drinkers of both sexes are more likely to say that they drink alcohol 'to get drunk' (Foxcroft and Lowe, 1993). Heavier drinking boys are also more likely to think it is safe to drive after one or two pints (Plant, Bagnall and

Foster, 1990). From the age of 16, young people hold similar attitudes to alcohol to those held by the general adult population (Wright, 1999).

Young drinkers' expectancies

Drinkers' expectations of what will happen to them when they drink are very important determinants of their actual behaviour. Placebo experiments have shown that merely *believing* that they have had a drink of alcohol, regardless of actual alcohol content, leads people to act in ways that they would normally expect to behave under the influence of alcohol (Marlatt and Rohsenau, 1980).

A novice drinker experiences certain effects which, together with observations of what happens to other people when they drink, are then translated into expectancies. The expectancies associated with drinking alcohol are: appearing adult, disinhibition, reduced tension, enhanced sexuality, enhanced social interaction, increased assertiveness and facilitates aggression (Brown et al, 1980). Negative expectancies include (McMahon et al, 1994) impaired thinking, speaking and co-ordination, aggression and feeling ill the day after.

If young people expect to enjoy themselves more if they drink, they do have more fun (and confirm youth workers' concerns). Similarly, if young people expect alcohol to cause less nervousness or enhance sexual experience, they are more likely to drink, and to drink larger amounts, during sexual encounters (Leigh, 1990). Once an expectancy is confirmed by experience, and is valued by the young drinker, a behaviour pattern begins to be established, which will in turn be reinforced by the behaviour of the young drinker's companions.

Attitudes to drunkenness and binge drinking

An important feature of young people's drinking is the meanings attached to drunkenness and binge drinking. The lack of uniformity over definitions of heavy drinking and binge drinking limits comparison of research reports. Adult researchers usually frame these definitions; they appear to have very different meanings to young people themselves.

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For example, young adults may be heaviest drinkers in the population, but they do not see themselves as such. The majority describe themselves as moderate or light drinkers with only a small minority of young men (11%) and even fewer young women (4%) aged 18-24 actually classifying themselves as heavy drinkers. Only a small minority of young people worry about their drinking (HEA\MORI, 1992a). Similarly, a qualitative study of young drinkers found that young people do not see their drinking behaviour as binge drinking. They consider themselves to be drinking socially within their friendship group, even when the amount consumed in the session exceeds most researchers' definitions of binge drinking (Mathrani, in preparation).

Young people, especially heavier drinkers, drink to get drunk. Recent qualitative studies have all reached similar conclusions about the centrality of intoxication in young people's drinking styles (Lewthwaite, 1990; Gofton, 1990; Gillespie et al, 1991; Brain and Parker, 1997; Fox, 1997; Mathrani, in preparation). Brain and Parker's in-depth interviews (1997) with 12-17 year old street drinkers in North West England, found that for most, getting drunk or getting a buzz was their primary reason for drinking. Mathrani's study found intoxication to be less important for older teenagers and young adults who drink in pubs and clubs, than for younger teenagers. However, Gofton's (1990) study of young city centre drinkers in the North East of England found that in this context, young drinkers deliberately seek intoxication and tolerate drunkenness among their peers.

Research in the North East of England (Gofton,1990; Coffield and Gofton,1994) and Australia (Gillespie et al,1991) has found that young people consciously plan to binge on certain occasions. These include birthdays, end of term parties, New Years Eve and in the case of city centre drinkers, on Friday and Saturday nights. They perceive that their friends approve of and participate in binge drinking. The Australian study, of 16-18 year old students, also found that young people do not consider the more serious consequences of binge drinking to be likely outcomes and that while they believe they have the skills to control their drinking, they may not apply them in binge drinking situations. This is hardly surprising, given that the purpose, from the students' perspective, is to get drunk.

There is also ample evidence from large-scale surveys that young people are more tolerant of drunkenness (Wood, 1986; NOP, 1990). A national survey of adults over 16 in England (Godddard, 1998) found that young adults (16-24) are more likely than other age groups to identify drunkenness with feeling light headed and relaxed, as well as feeling sick or having a hangover. They are less likely than older adults to mention slurred speech, being out of control or being argumentative. Compared to other ages, 16-24s who get drunk are twice as likely to do this deliberately and are more likely to agree that *'getting drunk is a part of the English way of life'* and *'it is more socially acceptable to get drunk than to take illegal drugs'*. Three quarters of 16-24 year olds who drink in pubs or clubs say they it does not bother them to be with a friend who is drunk. They are less likely than other age groups to agree that *'people shouldn't be served alcohol if they seem to be drunk'* and that *'it is socially less acceptable for women to get drunk'*.

Adults' moral disapproval of young people's drinking, and particularly drunkenness, may well have inhibited researchers from asking useful questions about this behaviour. Until very recently, the social norms for drunken behaviour among young people had received relatively little research attention. Qualitative studies in England (Mathrani, in preparation; Gofton, 1990; Brain and Parker, 1997) Scotland (Dean, 1990) and in Australia (Burns, 1980), Gillespie et al (1991) suggests that far from being chaotic, no holds barred behaviour, getting drunk is governed by social rules within the peer group. Ethnographic research in Australia among young men found that they would deliberately seek out social settings that permit certain behaviours. So 'getting rowdy with the boys' takes place in certain pubs known to condone heavy drinking, while the same young men will act much more moderately after the same amount of alcohol, at home or in mixed sex groups (Burns, 1980).

The actual rules will be group and context specific, and it is therefore important that the findings from the qualitative studies of specific groups are not generalised to all young people. For example, Mathrani (op. cit) noted pressure to conform to the mood of the particular group involved in drinking, so even violence could be acceptable within the norms of a particular drinking group. While drinking in moderation was observed to have little appeal, there were occasions where this was considered appropriate- a mid-

week session between binges, for a more meaningful conversation than usual, or when a hangover might affect sport or a Saturday job.

This study also identified important gender differences in standards of acceptable drinking behaviour. Girls saw sharing the same mood or level of drunkenness as most important, but not all having to drink the same amount to achieve this shared state. Boys, particularly pub drinkers, felt that it was inherently wrong to refuse a drink. Boys felt that actively seeking fights after drinking is unacceptable, although it commonly happens. Girls talked of intervening if a friend wanted to do something she might later regret. The only acceptable excuse for not drinking (also noted by Gillespie et al, 1991) is being the nominated driver for the night. Even those too young to drive saw this as the only reason not to drink. Daily drinking, drinking at home or alone were seen by young people of both sexes as signs of alcohol dependence. In the eyes of young people therefore, a large proportion of *adults* are seen as problem drinkers.

Drinking and driving

Young people's attitudes to alcohol do not support heavy or risky drinking in all situations. Young people have strong negative views on drink driving and are more vigorously anti-drink driving than adults (NOP, 1990; Black and Weare, 1989; Portman Group, 1993). However, in comparison to adults, young people aged 16-24 are less likely to be able to judge their personal safe limits for driving and more likely to claim to be able to drive without their ability being affected (NOP, 1990). More British research is needed into young people's attitudes, assessment of risk and behaviour in relation to riding as a passenger with a driver who has been drinking. Evidence from Australia suggests that substantial minorities of young people, especially young men, are prepared to take this risk (Mayberry and Clarke,1991).

Attitudes to designer drinks and alcopops

Recent studies examining the impact of the introduction of new alcoholic beverages (dubbed 'designer drinks' or 'alcopops') on young people's drinking have established that they are appealing to young people. Hughes et al's (1997) study in the West of Scotland found that young peoples' attitudes to alcoholic beverages and their beverage

choices varied with age, reflecting their attitudes towards and motivations for drinking in general. Children aged 12-13 used alcohol to experience the adult world, to satisfy their curiosity, to socialise and to say that they had tried drinking. They experimented with any available drinks. 14-15 year olds used alcohol to test their own limits and have fun; drinking to get drunk was important to them, as was sharing the experience with others. This age group chose strong, cheap and pleasant tasting drinks and found the brand image of 'designer drinks' appealing. By 16-17, young people were keen to demonstrate their maturity and experience of drinking and adopted an adult drinking pattern. They had started to develop a taste for a wider range of spirits and bottled beers. They rejected many 'designer drinks' as immature.

A national survey of attitudes and behaviour towards new types of alcoholic drinks in England (Raw and McNeill, 1997) also found that the new types of alcoholic drinks were more appealing to 11-18 year olds than to 20-25 year olds. Both awareness and liking the taste of 'alcopops' peaked at 15-16 year olds. Contrasting alcopops with ordinary beer, lager and cider, 11-18 year olds saw alcopops as more refreshing, better tasting, less likely to taste of alcohol, trendier and suitable for teenage girls. The teenage group also thought the new, strong, fruit flavoured wines tasted better and were less likely to taste of alcohol than traditional wines or wine/spirit mixtures. The older respondents were more likely to describe traditional drinks as tasting good and as something to drink with friends at parties. Teenagers saw strong cider as something to drink with friends at parties, while strong lager was a drink for lads/men. These drinks, plus test tube cocktails and fruit flavoured wine-based drinks were all rated as getting you drunk quickly by teenagers.

A key conclusion of these studies is that young people choose alcoholic drinks that are consistent with their attitudes to drinking and their alcohol expectancies. The new range of drinks are appealing to young people, particularly to those in their mid-teens.

Attitudes of ethnic minority groups

Relatively little is known about the alcohol-related attitudes and values held by young people from ethnic minority groups. Asian and non-white school children hold significantly more negative attitudes to alcohol than their white peers (Kohli, 1989;

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Turtle, Jones and Hickman, 1997). An HEA study of perceptions of the 'sensible drinking' message by black and ethnic minority groups living in England found that young people aged 16-24 were ambivalent about drinking. 'Moderation', if approved of at all, was interpreted as meaning not showing drunken behaviour, rather than having any link with consumption . Young drinkers from South Asian, African and Caribbean backgrounds shared the expectancies of their white peers (that alcohol will make you feel good and help you to relax) and gave similar reasons for drinking (Mathrani, in preparation).

My own work with Asian young women in Bedford suggests that their experience of growing up in a predominantly white culture where drinking is the norm is considerably different to the experience of their white peers. Their attitudes to alcohol were less tolerant than those of their white friends (Buczkiewicz and Wright, 1995). More research is needed into the place and meaning of alcohol among young people from ethnic minority groups.

Conclusion: young people's attitudes to alcohol

The evidence presented here suggests that youth workers' perceptions of young people's attitudes to alcohol are generally accurate, albeit expressed in more negative terms than young people would use themselves. Once young people start to drink, they rapidly develop attitudes that support their behaviour, with the heavier drinkers having the most positive attitudes. One of the most striking findings is that young people's attitudes are remarkably similar to those of adult drinkers, with some important exceptions, namely greater tolerance of drunkenness and binge drinking and greater disapproval of drinking and driving. The powerful set of positive expectancies attached to drinking are the same for all ages of drinkers, thus challenging the assumption that youthful drinking is deviant. The implications for youth work training are the need to present this evidence to youth workers and to develop their skills in challenging young people's tolerance of risky drinking, whilst also acknowledging the place and meaning of drinking in young people's lives.

4. Potential harm to young people due to alcohol consumption

Youth workers were concerned about the potential harm that young people could experience or cause to others as a result of drinking. The most frequently expressed concerns were about violence, crime (especially **vandalism and damage**), accidents/injury, drink-driving harm, sexual risks, alcohol dependence and the possibility of long term health damage.

It is important to separate views about the morality of youthful drinking from evidence of alcohol-related harm. We also need to be clear about the nature of these relationships. There is evidence to support the existence of associations between most of the harms identified by youth workers and the use of alcohol by young people, but these may not necessarily imply *causal* relationships. Several studies have observed a clustering of heavy drinking behaviour with other risky behaviour in young people, such as illicit drug use or anti-social behaviour (Newcombe, Measham and Parker, 1995; Swadi, 1989; Plant and Plant, 1993). Therefore it has been difficult to disentangle the effects of drinking alcohol from other risk factors, and also to separate factors leading to risky drinking behaviour from its outcomes.

Being young carries its own risks

Young people of both sexes are more vulnerable to the effects of alcohol because most will have acquired little physical tolerance to the drug. Body weight is an important factor in determining blood alcohol level, so young people who weigh less than adults will become more intoxicated. Girls and women are physiologically more vulnerable to the effects of alcohol. Compared to males of the same age, drinking the same amount will make girls more intoxicated, more rapidly.

Children and adolescents' metabolism of alcohol and their physiological response to intoxication differ from that of adults (Pikkarainen and Raiha, 1969). They develop low blood sugar levels more often (Cummins, 1961), and at higher blood-alcohol levels can suffer hypothermia or breathing difficulties (Laminpaa et al, 1993). They are more likely than adults to have a fit as a consequence of drinking and will go into a coma at

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lower blood alcohol levels. Alcohol's depressant effect can more easily produce a fatally toxic overdose in young people and the amount of alcohol needed will be less in younger, lighter, irregular drinkers, especially if they are female.

Alcohol's drug effects on the brain, as a depressant and disinhibitor exerts its first impact on the higher faculties such as judgement and decision making skills. As young people are still developing these skills, they are more easily affected by alcohol. Their lack of experience in handling the effects of alcohol also exposes them to increased risks. They also risk negative interpersonal or social consequences arising from legal and parental sanctions

Alcohol intoxication and alcohol dependence

There is a vast literature on alcohol-related problems. For young people, it is intoxication, or episodic drunkenness that are most likely to lead to problems such as violence, crime and accidents. Despite youth workers' concerns, liver cirrhosis and other consequences of chronic heavy drinking are rarely seen in young drinkers. Youthful drinking behaviour is not a good predictor of development of physical dependence or alcohol-related illness in later life (Plant et al.,1985).

Some youth workers described incidents involving young people who were experiencing serious problems with their drinking. In comparison to other age groups in England, young adults do have high rates of problem drinking and alcohol dependence, although, as already emphasised, problems related to drunkenness are much more common (OPCS, 1995). The proportion of problem drinkers is highest in the 16-24 (12%) and 23-34 (13%) age groups for men and in the 25-34 age group for women. 6% of 16-24 year old women are problem drinkers. Additionally, 16-24 year olds are more likely to mention symptoms of physical dependence than psychological problems. Predictably young men and women drinking over 50 and 35 units a week respectively are more likely to experience problems associated with physical dependence (Alcohol Concern, 1997).

Walker (1997) points out that for young teenagers, there is no reliable evidence about alcohol dependence to fill the gap between anecdotal, often sensationalist coverage in

the media and incomplete official data. In 1994-95, 50 children aged 10-14 and 129 aged 15-19 were treated in hospital for 'alcohol dependence syndrome' (Department of Health, 1996).

Very few alcohol or substance misuse treatment services offer any specialist help for young people (NHS Health Advisory Service 1996). Much of the limited existing service is provided by voluntary agencies. Young people may not be offered appropriate help and risk further stigmatisation by being labelled as an 'alcoholic'. Consequently, although it would be inappropriate to expect the youth service to fill all of these gaps, it is important that youth workers are able to understand young people's drink problems and to intervene appropriately. The youth worker may be the only person who has an opportunity to work with young people who have alcohol problems. Youth workers need the skills to be able to identify where alcohol is causing problems, offer brief interventions and refer on to appropriate services.

The immediate consequences of drinking

In their concern about risks, youth workers may overlook the fact that drinking alcohol is a positive experience for most young people. Young people associate drinking alcohol with social enjoyment, in the same way as adults. When asked to describe their experience of drinking, the majority, from the age of 13 upwards, report emotional and social benefits such as feeling happy, having a good time and feeling at ease with friends (Hawker, 1978; Marsh, Dobbs and White, 1986; Newcombe, Measham and Parker, 1995). As they grow older and their expertise in drinking increases, they report positive experiences more frequently.

In learning drinking skills, adolescents go through the same learning curve as applies to the development of any other new skill (Wright, 1993). They make mistakes and try different strategies, with novices facing the greatest likelihood of harm. For example, frequency of experiencing at least one of the immediate acute negative effects of drinking peaks at 15 for both sexes, with young women reporting as many negative consequences as young men at this age.

The commonest negative consequence is a hangover, which will have been experienced by about half of England's young people by the time they are 15. By this age, other common negative experiences will be physiological responses to the drug alcohol - such as being unable to remember parts of the night before, being sick, feeling dizzy or faint, or falling over (Hawker,1978; Marsh Dobbs and White, 1986, Newcombe, Measham and Parker, 1995).

There are significant gender differences in the type of negative consequences of drinking reported by under-18s. Young women are more likely to report emotional experiences and negative social consequences e.g. feeling unhappy, being afraid to go home or having an argument. In contrast, young men are more likely to report drink related involvement in criminal activities (e.g. vandalism, theft) and driving a car or motorbike (Hawker, 1978, Newcombe, Measham and Parker, 1995).

After the age of 16, as males' and females' drinking patterns diverge; young women report fewer adverse consequences, in line with their lower consumption levels. Marsh, Dobbs and White's national survey (1986) found that nearly half of 17 year old young men had been sick after drinking compared with only 13% of young women. In this age group, a third of males had felt dizzy, confused or had a headache, and 29% had fallen over after drinking, while the corresponding figures for young women were 11% and 7%.

Interestingly, Marsh Dobbs and White's study found that both positive and negative experiences of drinking were correlated with being drunk. The greater the degree of social enjoyment the adolescents recalled as being associated with an evening's drinking, the more likely it was to be followed by unpleasant physical consequences, such as being sick, feeling ill, or by behaviour which was later regretted. These findings can be understood in terms of young people's motivations for drinking. Those who deliberately seek the buzz of intoxication, readily acknowledge the possibility of negative consequences (Coffield and Gofton, 1994; Mathrani, in preparation) although they may underestimate the likelihood of the more serious consequences of binge drinking (Gillespie et al, 1991).

Accidents

Accidents and violence account for more deaths during adolescence than any other cause (Shanks, 1990). Hingson and Howland (1993) established that, across the whole age range, 13-37% of non fatal falls, 21-47% of drownings and 9-68% of burn deaths are alcohol related, as are 35% of accidents at work, 14% of all road accident deaths and 30% of accidents involving pedestrians. They estimate alcohol to be a factor in 20-30% of all accidents.

Accidents, particularly on the roads (as drivers, passengers or pedestrians) and near water are especially common in the under 25s. Drivers aged under 20 have more accidents than older drivers, even at blood alcohol levels below the legal limit (Denny, 1986), confirming that inexperience in driving and inexperience in drinking are a particularly risky combination.

Alcohol and crime

Youth workers were very concerned about the possible relationships between alcohol and crime and some appeared to view drinking as the root cause of young people's criminal behaviour. Parker observes that one of the central tenets of current political discourse on law and order '*requires youth, alcohol and offending to be inseparably handcuffed*' (Parker, 1996, p. 282). However attributing cause and effect is not so simple. While alcohol is *associated* with a wide range of crimes, it is not necessarily the cause of crime. On balance, recent longitudinal studies have found that young people's drinking and offending share common causes rather than drinking causes crime (Fergusson et al, 1996; Raskin White, Hansell and Brick, 1993). Even in drink-defined offences such as drink-driving and drunkenness, early social, family and behavioural factors and use of other drugs have been identified as contributing to these crimes, in addition to drinking alcohol (Karlsson and Romelsjo, 1997).

There is certainly ample evidence of an *association* between alcohol and a whole range of crimes. The rate of convictions for drunkenness peaks at age 18 for both sexes; this age group is almost twice as likely to be charged or cautioned for drunkenness as 21-29 year olds. Almost half of the incidents of disorderly behaviour occur after pub closing

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time, particularly at weekends. In Bristol, a study of 18-35 year old males injured in urban city centre violence found that at least 85% of assaults took place in a bar or shortly after leaving one (Shepherd and Brinkley, 1996). Police estimate that 20-30% of violent incidents occur in or near licensed premises. The 1996 British Crime survey (Home Office, 1996a), found that four out of ten violent crimes involved alcohol.

Although under age drinking is the norm, the number of convictions does not reflect this: In England and Wales in 1995, only 351 persons under 18 were found guilty or cautioned for buying alcohol and 161 licensees for selling alcohol to under-18s (Home Office, 1996b).

A study in the North West of England (Newcombe, Measham and Parker, 1995) is following a cohort of 14-15 year olds over three years, to investigate the relationship between adolescence, drinking and deviance. Young people were asked about their involvement in 14 different deviant and criminal acts of varying degrees of severity, ranging from making a noise at night, to burglary and car theft. Results from the first year identify a significant and strong correlation between deviance and the frequency and amount of alcohol consumed by the study group. Deviance, in some degree, was so common as to be normal within the age group, with 80% of respondents admitting to at least one deviant act in the last year. Frequent drinkers, heavier drinkers and 'bar' drinkers were far more likely to have been deviant, stopped by the police, arrested and convicted. This study also noted that those young people who did not drink alcohol were primarily from Muslim families. This group reported low rates of deviance.

Young adults (17-24) are known to be the heaviest drinkers in the population and are also the most likely age group to be involved in crime. There is a tendency for most young people to grow out of both types of behaviour, risky drinking and offending, as they reach their mid 20's (NACRO, 1997).As Alcohol Concern point out (1996), whatever the connections between alcohol use by young people and crime, it is important to remember that:
- most young people over 16 drink alcohol and do not commit criminal offences
- alcohol using offenders do not commit crimes every time they drink.

Sexual Risks

Youth workers were concerned that young people, especially girls and young women, will take more sexual risks when under the influence of alcohol than when they are sober. How alcohol affects sexual behaviour and whether alcohol use *causes* sexual risk taking has yet to be established. Recent literature reviews have concluded that studies have produced conflicting results (Plant and Plant, 1993; Donovan and McEwan,1995), at least for HIV-related risk taking.

In the UK, studies of white heterosexual populations suggest a positive *association* between drinking alcohol before sexual activity and not using contraception (Robertson and Plant, 1988; McEwan et al,1991). There is considerable evidence that young people *combine* alcohol and sex, especially prior to their first sexual experience (Flannigan, McLean and Propp, 1990; Plant, 1990; Klein and Pitman, 1993). Young people are also more likely than older people to say that emotions influence their drinking and more likely to drink when experiencing positive emotions, especially romance and stimulation (Klein and Pitman,1993).

