

# YOUTH OUTREACH FACT SHEET

Good engagement with young people can be difficult. Many young people have limited knowledge of what services exist, how to access them or the conventions of help-seeking behaviour. As a result, youth agencies need to be flexible and innovative in the way that they locate, promote and deliver their services. Outreach is a common engagement strategy employed by youth focused services to overcome some of these barriers. It is a proactive engagement approach focused on those young people who are least likely to access services but who are in the most need.

## MODELS OF OUTREACH

Any one, or a combination of any model of outreach, can be undertaken within one service. The five models of outreach in the table below are drawn from the Turning Point Clinical treatment guidelines for youth alcohol and other drug outreach (Petroulias et al. 2006).

**Streetwork** engages young people in their own environment, often in public places such as cafes, shopping centres, parks, sporting groups, skate ramps, amusement parlours, street sex-work locations and the streets.

**Detached and mobile outreach** is delivered on an 'as needed', flexible basis to a variety of community locations, including homes, schools and public places, to assess and intervene with young people referred to them. In this model, the service is based in a central location such as a community health centre, alcohol and drug service, youth service or hospital.

**Satellite outreach** is used in youth friendly settings such as youth centres, youth justice programs, and accommodation centres. This type of outreach work may add value to other frontline services being used by young people (Berends et al. 2004, cited in Petroulias et al. 2006). Referral can come from services such as generalist youth services, general practitioners, schools and government services.



**Assertive community outreach** is conducted in the young person's own environment or by primary care and specialist services. It engages with young people who have a range of complex and multiple issues, and who may not be engaged with other services. It is often supported by specialist services through co-location or location in the same auspice agency.

**Clinical outreach** involves health care professionals delivering individualised treatment in the community. In a youth AOD context this is often at community based youth services where young people who have problematic AOD use are more likely to feel comfortable accessing assistance. Clinical street outreach engages with young people in a variety of settings including public spaces frequented by the target group.

NB: "Assertive Outreach" refers to a specific style of outreach whereby agencies actively look to engage clients who are not necessarily seeking out a service. It also sometimes referred to as "case-finding".

# THINGS TO CONSIDER WHEN PLANNING OUTREACH

When conducting outreach, workers do not have the usual range of systems and equipment available, nor do they have full control over their environment. As a result, workers and agencies must develop appropriate policies and procedures to ensure safety and to maximise client outcomes. The following table contains some key considerations. NB: These considerations vary depending on the context in which the outreach occurs.

## Resources

- vehicle / transport
- identifiable clothing / staff name badge
- personal protective equipment (e.g. gloves)
- first aid kits
- torches
- mobile phones
- water / food
- maps
- laptop / tablet / smartphone with mobile internet access
- information / referral resources
- health and hygiene materials
- harm reduction supplies
- sharps disposal kit



## Policy and procedures

- minimum staffing levels
- personal safety procedures
- crisis response protocols
- documenting / recording outreach activities
- client transport policies
- confidentiality procedures (e.g. transporting confidential client information, managing visible contact with young people in public space to avoid compromising client privacy.)
- referral procedures
- agreements with relevant agencies (e.g. police, ambulance, local council etc.)
- end of shift 'check-in' procedures

## CAN YOU THINK OF OTHER RESOURCES OR POLICIES AND PROCEDURES REQUIRED TO CONDUCT OUTREACH IN YOUR SERVICE CONTEXT?

The practice principles underpinning good youth outreach are the same as for other forms of youth practice. Outreach workers are encouraged to consider how this mode of delivery may affect things such as explaining privacy and confidentiality, conducting referrals, developing and managing caseplans and exiting clients. Youth services also need to ensure that there is good communication between centre-based and outreach staff to avoid inconsistency in service delivery or the application of organisational policy or procedure.

**“Outreach is a powerful connecting activity. A simple ‘hi’ and a sit and a yarn can see your greatest referral pathway develop, enabling young people to refer their friends, in a safe and informal way.”**

Youth AOD worker

This factsheet has been developed by Dovetail using excerpts taken from:  
*Crane, P., Francis, C., and Buckley, J. 2012. Youth alcohol and drug practice guide 3: Practice strategies and interventions. Brisbane. Dovetail.*  
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