Donovan and McEwan (1995) point out that drinking alcohol and sexual interaction are both extremely common aspects of young people's social behaviour. Both sexual arousal and alcohol are powerful disinhibitors. The part played by alcohol in sexual risk taking is bound up in the social rituals, expectancies and meanings placed on drinking and on sex by groups of young people and on the 'social worlds', in which these interactions take place. For example, Hirst's (1994) qualitative study of the social and sexual lives of 15-16 year olds in Sheffield found that for the majority of those interviewed, socialising involved sex and drinking alcohol. Except for Pakistani or Somali teenagers, who did not drink, most sexual activity occurred under the influence of alcohol. For white teenagers, alcohol was considered to be influential in affecting the outcomes of an evening's sexual activity and was also very prominent in their explanations and justifications for sexual behaviour. The young people were aware that their drinking and sexual risk taking were related. They believed that drinking alcohol reduced their chances of using a condom, and none believed that alcohol would increase their confidence in negotiating safer sex. While alcohol clearly played an important part in sexual risk taking for this group of young people, it can not be concluded that

their drinking *caused* unsafe sex. Hirst suggests that their constant references to alcohol as explanations for behaviour could equally be interpreted as indirect excuses for denying any personal responsibility for their actions.

Three studies conducted in different parts of England with students (McEwan et al, 1991; Scott,1995, Gold et al, 1992) have found that, in their reports and explanations of specific risky sexual experiences, drinking alcohol is particularly important in casual sexual encounters. Alcohol was not perceived a causing risky sex, but as a social rather than sexual disinhibitor.

These studies indicate that youth workers need to understand the complexity of the relationship between young people's drinking and their sexual behaviour. They demonstrate the functional nature of drinking by young people, with the conscious use of alcohol as a social disinhibitor, to help in making new sexual relationships. They also demonstrate importance of young people's expectations of alcohol's effects as influences on their sexual behaviour.

Violent and aggressive behaviour

Youth workers' commonest concern about young people and alcohol was violent, disruptive or aggressive behaviour in or around the youth centre. The relationship could be of three types:

1. Alcohol causes aggressive behaviour
2. Aggressive behaviour leads to heavy drinking
3. Alcohol and aggression are related because they share a common cause

A recent American study (Raskin White, Hansell and Brick, 1993) reviewed the evidence to support each of these hypotheses in relation to adolescents and examined data from a prospective longitudinal study of adolescent development. Taken as a whole, while there was evidence to support all three types of relationship, their findings supported the second hypothesis most strongly, suggesting that aggressive behaviour among adolescents is developed at an early age and sets the stage for later alcohol use and alcohol-related aggression, especially for males. In support of the third hypothesis,

they also note that both drinking and aggression have shared antecedents, such as family pathology and child abuse, which may account for the clustering of social risk factors among adolescents. Thus youth workers may need to address aggressive behaviour itself, rather than attributing it to young people's drinking.

5.   Availability and Accessibility of Alcohol to Young People

The research literature confirms youth workers' concerns that alcohol is readily available to under-18s. Most under-18s who buy alcohol appear to be able to purchase it easily, both in licensed premises and off licenses (Marsh, Dobbs and White,1986). Less than half of 16-18 year olds say they have been refused service because of their age. Girls are less likely than boys to be refused service, perhaps because girls look physically mature earlier (Lister-Sharp,1994). When they start to buy alcohol, younger adolescents use off-licenses, shops and supermarkets. Purchasing on licensed premises becomes the norm among 17-year-olds.

Marsh, Dobbs and White (1986) asked how young people in England usually obtained alcohol in licensed premises. About half of the 13-14 year olds in their sample said their relatives bought it for them, but by age 15 most said they bought it for themselves. In Aitken's (1978) study of 10-14 year olds in Scotland, 85% of those reporting drinking on licensed premises said a parent had been present and 75% said a parent, usually their father, had given them a drink.

6.   Parents and Peers

Parents

Youth workers were concerned about the example set by parents in relation to drinking, especially the impact of heavy drinking parents on their children and lack of parental supervision of young people's drinking. Deciding when and how to involve parents in relation to an alcohol-related incident was commonly regarded as a problem.

The harm that young people may experience due to adults' drinking, particularly parents, rarely seems to attract the same level of public concern as the moral protestations surrounding youthful intoxication or public drunkenness. The value of the research data is limited, because many of the studies are American, and most examine the children of parents who are in contact with treatment services. Relatively few studies have involved general population samples. Studies have mostly adopted a pathological approach, with the assumption that the effects must be negative in all cases. The experiences and perceptions of children and young people themselves, their 'voices', are largely absent in the literature (Shucksmith, 1994).

The effects of adults' drinking on children and young people are both direct and indirect, mediated through other aspects of family life and the wider social environment. Adult problem drinkers frequently have other underlying problems, e.g. difficult personalities, which may modify the impact of alcohol. Children and young people also have both vulnerability and protective factors such as learning difficulties or physical illness, which will mediate the impact of a family member's drinking upon them. Protective factors that reduce the negative impact of parental problem drinking on young people have been found to include:

- a close, positive, affectionate relationship with one or both parents or someone outside the immediate family (e.g. grandparent)
- a resilient personality
- high achievement in some field e.g. school, sport, hobby

(Velleman, 1993; Royal College of Physicians, 1995; Orford, 1990).

Alcohol-related problems are commonly implicated in child abuse, and loss of parental rights with respect to children, although not usually as the sole factor (Coleman and Cassell, 1995, Laybourn, Brown and Hill, 1996). Children of 'problem drinkers' display a high rate of emotional and behavioural disorders (West and Prinz, 1987) and tend to have low self esteem and high levels of anxiety and depression (Royal College of Physicians, 1995). Adolescents are more likely to suffer from depression or show anti-social conduct, such as stealing, lying, aggressive behaviour and truanting. Much of this effect is considered to be due to a link between problem drinking and family disruption, particularly divorce or domestic violence (ibid, p. 19).

The impact of a carer's heavy drinking is strongest in young children and less certain in adolescents. Velleman and Orford (1993) investigated the experiences of young adults aged 16 to 35 who had problem drinking parents, in comparison with young adults whose parents had not had drink problems. Nearly all the offspring of problem drinkers described negative childhood experiences, yet current differences between the two groups were minimal. In terms of life patterns, satisfaction and coping measures, only a minority were experiencing long term negative consequences. They conclude that the risks are due more to family disharmony than the direct effects of alcohol. Family support and cohesion was associated with positive outcomes for young adults, whether or not a parent had a drink problem.

The finding that children and young people are not inevitably doomed to dysfunction due to problem drinking in families is an important message to communicate to youth workers and to young people themselves. At the same time the distress and hurt experienced by children of problem drinkers warrants appropriate help and support from youth workers.

Youth workers are correct in thinking that parental attitudes and behaviour play an important part in the development of their children's behaviour. Appropriate modelling of sensible drinking by parents seems to be important, as both abstainers and heavy drinkers are more likely to have heavy drinking children (McKechnie et.al., 1977; Orford,1990).

Foxcroft and Lowe (1991) conducted a meta-analysis of research studies that had examined drinking behaviour and family behaviour. Three factors were negatively related to adolescent drinking behaviour:

- Adolescents from less supportive families tended to drink more
- Adolescents from less controlling families tended to drink more
- Adolescents from non nuclear families tended to drink more.

Lowe, Foxcroft and Sibley (1993) also reviewed and conducted a meta analysis of recent studies of the relationship between adolescent drinking and parental drinking. Their conclusions were that:

- Adolescents drink more if their parents drink more
- Adolescents drink more if their parents approve of their drinking.

They tested all of these hypotheses by in depth interviews with teenage volunteers, a large survey of 11-18 year olds in Humberside and a study of YTS trainees aged 16-19. Their conclusions were that the four family socialisation factors were independently and additively related to adolescent drinking behaviour, with young people's perceptions of parental attitudes being the most salient factor.

Pointing out that non-drinking as well as heavy drinking is deviant in British adolescents, the authors identified the most favourable family environments for adolescents to develop 'socially competent' drinking behaviour. This seems to be a family which offers moderate levels of support and control, attitudes which support sensible drinking (and do not condone heavy or risky drinking) by young people and a model of sensible parental drinking.

The peer group

Youth workers frequently cited peer group pressure as an explanation for adolescent drinking. Recently, British researchers have criticised both the moral values that underpin this theory and the empirical evidence to support it. Davies (1992) has pointed out that peer group pressure tends to be used to explain behaviours of which adults disapprove; it is less commonly advanced in support of approved activities:

> *'it appears to me that the peer group explanation has become little more than a way of identifying with ... 'good kids' who do things we don't like. In such circumstances we attribute their behaviour to 'wicked others'*
> Davies, 1992, pp. 29-32

Cross-sectional studies consistently show that young people who drink tend to have friends who drink, while those who do not drink tend to have friends who also do not drink (Iannotti, Bush and Weinfurt, 1996). However, this *association* does not necessarily imply causality and there have been relatively few longitudinal studies which might shed light on the direction of the influence. Despite the data limitations,

researchers have overwhelmingly chosen to interpret the association as evidence to support the notion of peer group influence. Coggans and McKellar (1994) suggest that this is because alternative explanations simply do not fit with the prevailing moral disapproval of young people's drinking. It is more comfortable to look for evidence that drinking is not the fault of the young person, who has been led astray by others, than to consider other possibilities, e.g. that young people might enjoy drinking alcohol and choose to associate with others who hold the same views.

Both Davies (op.cit), and Coggans and McKellar (1994) present a convincing argument that interpretations of *peer pressure* or *peer influence* should more appropriately be viewed as evidence for *peer preference* or *peer association*. In other words, young people choose to associate with others whose drinking habits are like their own. Iannotti, Bush and Weinfurt, 1996, conducted a four year, longitudinal study (USA) which supports the peer association explanation. They found that perceived friends' substance use (alcohol, tobacco, and marijuana) is more likely to be a *product* of an adolescent's previous substance use than a precursor of subsequent use.

This reinterpretation argues that far from being passive recipients of peer influence, young people are active players, who choose to drink in certain ways because this behaviour meets (or they believe it to meet) their needs. Social influences do exist; in constructing meanings related to drinking, and managing their social worlds, young people behave within the rules and norms set by the groups to which they belong - but the relationship is two-way.

Most of the recent British qualitative studies of young people's drinking support this interpretation. These studies also identify the friendship group(s) in which young people do their drinking as the focus of this dynamic, rather than the wider group of schoolmates or other peers (Mathrani, in preparation; Gofton, 1990; Brain and Parker, 1997; Fox, 1997). Moreover, different groups of young people have very different drinking cultures, as contrasted by observations of young city centre pub users in the North East (Gofton, 1990), Asian young women in Bedford (Buczkiewicz and Wright, 1995), 14-15 year olds and young street drinkers in the North West (Newcombe, Measham and Parker, 1995; Brain and Parker, 1997). Also, few young people are members of only one drinking group and they will move into other group settings as

they mature. The social context for drinking will also have an impact on their drinking behaviour, so that a group will drink in different ways depending on the circumstances and environment.

Family and peers: implications for training youth workers

The above findings challenge conventional wisdom regarding influences on young people. The continuing impact of family life upon young people's drinking through to adulthood implies the need to involve families in alcohol education programmes focused on young people. This is, by their own admission, a tricky area for youth workers, and training programmes will need to address it. Where young people come from families who are not providing the optimal model for producing sensible drinking, youth workers need to be able to judge how they can support and empower young people and to consider when it is appropriate to intervene directly with parents, including referral to other agencies.

Youth workers are in an ideal position to promote youth participation in alcohol issues through work with peer groupings that are based on young people's own friendship and interest choices. Training will need to demonstrate how their generic skills in promoting youth participation can be applied to alcohol issues.

What are Young People's Needs and Concerns about Alcohol?

'Need, like beauty, is in the eye of the beholder' (Cooper,1975, p. 20)

Consideration of young people's needs and concerns immediately demands some clarification of terms. Young people's *concerns* about alcohol are, by definition, those expressed by young people (rather than the more commonly described concerns expressed by adults *about* young people's drinking). Young people's *needs* in relation to alcohol could be of different kinds, dependent upon who is defining them. Ewles and Simnett (1985) describe four kinds of need:

Normative need defined by experts or professionals, according to their own standards, together with legal definitions. Virtually all of the literature on young people's needs relating to alcohol is normative; adult experts have decided what young people need.

Felt needs are those which young people feel or want. Expressed needs are what young people say they need; they are felt needs that have been turned into requests or demands. Identification of the felt and expressed needs of young people in relation to alcohol requires direct engagement with young people themselves. Despite youth participation being one of the four central principles of youth work, I traced only on four published accounts of youth work practice which had specifically attempted to identify young people's felt or expressed needs in relation to alcohol (Buczkiewick and Wright, 1995; Wilson, 1990; Tierney, Cohen and Bates, 1991; Lewthwaite, 1990), although many more projects are based on youth participation. This does not necessarily mean that youth workers do not do this, as relatively few youth work initiatives are written up for publication.

A fourth type of needs are the comparative needs of different groups of young people, for example males and females, different age groups, cultural and religious groups and abilities. Again, much of the literature on diversity of needs is professionally defined rather than framed by young people themselves.

The place and meaning of alcohol in young people's lives

Some youth workers considered that the young people with whom they worked were not interested in alcohol education, despite the extensive evidence presented here that they are very interested in *drinking*. Some data is available on the salience of alcohol as a health issue. Young people share adults' views that drinking has less influence on health than smoking, practising safer sex or stress, and about the same importance as exercise and diet. However, 16-17 year olds appreciate greater alcohol-related health risks, at all levels of alcohol consumption (NOP, 1990).

In contrast, a qualitative study suggests that young people do see alcohol as an important health concern. In Durham, a study of young people's health needs (Lewthwaite, 1990) involved consultations with 265 young people aged 14-25,

individually and in groups. For both sexes, alcohol-related health needs were in the top five priorities. Alcohol came fifth for young women, after (in order) appearance, mental health, pregnancy, contraception\abortion and sex. Young men's concerns were (in order) appearance, sex, alcohol, mental health and smoking. The respondents expressed strong positive reasons for drinking. Their concerns were not about drinking per se but about the possible negative moral and social consequences. For example, whether they would be caught drinking by the police or parents (also noted by Fox, 1997) or not being able to remember what they had done when they had been drunk. Young men were also concerned about the social consequences of excessive drinking, although they defined 'excessive' at levels far higher than 'official' levels. Neither sex was concerned about addiction to alcohol.

The small number of qualitative and ethnographic studies (Parker, 1984; Parker,1996; Brain and Parker, 1997; Pavis et al 1997; Dean, 1990; Dorn,1983; Gofton, 1990; Tierney, Bates and Cohen, 1991; Hirst, 1994; Mathrani, in preparation) that describe adolescent use of alcohol in terms of their social worlds also help to identify of young people's needs in relation to drinking alcohol. However, as young people's social worlds are diverse and local, care must be taken in extrapolating conclusions to young people in general. Key themes from these studies are listed below.

1. The functional nature of drinking
Young people drink because it meets their needs (or they perceive it to do so). Social interaction and peer approval are group processes that young people facilitate by drinking. Alcohol is also consciously used to alter mood.

2. The importance of the buzz
Young people consciously drink to get drunk.

3. The importance of the drinking group, settings and local networks
The group(s) in which young people drink and the settings for drinking are important mediators of drinking behaviour and its outcomes. The dynamic interaction between the individual and the group are gender, age and culture specific. Young people behave in different ways when drinking, according to the drinking environment (Van de Goor,

Knibbe and Drop,1990; Connolly et al, 1992, Burns, 1980, Fox, 1997, Mathrani, in preparation).

4. *Drinking as hedonism*

Pleasure seeking, having a good time, are features of young people's use of alcohol.

5. *Drinking as time out*

Some researchers suggest that for young people, unsupervised leisure time spent drinking alcohol is 'time out' from the social norms and expectations that would normally regulate their social behaviour. When intoxicated, young people expect to behave in ways that would not be acceptable if they were sober (Traeen and Kvalem, 1996; MacAndrew and Edgerton, 1969).

6. *Drinking as consumerism*

Young people, including younger teenagers, purchase and evaluate alcohol using the same sort of criteria as they would apply to any other consumer goods: flavour, value for money to achieve a buzz, selection of drinks and drinking styles which fit the image, style and fashion of youth culture (Gofton, 1990; Coffield and Gofton , 1994; Brain and Parker, 1997).

7. *Drinking as part of leisure*

Drinking alcohol is an integral part of young people's (and adults') leisure activities. Brain and Parker (1997) observe that young people in the 1990's purchase and consume leisure rather than create it for themselves. There are abundant leisure choices to be purchased, including fast food, cinemas, go-karting, amusement parks and thrill rides. Intoxicating substances (illegal drugs and alcohol) are purchased and consumed within this framework.

8. *Drinking combined with illicit drug use*

One of the biggest current changes to youth culture is the increasing normalisation of illicit drug use. Alcohol is evaluated and used within an ever-expanding repertoire of mind-altering substances (Parker and Measham, 1994; Hirst and McCamley-Finney, 1994).

9. Boundaries

Group norms, parental control, unsupervised time, spending power, school, tertiary education, sports, hobbies and employment, all regulate young people's use of alcohol (Wright, 1999). Young people whose lives have fewer boundaries will consequently have fewer boundaries to their drinking. For example, Brain and Parker (1997) and Alheit (1994) have found that young people who are unemployed or excluded from school use alcohol to fill time and add structure and meaning to their day.

Young people's needs: implications for training youth workers

These studies indicate that drinking is a valued, functional activity for young people, which meets a number of important needs. Its precise place, meaning and significance in any individual's life will be affected by a complex range of factors, including personality, expectancies, family background, religious and ethnic identity, gender, age, peer group and lifestyle.

For youth workers to base their alcohol work on young people's felt needs as well as normative needs, they need to be aware of the evidence presented here, and be able to apply their generic needs assessment skills to alcohol issues. The evidence suggests that young people *are* interested alcohol issues, although their interests and priorities may be very different to those held by youth workers.

Young people's interpretation of alcohol education

The realities of young people's lives have not been used to inform health education initiatives (Smith and Harding, 1989; Hirst, 1994). Most alcohol education is planned, delivered and evaluated by adult professionals, based their notions of young people's realities. Given the normality of drinking in Britain, young people will have little interest in abstinence. 'Sensible drinking' and 'moderation' messages also hold little appeal to young people and may not be interpreted in the way adults intend (Hanmer-Lloyd, 1989; HEA, 1994). Panel group meetings held by the Portman Group (Fox, 1997) found that young people interpreted *'safe places to drink'* in a different way to

adults. They defined as 'safe', locations such as alleyways, graveyards or playing fields, where they were unlikely to be detected by adults, including the police.

How young people perceive, interpret, structure and act on alcohol education messages has to date only been explored in terms of their general knowledge and attitudes. Asking questions to explore young people's interpretations of alcohol education messages would seem to be an important pre-requisite for planning appropriate youth work.

What do Youth Workers need to know about Youthful Drinking?

This literature review has identified a number of features of youthful drinking that are important for youth workers to know in order to raise and respond to alcohol issues in a way that is appropriate and relevant to young people's needs. These are summarised below. They inform the rationale and content of the youth work training programme (Chapters Seven and Eight).

- Young people start to drink alcohol at around 8-10 years. Once they start to drink, young teenagers in the 1990s are drinking more alcohol, more often. By age 16, most are approaching adult levels of consumption.

- Girls' drinking is increasing faster than boys', so that gender differences are diminishing. Young women (18-24) are the only adults who are increasingly drinking at harmful levels.

- Among 16-17 year olds, 13% of boys and 8% of girls drink more than the sensible weekly limits. 18-24 year olds are the heaviest drinkers in the population, with over a third of males and 21% of females drinking over the sensible weekly limits.

- Young people tend to concentrate their drinking into a few heavy drinking sessions (binge drinking) rather than spread evenly throughout the week.

- The majority of young people's alcohol problems derive from intoxication, not alcohol dependence. The more alcohol young people drink, the more problems they experience.

- A minority of young people experience serious problems related to alcohol, or cause problems for other people. Alcohol-related crime, violence, accidents and risk taking are particular features of youthful drinking.

- Few alcohol treatment services offer specialist help to young people with drinking problems.

- Drinking alcohol is an important part of youth culture. It is a valued, functional activity, part of socialising and recreation. Young people consciously use alcohol as a mood changer, drinking to get drunk and tolerating drunkenness among their peers.

- Young people's experience of alcohol varies widely, according to their cultural background. Drinking habits change as circumstances change; marriage and children are important moderating influences.

- Relatively little is known about drinking among ethnic minorities. Asians drink less than whites and are less knowledgeable about alcohol.

- Young people know about alcohol's harmful effects and are at least as well informed as adults about units and limits.

- Once they start to drink, young people, especially heavier drinkers, rapidly develop positive attitudes to alcohol.

- Family life is an important influence on young people's drinking. Young people make active choices within the norms of the groups to which they belong.

- Youth workers should take account of young people's expressed needs as well as those that are normatively defined. Needs that are met by drinking alcohol include recreation, social and sexual interaction, fun, pleasure and relaxation.

- Current alcohol education is framed by adults. We have little information about how young people interpret such messages.

CHAPTER SEVEN

Stage 2: A Rationale for the Alcohol Training Programme

Introduction

Chapters Two to Six are an account of stage 1 of the curriculum development process, which defined the territory for youth workers to explore via the alcohol training programme. This chapter is an account of stage 2, justification of the programme's content. This is achieved by bringing together the five elements of the needs assessment (the youth work context, youth worker training, empirical study of practice and needs, young people's needs) to define the key principles and values that will inform the learning. This rationale then informed the formulation of aims and intended learning outcomes (Chapter Eight).

One challenge was the need to develop a rationale that would be understood and acknowledged by the three disciplines of trainers who might deliver the curriculum: health promotion specialists, alcohol workers and trainers from within youth work. This meant that the programme's principles needed to include justification of values and ideologies drawn from all three disciplines.

This rationale was written in 1992-3. This preceded the functional mapping of the youth work sector and work towards the eventual production of national occupational standards for youth work training. The implications for curriculum development of these and other developments since 1993 are discussed in Chapter Ten.

Why a Training Course on Alcohol and Youth Work?

The previous chapters have developed a strong case for developing a training course on alcohol and youth work. The main arguments are reiterated below:

- Youth workers have an important role in promoting the personal and social development of young people (Central Office of Information, 1986; DES, 1987). This includes raising and responding to alcohol issues relevant to young people's needs.

- The Masham Committee report (Home Office, 1987) on young people and alcohol identified an important role for the youth service in education, prevention and intervention.

- Youth workers are not concerned about young people's drinking per se, but about the risks and harm that are derived from drinking alcohol, and the availability and accessibility of alcohol to young people (Chapters Four and Five).

- The most popular youth work strategies on alcohol issues are to react to alcohol-related incidents and ad hoc responses. Only a minority of youth workers approach alcohol issues in a planned or proactive way. Alcohol policies and guidelines for youth workers are uncommon (Chapters Four and Five).

- Most youth workers do not have a holistic view of health and are unaware of the full range of health education approaches and strategies (Chapters Four and Five).

- Youth workers have unequal access to alcohol training opportunities. Volunteers and non statutory sector workers are less likely to be offered training (Chapters Four and Five).

- Youth workers would like training opportunities which allow them to progress beyond a basic awareness of alcohol issues, to develop knowledge and skills to engage with young people on these issues (Chapters Four and Five).

- Youth workers' expressed training needs are for alcohol education strategies and materials and for recognition and counselling of young people with drink problems (Chapters Four and Five).

- Training youth workers on alcohol issues improves their confidence, competence and ability to do proactive, planned work (Chapter Four).

- Young people themselves say they want the youth service to provide accurate information about alcohol, opportunities to develop personal and social skills and help on thinking through personal problems (Young, 1990a).

- The majority of young people are regularly drinking alcohol long before the age of 18. Most do so without experiencing serious problems.

- Compared to the 1980's, young people in the 1990's are drinking more alcohol, more frequently, from the age of 11 upwards (Chapter Six).

- Drinking alcohol in an important part of youth culture. It is a valued, functional activity, which is part of socialising and recreation. Young people consciously use alcohol as a mood changer and drink to get drunk (Chapter Six).

- A minority of young people experience problems related to alcohol, or cause problems for other people. Alcohol-related crime, violence, accidents and risk taking are particular features of youthful drinking (Chapter Six).

- The majority of problems relating to young people's drinking derive from alcohol intoxication, not alcohol dependence (Chapter Six).

- Alcohol education can enable young people to act on the personal, social and political aspects of alcohol use, as they affect their own lives and the communities of which they are part (Chapter Six).

Youth Work Principles

In its guidelines to endorsement, CETYCW (1989, 1990) set down the principles, values and learning outcomes upon which initial training and qualifying training of part-time and volunteer youth workers should be based. These were subsequently adopted by the NYA (NYA, 1993). For both types of training, CETYCW set the same principles and learning outcomes, recognising them to be *'fundamental to all youth and community work practice, full-time, part-time or voluntary'* (CETYCW, 1990, p.24).

The only differentiation between part-time and voluntary youth workers and their full-time colleagues was that the former are expected to operate '*with some support and supervision.*' (CETYCW, 1990, p. 24)

This lack of differentiation between different types of youth workers does not accord with the realities of practice observed in the needs assessment research. For example the interviews with full-time workers who managed youth and community centres in Nestin, revealed training needs and concerns about alcohol, in relation to management of staff and premises and alcohol policy development, which would not be relevant to part-time or volunteer workers. Similarly, part-time and volunteer youth workers did most of the direct work with young people, implying the need for micro skills in the areas of personal communication and counselling which might be less frequently used by their managers. Since this rationale was written, revised guidelines to endorsement of initial training (NYA, 1997) have acknowledged the full-time worker's management role so there is now clearer differentiation between the learning outcomes expected for initial qualification of full-time and part-time youth workers.

The NYA (1993) defined the values underlying youth and community work, which underpin training and learning outcomes, as recognising:

> * '*social education as the core process in youth and community work*
> * *the ability and inability of people to resolve problems and change themselves*
> * *the tension and distinction between empowering and controlling people*
> * *the worth, ability and rights of people*
> * *the right to self determination*
> * *the importance of collective action and collaborative working relationships and*
> * *the value of co-operation and conflict.*
>
> *A qualified worker is expected to understand and acknowledge the need to:*
>
> * *respect for the individual;*
> * *respect and value for the pluralistic culture of society;*
> * *confronting inequality and discrimination;*
> * *recognising the influence of the worker and her/his values; and*
> * *recognising self and others as changing beings.*' NYA, 1993, pp. 12-13.

The earlier CETYCW guidelines had also included (1990, pp. 5-6):
'Therefore:-

• youth and community workers need to have an understanding of structures in society, including inequalities, power and powerlessness;
◦ individuals need to identify how their values and practice have been and are currently, shaped by their experiences in any group, e.g. family, peers, race, class and gender, and that they are clearly able to locate themselves and others;
◦ the strength and value of the work lies in the diversity of the backgrounds and skills in the workforce.'

It was essential that this curriculum was firmly based on these youth work principles.

Health Education/Promotion Ideologies

Youth work principles are not consistent with some health education/health promotion ideologies. Medical and behavioural change ideologies aim to improve health by changing people's behaviour. They are based on a medical view of health as optimum biological functioning and a mechanistic model of humanity as rational decision makers. These approaches have specific behavioural goals (e.g. to reduce young people's alcohol consumption) and would consider manipulative techniques such as propaganda and behaviour modification as legitimate (French and Adams, 1986). Such ideologies are closely allied to the individualistic 'victim blaming' ideology, which attributes the burden of ill-health to lifestyle factors and places responsibility for health improvement on the individual.

None of these ideologies sit comfortably within a programme based on youth work principles. They do not acknowledge *'the tension and distinction between empowering and controlling people'*, nor do they *'confront social inequality and discrimination'*. Most importantly, they do not acknowledge structural influences on health. As Kenner (1984) points out, at its very simplest, a society may restrict health choices through its provision of facilities:

'people cannot choose good housing or good food if none is available' (Kenner, 1984, p. 79).

She points out that choice is obstructed or facilitated to varying degrees for different groups in society. For example, access to social and leisure facilities which are not based on heavy drinking will be very different for an unemployed 18 year old living in a

small rural Pennine community (with 2 pubs and nowt else) and an 18 year old with a well-paid white collar job, living in the suburbs of Newcastle.

In the needs assessment research, several youth workers in Nestin said that they were not interested in doing health education because they believed it to be based on the ideologies described above. They took great pains to explain how informal education was different to teaching in schools and gave examples from their own schooling of being on the receiving end of individualistic approaches and being told how to behave. Their experience is supported by Coombes (1989) who examined the dominant themes underlying health education materials and approaches used in schools and concluded that the overall approach was usually highly individualistic, in its emphasis on individual skills and responsibilities necessary for achieving health. She argues that this ideology serves least the needs and interests of those children who are likely to experience the greatest ill-health. Coombes compares young people's drinking experiences with the alcohol education materials designed for them and found that there was little acknowledgement of the drinking situations experienced by children from disadvantaged, low income families, and particularly the drinking patterns of children with learning difficulties. My own recent review of descriptive studies of young people and alcohol concluded that structural factors such as income, the drinking environment and legal controls continue to be ignored in health promotion initiatives related to alcohol (Wright, 1999).

Fortunately, other ideologies, more consistent with youth work principles, are currently gaining favour within health education and health promotion. Ideological issues have been endlessly discussed and debated during the last fifteen years (e.g. Tones, Tilford and Robinson,1990; Ewles and Simnett, 1995; Tannahill, 1985; Bunton and Macdonald, 1992 and French and Adams, 1996). This has been part of health promotion's involvement in the 'new public health' and is characterised by a rejection of the medical model and an ideological shift towards structuralism, or at least combining lifestyle and structural approaches. Led by the World Health Organisation, this is exemplified by the Ottowa Charter for Health promotion (WHO, 1987). This charter outlined five principal areas for health promotion action: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services. The Ottowa Charter also included three

process methodologies - mediation, enablement and advocacy - through which people could begin to take control over their own health.

The principles embodied in the Ottowa Charter are much more consistent with youth work principles, than the individualistic, behavioural and medical approaches. Consequently it was decided to use this health promotion model in developing the alcohol education curriculum.

Tackling Alcohol-related Problems

As with the broader field of health promotion, there are many theories which seek to explain the cause of alcohol problems and consequently a variety of strategies have been proposed to tackle them. Velleman (1992) points out that this field has been *'bedevilled for decades by the simple misconception that there is a single cause for alcohol problems'* (Velleman, 1992, p. 3). This single cause was the medical, disease model of alcoholism (Jellineck, 1960), which assumes that alcoholics are ill, or have an allergic reaction to alcohol. Consequently they are in need of medical treatment. This view is still held by Alcoholics Anonymous and by many health care practitioners, despite a lack of empirical evidence to support either cause or treatment effectiveness, and a barrage of criticism from researchers and practitioners (Heather and Robertson, 1989; Orford, 1985).

Individualistic ideologies are also popular, based on the idea that the problem drinker has got something which normal people do not, such as psychiatric illness, personality defect or allergy. There is little evidence to support these theories, although there is considerable evidence that if someone drinks a lot over a long time, her/his personality changes (Velleman, op.cit).

Interviews in Nestin during the needs assessment phase found that such ideas continue to inform popular beliefs, including those of youth workers. Some youth workers expressed concerns that youthful intoxication would lead to alcoholism, while others said they wanted to prevent young people becoming addicted to alcohol. Interpretations of individual young people's drinking as evidence of an alcoholic personality were also offered. The research evidence (see Chapter Six) does not support this pathological

view of young drinkers. Additionally, a minority of youth workers saw help for young people with drink problems in terms of setting abstinence goals and referral to AA or agencies with abstinence-based intervention philosophies. Velleman (op. cit) contends that in the UK, the dominant, alcohol services philosophy continues to be the medical/AA model.

Such ideologies are subject to the same general criticisms as those described for health education/promotion. Specifically, in relation to young people, they remove responsibility for behaviour from the drinker – *'there is nothing I can do about my drinking. I'm an alcoholic. The doctor will make me better.'* Additionally, the term alcoholic, with its implications of dependence, does not accord with young people's drinking behaviour (i.e. episodic bouts of binge drinking) or the problems they experience, which are mainly consequences of intoxication, not dependence (see Chapter Six). Furthermore, abstinence goals are unlikely to be acceptable to young drinkers (see Chapter Six). Consequently it would be difficult to address alcohol issues via these ideologies and still operate within a youth work value system. There is very little room for self-determination or empowerment within the disease concept of alcoholism.

Fortunately, since the mid-1970s, other ideologies, more consistent with youth work, have gained some acceptance. In terms of prevention of alcohol problems among young people, the Royal College of Physicians and British Paediatric Association (RCP/BPA, 1995) have advised a structuralist approach based on the framework used by the Ottowa Charter for Health Promotion (Edwards et al 1994; WHO, 1987).

At the treatment level, concepts of problem drinking as learned social behaviour have gained increasing support. This views drinking as functional and purposeful, rather than helplessly suffered, with drinking behaviour being learned, maintained or changed in the context of the persons whole life and the environment (Sobell and Sobell, 1978, Mason and Norris, 1984). Treatment approaches based on these assumptions involve cognitive-behavioural approaches and motivating, enabling and empowering people to change (McMurran and Hollin, 1993, Davidson, Rollnick and MacEwan, 1991). While such approaches can still be viewed as manipulative, acknowledgement of the functional model (that young people, like everyone else, have reasons for drinking, and

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needs which are met by drinking) and the assumption that drinking is learned behaviour (therefore it can be changed), fit well with youth work values. They can also be integrated into the youth workers' role as social educator, and acknowledge the principles of empowerment.

This model, together with due acknowledgement of structural issues, was adopted as a principle for developing the alcohol training materials.

The Goals of Alcohol Education

In the needs assessment, youth workers made it clear that they were not concerned about young people's drinking per se, but about the potential risks and harms related to alcohol consumption. The research evidence on young people and alcohol (Chapter Six) generally supports their concerns- young drinkers who are intoxicated do risk harming themselves or others. Chapter Six also argues that most young drinkers are not interested in abstinence and that moderation also holds little appeal. Youth workers were all too aware of the difficulties in trying to enforce no drinking rules, even within the club or centre, and pointed out how this contradicted what went on in the private social worlds of young people themselves, and the wider social norms supporting adults' drinking.

These conclusions have important implications for the training programme. They suggest that a harm-reduction framework would offer more appropriate goals for alcohol education in youth work settings than any attempts to dissuade young people from drinking completely. This should promote sensible drinking, including where and when non-drinking is appropriate, and aim to reduce the harm resulting from drinking. However, young people who choose not to drink should be supported in doing so, in an effort to alter young people's negative images of non-drinkers (see Chapter Six).

Informal Education

Informal education is acknowledged within youth work practice and youth work training principles as the core of youth work. The needs assessment research found that not all youth workers enacted their informal education role in relation to alcohol issues and that different approaches were adopted.

In Nestin, apart from some volunteer church group leaders, all youth workers interviewed had been involved in alcohol education, mainly on an unplanned, informal and reactive style. Similarly, in the questionnaire survey, 78% said they tackled alcohol issues via 'casual conversation as it arises', 59% used 'group discussion as it arises' and 49% individual counselling as needed'. Planned work was considerably less common - practised by one in four respondents. Alcohol education, as practised by youth workers is markedly different to the notions of alcohol education held by trainers from disciplines outside of the youth service, in this case health education/promotion specialists and alcohol specialists. My own starting point, prior to starting this research, gave little credence or acknowledgement to the value of 'casual conversation', the skills needed to be an effective educator in informal settings (Smith, 1994), or to the practice of 'local education'. Consequently, courses structured by outside trainers may not enhance youth work practice. At simplest terms, what is delivered may focus on group work and undervalue less formal methods.

Smith (1994) makes a rigorous analysis of the process and activities involved in informal education, noting that it is concerned with the conscious, purposeful and skilled engagement in conversation with young people and commenting upon its difficulty when practised within dominant models of education:

> 'Dominant models of education tend to be didactic, planned and task-centred. Conversation can thus be difficult for educators.' (Smith, 1994, p.60).

The needs assessment research also indicated that, at least in Nestin, youth workers' training needs in relation to the micro-skills of informal education were not being met by the short courses offered to them (Chapter Five).

> 'I'd like to have up to date information and new ideas rather than the same course every year. I like to go a step further each time and there's very little progression here. It recharges your batteries but can't we go a step further?'
>
> Part-time youth worker - large urban club.

These findings suggest that the alcohol training course not only needed to be based on the principles of informal education but also to demonstrate how participants' generic skills in informal education can be applied to alcohol issues.

The Pluralistic Culture of Society

In Chapter Six, I criticise the moral values underpinning much of current research about young people's use of alcohol. I also note the lack of information about social and cultural differences. Within the alcohol training programme, it will be necessary to apply the principle of promoting equality and acknowledge social and cultural differences. Given the lack of research evidence available, applying this principle implies that youth workers need to carefully assess the needs of the young people they work with, especially if they are from minority groups.

Youth Workers' Attitudes and Values

Adoption of youth work principles within the alcohol training programme implies the need to enable youth workers to examine and clarify their own attitudes, values and behaviour in relation to alcohol, as well as empowering them to do this with young people. This conclusion is also supported by the evidence from the needs assessment and the literature review on young people and alcohol.

The Rationale of the Alcohol Training Programme

On the basis of the rationale for training discussed here, the findings of the needs assessment research and consideration of youth work training principles, a statement of key principles and values was developed (figure 12) to inform the writing of the alcohol training programme.

Figure 12   The alcohol training programme rationale

The alcohol training programme will adopt four key principles of youth work:

- **Education** A youth work approach to alcohol education is concerned with enabling young people to gain the knowledge, skills, attitudes and values needed to use alcohol as an individual and a member of a community. Alcohol use will be defined within a young person's rights and responsibilities as an individual and as a member of groups and communities.

- **Participation** Alcohol education in youth work is through a voluntary relationship with young people. They are equal partners in the learning process and in decisions which affect them.

- **Equality** Alcohol education should challenge oppression such as sexism or racism and promote equality of learning opportunities. Alcohol education in youth work should acknowledge and address cultural differences and variation in young people's race, class, religion, language, oracy, literacy, sexual identity, gender, disability and age.

- **Empowerment** Alcohol education should enhance young peoples self-esteem and self-efficacy and enable them to take control of their lives.

A **functional model** of alcohol use will be used. Young people are assumed to have reasons for using alcohol which are positive and functional to them. Young people use alcohol for fun, intoxication, sociability and to assert their own individual style within the youth culture.

A **learning approach** to drinking behaviour will be adopted. This assumes that young people are not born as drinkers of alcohol. They learn to behave in certain ways, including specific drinking styles. Because behaviour is learned, it can, through education, be relearned, changed or modified.

A **structuralist** ideology will inform the training. It is assumed that young people's social and economic circumstances, their relationships, status and power have an important influence on their use of alcohol.

The training will be based on an awareness that for most young drinkers, alcohol-related problems are derived from alcohol **intoxication** rather than alcohol dependency.

A **harm-reduction philosophy** will be adopted in relation to alcohol use. The programme will aim to promote sensible drinking and reduction of the risks and harms resulting from drinking rather than necessarily demanding that young people stop drinking completely. Abstinence will be included as an option and the resource will also seeks to support young people who choose not to drink.

Alcohol education as a component of informal social education will be developed as a core process in the training programme.

Conclusions

Stage 2 was a particularly important element of the curriculum development process because it established the purpose and value of the training and provided a framework for decisions about what youth workers should learn. It was the most reflective and intellectually taxing stage, where the meanings of all the data from Stage 1 were considered, consolidated and interpreted. It demanded that I make explicit the reasons why the training was needed and the epistemiologies on which it was based, in a form that other trainers could use and understand. This process allowed me to move forward to stage 3, to devise learning outcomes, with a clear sense of what was important for youth workers to learn and why it was important.

In the pilot courses, Figure 12 was used to introduce the courses, so that the rationale was shared with participants. This participative approach to course delivery proved to be an important key to learning and is discussed further in Chapter Ten.

CHAPTER EIGHT

Stages 3-5: Developing the Learning Outcomes and Activities of the Training Programme

Introduction

Having developed the rationale, Stage 3 was concerned with defining the intended learning outcomes of the pilot programmes. Stages 4 and 5 involved planning the curriculum content as activities, writing teaching aids and organising the activities into pilot courses. As emphasised in Chapter One, p. 22, within the action research framework adopted for this study, the work did not actually proceed in the neat linear stages implied by the thesis chapter titles. As new data was obtained about the process and outcomes of each pilot course (reported in Chapter Nine), it was fed back into the curriculum development process, to produce more realistic intended learning outcomes, improve the learning activities and amend the course structures. This made the finished product more robust and practical, but it has created difficulties for me in reporting the study coherently! For example, some of the process evaluation results that informed the final content of the five-unit programme are reported here, rather than in Chapter Nine. Rather than laboriously report the development of each course element through its many revisions, this chapter describes the main processes that were involved. It ends with a description of the final version of the materials, which were informed by the results of the evaluation of the pilot courses, reported in Chapter Nine.

Stage 3:   Aims and Intended Learning Outcomes

Formulation of aims and intended learning outcomes followed a process described in Chapter One, pp. 37-39, and was guided by the rationale and key principles given in Chapter Seven. The piloting opportunities (see Chapter One, pp. 44-45) imposed obvious limits on the learning that could reasonably be expected to be achieved, so a context profile was written for each pilot course (see example, Figure 6, p.41).

The overall aim of the curriculum development programme was to enable youth workers to raise and respond to alcohol issues in relation to young people. Within the constraints defined by the context profile of each pilot course, aims were generated as broad statements of expectation - what I expected youth workers to gain from participation in the course. To achieve each aim, intended learning outcomes were written. As noted in Chapter One, the conditions under which the outcome should be observed were not specified, because the range of contexts and settings in which youth workers engage with young people is so broad. Unintended outcomes were expected and allowed for in the research design (see Chapter One, pp.37-40).

The process of piloting had its own developmental sequence. It started with a toe in the water through a half-day with Community and Youth Work Diploma students in Durham, grew into one-day in-service courses, increased to weekend in-service courses and culminated in the half module at Sunderland University. Each course built on the experience of those preceding it and enabled me to cover an expanded range of learning outcomes. The aims and learning outcomes of each of the courses are given in Figure 13.

The needs assessment survey indicated that full-time youth workers needed training in policy development and managing the alcohol education activities of their staff, while part-time workers needed training to develop their direct interventions with young people in relation to alcohol issues. This practical focus was reflected in the learning objectives, which sought to develop part-time workers' competence in relation to incidental and planned work. The types of alcohol-related incidents experienced by youth workers - disorder, violence and illness due to intoxication, implied a need for training to focus on managing alcohol-related incidents as well as preventive education.

The learning outcomes for the published course materials were revised in the light of the pilot course experiences and the evaluation results.

Figure 13   Aims and Objectives of pilot courses

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1. Half day workshop for Durham Diploma in Community and Youth Work students.

Aim:

To begin to develop participants' confidence and competence in raising and responding to alcohol issues relevant to young people.

Objectives:

After participation in the workshop, further reading and skills practice in a youth work setting it is expected that participants will be able to:

1. Initiate an informed response to alcohol issues presented by young people in informal settings.

2. Be proactive when addressing alcohol issues.

3. Verbally describe the principles of alcohol education within youth work.

4. Start to take action to address young people's risk taking in relation to alcohol.

2. One-day in-service courses for full-time youth workers in Nestin.

Aim:

To increase participants' confidence and competence in addressing alcohol issues within the youth work curriculum.

Objectives:

After participation in the workshop, further reading and skills practice within the work situation, it is expected that participants will be able to:

1. Raise and respond to alcohol issues relevant to young people.

2. Manage staff to do the same.

3. Develop a policy or guidelines on alcohol for the staff, the centre and the young people.

3. Weekend in-service courses for part-time youth workers in Nestin.

Aim:

To increase participants' confidence and competence in raising and responding to alcohol issues relevant to young people.

Objectives:

After participation in the workshop, further reading and skills practice within the work situation, it is expected that participants will be able to:

1. Raise and respond to alcohol issues relevant to young people.

2. Help young people avoid the risks and harmful consequences of inappropriate drinking.

3. Manage alcohol incidents in the youth club.

4. Involve young people in alcohol education relevant to their needs and interests.

Figure 13 continued   Aims and Objectives of pilot courses

4.   Half module for Sunderland Diploma in Community and youth work students

Aims:

After participation in this course, reading and fieldwork practice, students will be able to:

1. Manage alcohol-related incidents in youth and community work settings.

2. Promote sensible drinking among young people.

3. Support young people who have drink problems.

Objectives:

After participation in this course, reading, and fieldwork practice students will be able to:

1. Demonstrate an understanding of how alcohol is used by young people and the consequent risks and harms.

2. Describe at least two models of health education and health promotion applied to alcohol.

3. Demonstrate an understanding of the chemical, pharmacological and biological properties of alcohol.

4. List sensible drinking messages relevant to young people.

5. Demonstrate and understanding of effective and ineffective methods of alcohol education with young people.

6. Locate alcohol education within the youth work curriculum.

7. Manage alcohol-related incidents involving young people.

8. Develop an alcohol policy for a youth and community centre, relevant to the needs of centre users.

9. Plan, conduct and evaluate an alcohol education programme with young people in informal settings.

10. Consult and involve young people in developing a response to alcohol issues relevant to their needs.

11. Support and enable community groups to identify alcohol issues and determine appropriate responses.

12. Promote sensible drinking among young people and the local community.

13. Identify resources available to support alcohol education in the local community.

14. Assess own attitudes to alcohol and drinking behaviour in relation to sensible drinking guidelines.

15. Demonstrate a commitment to equal opportunities in relation to alcohol issues.

Stages 4-5: Learning Activities and Teaching Resources

Having defined the intended learning outcomes, Stages 4 and 5 involved planning the curriculum content as activities and organising these activities into pilot courses. After piloting, they were organised into a five unit course, for subsequent publication by Tacade (Wright, 1995).

Content was defined by writing spider diagrams for each learning objective. Figure 14 shows such a diagram for the learning objective 'Manage alcohol-related incidents'.

Figure 14   A content diagram

Risk Assessment

Dealing with someone who is drunk

First Aid

Communication Skills

Manage alcohol-related incidents

Reflective Practice

Managing violence and aggression

Reporting and Recording

Policy and Guidelines
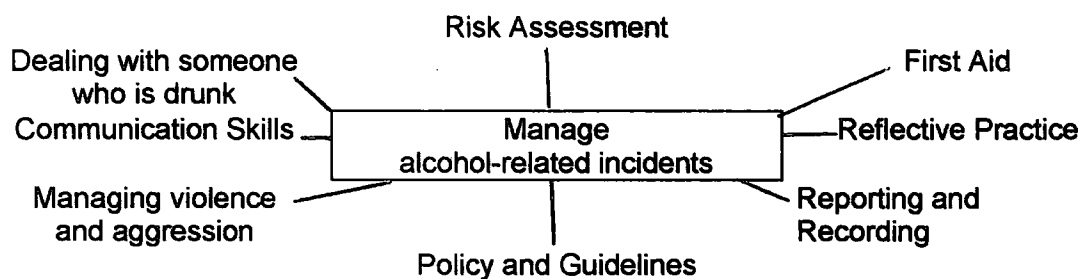
Content matrices were then developed for each pilot course, by writing the learning outcomes in rows and the content areas in columns. Several matrices were usually attempted before a comprehensive content was achieved. The course context profile was also applied at this stage - to limit the learning outcomes and the content to manageable proportions. Figure 15 is a content-outcomes matrix for the pilot weekend residential course for part-time youth workers.

The learning activities

Following the principles of adult education (figure 7, p. 43) learning activities were developed that were active, experiential and participative. I incorporated many of the participatory learning techniques that I had used previously in delivering alcohol training to other health promotion practitioners (Wright, 1993; Simnett, Wright and Evans, 1984; Wright and Dobson, 1995). However all of the activities were newly devised; I found little inspiration from the content of existing teaching resources (including my own); they simply were not relevant to youth workers' needs. With the exception of one card game (TACADE, 1992), I also devised and wrote all of the teaching aids used in the activities. Sequencing and structuring the activities followed the criteria set out in Chapter One, and these were revised after each course.

When using participatory learning, it is essential to establish a positive learning climate (Brandes and Ginnis, 1986). Each pilot course started with one or more activity that

Figure 15 Content-outcomes matrix for weekend residential course for part-time youth workers.

Learning outcome→ Content ↓	Raise and respond to alcohol issues relevant to young people	Help young people to avoid the risks and harms of inappropriate drinking	Manage alcohol-related incidents in the youth club	Involve young people in alcohol education relevant to their needs
Young people's drinking patterns	√	√	√	√
Place and meaning of young people's drinking	√	√	√	√
Alcohol facts	√	√	√	√
Alcohol-related Risks	√	√	√	√
Alcohol and the Law	√	√	√	√
Aims of alcohol education in youth work	√	√		√
Young people's needs and concerns	√	√	√	√
Alcohol education messages	√	√	√	√
Strategies and Methods for alcohol education	√	√	√	√
Alcohol issues and youth work principles	√	√	√	√
Responses to alcohol-related incidents	√	√	√	√
Dealing with someone who is drunk	√	√	√	√
Risk Assessment		√	√	
Communication skills	√	√	√	√
Managing violence and aggression		√	√	
First Aid		√	√	
Working within a policy or guidelines	√	√	√	√
Reporting and Recording	√	√	√	√
Opportunities for alcohol education	√	√	√	√
Problem Solving	√	√	√	√
Evaluation/Reflective Practice	√	√	√	√

aimed to achieve this, by introducing participants and tutor to each other, reviewing expectations and establishing ground rules for working together. Investment in climate building proved to be important in all pilot courses, in facilitating participation, particularly for the Sunderland students, who were not working effectively as a group when we first met.

Processing the learning is also a very important element of any learning activity; in participatory learning it is particularly important to allow participants time to reflect on what they have learned and what it means for their practice. Time to do this was always built into the last 10-15 minutes of all activities. The methods used varied - some were facilitated by my questions, e.g. *'So what did you learn?'*, whilst others involved private reflection, individually or in pairs. I also included activities solely for the purpose of reflection, such as action planning and evaluative review. These were used at the end of all pilot courses.

Sequencing and structure

The sequence of activities followed Morrison and Ridley's (1985) guidelines (see Chapter One, p.42). Early activities used methods that were familiar (such as small group discussion or mini-lectures), whilst unfamiliar methods (such as carousel discussion) or methods requiring a higher degree of personal exposure (e.g. role-play) were introduced later in the programmes, when participants felt more secure. The content areas firstly acknowledged youth workers' expressed needs e.g. by updating alcohol 'facts' and later moved into more challenging areas e.g. attitudes and values.

Teaching plans were written for every pilot course. An example plan for one pilot workshop session is shown in Figure 16.

Figure 16   Example teaching plan for pilot workshop 'Strategies for Alcohol Education'

Time/Title	Objectives	Activities	Teaching aids/equipment
Energiser 10mins	To energise and prepare for work	Play 'find someone who.'	'find someone who..' handout
Approaches to alcohol education 15 min	To understand the main types of intervention available to youth workers. To identify the pros and cons of each type of intervention and the skills needed to do it.	Explain findings of needs assessment study; show OHT triangle diagram of 4 interventions: problem-led, incidental, programme, policy. On flip, invite group to record pros and cons of each and skills needed; add extras from notes	OHT triangle of 4 interventions Notes on pros, cons and skills
Principles of alcohol education in youth work 10 min	To relate alcohol education to youth work principles	Mini lecture on principles, based on NYA Statement of Purpose; add evidence on what works in alcohol education.	OHT of 4 youth work principles as applied to alcohol. Notes on effectiveness of alcohol education
'Have a go' workshop 90 minutes	To practise alcohol education strategies and evaluate them against youth work principles	Display list of possible strategies to try and invite participants to sign up in pairs to try one out. Explain that they should develop a new alcohol education activity, following the instructions on their allocated strategy card. After 45 minutes they will be asked to share their work with the rest of the group and to evaluate the strategy against the 4 youth work principles. Hand out relevant materials and get each pair started. Tour pairs to offer help if needed. After 45 minutes, reconvene full group; allow each pair 5 minutes to feed back, then 5 minutes for full group discussion.	OHT from above. List of strategies to try written on flip. Instructions for each strategy on index cards Alcohol adverts from magazines; examples from a magazine's agony column; Rap backing tape; Treasure hunt game; Let's party game. Coloured pens and paint, flips or wallpaper, video if available. Tape recorder.

I kept detailed teaching notes, because the finished programme would be published for other trainers' use. This meant that I needed to record what I did and how I did it, the participants' reactions and the timings of each activity. In revising the activities after each course, I also made working notes for incorporation into trainers' guidelines, e.g. alerting other trainers to activities that had elicited strong or emotional responses from the participants.

The sequencing and structures of the first pilot courses are shown in the course programmes (Figure 17). The sequencing of the activities for the non-residential weekend course for part-time workers was the same as that shown for the residential weekend, with some amendments to the timing.

The sequence and structure of the training programme was revisited several times over the whole pilot phase. The response to the in-service training courses, together with my understanding of how in-service training was normally organised (see Chapter Three), provided the first shape to the structure. At an early stage it was decided to organise the activities into sessions, each lasting approximately 1.5 hours. As argued in Chapter Three, this was to enable maximum flexibility for incorporating the training materials into existing curricula. The sessions could be taught separately, combined into half-day or one-day courses; single sessions could be slotted into initial qualification courses for part-time youth workers. In in-service training contexts, one session could be used as part of a staff/team meeting, or two sessions combined to provide a half-day course, perhaps as part of a broader course on other health issues. Each session was written so that it could be used separately and included up to three different activities. Across all the pilot courses, 32 different activities were included in 20 sessions.

The content-outcome matrices predicted that larger units of study would be required to achieve the intended learning outcomes and this was confirmed by the in-service training pilot courses. More activities were written (see results of the evaluation, Chapter 9) and re-grouped into five units, each comprising four sessions, each unit covering a different aspect of youth work practice (figure 18). A unit thus represented a day's worth of training material, organised around a specific practice theme, which could stand-alone for training purposes.

The aim was to provide trainers with a resource that was flexible, yet offered depth and progression. The needs assessment indicated that youth workers had few opportunities to progress beyond a basic level awareness in relation to health issues. Skills take time and practice to develop and short courses rarely pay adequate attention to this. For this reason, the sessions within each unit were sequenced in an order that allowed for progressive conceptual and skills development.

Figure 17   In-service training course programmes

One Day Course for full-time youth workers

9.30am	Coffee
10.00	Meeting and Greeting
10.30	Youth work and Alcohol - some of the issues
11.15	Coffee
11.30	Exercise - Developing a Club Policy
1.00pm	Lunch
2.00	Strategies Workshop
3.30	Taking the Learning Back to Work
4.00	Close

Two Day Residential Weekend Course for Part-time Youth Workers

Friday

7.30pm	Meeting and Greeting

Saturday

9.30 - 12.00	a) Alcohol awareness
	b) Incidental and Outreach Work
12.00	Lunch
1.00 - 5.00	Strategies Workshop
6.00	Dinner
7.30 - 9.00	Group Presentations - Strategies

Sunday

9.30 - 12.30	a) Managing alcohol - related incidents
	b) Working within an alcohol policy.
12.30	Close and lunch

Figure 18   Programme units: content and developmental sequence

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Unit 1   Young People and Alcohol

•   Understanding how and why young people use alcohol.

•   Physiology and pharmacology of alcohol.

Unit 2   Learning about Drinking

•   Goals for alcohol work with young people.

•   Strategies for informal education about alcohol starting with young people's needs.

        Scope for alcohol education in youth work settings.

•   Location of alcohol education in the youth work curriculum.

•   Selecting, planning and conducting education activities.

Unit 3   Drunk!

•   Managing alcohol-related incidents

•   Incidental work

•   Talking to young people about alcohol.

Unit 4   Youth Work with Young Problem Drinkers,

•   Appropriate responses

•   Identifying when a young person has a drink problem

•   Raising the issue

•   Engaging motivation to change. Empowering young people to take control of their drinking.

Unit 5   Safety Net or Straitjacket

•   Developing an alcohol policy or guidelines.

•   Process of policy development

•   Specific needs of youth work settings.

•   A practical framework for policy development

It was evident from the pattern of youth work training provision that a rigid progression from Unit 1 → 2 → 3 → 4→ Unit 5 would not be acceptable to many training providers, although this model was the most academically appropriate, in terms of achieving appropriate learning progression. The compromise eventually reached was to make the first unit *'Young People and Alcohol'* a foundation unit, which must be taught

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before the other four units. Each of the units 2 - 5 was based on the assumption that learners had previously achieved the learning objectives set for Unit 1.

The Sunderland pilot course offered the first opportunity to pilot the entire five units. Following their evaluation (Chapter Nine), each unit was revised. The rest of this chapter discusses the rationale, structure and content of each unit, as it was finally written (Wright, 1995).

Programme units: Structure and Content

Each unit had the same basic structure. The introduction provided a rationale, philosophy and approach outlined the content, who it was for and how the unit related to others in the programme. Detailed guidelines were written for the trainer, including checklists to assist preparation. There were two types of check-list: one personal – *'What skills and knowledge do I need to run this course?'* and one practical - *'What resource materials and equipment do I need to do to run this course?'* The guidelines also included advice on co-tutoring. A course programme, pre-course work and reading lists were also included. The course material was organised into four sessions with one or more activities within each session. Detailed *'How to do it'* instructions were written for each activity and handouts and other supporting materials included so that the tutor had all s/he needed to facilitate each activity.

For reasons discussed earlier, each unit started with climate building activities and ended with evaluation and review. Youth workers assessed what they had learned against the course objectives and their personal learning goals. They also considered how they would apply the learning to their work.

Given the inadequate facilities and limited resources sometimes available for youth work training (and to mirror the limited resources that often exist for direct work with young people) the equipment required to teach each unit were kept to a minimum. The units can be taught using nothing more than felt pens and the back of wallpaper rolls, if necessary. Each unit contained at least one substantial handout. This was found to be necessary because no textbook exists on alcohol education in youth work and access to

up to date literature on either alcohol or health promotion is likely to be very limited unless there is a specialist library available. Apart from a short book list and examples of locally available alcohol education materials, e.g. leaflets, posters, games etc, each unit was written to stand alone as a teaching resource.

Unit 1: '*Young people and alcohol*': rationale and content

'*Young People and Alcohol*' (figure 19) was the first and foundation unit in the programme. It introduced youth workers to alcohol issues. It assumed that to be able to work effectively on alcohol issues with young people, a youth worker needs to be aware of the place and meaning of alcohol in young people's lives and be clear about the goals for working with young people.

The needs assessment found that youth workers were well aware that most young people drink alcohol 'under age' and that many choose to get drunk. Awareness that drinking was a treasured personal behaviour often prevented youth workers from raising alcohol issues with young people, because they were concerned that it might alienate them. '*Young People and Alcohol*' introduced youth workers to a range of goals for work on the issue, including promoting safer drinking, isolating risky behaviour from the consequences, attitude and value clarification. Youth workers were encouraged to decide which goals are most appropriate, acceptable and relevant to the young needs with whom they work.

This unit invited youth workers to consider drinking behaviour from young people's perspectives. Starting from a personal perspective, they shared concerns about young people and alcohol, moved on to examine the evidence relating to their concerns and to consider young people's values and motivations. During the pilot courses I observed that youth workers found this process quite challenging, because it exposed their own attitudes and drinking behaviour. The tutor's guidelines drew attention to this possibility.

My experience in delivering training on alcohol and drug education is that participants often arrive with an expressed need to learn 'the facts' about the drug(s) in question. Unit 1 introduced youth workers to the legal, pharmacological and biological 'facts' related to alcohol, while also asking them to relate this information to young people's drinking behaviour. The training did <u>not</u> assume a rational choice model, i.e. if only young people knew the facts about alcohol, they would not drink! However, it was assumed that young people do have a right to accurate, honest information about alcohol and that youth workers should be able to provide this information.

Figure 19   Unit 1: course programme and content

Session 1   *Why are we here?*

Activity 1   **Climate building**   45 minutes
Pairs Introductions using pairs cards e.g. Tequila-sunrise.
Full group review of expectations
Ground rules based on '*Mrs Doasyouwouldbedoneby*'.

Activity 2   **Concerns about young people and alcohol.**   45 minutes
Identification of participants' concerns about youthful drinking and comparison
with data from the needs assessment (taken from chapters 4-6)

Session 2   *Alcohol: key facts*

Activity 1   **Alcohol tour of knowledge games**   1 hour
Review of knowledge about alcohol using 'Full Bottles' quiz game and
TACADE card game in small groups

Activity 2   **Knowledge review and consolidation**   ½ hour
Full group activity

Session 3   *Understanding young people's drinking*

Activity 1   **What is all the fuss about?**   45 minutes
Small group work based on a handout summarising literature (reviewed in
Chapter Six) on young people and alcohol.

Activity 2   **What is in it for them?**   45 minutes
Comparison of young people's and adults' motivations for drinking, doing sport
or playing music.

Session 4   *Safer drinking*

Activity 1   **Images of Alcohol Education**   30 minutes
Poster work to consider how young people interpret alcohol education
messages

Activity 2   **Guidelines for young people**   30 minutes
Small group work to clarify what safer drinking means; developing guidelines for
young people

Activity 3   **Evaluation and review**   30 minutes
Individual work. Structured review of learning against expectations, feedback
on course, future training needs.

Unit 2: *'Learning about drinking'*: rationale and content

'Learning about Drinking' (Figure 20) aimed to develop youth workers' confidence and competence in planning and delivering alcohol education that is relevant to young people's needs.

The unit's title reflected the rationale of the whole curriculum, in assuming that young people's drinking is learned behaviour, which, because it is learned, is open to relearning, adaptation or change. It encouraged participants to take an informed and proactive approach to alcohol issues, rather than only reacting to crises, and to consider how work on alcohol issues might fit into the whole youth work curriculum. Based on the experience of the in-service training courses, a role audit was included, using an activity inspired by Yosser's famous catchphrase *'I can do that!'* in Alan Bleasedale's 'Boys from the Black Stuff'. Working individually, participants examined a list of youth work activities in relation to alcohol issues, ranging from informal conversation to campaigning and lobbying. They noted those they already did and considered why they did not do the others. In the Sunderland pilot course, this activity was effective in broadening participants' perspectives of what youth work on alcohol issues might legitimately include, whilst confirming the centrality of informal education.

This unit included a handout on the principles and practice of alcohol education, which participants were recommended to read before the course. The course itself tried to keep theory and philosophy to a minimum, recognising that many youth workers are more interested in practical strategies. Reflection-on-action (Schon, 1983) was an important element, with participants being asked to consider how the learning related to their previous experience of delivering alcohol education.

The *'Have a go'* Workshop in session 3 was one of the most popular elements in the pilot courses. Participants were encouraged to try out a wide range of different alcohol education methods, in order to broaden their repertoire. In session 4, each method was then assessed against youth work principles, participants' personal experience and views on suitability for working with local young people.

Figure 20   Unit 2: Course programme and content

Session 1   *First principles*

Activity 1   Meeting, Greeting and Seating   45 minutes
Pairs introductions, review of expectations, ground rules.

Activity 2   Could I do that?   25 minutes
Individual role audit exercise.

Activity 3   Principles of alcohol education in youth work   20 minutes
Small group work practising alcohol education via youth work principles.

Session 2   *Aims and methods*

Activity 1   Starting points   40 minutes
Four youth work approaches (derived from needs assessment). Small group
work on advantages, disadvantages and skills needed for each approach.

Activity 2   Target practice: What are your aims?   30 minutes
Ranking exercises, individually then in pairs, to clarify aims of youth work on
alcohol issues.

Activity 3   What works?   20 minutes
Group work comparing personal experience with research evidence on
effectiveness of alcohol education. Designing an alcohol issues curriculum for
youth work settings.

Session 3   *Have a go!*

Activity 1   Have a go! Activities Workshop   90 minutes
Hands-on exercise to try out a range of methods for informal education and
assess them against the principles of youth work.

Session 4   *So what? Now what?*

Activity 1   Feedback from activities workshop   1 hour
Evaluation and review of methods tried in Session 3.

Activity 2   Evaluation and Action Plan   30 minutes
Individual reflections on course learning; action planning.

Unit 3: '*Drunk*!' rationale and content

Unit 3 (Figure 21) aimed to develop youth workers' confidence and competence in two main areas – incidental work and managing alcohol-related incidents. The needs assessment found that the commonest way in which youth workers dealt with alcohol issues was in the context of an incident or crisis, usually relating to young people's drunken or violent behaviour. These usually demand that immediate action is taken, which can be resented by youth workers (as monopolising their time and attention) and create anxiety if they are uncertain about what to do. This unit offered participants an opportunity to think about how to deal with an alcohol-related incident and provided a safe environment in which to rehearse strategies. To tailor the learning to participants role requirements, the incidents rehearsed were selected by them, based on their collective real-life experience of 'critical incidents'.

The most common style of youth work on alcohol issues is informal, incidental work. This method of working with young people is one of the central strengths of youth work because it is based on young people's current needs, concerns and interests. Unit 3 enabled participants to develop their skills in incidental work by rehearsing reactions to a range of alcohol-related situations (drawn from the needs assessment data) and also by developing their communication skills.

Role-play was an important feature of Unit 3 because the course sought to develop skills and the most effective way to do this is to practise them. On the basis of piloting, trainers were advised that some participants could be anxious about role play and for this reason, particular attention should be paid to developing a safe, trusting, learning climate and introducing short, relatively non-threatening, '*What would you do if..*' , exercises to build up confidence to participate in the role-play session.

Figure 21   Unit 3: Programme and Content

Session 1	***Thinking on your feet***	
Activity 1	**Greetings and expectations** Climate building activities.	**45 minutes**
Activity 2	**Thinking on your feet** Rapid decision making exercise on immediate responses to alcohol-related incidents.	**45 minutes**
Session 2	***Ways in***	
Activity 1	**Talking to young people about alcohol** Identification of the main features of effective conversations. Skills practice.	**45 minutes**
Activity 2	**Opportunities for incidental work on alcohol issues** Small group work using case study scenarios.	**45 minutes**
Session 3	***Our worst nightmare***	
Activity 1	**Our worst nightmares** Identification of alcohol-related incidents that are of greatest concern to participants; generation of criteria for successful resolution of these incidents.	**10 minutes**
Activity 2	**Practising managing alcohol-related incidents** Role-play built around one or more of the incidents identified in previous activity. Skills practice.	**1 hour**
Session 4	***Now what?***	
Activity 1	**Superyouthie** Small group artwork to depict the key skills needed to manage alcohol-related incidents.	**20 minutes**
Activity 2	**I can do that!** Individual skill reinforcement and confidence building exercise followed by group affirmation of individual skills.	**30 minutes**
Activity 3	**Action Plan and Evaluation** Individual and group reflection on course learning.	**40 minutes**

Unit 4: 'Youth work with young problem drinkers': rationale and content

The needs assessment demonstrated that some youth workers were encountering young people whose drinking was already causing them problems or who were having problems as a result of drinking by other family members. Unit 4 (Figure 22) was developed to address youth workers' concerns about doing this kind of work. It provided a conceptual framework within which to understand drink problems and to intervene appropriately.

The unit introduced two theoretical concepts that are frequently used by specialist alcohol agencies in their work with young problem drinkers. These were the stages of change (Prochaska and Di Clemente, 1983) and the functional model of drinking (Velleman, 1962). Links were made between the skills needed to apply these models and generic youth work skills. I commissioned Pip Mason of Aquarius (a specialist alcohol agency) to write this unit, to ensure that it was in line with current treatment practice. I piloted it in Sunderland (see Chapter Nine).

Consumption of alcohol is a continuum. There are no clear cut-off points between 'normal' and 'problem' drinkers, (see Chapter Six). Some young people drink problematically sometimes but 'normally' at other times. The popular image of a problem drinker is that of the 'alcoholic'. This stereotype, associated with loss of control and complete dominance of alcohol over the rest of the person's life, can prevent identification of less extreme, but more common, drink problems. This unit aimed to broaden youth workers' thinking about alcohol problems and to sharpen their ability to judge when it was appropriate to intervene.

The youth work principle of empowerment was particularly important in developing this unit. Helping problem drinkers is fundamentally about helping them to take responsibility for making choices about drinking and to learn how to recognise when they are using alcohol in a way that causes or exacerbates problems rather than solving them. Excessive drinking is a choice; this unit was based on methods of working with young people around their choices, not on how to make them do what youth workers feel is best. Some of the activities in Unit 4 challenged youth workers to set aside their

Figure 22   Unit 4: Programme and content

Session 1   What is a drinking problem?

Activity 1   Climate building   30 minutes

Activity 2   Identifying drink-related problems   60 minutes
Small group work using case studies to consider the range of drink problems
young people might encounter and identify how these might come to a youth
worker's attention.

Session 2   Addressing the issue

Activity 1   Responsibility to act   60 minutes
Use of second 'instalment' of some case studies to clarify the youth worker's
role in raising alcohol issues with young people.

Activity 2   Raising the issue   30 minutes
Brainstorm activity to acknowledge and articulate the reluctance youth workers
feel in raising alcohol issues. Clarification of reasons for intervening.

Session 3   Engaging with motivation to change

Activity 1   The stages of change   45 minutes
Mini lecture on stages of change model. Pairs work to test model against
personal experience.

Activity 2   Enabling decision-making   45 minutes
Role play to explore the stages of change and teach a framework for helping
young people to consider change.

Session 4   Finding ways to enable change

Activity 1   The functions of drinking   45 minutes
Brainstorm and pairs exercise to provide a model for understanding young
people's motives for drinking and to practice ways of helping young people to
identify alternatives to drinking.

Activity 2   The role of specialist agencies   30 minutes
Handout/Mini lecture on local agencies; full group discussion on referral and its
consequences.

Activity 3   Evaluation and close   15 minutes
Individual and group review of learning.

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own views and listen carefully to young people talking about their drinking; they built on their learning about the meaning of drinking to young people introduced in unit 1.

Unit 5: *'Safety net or straitjacket?'*: rationale and content

Unit 5 (Figure 23) offered youth workers and youth service managers a structured approach to alcohol policy development. It was based on the view that a policy or guidelines on alcohol can offer important protection, a 'safety net', for youth workers themselves and a more consistent and appropriate service to young people, in relation to alcohol issues.

The needs assessment found that only a small minority of youth workers operated within an agreed policy or guidelines on alcohol issues. When asked about supporting factors, only 25% of these surveyed felt that a policy would help. Opinions on the value of a policy varied, with strong resistance to idea of restrictive rules and regulations (the 'straitjacket'), or a policy which was imposed on them, rather than devised by consultation. Only a minority of youth workers, mainly those who had a management responsibility (for staff/centre/project), recognised that guidelines would be helpful, in clarifying procedures (the 'safety net'), helping to formulate responses and providing justification for alcohol-related work.

Given youth workers' lack of enthusiasm for policy development, the training began by explaining the differences between policy and guidelines and asking participants to consider the pros and cons of having an alcohol policy. Youth workers first needed to be convinced of the *value* of *having* an alcohol policy before they were willing to commit any time or resources to the *process* of policy development. It was also important to establish the principle of 'ownership' of an alcohol policy, so that participants felt that they have had a chance to contribute to *their* policy, which met *their* needs. In the Nestin needs assessment interviews, there was strong criticism by youth workers of 'top down' policies.

Figure 23   Unit 5: course programme and content

Session 1:   Alcohol policy - why bother

Activity 1   **Meeting, greeting and seating**   45 minutes
              Climate building

Activity 2   **Policy or Guidelines - What's the difference?**   10 minutes
              Full group mini lecture.

Activity 3   **Safety net or straitjacket?**   35 minutes
              Round of descriptions of local policies/guidelines.
              Brainstorm advantages and disadvantages of having guidelines.

Session 2:   Alcohol policy development

Activity 1   **The Process**   45 minutes
              Pairs structured activity to develop a policy.

Activity 2   **The Framework**   45 minutes
              Presentation and pairs work around a given framework to develop their own
              framework for local activity.

Session 3:   Policy writing workshop

Activity 1   **Policy writing practice**   1 ½ hours
              Individual practice in policy writing followed by feedback from the group.

Session 4:   Action plan

Activity 1   **Making the policy work**   45 minutes
              Individual and group activity to write an action plan for implementing the
              guidelines.

Activity 2   **Evaluation and review**   45 minutes
              Individual and group review and action planning.

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Having established an understanding of the potential benefits of an alcohol policy (and considered ways of avoiding or overcoming any disadvantages), Unit 5 moved on to offer a six-step process for developing an alcohol policy, plus a framework for five separate content areas. Participants had an opportunity to develop a rationale and policy goals, practised writing part of a policy and received feedback on their work.

Within a six-hour training course, it was accepted that participants could not be expected to produce a finished alcohol policy, but should gain the basic skills and knowledge required to complete this process in their youth work settings. Experience of piloting Unit 5 (see Chapter Nine) showed that this training did increase youth workers' motivation to develop a real policy, but that they were unlikely to succeed in completing the process unless ongoing support and encouragement was available locally.

Final Revision and Publication

Experience of piloting the material suggested that the maximum learning gains were obtained when the units were taught in numerical order Unit 1 → 2 → 3 → 4→ Unit 5. The materials were published with this recommendation, plus the option to use any of the units 2 - 5 individually or in other combinations, depending on local training needs, and youth workers' previous training experience. To further emphasise that each unit was part of a larger programme, the materials were published as a five volume set under the title '*Lager and Blastaways: An Alcohol Training Programme for Youth Workers*' (Wright, 1995). All five units had the same cover design in a different colour.

CHAPTER NINE

Stage 7: Results, Curriculum Evaluation

Introduction

This chapter reports the results of the evaluation of the pilot courses. The methodology and purposes of the evaluation are described in Chapter One. The data are presented in the order that the courses were piloted. The evaluation data from each pilot course was used to inform decisions about the content and structure of subsequent courses.

Half-day Workshop, Durham

The input to Durham students was a half-day workshop, to 15, second year, Diploma in Community and Youth Work students (seven females, eight males). As described in Chapter One, p. 50, the students devised and conducted the evaluation. They shared with me their written feedback, obtained via anonymous, self-completion, post-course questionnaires, from nine participants. All found the workshop to be fun and seven thought that the teaching methods used were transferable to working with young people. Seven respondents found the handout 'I could do that' (role audit) to be helpful in demonstrating the range of possible youth work strategies and allowing them to assess their own capabilities. Eight found the carousel discussion method a stimulating way to learn. General comments on the workshop were very positive:

> 'Very enjoyable session. A lot of ground was covered in a short space of time. The handouts are very good for personal use and with a group/youth work session for demonstration and issue-based work. They are clear, concise and easy to read and act upon'.

> 'Overall an excellent session which was well facilitated and had a varied and highly stimulating content'.

Participants were fairly confident in their ability to respond and take action to address young people's alcohol issues. However, as no pre-course data was collected, these assessments of ability can not necessarily be attributed to the training provided. Three of the nine respondents did not feel confident to describe the principles of alcohol

education in youth work. As a result of this finding, the training was amended to make explicit links between alcohol education and the youth work principles.

Results of the Nestin In-service Training Courses

Fifty-six youth workers attended four courses. Twenty-three were full-time workers (10 at day-course one, 13 at day-course two) and 33 were part-timers (21 at the residential weekend, 12 at the non-residential weekend). The gender balance was roughly equal for the full-timers, whereas 23 (70%) of part-timers were female. Participants came from 33 different clubs in Nestin. The four youth service areas within the LEA were not equally represented. Over a third (39%) of the full-timers and 42% of the part-timers were from the area managed by the Training Officer. In contrast, there were least participants (one part-time and three full-time workers) from the area where the area officer post was vacant.

The chosen training strategy aimed to encourage full-time managers to send their part-time staff on the training courses. Thirteen (57%) of the full-time workers subsequently sent staff on the course for part-timers. 23 (70%) part-timers came from centres where their manager had previously attended one of the day courses.

The full-time youth workers were a very experienced group: seven had 21 or more years experience in youth work, seven had 11-20 years experience, six had 6-10 years and only one person had been a youth worker for five years or less. Two thirds had a Diploma/Degree in Community and Youth Work and nearly half had another degree, commonly in Education. However, only half had previously experienced any training on alcohol, and only two of these had received such training as part of their initial youth work qualification.

The part-time youth workers were, as anticipated, less experienced and less qualified than the full-timers. Half had less than five years experience. Fourteen (42%) had completed their basic youth work training (run by the county youth service), four had Diplomas in Community and Youth Work and five had other relevant qualifications. Three quarters of the part-time workers had received no previous training on alcohol.

Table 8 shows the drop out rate at each data collection stage. Pre- and post-course questionnaires were obtained for nearly all respondents, but the response to the follow-up postal questionnaire, distributed 6 months after the courses, was poor, particularly from part-time workers. Seventy four per cent of respondents were followed up by telephone or personal interview, approximately 6-9 months after course completion.

Table 8   Data returns, in-service training courses (figures in ( ) are returns expressed as a percentage of the total course participants)

	Total	Full-timers	Part-timers
Pre-course questionnaire	54 (96%)	21 (91%)	33 (100%)
Post-course questionnaire	49 (87%)	19 (83%)	30 (90%)
follow-up questionnaire	18 (33%)	9 (39%)	9 (27%)
follow-up interview (phone)	21 (38%)	9 (39%)	12 (37%)
follow-up interview (personal)	20 (36%)	8 (35%)	12 (37%)

Responses to the pre-course questionnaire

a) *Self assessment of knowledge and skill in relation to learning objectives*
Participants were asked to rate their existing skill and knowledge levels in relation to the course objectives, on a simple three category scale: 'Good' 'Fair' or 'Poor'. The results are given in tables 9 and 10 below.

Table 9 Full-time youth workers' pre-course knowledge and skill ratings

Objective	Knowledge			Skill		
	Good	Fair	Poor	Good	Fair	Poor
raise/respond to alcohol issues	5 (22%)	16 (70%)		6 (26%)	15 (65%)	2 (9%)
Manage staff to do the same	6 (26%)	14 (61%)	1 (4%)	6 (26%)	13 (57%)	2(9%)
Develop policy	4 (17%)	10 (43%)	7 (30%)	3 (13%)	13 (57%)	5 (21%)

Comparing the responses of the two groups of workers, the part-timers tended to rate themselves as less knowledgeable and skilled in relation to their course objectives than the full-timers' self assessments. Comparing the first objective, which was the same for the two groups, 'Raise and respond to alcohol issues relevant to young people', there was a significant difference between the full-timers and part-timers for self-assessments of both knowledge and skills $(Chi^2, p=<005)$. Over one third of part-timers rated their knowledge as 'poor' and

half rated their skills as 'poor' in relation to this objective. In contrast, no full-time youth workers considered they were 'poor' in their knowledge about raising and responding to alcohol issues, and only two (9%) rated their skills as poor.

Table 10: Part-time youth workers' pre-course knowledge and skill ratings

Objective	Knowledge			Skill		
	Good	Fair	Poor	Good	Fair	Poor
Raise/respond to alcohol issues	2 (6%)	19 (58%)	12 (37%)	2 (6%)	15 (46%)	16 (49%)
help young people avoid risks/harms of drinking	1 (3%)	14 (42%)	17 (52%)		16 (48%)	16 (48%)
Manage alcohol-related incidents	6 (18%)	15 (46%)	11 (33%)	8 (24%)	11 (33%)	13 (40%)
Involve young people in alcohol education		13 (40%)	19 (58%)	1 (3%)	10 (30%)	21 (64%)

The remaining learning objectives were different for the two groups. As anticipated from the needs assessment, the full-time workers rated themselves lowest, in terms of knowledge and skill, in relation to developing a policy/guidelines on alcohol. Here only four thought their knowledge was 'good' while seven thought it was 'poor', with a similar pattern observed for skills. Of the objectives set for part-time youth workers' learning, this group rated 'Managing alcohol-related incidents' most highly in terms of knowledge and skills.

Again, confirming the needs assessment data, being able to involve young people in alcohol education relevant to them was the area where part-timers regarded themselves as least knowledgeable and skilled. Half of the part-time workers thought their knowledge and skills were 'poor' in relation to this objective and also in 'helping young people to avoid the risks and harms related to inappropriate drinking'.

b) *Expected gains from the course*

In the pre-course questionnaire, respondents were asked an open-ended question about the most important things they hoped to gain from the course. The most common expectation, expressed by both full-time and part-time workers, was to achieve the learning objective 'to raise and respond to alcohol issues'. Full-time workers also hoped to be able to develop a policy/guidelines, while one third of part-timers wanted to increase their ability to manage alcohol-related incidents and 20% wanted to be more effective in involving young people in alcohol education. Many responses were vague e.g. 'greater awareness' 'more skills'.

c) *Experience of alcohol-related problems*

Respondents were asked to describe any specific instances where young people's alcohol use or misuse had caused problems for them or their centre. Responses to this open-ended question were very similar for both groups and matched those identified in the needs assessment survey. The problems mentioned most frequently were drunkenness inside and outside the youth club; alcohol-related violence, disruptive behaviour and verbal abuse; girls' misuse of alcohol and very young people's drinking behaviour. Full-timers reported more problems than part-time workers.

d) *Involvement in alcohol education*

Significantly more full-timers (17, 74%) than part-timers (12, 36%) reported having been involved in alcohol education, during the last year.

e) *Alcohol education methods*

As Table 11 shows, alcohol education methods used by the respondents in the past year closely matched the findings of the needs assessment survey, where the same question was asked.

Table 11 Alcohol education methods used in past year by Nestin course participants

Method used in last year	Full-timers		Part-timers	
	Number	%	Number	%
Casual Conversation	21	91%	29	88%
Group Discussion (incidental)	21	91%	15	46%
Group Discussion (planned)	10	44%	3	9%
Games\Simulations	7	30%	1	3%
Structured Groupwork	7	30%	1	30%
Counselling	17	74%	10	30%
Posters/Leaflets	20	87%	18	55%
Videos/Films	3	13%	2	6%
Talk by Staff	5 4	22%	2	6%
Talk by Outsider		17%	3	9%

f) *Policy*

Respondents were asked if they had an alcohol policy in their club/centre and if so whether it was a written document. Seventy per cent respondents reported having a policy, although only 18% had a written document. There was no difference between the proportions of part-time and full-time youth workers who had policies (written or otherwise). This proportion compares very favourably with the response from the needs assessment surveys, where less than a quarter of youth workers had alcohol policies. However, when the nature of the respondent's policies was explored during the course, these were usually limited to the LEA's rules for consumption of alcohol, typically 'no alcohol on the premises'.

Post-course questionnaire responses

This instrument was administered during the final session of the courses.

a)   *Learning objectives*

Participants' self-assessments of achievement of the learning objectives were extremely positive (Table 12). All but one part-time worker and three quarters of full-timers agreed that the course had achieved the objective of raising and responding to alcohol issues relevant to young people. A similarly high proportion of part-time workers agreed that the objective of involving young

people in alcohol education had been achieved. Self assessments of the learning goals relating to more specific aspects of youth work practice (managing staff and alcohol-related incidents) were less positive, although all but one respondent felt that they had at least been partly achieved.

Table 12: Post-course evaluation of in-service training, Nestin.

For your own learning, did the course meet the objectives described below?			
Objective	**Yes**	**Partly**	**No**
Full-time Youth Workers (n=17)			
Raise and respond to alcohol issues relevant to young people	13 (76%)	4 (24%)	
Manage staff to do the same	8 (47%)	8 (47%)	1 (3%)
Develop an alcohol policy or guidelines	11 (64%)	6 (36%)	
Part-time Youth Workers (n=32)			
Raise and respond to alcohol issues relevant to young people	31 (97%)	1 (3%)	
Help young people to avoid alcohol risks and harms	22 (69%)	10 (31%)	
Manage alcohol-related incidents	17 (53%)	14 (47%)	
Involve young people in alcohol education	29 (91%)	3 (9%)	

b) *Self reported gains in knowledge and skills*

The courses were intended to influence practice; it is encouraging that in response to open ended questions, most of the knowledge and skills gains described by participants were practical rather than theoretical. Their descriptions were usually framed in terms of increased practical know how-techniques, tactics and strategies for work on alcohol issue and improved knowledge to back it up. Responses also suggested that participants had changed their attitudes as a result of the course, towards the acceptance of harm-reduction goals:

'The course wasn't what I expected. I thought we'd be told how to stop under age drinking. But talking about safer drinking is going to go down much better with the youngsters'. Part-time youth worker.

The commonest type of gain reported by both full-time and part-time youth workers, was in relation to skills and knowledge to enable them raise and respond to young people's alcohol issues. This was mentioned as a knowledge gain by 64% of part-timers and 43% of full-timers; 76% of part-timers and a quarter of full-timers described skill gains in this area. Half of the full-time youth workers said they had gained knowledge about alcohol policy development, although only one person felt their skills had improved. Given that only one hour was spent on this course element, skill development cannot be expected. Other knowledge gains mentioned by a small number of full-time workers were understanding young people's drinking patterns, resource materials and the effects of alcohol on young people. In contrast, one third of part-timers mentioned gaining knowledge about the effects of alcohol. Part-time workers at follow-up interview also articulated these broad gains:

'Looking back on it, I think the course really helped me to feel confident about talking to young people about drinking and what to do if there was a problem'.
Part-time youth worker.

Participants were asked whether they were going to change anything, in their personal or professional life, as a result of the course. Thirty per cent of participants did not identify any changes. The most common response from full-time youth workers, mentioned by nearly half the respondents, was the intention to increase the time or priority allocated to work on alcohol issues in their centre. The intention to do more planned and proactive work was mentioned by one third of part-time youth workers and a similar proportion of full-timers. A quarter of part-time workers said they planned to use the ideas and activities for working with young people that they had practised during the course. Only three full-time workers and one part-time worker said they would develop their policy or guidelines on alcohol. Five part-timers (15%) and one full-time worker said they would modify their own drinking behaviour.

'I didn't think I drank a lot till I came on this course! ... I'm going to try and cut down a bit'. Part-time youth worker.

Follow-up interviews

The purpose of following up youth workers six months after the courses was to determine the impact, if any, of these short courses on practice. Seventy five per cent participants were interviewed, either by telephone or in person. No follow-up information (from any source) was obtainable from 8 (25%) part-time youth workers and one full-time youth worker. Of this group, 5 (4 Part-timers and 1 Full-timer) had left youth work, since completing the course.

Of the 75% who were interviewed it was encouraging that virtually all had taken some action on alcohol issues since the course. Among the full-time youth workers interviewed (17, 40% of those interviewed, 33% total) seven had attempted to develop their policies/guidelines on alcohol, usually by discussing the issues at a staff meeting and agreeing practice guidelines for managing alcohol issues. Only two full-time workers had developed their policies beyond a reaction to incidents, to incorporate educational goals, as recommended during the course. These two individuals both had 'reactive' policies in place before coming on the course and both remarked that the course had expanded their ideas on what an alcohol policy might cover:

> *'We've set some goals now for our work on alcohol. All the staff were involved in working out what we'd go for. One issue that came up was whether to apply for a licence for our anniversary celebrations, for the parents to have a drink. We decided that we wouldn't because it gave the young people the wrong messages. We're aiming to show that you can have a good time without having a drink and we want parents to know too'.* Full-time youth worker, manager of a busy semi-rural youth and community centre.

The commonest action taken by course participants was to use the specific materials and strategies that had been presented during the courses. This action had been taken by 14 full-time youth workers (82% of those interviewed, 66% of the total) of whom six had worked directly with young people and eight had passed on the materials/ideas to their part-time or volunteer staff. Three quarters (18) of the part-time youth workers interviewed had used the alcohol education strategies and materials:

> *'We used the treasure hunt game and I did the magazines exercise with a group of girls. We had a graffiti wall ... that went well'.* Part-time youth worker.

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'We had a rap competition. Sally (part-time worker) put some of the questions from that card game into a quiz and made posters'. Full-time youth worker.

As part of a parallel project for Tacade, course participants from five clubs in Nestin took action by piloting new materials that I had devised for working with young people, or by developing ideas which they had initiated themselves during the course. 'Lets Party', a board game created by participants during the residential weekend, was later developed by me and subsequently published by Tacade as part of a resource pack (Wright and Buczkiewicz, 1995).

In terms of managing staff, the full-time workers who had sent their part-time staff on the weekend courses were unanimous in their praise for the courses' impact on their staff, particularly remarking on the interest and enthusiasm these courses had generated.

'Janice and Elsa came back full of enthusiasm with loads of ideas for work we could do'. Full-time worker.

All respondents were asked why they had not taken any (further) action on alcohol issues and about any barriers or limitations. The reasons given by full-time workers and part-time workers were different in emphasis. The commonest reason given by full-time workers was lack of staff. This was a particularly sensitive issue over the interview period, due to impending local authority boundary changes and budgetary cutbacks.

For some, alcohol had not been the issue that had the highest priority for the youth club members:

'Its drugs round here at the moment, not booze. Happy baccy (cannabis), E and speed. We've had a few problems with them ... '.

The part-time youth workers who were interviewed were less able to articulate reasons for not taking action on alcohol, but probing suggested that the support and commitment of their manager was particularly important:

'I've just not got round to it. There's always things to do.'

('Such as?')

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'Well I coach the lads at basketball and organise trips and things'.

(What does ....(manager) think about you doing issue-based work?)

'She seems OK about what I do now. She's never asked me to do anything about it'.
Part-time youth worker.

Some youth workers said that the physical design and layout of their buildings and/or the lack of teaching materials had prevented them from doing any alcohol education. However the general youth work curriculum of the centre, and particularly the overall priority given to proactive work on any issue appeared to be of more fundamental importance than material facilities. Participants who came from centres/clubs where all of the staff viewed issue-based work as important and where young people were expected to participate in educational programmes which looked at specific issues, were generally those who had taken action to address alcohol issues since the course. In one club which had very poor facilities situated in an area of extreme material deprivation, the full-time leader in charge and one of her part-time staff had attended the courses. They had subsequently raised alcohol issues with young people using graffiti posters and question and answer sessions. The full-time worker was trying hard to encourage youth participation and said she had gained lots of ideas for informal activities from the course. Less visible, but also relevant to the course objectives, was action taken to manage alcohol-related incidents. The interviews confirmed that the course had increased participants' confidence in this type of work.

'We had a lad, really drunk and mouthing off at the door, stank of booze, wanted to get in. I just kept my cool and told him what our rules were. I remembered what we'd done in that role play and it really worked'. Part-time worker, large urban centre.

Follow-up questionnaire

Only a third of respondents returned a six-month postal follow-up questionnaire, with a better response from full-timers (9, 39%) than part-timers (9, 27%). Respondents were asked to indicate how useful each of the course elements had been, in terms of supporting and developing their youth work practice (Table 13).

Table 13   Replies to follow-up questionnaire. Usefulness of course elements

Full-time workers (F/T) N=9   Part-time workers (P/T) N=9   N/A=not applicable

Course element	how useful?					
	very useful		useful		not useful	
	F/T	P/T	F/T	P/T	F/T	P/T
1. Effects of alcohol on young people	2 (22%)	4 (44%)	7 (88%)	5 (56%)		
2. How young people's drinking is different to adults'	1 (11%)	4 (44%)	8 (89%)	5 (56%)		
3. Sensible drinking skills		6 (67%)	8 (89%)	3 (33%)	1	
4. Strategies for alcohol education	4 (44%)	6 (67%)	4 (44%)	3 (33%)	1	
5. Developing a policy	6 (67%)	N/A	3 (33%)	N/A		N/A
6. How to help young people avoid alcohol-related harm	N/A	4 (44%)	N/A	5 (56%)	N/A	
7 Managing alcohol-related incidents	N/A	6 (67%)	N/A	3 (33%)	N/A	

The course element most highly rated by the full-time youth workers in terms of its value to their practice was developing an alcohol policy. The elements most highly rated by part-time workers were the strategies for alcohol education, sensible drinking skills and managing alcohol-related incidents. Encouragingly, only one person rated any element ('*sensible drinking skills*') as not useful. When interviewed, it became clear that this person had not understood the significance or potential utility of breaking down 'sensible drinking' into specific skills. This was addressed in the revised course materials by spending more time explaining the purpose of the exercise and by asking participants to devise their own list of sensible drinking skills, rather than providing a list. The high rating given to the training on alcohol policy was addressed by extending this aspect of the curriculum to form one day's worth of training (see Unit 5, Chapter Eight).

General comments on the courses

In the post-course and follow-up questionnaires and during interviews, participants were invited to make general comments on the course process and content, and to suggest additions or omissions. Only one respondent, a full-timer who attended the first one-day course, suggested that anything could be omitted '*Perhaps less direct teaching*' and this was addressed by cutting down the lecture input on the second day course. The commonest suggested addition was '*more time*'. For the full-timers

courses, respondents asked for more on policy development (four people) counselling, managing and developing staff and work with specific groups, e.g. girls. The part-time workers asked for more role-play on managing alcohol incidents, materials for alcohol education and counselling. These comments were addressed during the second course for each group.

The general comments on the courses were exceptionally positive, with approval of both content and method. Several people commented favourably on my style as a facilitator and said they had learned from the demonstration. The active learning approach, through structured group work, was very much appreciated. Participants on the later courses valued the handouts (some of these were not available for the first courses).

General conclusions regarding the Nestin in-service training courses

The participants positively evaluated all of the in-service training courses. Most people translated their learning into action and did something to address alcohol issues within their youth work setting. The courses appear to have achieved their aim to increase participants' confidence and competence in raising and responding to alcohol issues relevant to young people. This objective was the most highly rated by participants and was reflected in activity post-course. Full-time youth workers valued the training on developing an alcohol policy and training on this could have been extended, if more time had been available. Similar comments apply to the objective of managing alcohol incidents for part-time youth workers. Each of these two course elements were therefore expanded to form separate units of a day's worth of training activities and piloted in this form with the Sunderland University students (see Chapter Eight).

Evaluation of the Sunderland Initial Training Course, 1993

The half module for second year Diploma in Community and Youth Work students at Sunderland University was an elective attended by 11 students. This course followed the in-service training courses and offered the most extensive opportunity to pilot the curriculum materials. The course ran for ten weeks, with a one-day taught input every other week, alternating with directed and self-directed learning in the interim. Staff of

the Sunderland Community Addictions team taught the fourth day of tutor-led activities, on working with young problem drinkers. To fit into the Diploma's modular structure and to accommodate their future use in in-service training programmes, the course activities were structured as five units of material, each forming a one-day course (see Chapter Eight). The materials were delivered in the unit sequence 1→2→3→4→5.

a) Skills self-assessment

A skills self-assessment questionnaire, based on the course objectives, was administered at the start and end of the 10-week course. A particular advantage of this instrument was the immediate, positive feedback on progress that it provided to the students themselves at the end of the course. All were encouraged by the improvement in their self-assessed skills. Table 14 shows the result of the pre-course and post-course self assessment. The full group (11) completed the pre-course assessment. One student left the university mid-term and one was ill at the end of the course, so nine people completed the post-course assessment. Table 14 clearly demonstrates a considerable improvement in students' self assessed skills from start to end of the course, in relation to all objectives. Table 15 lists the objectives that obtained the lowest pre-course skills ratings and compares them with the post course ratings.

The students' pre-course skills self-assessments are consistent with the general findings from the needs assessment. At the start of the course, they were more confident about their ability to do incidental work (give advice, raise alcohol issues) than in their abilities to adopt programme-led approaches (plan and conduct alcohol education programmes), initiate policy development or work with young problem drinkers (identification, support, referral). It is encouraging that at the end of the course, the group's self assessments for these particular skills were at the same level of competence as the other skill elements covered during the course.

For most objectives, the range of pre-course self-assessed competence within the group was considerable. It had decreased by the end of the course, for all elements. The focus on self-assessment encouraged the students to identify their individual learning needs and provided me with important information about the range of skills within the

group. This enabled me to identify and plan the learning elements that were most relevant to the students' needs, both at a group and an individual level.

Table 14: Skills self-assessment, pre- and post-course, Sunderland (pre-course N = 11, post-course N= 9). Range, mean and mode.

| Learning objective | Self rating of current ability 1 = highly competent, 6 = not at all competent | | | | | |
| | Pre-course | | | Post-course | | |
	range	mean	mode	range	mean	mode
Advise young people on sensible drinking	2-6	3.5	3	2-3	2.2	2
Identify young people's needs & concerns regarding alcohol	3-6	3.9	4	2-3	2.2	2
Raise alcohol issues with young people	2-6	3.6	3	2-4	2.2	3
Plan an alcohol education programme for young people	2-6	4.3	5	1-4	2.3	2
Involve young people in responses to alcohol issues relevant to their needs & concerns	2-6	4.1	4	1-3	2.4	3
Drink sensibly myself	1-6	2.3	1	1-4	1.8	1
Conduct an alcohol education programme with young people in informal settings	2-6	4.1	5	1-4	2.1	2
Evaluate an alcohol education programme with young people	2-6	4.2	4	2-3	2.6	3
Use effective methods of alcohol education	3-6	4.1	3	1-3	2.2	2
Manage alcohol-related incidents involving young people	2-5	3.3	3	2-4	2.6	2
Develop an alcohol policy for a youth & community centre	1-6	3.5	5	2-3	2.8	2
Support & enable community groups to identify alcohol issues and determine appropriate responses	3-6	3.9	4	2-3	2.3	2
Promote sensible drinking	2-6	3.8	5	1-3	2.2	2
Identify resources available to support alcohol education in the local community	3-6	4.1	4	1-3	1.9	2
Assess my own attitudes to alcohol	2-5	2.6	2	1-2	1.6	2
Assess where a young persons drinking may be problematic and offer appropriate support	1-6	3.7	4	1-3	2.2	2
Identify where drinking in the family may be causing problems to a young person and offer appropriate support	1-6	4.1	5	2-4	2.8	2
Identify local specialist alcohol agencies and make appropriate referrals	1-6	4	5.5	1-3	1.9	2
Demonstrate a commitment to equal opportunities in relation to alcohol issues	3-5	3.5	3	1-3	2.1	2

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Table 15: Comparison of skills self-assessments, pre and post course, Sunderland (pre-course N = 11, post-course N= 9). Range, mean and mode.

OBJECTIVE	PRE-COURSE		POST-COURSE	
	mean	mode	mean	Mode
lan an alcohol education programme or young people	4.3	5	2.3	2
Conduct an alcohol education programme with young people in informal settings	4.1	5	2.1	2
Develop an alcohol policy	3.5	5	2.8	2
Identify where a young person's drinking may be problematic and offer appropriate support	4.1	5	2.8	2
Identify local specialist alcohol agencies and make appropriate referrals	4	5.5	1.9	2

Process evaluation

Process evaluation was continuous during the course (see Chapter One). I frequently amended my teaching plans to take into account the students' expressed needs and my own judgements of process and learning. During the first session, it was apparent that although the students were accustomed to being taught *in* groups, they were not familiar with the rules and techniques of structured, participatory, group work. I needed to use all of my skills as a group facilitator to manage difficult behaviours, as my diary notes for the first day indicate:

> ' Behaviour of some of the men in the group was very macho, lots of put downs and sarcasm. Do they realise that this may not be very funny for those on the receiving end? Next week I will display the ground rules again and emphasise how the group members agreed to behave towards each other '.

Investment in climate building at the start of the course proved to be particularly worthwhile in achieving effective group working. An unintended outcome was that these and the other active learning methods attracted as much interest as the content of the programme, eliciting similar favourable comments to those expressed by the Durham students. The emphasis on independent self-directed learning on alternate weeks was hard for some students and hampered by the lack of textbooks in the library.

c)   Course journal

My own diary and those kept by the students as part of their assessed assignments proved to be invaluable sources of process evaluation data. Although the whole module was planned in advance, reflection-on-action after each day's input, via my course diary, facilitated both revision of the activities and the fine tuning of subsequent sessions:

> (week one) '... *Knowledge review was via the Tacade card games. I was surprised how little the students knew. 'A' (Asian student) struggled with the answers. I will offer to lend him the cards and the answers next week. This activity is not very systematic. I am not convinced that I corrected all the myths. Next week I'll start by asking if there are any questions from last week. I also need to revise it and give better tutor's notes. ....'*

> (week two) *'We did the ranking exercise 'What are our aims?' with 15 statements. This was very well received and stimulated a lot of good quality discussion, but it took ages. I need to cut down the number of statements-use the ones which are most discriminating.'*

My diary became an important vehicle for making decisions about the structure of the curriculum materials:

> ' *The diagram of different levels of youth work on alcohol issues* (taken from the needs assessment study) *was well received and stimulated a lot of discussion. For each level I asked them about the advantages, disadvantages and skills needed to do it. One interesting comment was that for youth work to relate to young people's needs, it should grow out of problem-led and incidental work. I think this should become the framework for three separate days' work: incidental work, programme-led work and policy-led work.'*

The students' course journals were intended to encourage them to reflect on what they had learned each week and to consider its application to their youth work practice. They all had some previous experience of keeping a diary during their field work practice. Despite giving written guidance on how to keep the journal and the assessment criteria plus discussing the notion of reflective practice with the group, two students found this task extremely difficult and needed individual help. I developed an example to demonstrate different levels of reflective thinking (figure 24) which helped students to understand what I was looking for:

Figure 24   Examples of levels of reflective thinking

No Reflection	1.	We played a card game on alcohol facts.
↓	2.	We played a card game on alcohol facts. I did not learn much that was new to me.
	3.	We played a card game on alcohol facts and I feel there are still gaps in my knowledge about alcohol as a drug, particularly its effects on young people.
↓	4.	We played a card game on alcohol facts. I don't think the game covered the information in a systematic way, so permitting 'gaps' in my understanding. Perhaps the tutor could have picked up on more of the queries and difficult areas after we'd finished playing the games.
↓		
Good Reflection	5.	We played a card game on alcohol facts. I need to learn more about alcohol 'facts'. I will read the leaflets and handouts the tutor gave me and see if they are enough. If necessary I will ask her to recommend a book from the reading list. It seems to me a lot of the so called 'facts' are based on very little evidence.

All of the students produced journals and could describe what they had learned, but two students gave little evidence of ability to reflect on their learning. Only half (5) provided evidence that they were able to adopt a systematic reflective stance. However, from the perspective of curriculum design and evaluation, rather than student assessment, all of the students' course journals were invaluable sources of data. They provided accounts, in the students' own words, of how their approach to alcohol issues changed as the course progressed, as shown in extracts from one student's course journal (Figure 25).

The journals also highlighted where students found the learning difficult (e.g. role play), activities that required amendment and provided evidence of unintended learning outcomes, as shown by one male student's reflections on his role after the second workshop:

> *'Often youth workers end up running a youth centre as a leisure service provider and ignore the fundamental element of informal education and therefore give less importance to issue based work.*
> *The discussion has given me a chance to reflect on my own youth work practice. I must admit that a large part of my time is spent meeting demand to arrange sporting activities. I must introduce more issue based work, but how?*
> *I can use the card game I borrowed from Linda. I will also talk to other students. 'B' has a lot of experience. I must have a chat with him.'*

The journals indicated that all of the students gained a great deal of knowledge about young people and alcohol during the course. All students said they felt more confident to do alcohol education and all had expanded their repertoires of approaches. The inputs on policy and work with young problem drinkers were the least familiar content areas. While most students were not yet in a position to initiate policy development, all could see their value. One student was a town councillor and his experience of policy development and his appreciation of its importance was a useful resource to the group - reinforcing the value of participatory learning. I did not teach the input on work with problem drinkers and several diarists noted that the tutors had limited understanding of youth work issues. The gains from this session were largely described as increased understanding rather than skill and four students specifically wrote they would not feel competent to take on this kind of work.

Figure 25: Extracts from one student's course journal

Opening remarks, Day 1:
'Felt quite apprehensive as I'm not sure what there is to learn about 'alcohol' - you drink, get drunk, act daft don't you'

end of day 1:
'Covered lots of facts and figure stuff but I wouldn't yet feel comfortable facilitating an alcohol session by myself'

Self directed study, day 2:
'...... wasted time in University library as it didn't have any books relevant - either that or fellow students beat me to it. Got hold of 'Alcohol our favourite Drug' from my local branch library and am ploughing through it. I feel totally ignorant - the more I read the less I know'

Day 3 Self directed study:
'I don't like this much self-direction, I feel more secure with a tutor. I've read most of one book this week and the effects on health behaviour relationships are becoming clearer. This book is great for facts etc but is written by psychiatrists and misses the point of my needs as a youth worker. Linda warned us about this .... I think I'm going to base my case study on Joanne at work - the section on alcohol as a disinhibitor seems to be a heaven sent theory for her situation.

Day 4 (Alcohol Education Strategies Workshop)
'...... It's hard, although it shouldn't be, to accept that young people drink for the same reasons adults do - pleasure, to get pissed, to be part of a crowd - I almost always think that they must have serious problems. Felt pretty stupid having something so simple told to me. '
'...... To try out leading a session I chose to use the alcohol advertising and altered it to show the negatives about drinking - the workers at P.... would love this as they're very witty to start with. '

Day 6 (Managing Alcohol-related Incidents Workshop)
'Maybe I know more than I thought! Today we tried out different ways to work with young people who are drunk or violent and my attempts seemed to work well .... '

Day 8 (Helping young problem drinkers Workshop)
'It was heavy going today - I hate role play but I feel a bit crap now as I practically forced 'C' and 'G' to do the 'acting' so I could cop out and evaluate - it didn't occur to me till later that maybe they were uncomfortable with role play too.
The case studies helped me to think about the background of a young person's drinking and I hope I'll be able to use this consciously in my work. '
'.... I now feel I could hold a discussion with the young people at work about alcohol without just handing out leaflets and doing quizzes on units which have always bored everyone to tears. I don't think I could counsel young problem drinkers because I'm not trained as a counsellor. '

Day 10 (Policy development Workshop)
'We discussed good and bad practise - its difficult having strict guidelines as so many good ideas are unworkable (eg. strict admittance policy - excludes young people with severe problems and are therefore pointless) but you have to make it clear that being drunk at the youth club is not on. Most of the points raised fit in - or should fit in - with other guidelines on health and safety, sexual health, equal opportunities etc. '

d)   Case study assignment

As well as being a student assessment tool for the University, the case studies measured the extent to which students were able to apply alcohol education theory to a real problem that they had experienced in youth work. The students who achieved poor results for this assignment were those assessed by the course youth work tutor as less able in other assessed work. None of the more able students had any difficulty with the case study, although lack of availability of up to date textbooks was apparent in their evidence of reading.

The case studies were an important tool for assessing learning outcomes. Half of the students chose to reflect on how they had managed an alcohol-related incident, typically disruptive, violent or intoxicated behaviour by an individual or a group. Five students reflected on how they might help, or have helped, a young problem drinker or in one case a group of young drinkers who were involved in serious risk-taking. Only one student chose an alcohol education programme as a case study. This focus on problems was in part due to the way the assignment was framed - students were asked to focus on a real problem; the choice of case studies therefore reflects youth workers typical reactive style in relation to alcohol issues. While the journal entries indicated that the students had internalised the course goal to take a more proactive approach, the case studies suggested that their approach to reactive and incidental work had also improved as a result of the course. All students, via their case studies demonstrated that they had improved their skills in relation to the following learning outcomes:
- advise young people on sensible drinking

- identify young peoples' needs
- manage alcohol-related incidents involving young people
- assess where a young person's drinking may be problematic and offer appropriate support
- identify where the drinking of a family member may be causing problems to a young person
- demonstrate a commitment to equal opportunities.

The case studies provided indirect evidence for process review; the journals were much more useful for this purpose.

e) Post course questionnaire

All students felt they had gained knowledge and skills which they felt they could apply to youth work settings. They enjoyed the teaching methods, although two individuals disliked role-play. Their main criticisms were lack of accessible reference material and the course structure (five full-day workshops). Several students indicated a preference for a taught input for a half-day each week, primarily for domestic reasons. The first problem was addressed by producing more extensive handouts and providing a reference file for the University library containing key articles, reference material and other literature. The course structure was retained, firstly because it was most cost effective for me in terms of travelling time/costs and secondly because the syllabus was organised into five one day units to fit into in-service training provision as well as initial training.

f) Group follow-up interview

Evidence of the course's impact on practice was obtained via a focus group interview following students' experiences of fieldwork placement. This took place in May 1994. Nine students participated. One had moved out of the region and was unable to attend. Students first completed a written open-ended questionnaire, followed by a group discussion focusing on their responses.

Encouragingly, all but one of the students had taken some action to raise/respond to young people's alcohol use. Five had planned and run structured group work alcohol education sessions with young people and two of these had devised their own resource material.

> ' I did a quiz- all sorts of questions- and I dropped in about half a dozen alcohol questions. It went really well, they didn't even know they were doing alcohol education ' Male student

> 'I took the card game into the club and asked a couple of girls if they wanted to play it. We ended up with six of them doing it. I was really pleased that they just ignored me till there was an argument- I think it was about how much girls can drink - then they asked what I thought. We had a really good discussion about how much is OK to drink ' Female student

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Three had raised the issue informally and talked to young people about it. Two of these were detached workers and both were pleased with their ability to raise and respond to alcohol and drug issues on the streets:

> *'I was on a placement in a detached project on the streets. We met a group of 15-16 year olds, both sexes, and after we'd been seeing them for a few weeks one lad was so drunk he was given petrol and he drank it. He was very ill and the others felt guilty. This gave us a chance to have some useful discussions. It isn't till you're faced with it (an alcohol problem) that your microchip clicks into place and you realise that you know what to say and how to say it'.* Male student.

> *'I was in a women's refuge. I was surprised by the amount of alcohol-related violence and a lot of the women were also crisis drinkers. I felt I had more confidence to talk to them about their drinking, about dependency on their partners and the effects on the body. Some of the women used drinking as an excuse for violence'.* Female student.

The main difficulties that the students reported were engaging young people's interest and gaining access to the kind of resource materials I had demonstrated during the course.

Other ways that the students felt that the learning gained on the alcohol course had been useful were in enabling them to transfer the principles, approaches and strategies to other issue based work, (e.g. drugs), and the examples of resource materials.

The least useful parts of the course were considered to be the reading days - *'Great for shopping but bad for motivation'* and the learning facilities generally (the room and the lack of books).

Students thought all of the course had practical relevance and could identify nothing that was irrelevant. Their further expressed learning needs were for more teaching on dependency and treatment, to enable them to work with young problem drinkers. The one Asian student would have liked more attention paid to the needs of those Asian young people who do not drink.

Several students said they had enjoyed the active participatory learning approach. This included the two people who were initially disruptive group members.

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General Conclusions on the 1993 Sunderland Module

None of the evaluation tools provide conclusive proof that the course achieved all of its intended outcomes. However, taken together, the evidence suggests that most of the intended outcomes were achieved. Students undoubtedly gained both practical and theoretical knowledge and their self-assessed also skills improved. The finding that most participants had taken some action on alcohol issues during their fieldwork practice suggests that the course did have some direct positive impact on practice, particularly in relation to encouraging proactive approaches. Students did not feel confident to work with young problem drinkers, although their understanding of the causes of problem drinking increased. There is little evidence to suggest that the course increased students' abilities to take on broader health promotion approaches within the local community. This is consistent with the course content, which maintained a focus on youth work and young people throughout; relatively few references were made to community work approaches.

The process evaluation results strongly confirm the value of structured participatory learning. Demonstration of possible youth work strategies was also positively evaluated by students. These findings are discussed further in Chapter Ten.

Revision and Final Piloting (1994)

The results were used to inform further revision of the curriculum, with a final opportunity for piloting via another half-module at Sunderland in the following academic year, October-December 1994.

The five unit structure was retained; I taught the entire course, including Unit 4. It was important to find out whether Unit 4, 'Working with young problem drinkers', could be taught by a non-clinician. The other major change was extending the content of the handouts so that the course became more self-contained. This was important to tackle the problem of the students' limited access to specialist literature on either alcohol or health education.

The same evaluation methods were also used, although the University reduced the weighting of the diary assessment to 30% and increased the case study to 70% of the total mark. Compared to 1993, the student diaries were not as well written in 1994, reflecting this lesser priority. For course development, this could have been

unfortunate, because the diaries were a much more useful process evaluation tool than the case studies. However, by this stage I was confident that the basic structure and activities were robust and needed little amendment.

The evaluation data for the second module is not reported in full detail here, because with the exception of feedback on Unit 4, the data provided little further illumination. The skills audit produced similar positive changes in student's self-assessments at the start and end of the course. The methods and content obtained even more positive feedback and the student's turned in case studies assignments of similar quality.

Unit 4, *'Working with young problem drinkers'*, was new pilot input for me, although it had previously been piloted by its author, Pip Mason, in an in-service context in the West Midlands. My experience of teaching it was positive but hard work. The issues it raised and the questions asked by students took me to the limits of my own expertise, even though I am a trained alcohol counsellor. The students' journal entries indicated that they also found the workshop hard work and challenging, because much of the content was new to them. By this stage I had established a high degree of trust and respect within the group, which encouraged them to participate in the role-play activities:

> *'Today's teaching was heavy and full. It stretched me to addressing a situation that could develop in my future work. I am not always comfortable with role play and found my tongue twisted and mind on automatic fact search ..... the method of dealing with different situations, case studies was a good way of discussing the problems, consequences and possible outcomes ....'* Male student

> *'We also concentrated on various 'stages of change' which gives us the opportunity to realise that a young person might be in different stages and each change might require a different approach. I found this very interesting and helpful for future reference.'* Male student

> *'My future practice will include resisting the temptation to push a young person towards change before they are ready. Use of active listening skills and reflecting back to the person what they have said. Encourage the young person to explore their own feelings about change and allow them to decide on change themselves.'* Female student

As a result of piloting Unit 4, this material was published with the recommendation that it is co-tutored by a youth work trainer and an alcohol specialist worker.

Conclusions

The results reported in this chapter are the culmination of a process of illuminative evaluation via progressive focusing which began in Stage 1. For curriculum development, the evaluation tools needed to produce evidence about the teaching and learning process, as well as its outcomes. The adoption of multiple evaluation methods, before, during and after the courses, produced an extensive body of evidence and enabled triangulation of many findings, thus increasing their validity.

Post-course follow-up of participants, by questionnaire and interview, yielded the most data about impact on practice, in the form of self-reports of action taken since course completion. The validity of this evidence can be challenged, as it was not corroborated by direct observation of practice. However, given that the results are consistent with participants' expressed intentions at the end of the courses, they do suggest that the courses did have a positive impact on youth workers' practice in relation to action to address alcohol issues.

The skills self-assessment tool, the case-study essay and the student diaries also yielded useful data about learning outcomes. In in-service training contexts such formal assessment techniques are likely to be feasible only where there is a clear payoff to participants e.g. as a requirement of training leading to a recognised qualification.

The student diaries and my own diary provided the most detailed data about the teaching and learning process. Given the low rate of return for follow up questionnaires, and the brevity of the courses, student diaries would not have been feasible for the in-service courses, unless a clear incentive had been offered.

The implications of the results for youth work training will be discussed in Chapter Ten, together with a discussion of the research design and methodology.

CHAPTER TEN

Discussion and Conclusions

This chapter discusses the methodology and main findings of the study, and their implications for youth work training.

Strengths of the Research Design and Methodology

This study explored the stages and processes of curriculum development that are commonly assumed and unchallenged in youth work training. Reflecting on the study design, certain strengths and weaknesses can be identified. Some of the weaknesses were anticipated and discussed in Chapter One, such as the diversity of youth work provision (p. 16) and difficulties in defining its boundaries (p. 17). These contextual limitations go with the 'territory' of youth work research and continue to hinder national curriculum development initiatives such as the recent functional mapping of the youth work sector (Brown and Draper, 1977). With the benefit of hindsight, the strengths of the study design include most elements of the overall framework:

- the curriculum planning model
- the attention paid to training needs analysis
- the interpretivist epistemology
- the action research approach
- the illuminative approach to evaluation
- the participatory experiential learning activities

The Seven stage curriculum-planning model (see Chapter One) did what it was supposed to do:
- it facilitated clear thinking
- it was explicit in its range
- it was clear on its level (Morrison and Ridley, 1988)

The model enabled me to maintain a focus and a sense of direction. Movement from the end of one stage to the start of the next facilitated reflection-on-action and review. The stages were logically sequenced and 'real' - this was a practical, workable model. The model's practical value is closely tied to the adoption of an action-research stance,

enabling the findings of each stage used to refine both the previous stage and the next action to be taken. The model would have been much less successful had a formal scientific outcomes design been used because there would have been less opportunity to correct mistakes during the process.

While the model was clear in its range, curriculum development would have been improved if the range had been reduced, to include either the initial training or the in-service training of youth workers as delivery routes. Achieving a market for the product was an important consideration for my employers; therefore the range deliberately included all types of youth workers. This created problems in developing a curriculum that would meet the training needs of such a diverse population.

The model was applied, as intended, at two main levels of curriculum planning - contextual and conceptual. As anticipated in Chapter One, my 'outsider' status limited my opportunities to apply the model at managerial, strategic and tactical levels.

The attention paid to training needs analysis was one of the most important strengths of this study. It removed a layer of guesswork and assumptions from the curriculum development process, so that the alcohol training was based on empirical evidence of need. The combination of qualitative and quantitative evidence improved its validity, although the sampling limitations mean that the conclusions can not confidently be generalised to all youth workers. In particular, detached youth workers' training needs were not adequately explored and part-time and volunteer workers were under-represented in the national sample. The fact that full-time youth workers were over-represented does have some strategic advantages in training needs analysis, because they manage the part-time and volunteer workers. This includes defining their role responsibilities and acting as gatekeepers to professional development and training opportunities. The importance of the manager's role is discussed on p. 260.

Comparison of the data elicited from youth workers with the literature on young people and alcohol was an important step in developing a curriculum that related to young people's needs. It also contributes to an ethical, client-centred approach to alcohol issues, in response to the challenges of issue-based youth work discussed in Chapter Two. The voice of the service user is conspicuously absent from business models of

training needs analysis. The critical review of the literature also proved to be a useful resource for training purposes, enabling me to provide youth workers with an up-to-date overview of what is known about the place and meaning of alcohol in young people's lives. Equally importantly, the overview highlighted the limitations of our current understanding about youthful drinking.

The exploration of critical incidents was an important key to defining youth workers' felt needs, because it indicated where practice was considered to be deficient. However, focusing solely on critical incidents would not have produced a curriculum that developed youth workers' full potential to raise and respond to alcohol issues. The needs assessment also indicated that practice needed to refocus on proactive, preventative work, rather than simply responding to the problems resulting from intoxication or problem drinking. Most importantly, the needs assessment enabled me to develop a rationale that was grounded in youth work practice and principles, rather than bolting-on ideas and theories from other disciplines such as health promotion or alcohol treatment.

The interpretivist epistemology used to structure the study was appropriate to the research question. Indeed it is difficult to identify curriculum development projects where a positivist scientific epistemology would be appropriate, except where the trainees and the context for training can be rigidly controlled and the content and learning outcomes tightly prescribed. In asking for evidence of training effectiveness, managers and purchasers of training may be blind to the deficiencies of off-the-shelf programmes that claim to be effective on the basis of scientific outcomes-based evaluation. For example Baldwin (1990), based on a scientific outcomes study, claims that his '*Ending Offending*' course is the only alcohol education course of proven effectiveness in the United Kingdom. A follow-up project to encourage alcohol agencies and probation services to adopt these materials with young offenders encountered extensive implementation problems, due to the lack of guidance on the process by which the resource pack had achieved its reported outcomes (Wright, 1992). Without evidence to explain how a programme achieves its outcomes, it is difficult to replicate it. Within this study, as much importance was given to the journey undertaken by students as was given to their ultimate destination. The interpretative framework also allowed the participants to have a voice throughout the curriculum development

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process, thus increasing confidence that the alcohol training programme related to their own practice needs rather than those of other people's agencies (including my own).

The action research approach was particularly effective when applied to a staged model, for reasons discussed earlier. It was also well suited to my multiple roles, as highlighted in Chapter One, p.15.

The illuminative approach to evaluation was also appropriate to a curriculum development study and consistent with the participatory approach to both the development process and the learning activities. The use of diaries, by myself and the students were particularly valuable tools for curriculum development, as discussed in Chapter Nine, pp. 241-244.

The participatory learning activities were much appreciated by the participants. As reported in Chapter Nine, p. 240, the students in the Sunderland pilot were accustomed to being taught as a group, but were not familiar with structured experiential learning. Students on all of the pilot courses commented favourably on the participatory style, supporting the learning theories proposed by Rogers (1965), Kolb (1984), Jarvis, (1995) and others. An unexpected outcome of the training was the degree to which participants chose to adopt these approaches in their generic work with young people.

From a curriculum development perspective, every learning activity included a structure for review of the learning, which meant that this type of teaching included much more process evaluation data than would have been available via a didactic style approach. In turn, this meant that while teaching the courses I always had two roles - facilitator/trainer and evaluator. I reconciled these through reflection-in-action while delivering the training and reflection-on-action via my course diary.

Weaknesses of the Research Design and Methodology

This study was a compromise between academic and technical rigour and practicability. Several weaknesses have already been identified in the preceding discussion - the lack of attention paid to the training needs of detached youth workers and the diversity of the population studied. In addition, the following elements could have been improved upon:

- Identification of the training needs of detached youth workers
- Definition of training needs by managers/organisations
- Identification of the extent and nature of alcohol training within current youth work training provision
- Piloting the curriculum via other trainers
- Limited use of key informants
- Limited use of more objective testing methods and more precise measurement of learning outcomes
- Insufficient attention paid to implementation variables (post course)

The training needs of detached youth workers were not adequately identified by the needs assessment study. There were no detached youth workers in Nestin, so their voice was not heard in the in-service training pilot courses. Detached work is an expanding field of youth work activity (Banks, 1993) and merits special attention because of its potential for engaging with young people on their own territory, such as in and around licensed premises (Tierney, Cohen, and Bates, 1991). The principles of working on alcohol issues in detached settings will be the same for other youth work contexts, but workers may need help in reflecting on their application. For example, development of skills in informal conversation and acknowledgement of the place and meaning of drinking in young people's lives are course elements with particular relevance to detached workers, as are harm-reduction goals. The nature of the youth work bargain (see p. 58) is somewhat different for detached work, as the worker may need to be more skilled in defining what is on offer than would be the case when providing building-based facilities and services. The tools for detached work will be different and safety considerations will be important for both workers and young people.

Training needs defined by managers and youth work organisations were not systematically covered by the study, except by literature review and document analysis. The best focus for training of any kind is the area of overlap between the felt needs of youth workers, the role requirements of youth work occupations and the operational needs of youth work organisations (Fairbairns, 1991). Only the former was explored systematically by empirical study. The latter two were deduced from literature review and document analysis. Within the national survey, it would have been useful to ask the

LEA's surveyed to describe what they expected of youth workers in relation to alcohol issues, and to check these expectations by requesting sample job descriptions. Within the questionnaire, respondents should have been asked if they managed staff, and if so, asked what they expected their staff to be able to do. These questions *were* asked in the Nestin needs assessment study. The responses of area officers and the training officer indicated that they had not been asked this question before, that they held the same concerns, prejudices and priorities as their staff and that they were no better informed:

> *'Well they should definitely be up to date about what young people are doing to themselves by drinking. The county does not allow any alcohol into youth club premises except by special license. I know they have a lot of bother with kids playing up at discos when they're drunk. Alcohol should definitely be in the curriculum ... Yes it should go in with other health stuff.'* Nestin Area Officer

> *'They've had some basic awareness training from health promotion. I think they want to take it further - ideas for things to do in the clubs. What to do if they're not interested, things like that'.* Nestin Training Officer

More detailed responses might have been facilitated by asking managers specific questions based on a framework of youth work practice, within which they might have been able to locate alcohol-related roles and responsibilities.

During the needs assessment survey, I spoke to and corresponded with many area officers and training officers. Their views were taken into consideration in interpreting the needs assessment data and when defining the programme's rationale (Chapter Seven).

A systematic national survey of existing alcohol training provision for youth workers would have increased my understanding of the context for curriculum development, particularly the size and scope of the finished materials. It might have also identified opportunities for piloting by trainers other than myself (see below).

Piloting by trainers other than myself would have enabled me to assess whether the programme was 'trainer-friendly' i.e. a practical, useable, training resource. While my expertise spanned all three of the disciplines that normally deliver alcohol training (youth work, health promotion and alcohol treatment), trainers from each of these disciplines should ideally have piloted the curriculum materials. During the final stage

of writing up the 'Lager and Blastaways' materials for publication, they were subject to peer review, but this is a poor substitute for full piloting.

Key informants with established national expertise in youth work were used during the needs assessment study and their advice was particularly valuable in framing the initial enquiry. However, after Stage 1, I did not take further advantage of their expertise. Within the illuminative evaluation framework, their comments on the results of each stage, (particularly needs assessment, rationale and early pilot courses), would have provided an additional source of review evidence which had the advantage of detachment.

Objective testing methods were not extensively used to evaluate any of the pilot courses. Instead of using self-assessments, instruments that measured knowledge, attitudes and skills related to the most important intended learning outcomes could have been developed and administered pre-course, immediately post-course and at six-month follow-up. This evidence would have complemented the self-assessment data and provided harder evidence of the learning outcomes of the pilot courses. However, the evaluation's focus on impact on *practice* remains the most important criterion of success for practitioners and managers alike. For them, the finding that the courses were successful in stimulating planned alcohol education initiatives is more valuable than measurement of academic learning gains. For the same reasons, more precise measurement of learning outcomes could have enhanced the curriculum evaluation process, but it would have been difficult to achieve within the available piloting contexts.

The implementation of the ideas and strategies promoted within the course were recorded as events rather than processes. There is extensive empirical evidence that implementation is an identifiable phase, with its own set of dynamics, within the process of educational change. The whole process of change runs from dissemination and adoption, through implementation to institutionalisation and ultimately outcomes (Fullan, 1991). Increasingly evaluation researchers are acknowledging the value of implementation research, as a way of progressing beyond the naive model of implementing research findings which is as follows: The research says X works, practitioners go and implement X (Perkins, Simnett and Wright, 1999). In this study,

limited attempts were made to analyse the pathways that determined whether participants succeeded or failed in implementing some action on alcohol issues following their training. The main factor that emerged as important in implementing action on alcohol was the positive support and encouragement of the participant's manager. This finding is supported by the general literature on effective implementation (Fullan, 1991).

Keys to Enabling Youth Workers to Tackle Alcohol Issues

Certain course elements and processes have emerged as particularly important in enabling youth workers to raise and respond to alcohol issues. These were derived from the needs assessment, incorporated in the rationale and delivered via the learning activities:

- A course built around youth work theory and principles
- Harm-reduction goals
- Understanding the place and meaning of alcohol in young people's lives
- The practice focus
- Refocusing efforts upstream
- A menu of new strategies and tools
- Managerial support

The rationale was presented during the first introductory session of each course. It explained the key principles that would inform the learning. It made explicit what the trainers often assume, so that participants not only understood what would be covered by the courses but also *why* it would be covered. The sharing of the rationale was a key to gaining participants' commitment to the learning and also reinforced the message that this was a programme derived from a detailed assessment of *their* needs. It established that I, as an 'outsider' understood youth work and that the course was firmly committed to developing good youth work practice.

The rationale was built around **youth work principles**. The curriculum tried to build a theory and practice of issue-based work on alcohol that relied on **youth work theory**, rather than borrowing theory from other disciplines. So rather than presenting a set of

findings about alcohol education drawn from formal education settings, the curriculum examined the meaning of this and other evidence for informal education. The case studies, examples and role-plays were all real examples of youth work practice. Health promotion models were assessed against youth work principles. Similarly, the unit on working with young problem drinkers took as its starting point the question 'What can youth workers take from the alcohol treatment field that might help them to support and empower young people?'

Harm-reduction goals were an important key to unlocking youth workers' willingness to raise alcohol issues with young people. The needs assessment found that youth workers were deterred from raising alcohol issues because they were aware that young people were not interested in stopping drinking. Being aware of adults' moral disapproval of under-age drinking, youth workers were uncertain about what goals to pursue. The training introduced a range of informal education goals and participants discussed their relative importance and appropriateness for youth work. This activity, together with confirmation that harm-reduction goals are considered legitimate by government, academics and practitioners, enabled youth workers to reframe their terms of engagement with young people. They moved from assuming that alcohol education meant stopping 'under-age' drinking to an understanding that a range of goals were possible, including reducing the risk of harm from drinking. Participants assessed the goals against youth work principles and their acceptability to young people. Giving youth workers 'permission' to focus on risk taking, rather than on drinking per se was a simple message, but one that allowed them to see a way of raising alcohol issues without alienating young people.

Summarising the research on **the place and meaning of alcohol in young people's lives** was another important key in unlocking youth workers' skills, by constructing an approach to alcohol issues that was consistent with youth work principles and values. In particular, acknowledgement that young people drink for positive reasons, as they perceive them, and the normality of teenage drinking, developed participants' understanding of young people's needs. It enabled them to develop conversations with young people about alcohol that demonstrated the qualities of good informal educators (Jeffs and Smith, 1996 p. 24):

• concern for others

- trust

- respect

- affection

The simple four tier analysis of the **types of youth work practice** in relation to alcohol issues identified in the empirical needs assessment study (see Figure 10, p. 141) proved to be instrumental in releasing youth workers from their preoccupation with managing alcohol-related incidents. Through analysis of these approaches, youth workers readily acknowledged the importance of **refocusing their attentions upstream** (Cochrane, 1972), towards adopting planned, proactive strategies and developing practice guidelines to provide a safety net for their work.

The focus on real **practice situations** was another key to professional development, particularly for the part-time youth workers. They valued the opportunity for safe rehearsal of alcohol education strategies and responses to difficult situations.

During the training, participants were introduced to **new strategies and tools** for alcohol education and encouraged to develop others for themselves. The 'Have a go' workshop was consistently rated as one of the most enjoyable and useful course elements, particularly by part-timers and Diploma students. These activities broadened participants' repertoires for proactive work. Many subsequently used the techniques, e.g. games, graffiti posters, in their work with young people. It was also important for youth work theory building, that participants tested these new tools against youth work principles by asking 'Does it educate? Is it participative? Will it empower? Does it promote equality?'

Managerial support was found to be important in controlling access to the training courses and implementation of learning afterwards. In Nestin, the training strategy deliberately started with courses for the full-time workers, in order to gain their support and commitment. Seventy per cent of the part-timers came from centres where their manager had previously attended the alcohol-training course. The follow-up interviews confirmed the needs assessment data, in finding that youth workers were more likely to get involved in work on alcohol issues when their managers actively supported and encouraged them to do so.

Development of Alcohol Training in Youth Work

Occupational standards

Possibly the most significant development in youth work training since this study was completed is the work towards occupational standards. A mapping exercise has been completed (Brown and Draper, 1997), albeit heavily weighted towards description and light on functional analysis. A 15-month project to develop occupational standards for youth work in the United Kingdom commences in September 1998. The alcohol curriculum is consistent with the four key roles identified in the functional map (ibid, pp. 27-28):

> A *Build and maintain relationships to enhance young people's personal and social education.*
> B *In partnership with young people and other stakeholders, plan and develop strategies to meet the needs of young people.*
> C *In partnership with young people and other stakeholders, deliver programmes and services to meet the identified needs of young people.*
> D *Contribute to the improvement of programme and service delivery.*

The curriculum structure would benefit from revision to tie it more closely to the youth work outcomes described in the functional map, including the first, second and third level role breakdowns. This could be achieved using matrix analysis similar to that shown in Figure 15 (p. 206). A matrix could be constructed of learning objectives for the five alcohol modules against the roles in the functional map. This would relate the intended learning outcomes for the alcohol curriculum to key youth work functions.

To fit the NVQ framework, learning outcomes would need to be revised to relate to the competencies specified in the occupational standards. All this is subject to successful negotiation of the NVQ minefield and achievement of workable standards. Given the decidedly lukewarm response from the youth work sector to competency-based training (Norton, 1995) and the ideological objections (Eraut, 1994; Hodgkinson and Issit, 1995), I anticipate that this process may take several years to complete.

A broader-based curriculum

The curriculum's rationale located alcohol issues within a broader context of youth work and health promotion. Many participants commented on the transferability of the principles to work on other health issues.

While my work remit and AERC funding demanded a focus on alcohol, the training of youth workers should enable them to raise and respond to all types of health issue, including whatever is the current moral panic. In 1998, illicit drug use continues to be high on the hit list for informal education, while research on young people's felt needs indicates that physical appearance and relationships are important to them (Young, 1990a). Youth workers should feel confident and competent to work with any health issues that are important to young people. This implies the development of generic health promotion skills. This curriculum was not intended to achieve this, although the evaluation suggests that participants were able to transfer the skills they acquired to other issue-based work.

A narrow focus on alcohol is not consistent with a holistic approach to health. As recommended for formal education curricula (Department for Education, 1995; OFSTED, 1997), alcohol education in informal settings should be located in the context of other health issues and the broader fabric of young people's lives.

Other routes to learning

One of the advantages of competency-based training is that alternatives to course-based learning are encouraged. This curriculum was piloted through traditional course-based structures, which have well documented weaknesses (Boud, Cohen and Walker, 1993; Usher, 1989; Reece and Walker, 1994). One problem faced by this study was unequal access to course-based training, especially for part-time and volunteer youth workers. If I started to develop the materials now, I would explore the practicalities of other learning routes. My recent experience in assessing the research training needs of health promoters in Scotland (Perkins and Wright, 1997) indicated that preferred learning routes were characterised by learning through doing, applied to real (research) problems in real practice situations. This implies routes such as supervised practice, mentoring, apprenticeships and open learning. Such options might be more accessible to volunteers and part-time youth workers.

A strategy for future development of the alcohol training materials

The previous discussion suggests several ways in which the existing materials might be developed to meet the needs of youth work as it moves into the millennium. Until workable occupational standards are developed, it would seem sensible to retain the existing unit structure and to add to it. Additional units, each representing a day's training might include:

- Informal education and young people's health
- Informal education and substance misuse
- Community development approaches to alcohol issues
- Detached youth work and alcohol issues

Developing Youth Work?

On its curriculum development journey, this study encountered many of the youth work role conflicts raised by contributors to Jeffs and Smith's (1987) edited collection and highlighted some of the tensions of being an informal educator (Jeffs and Smith, 1990a), Smith 1994, Jeffs and Smith 1996). In particular, the study illuminates three issues:

- Social control or social change?
- Working with individuals or communities?
- Settings for youth work on alcohol issues

Social control or social change?

Analysts of the goals of education in formal and informal settings usually acknowledge that education fulfils a variety of social purposes, including both social control (enabling young people to fit into and meet society's expectations) and social change (enabling young people to act as forces for change within their societies and communities) (Kelly, 1987; Burgess, 1986; Taylor, 1987). The developing theory of youth work, and its oft stated and highly prized principles would have us believe that youth workers are actively promoting social change, through fostering democracy (Jeffs and Smith, 1996) challenging inequality (Jeffs and Smith, 1990b) and effective social action (Williamson, 1995). Yet the needs assessment suggests that, at least in relation to alcohol issues, youth workers are paralysed by the general social disapproval of

'under age drinking', which is so obviously inconsistent with young people's own behaviour and value system. The training courses released this paralysis, demonstrated how practitioners could apply youth work principles to work on alcohol issues and offered some strategies and tools to make the job easier. However, the big question still remains - are youth workers simply reinforcing the status quo in their work on alcohol issues or will their practice encourage youth empowerment and participation?

In terms of the status quo, the laws on alcohol purchase and sales make it quite clear that drinking alcohol by under 18's must remain an informal practice. Young drinkers can not legally consume alcohol in licensed premises, nor can they buy it. A myriad of reports (see Chapters Two and Six) testify to social disapproval of the use of alcohol by young people. So by acknowledging its normality and its value to young people, youth workers are indeed challenging social norms. How far they can travel along this line is another question. If we were serious about developing safer drinking habits, we would provide opportunities for young people to practise them in safe, supervised surroundings. Few youth workers would have the support of their management committees if they suggested that the next residential weekend included supervised drinking sessions for young people, or that 15 year-old youth club members should be allowed to consume alcohol at the next disco!

Young people enjoy drinking and they like to get drunk (see Chapter Six). So what does youth empowerment mean, in following their agenda? Do youth workers facilitate binge-drinking sessions? Should youth workers empower young people to lobby for changes in the law, so that the normality of youthful drinking is legally acknowledged? By adopting harm-reduction goals, particularly encouraging safer drinking, youth workers are tacitly challenging adults' moral disapproval, but there will be boundaries to this work, in relation to young people's safety and risk-taking. Because the rationale proposed here for work on alcohol issues involves acknowledgement of behaviour disapproved of by adults, it is important that practitioners work within a safety net of practice guidelines. The needs assessment found that policy-led work was uncommon, while this was the most highly valued element of training for full-time youth workers. Wherever they work, and whether they are paid or volunteers, youth workers need to be reassured that their work with young people is supported by their organisation. The development of practice guidelines might also facilitate an ethical code of practice,

which defines workers responsibilities to young people, their colleagues, their organisation/employer and to society (Banks, 1995). Youth work as an occupational grouping has yet to agree a general code of ethics.

Working with individuals or communities?

The alcohol training programme's rationale (Chapter Seven) is consistent with a structuralist philosophy in youth work theory (Smith, 1994, Jeffs and Smith, 1990b). In practice, youth work on alcohol is distinctly individualistic. In the needs assessment, I found few examples of youth work that actively challenged the social and environmental determinants of alcohol-related harm. Youth workers were well *aware* of these factors, as evidenced by their concerns about the availability and accessibility of alcohol to young people, but they rarely addressed them. In health promotion parlance, 'victim blaming', (in this case young drinkers being the victims) is the most common strategy adopted by youth workers. Few respondents had taken any action at a community level - such as seeking co-operation from licensees or talking to parents, campaigning, lobbying or setting up alcohol-free bars. The community work roles were those that created the greatest difficulties for the Sunderland students during the 'I could do that' exercise, despite the fact that they were studying for a Diploma in Youth *and* Community work. The courses were not successful in encouraging community work action on alcohol issues - at follow up, the accounts of practice were mainly informal conversations, alcohol education initiatives, or counselling interventions with young people. These findings suggest that further training is needed to enable practitioners to enact a community work approach to alcohol issues. This is likely to be increasingly important in future, with the trends in local authority youth work towards detached and special project work, partnerships and inter-agency work and increased employment of youth workers in other agencies such as health authorities (Brown and Draper, 1997, UK Youth Work Alliance, 1996).

Environmental and structuralist approaches to alcohol issues are also far more consistent with the current Government's health strategy 'Our Nation's Health' (Department of Health, 1998) than the former Government policy, 'Health of the Nation' (Department of Health, 1992), which applied during the curriculum development period.

Settings for youth work on alcohol issues

All of the course participants in Nestin and most of the Sunderland students worked in centre-based settings. Even if all of the learning outcomes were achieved, there are important limits to what can be achieved within a youth club or community centre. Young people's drinking is mainly conducted in different worlds to the youthie, with occasional interfaces at discos and residentials, which youth workers find hard to manage. Detached youth work has more potential for engaging with young people within their social worlds and for addressing alcohol issues within these contexts. Youth work within licensed premises, at raves and festivals, in parks and on playing fields will provide situations in which young people are using alcohol and encourage conversations about alcohol issues.

There is insufficient evidence from the study to judge whether the materials will adequately train detached youth workers, although two of the Sunderland students who had detached fieldwork placements felt that the course had enabled them to work effectively. The rationale and principles are certainly relevant, but detached work represented a minority of the practice-focused activities: the role plays, case studies and worked examples.

Directions for Future Research

In looking for answers, every research study generates a whole set of new research questions. This study is no exception. Areas for further research include theory building, young people and alcohol, alcohol education in informal settings and youth work training on health issues.

- **Theory building** - developing a theory of issue-based youth work that will guide youth work practice on all health issues, including alcohol. As youth workers have moved into employment outside of the youth service, the fragility of youth work's current theoretical base has been increasingly exposed. There is a need to apply the critical approach to evidence and rationale building adopted by this study to issue-based youth work in general. Such research needs to be empirical study, grounded in practice, aiming to develop a code of ethics and a set of operating principles that

youth workers can transfer to diverse employment contexts and which will be applicable to any issue relevant to young people's needs. Chapter Seven acknowledges that youth workers employed within the health promotion field are likely to encounter conflicting assumptions by service providers, planners and funders about young people's health and how to improve it. Building on the rationale developed in Chapter Seven, there is a pressing need to develop a robust theory of informal education about health, supported by evidence, to empower youth workers to act ethically and professionally.

- **Young people and alcohol** - exploring the social norms and self-control strategies that exist in young people's worlds. As discussed in Chapter Six, we know a great deal about young people's drinking behaviour, but much less about what drinking means to them. Very little is known about the strategies that young people use to control their drinking or to minimise the likelihood of experiencing any serious harm as a result of getting drunk. The few ethnographic studies that have examined these questions have found that answers are context, gender and age specific. Young women are a particularly important focus for further research of this kind, given the trend towards higher alcohol consumption. Chapter Six also noted that further information on young people's interpretation of health messages and the meaning of health and well being to young drinkers is needed to inform health promotion initiatives. Without these kinds of evidence to guide our understanding, alcohol education aimed at young people, whether in formal or informal settings, can not hope to meet young people's needs. It will remain an activity informed by adults' moral disapproval and driven by popular images of youthful drinking as deviant, disruptive or dangerous.

- **Alcohol education in informal settings** - sharing experience, developing tools and techniques, evaluating progress, defining good practice. As noted in Chapter Two, most youth work practice is not written up or disseminated. A participative research study is needed which consolidates youth workers' experience of informal education about alcohol and defines good practice. This could be particularly useful as a practical test of the occupational standards currently being developed. There is a need for better evidence to inform alcohol education in detached youth work settings and the work done by volunteers.

- **Youth work training on health issues** - needs assessment, curriculum development and evaluation, adoption and implementation studies. The literature reviews and needs assessment conducted for this study found that youth workers lack a holistic approach to health issues and the study concludes that a broader-based training in health promotion is required. A logical extension would be to apply the curriculum development model and the learning gained through this study to the development of a youth work training programme in health promotion. Given the current trend towards short-term projects, there is also a need for more systematic research on the factors affecting the adoption and implementation of informal education programmes on health issues, including the development of sensitive and appropriate evaluation systems. As a specific follow up to this study, further research is needed to identify the factors that determine whether participants succeed or fail in implementing some action on alcohol issues following training.

Conclusions

This study has demonstrated that a systematic, staged approach to curriculum development can have a positive impact on youth work practice. However, the time and money invested in this study were far greater than the resources normally available for youth work training. The needs assessment phase alone took nearly two years to complete and cost approximately £20,000. Without special funding, neither youth services, nor training providers can be reasonably expected to directly apply the entire curriculum-planning model used in this study to other aspects of youth work training and development. The staged framework could be adopted and implemented without massive resource implications. Its use primarily requires a mental shift, the adoption of a systematic approach to curriculum planning, rather than extra time or cash. Equally, it is hoped that youth work trainers will be able to take note of the implications of the 'keys to enabling youth workers to tackle alcohol issues' (pp. 258-260) for their own practice.

The major challenges for youth work training are the priority and resources given to training needs analysis (TNA) and curriculum evaluation (in terms of measuring the impact of training on youth work practice). These essential stages of curriculum development translate into endeavours where time and money do matter. Unless funders of youth services and youth work training both recognise their value *and* are willing to invest in these activities, then youth work training, like youth work itself, will continue to be vulnerable to criticism. The diversification of youth worker employment opportunities in the 1990s and the accompanying role changes have created a strong case for investment in TNA and evaluation of training, to ensure that training continues to meet the needs of employers, individual youth workers and the young people who use youth services.

Development of national occupational standards will not answer this challenge, unless they are accompanied by recognition that:

- TNA will still be needed, to assess where practice falls short of the national standards;
- Curriculum evaluation will still be needed, to assess the impact of training and development on practice.

Occupational standards are also unlikely to be broken down to a level of detail that will specify standards of competence in addressing individual issues (e.g. alcohol).

Finally, this study has carefully examined the process of curriculum development that resulted in the production of a set of training materials on alcohol issues in youth work. During the process, it has examined and re-examined the nature of youth work itself. As Williamson notes (1995), over a century of youth work practice has produced an extremely modest amount of theory of informal education. Health Services have noticed that youth workers have good relationships with young people and recruit youth workers to pursue health goals. Unless informal educators have a sense of the purpose, possibilities and ethics of informal education about alcohol, then as Young (1998) and Jeffs and Smith point out (1999), there is a very real danger that they will allow themselves to be manipulated by the agendas of others. They include the alcohol industry, which is currently making tempting funding offers for informal education projects, health services wishing to reduce the burden of alcohol-related ill-health and

the criminal justice system which binds alcohol, crime and young people so tightly together (see Chapter Six). The rationale for these training materials demonstrates that it *is* possible to begin to build a theory of health around informal education. Responsibility for building on this theory, testing it, applying it and nurturing it rests with youth workers themselves.

APPENDICES

APPENDIX 1

Questionnaire, Needs Assessment Survey

AERC ALCOHOL AND YOUTH WORK RESEARCH PROJECT

What sort of youth worker are you?
(Tick any boxes that apply to you)

1.   Are you:

Paid?	☐	Volunteer?	☐
Permanent?	☐	Temporary	☐
Full-time?	☐	Part-time?	☐
Centre-based?	☐	Detached?	☐

Working on a specific project? (Give details)   ☐

                    Type?...

                    Duration?...

  Other? (Give details)   ☐

....

2.   Who do you work for?

County Youth Service (LEA, County Council)   ☐
Borough Council Youth Service   ☐
Social Services/Probation Service   ☐
Voluntary Organisation (Paid)   ☐
Voluntary Organisation (Unpaid)   ☐
Other (Give   ☐
datails)..

3a.   What type of youth work training have you had?

Local in-service training, evenings/weekends   ☐
2 years full-time training (or equivalent)   ☐
Other professional training related to working with young people e.g. Teacher   ☐
(give details)
....
....
None   ☐

3b.   How long have you been involved in youth work?

Less than one year ☐   1-5 years ☐   Over 5 years ☐

What sort of young people do you work with?

4.   What proportions of boys/girls do you work with?

All boys   ☐
All girls   ☐
Mixed- equal proportions of boys and girls   ☐
Mixed-more boys than girls   ☐
Mixed- more girls than boys   ☐

5.   In a typical week, how many of the young people you work with are:

Under 14?   ...... (give number)
14-16?   ......
17-18?   ......
19 or older?   ......

6.   Are the backgrounds of the majority of the young people:

Mainly urban?   ☐
Mainly rural?   ☐
Mixture of urban and rural   ☐

7.   What is the social background of the young people?

Predominantly working class   ☐
Predominantly middle class   ☐
Mixed   ☐

8.   Approximately what percentage of the young people belong to each of the following ethnic groups?

European   ......%
Caribbean   ......%
African   ......%
Bangladeshi/Bengali   ......%
Indian   ......%
Pakistani   ......%
Other Asian   ......%
Other   ......%
(please specify)...................

Concerns about alcohol

9.   Please describe any instances where young people's alcohol use has caused problems for you as a youth worker, or for your centre or local organisation. Specific problems I have encountered are:

10. Alcohol is one of many drugs which may give you cause for concern. Considering the young people you work with, tick one statement which comes closest to describing your concern about alcohol in relation to other drugs:

Considering the young people I work with:

Alcohol is **the drug** which gives me greatest cause for concern   ☐
Alcohol is **one of the main drugs** which cause me concern   ☐
Alcohol is **just one of many drugs** which cause me concern   ☐
I am more concerned about **other drugs** than alcohol   ☐
I am not concerned about any drugs   ☐

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11. There are many aspects of young people's alcohol use that may give you , as a youth worker, cause for concern. For each of the following aspects of alcohol and young people, please (i) identify whether this is a local problem and (ii) describe your particular concerns (if any).

    (a)   Incidents in and around the youth club (e.g. members turning up drunk)

        (i) Is this a problem in your locality?
            Yes-to a considerable extent   ☐
            Yes- to some extent   ☐
            No   ☐

        (ii) What is it in particular that you are concerned about?

    (b)   Potential harm to young people due to drinking alcohol (e.g. injury, accidents)

        (i) Is this a problem in your locality? ☐
            Yes-to a considerable extent   ☐
            Yes- to some extent   ☐
            No

        (ii)   What is it in particular that you are concerned about?

    (c)   Young people obtaining alcohol (e.g. price, availability, sales to under 18s)

        (i) Is this a problem in your locality? ☐
            Yes-to a considerable extent   ☐
            Yes- to some extent   ☐
            No

        (ii) What is it in particular that you are concerned about?

    (d) Alcohol issues in my local community (e.g. vandalism, lack of facilities etc)

        (i) Is this a problem in your locality? ☐
            Yes-to a considerable extent   ☐
            Yes- to some extent   ☐
            No

        (ii) What is it in particular that you are concerned about?

(e) Problem drinking by young people or their families

     (i) Is this a problem in your locality? ☐
         Yes-to a considerable extent   ☐
         Yes- to some extent   ☐
         No

     (ii) What is it in particular that you are concerned about?

(f) Other concerns I have about young people and alcohol are:

Involvement in raising alcohol issues

I should like you to consider the possible role of youth workers in raising alcohol issues with young people.

12. Over the past year, have you carried out alcohol education of any kind, or raised alcohol issues with young people? (*This might include anything from informal discussion or counselling to planned work such as showing a video*)

Yes   ☐   No   ☐ *(Go to question 14)*

13.   Please indicate the methods you use in raising alcohol issues with young people.

Tick any that apply to you:

Casual conversation as it arises   ☐
Group discussion as it arises   ☐
Individual counselling as needed   ☐
Planned group discussion   ☐
Posters   ☐
Leaflets   ☐
Video/film   ☐
Structured group work/workshops   ☐
Games/simulations   ☐
Talk by leader   ☐
Talk by outsider   ☐
Other methods (*please describe*)   ☐
     ....

14. Considering your current role as a youth worker, in what ways could you help young people to drink alcohol sensibly and responsibly?

Ways I could help young people to drink sensibly and responsibly are:

1. ………………………………………………………………………………………………..

2. …………………………………………………………………………………………………

3. …………………………………………………………………………………………………

Factors which encourage or discourage alcohol education in youth work

15. Which of the following feature of your club/organisation have prevented you from doing alcohol education?

Tick any that apply

Accommodation is not suitable	☐
Other leaders would object	☐
Irrelevant to our club/ organisation	☐
Not enough teaching aids	☐
Our young people are not interested	☐
Insufficient money	☐
The background of our young people make it irrelevant	☐
Not enough staff	☐
Irregular attendance by young people	☐
Other (*give details*)…………………………………………….	☐

………………………………………………………………………………………

16. which of the following factors do you consider would be important in supporting and developing your involvement in tackling alcohol issues?

Tick any that apply:

Training in alcohol education	☐A
Training in health education generally	☐B
More staff	☐C
Expressed as a concern by local young people	☐D
Accessible teaching aids	☐E
Expressed as a concern by local parents	☐F
A County Policy	☐G
Money for alcohol education	☐H
Support from managers	☐I
Alcohol issues in the core curriculum	☐J
Support from specialist workers	☐K
Support from parents	☐L
None of the above would be important to me	☐X
Other (*please specify*)	☐Z

……………………………………………………………………

Of the factors listed above, the *three most important ones* for me would be: *(pick up to three factors and rank them, with the most important first)*

1st ☐   2nd ☐   3rd ☐

Training on alcohol issues

17. Have you ever received any training in alcohol education?

Yes ☐   No ☐

17 a)   At present, how **confident** do you feel about tackling alcohol issues with young people?

Very confident   ☐
Fairly confident   ☐
Barely confident   ☐
Not very confident   ☐
Not at all confident ☐
Don't know   ☐

17 b)   At present, how **competent** do you feel you would be in tackling alcohol issues with young people?

Very competent   ☐
Fairly competent   ☐
Barely competent   ☐
Not very competent   ☐
Not at all competent ☐
Don't know   ☐

18. If training in alcohol education was offered in your locality, what would be your interest in taking it up?

Very interested   ☐
Interested   ☐
Not sure   ☐
Probably not interested ☐
Definitely not interested ☐

19. On what aspects of alcohol would you **most** like to receive training?

Tick up to three boxes
How to recognise drink problems in young people   ☐
How to counsel young people with drink problems   ☐
Agencies that can provide help and information about alcohol ☐
Up to date information about alcohol   ☐
Alcohol education-strategies   ☐
Alcohol education-materials   ☐
How to set up and run alcohol-free bars   ☐
Ethical issues   ☐
Management issues   ☐
Alcohol and the law   ☐
Other (give details)   ☐

…………………………………………………………………………

Resources

20. What sort of resource materials would be useful to you in raising alcohol issues with young people?

Tick any boxes that would be useful

Posters	☐
Leaflets	☐
Videos	☐
Quizzes	☐
Drama/role play	☐
Board or card games	☐
Structured group work activities	☐
Computer games	☐
Photographs	☐
Alcohol-free bars	☐
Other (give details)	☐

....

21.   Here are some statements about alcohol and young people. For each one, please tick the column which best describes your opinion.

	Strongly agree	Agree	Neutral/ Don't know	Disagree	Strongly disagree
Alcohol brought into youth clubs by under 18s should be permanently confiscated					
Young people who have had a drink should not be allowed inside the youth club					
Planned work on alcohol issues in youth clubs is unnecessary					
Youth workers should set an example to young people by being non-drinkers					
Alcohol education should be in the proposed core curriculum for youth work					
Most youth workers drink too much					
Youth workers should only tackle alcohol issues when they are raised by the young people themselves					
Having the occasional drink with 16-18 year olds helps a youth worker to maintain a good relationship with them					
The only way to really learn about alcohol is to drink it					
Youth clubs should have bars to encourage sensible drinking among over 18's					
It is normal for young people to drink under-age					
School have the main responsibility for teaching young people about alcohol					
There should be tighter controls on the sale of alcohol to young people					
The age limit of 18 for drinking in a pub should be lowered					
Youth clubs should present a non-alcohol alternative to young people					
Young people seem to be drinking regularly at younger ages these days					

Your organisation

22. In which County/LEA do you work?

…………………………………………………………………….. County/LEA

23. Please tick the type of club/organisation you work in:

Uniformed organisation
Guides   ☐
Scouts   ☐
Girls' Brigade   ☐
Boys' Brigade   ☐
Other Uniformed organisation (please give title)   ☐

…………………………………………………………

Non-uniformed organisation-Voluntary sector
Detached youth work   ☐
Church club   ☐
Other voluntary organisation (please give title)   ☐

Non-uniformed organisation-Statutory sector
Detached youth work   ☐
Youth service club/centre   ☐
Special project (please give title)   ☐

…………………………………………………………...

Other (please give title)   ☐

…………………………………………………………...

Thank you very much for your help, time and co-operation. Your reply will be treated as strictly confidential.

Please return this questionnaire to Linda Wright at Tacade by 28 September, 1990.

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UNIVERSITY OF SUNDERLAND

DIPLOMA IN COMMUNITY AND YOUTH WORK

HALF-MODULE: ALCOHOL ISSUES IN YOUTH WORK

ASSIGNMENT 1: CASE STUDY 1500 words (max)

Use as a case study, a situation you have actually experienced, which has involved young people's use of alcohol within a community and youth work setting. The situation may involve interaction with one individual or a number of young people.

Using the case study:

-discuss the needs and concerns of those involved (both young people and youth workers) in relation to alcohol use

-outline the contribution alcohol education theory makes to your understanding of the situation and your response to the situation

-describe appropriate interventions you could make to address the alcohol issue(s)

ASSESSMENT CRITERIA:

1.Construction and presentation of the case study

2.Analysis of alcohol related issues

3.Application of alcohol education theory to the case study

4.Discussion of a range of intervention options

5.Evidence and use of reading

APPENDIX 3

University Of Sunderland, Diploma In Community And Youth Work.
Half module: Alcohol Issues in Youth Work

COURSE JOURNAL

The purpose of the journal is to help you (and the course tutor) to reflect on what you have learned from the course and its application to youth work practice.

1. Write up your journal as soon as possible after each course session.

2. Write in diary style; in the first person; notes rather than complete English are acceptable.

3. Write your reflections on what you have learned, its implications for youth work practice and what you need to learn next. Use the headings below.

4. Write your responses to any specific questions related to the day's study that may be supplied by the tutors.

THINKING ABOUT ALCOHOL ISSUES AND YOUTH WORK....

1. What was the title of today's session?

2. What did I learn today, in terms of:

(a) knowledge? (b) feelings/attitudes/values clarification? (c) skills?

3. What competencies do I now have?

4. How does what I learned relate to my previous learning?

5. What do I still need to learn?

6. What changes will today's input make to my current/future practice as a youth worker?

7. What were the main issues and/or problems raised today?

8. What are the possible solutions?

9. What are the implications of today's activities for youth work practice?

REPEAT 1-9 above, THINKING ABOUT YOUNG PEOPLE AND ALCOHOL...

JOURNAL ASSESSMENT CRITERIA

1. Description and definition of learning gained during the course
2. Identification of problems related to personal learning and youth work practice
3. Generation of solutions
4. Testing solutions
5. Adoption of a systematic reflective stance.

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