

feature

Mark Knight, Stuart Honor

From research to involvement and advocacy

The Leigh Action on Street Health (LASH) Project is a new service founded on user involvement and advocacy. It emerged from research conducted by Lifeline, on behalf of the Wigan and Leigh Community Safety Partnership, which argued for the involvement of drug and alcohol users in service development.

Of course, this wasn't the first piece of research to make this argument and there's nothing new in concluding that talking to service users is good practice when planning services. Given the current emphasis on user involvement, what makes this project of interest is that Lifeline, with the support of commissioners, was able to start building a new service – from the bottom up and in consultation with the drug and alcohol users who took part in the research.

The initial research into 'street drinking' began at the start of the year with a brief to gather information relevant to delivering effective, efficient and acceptable interventions to reduce alcohol-related harm. Initial contacts and observations indicated that there were also high levels of drug use among those drinking on the street in the town centre.

After three months of ethnographic research and semi-structured interviews Lifeline was able to confirm that a range of drugs were being used in addition to alcohol. This range included stimulants, benzodiazepines, opiates, and cyclizine.¹

The research clearly revealed a group of socially excluded people. It also firmly suggested that the majority of them would have negative experience, or at least negative perceptions, of service providers.

Lifeline argued that, in attempting to meet the challenges the circum-

stances of the group presented, service providers should engage in dialogue with them. Moreover, it was made clear that this dialogue should be regarded as part of a process that aims to encourage individuals to articulate their needs, develop an understanding of how services work, the limitations within which service providers operate, and how best these services can be accessed.

To facilitate this dialogue weekly meetings were held over a three-month period. Those who had participated directly in the research, others they recruited, and the two Lifeline workers who conducted the research attended these meetings. At the first meeting the group established its own rules and subsequently policed themselves. At a basic level this meant that people who turned up drunk or with drink were not allowed to participate.

Through exercises, encouraging individuals to chair meetings, and allowing each person the opportunity to voice their opinions, the group became familiar with the discourse of formal meetings within a few weeks.

Various guests were invited to attend group meetings on a bi-weekly basis for whom the group prepared questions in advance. These included representatives from the council, the Drugs Prevention Advisory Service (DPAS), the manager of the local Community Drug Team (CDT), and the editor of *Monkey* – a Manchester based newsletter for 'hard core drug users, ex-users and carers'.

The group also visited Manchester based services with established user involvement, namely Lifeline, Piper and The Waterloo Project.

During the weeks when there were no visitors the group developed their own agenda. People quickly adapted to formal structures which meant that the aspirations of the group, both individually and collectively, quickly came to the fore.

Interaction with invited guests and visiting services further shaped the group's agenda, as they began to identify what they would like to achieve. Helping themselves and other drug users featured high on the agenda. Of particular interest to them was the provision of help and advice alongside activities that would be alternatives to drinking, taking drugs and hanging out on the street.

From the outset the fear was expressed that at the end of the three month period of consultation support for the group would come to an end. They wanted to ensure the group would continue but were fearful that without support it would not.

Against this background, and from discussions within the group and with invited guests, the idea of an Advocacy Worker emerged. An Advocacy Worker would support the group, assist them to develop a service, and at the same time act as an advocate for individual alcohol and drug users. What had begun as a consultation group developed into something more.

Mark Knight is a Research Officer for Lifeline.

Stuart Honor is a Researcher and Leigh Action on Street Health Advocacy Worker for Lifeline.

Following the completion of the consultation period one of the researchers, who also has a background in service delivery, was taken on as a part-time Advocacy Worker with the backing of the group. They continue to meet weekly and have had new members join. Members attended a recent conference in Kent and will be attending another in Manchester. At the time of writing, the council has identified premises from which the service will operate.

aspirations are. They aspire to what most people take for granted.

Lifeline believes that had we not provided a forum for these aspirations to be aired they probably would not have been heard. Attending the group has allowed some members the opportunity to think how they might fulfil their aspirations. To this end, group members decided that they want 'College in the Community' courses to be held at the service when it opens.

In the meantime the Advocacy

drug user groups, contribute to *Monkey*, and aim to have an independent voice that is separate to that of the council, the service, and Lifeline.

It would also be wrong to give the impression that the project has universal support. There will always be those who are slow to respond and those who dismiss the people Lifeline work with as 'drunks and druggies' beyond hope, rather than face the challenge their circumstances present.

The advocacy work that has been conducted is already beginning to show where the need for improvement is and this is being formally communicated to service providers and commissioners. There is now the potential for client need to shape service provision and inter-agency working.

Lifeline's work is a positive example of research aimed to influence practice. When conducting research it is possible to offer help and information. When the research is complete it is possible to involve the people you have worked with to shape solutions to problems.

As to the long term future of LASH, it would be wrong to be too prescriptive since that would undermine the involvement and input of those involved in the group. What is at the heart of this project could be lost if, as the service develops, professionals come to it with their own agenda and ignore or just pay lip service to the belief that drug workers and users should work in partnership.

The challenge for us, and all who are serious about forging genuine partnerships with users, is to offer support and assistance where and when required without encouraging dependence ■

There are regularly seven or eight people at meetings, but some members have been unable to attend due to: personal problems, being in hospital from their alcohol and drug use, or being jailed due to activities associated with their drug use.

Lessons

When Lifeline first took on the research we had no idea that it would lead this far. The researchers went to Leigh with a brief from the council and the philosophy that underlies the work done by Lifeline's Research and Publications departments. The philosophy is that advice, information and services for drug users are more likely to be effective if drug users are involved in their planning.

The majority of the research time was spent on the street getting to know people and, when possible, offering relevant advice and information. In that sense it was 'action research'. The credibility Lifeline gained from this stood us in good stead when it came to forming the group.

In turn, the potential for the service to be perceived positively by the wider user group is enhanced by the fact that their contemporaries developed it.

For several individuals, attending the group has had a beneficial impact. Yet what is most striking is how 'normal' and everyday their

Worker is improving users' access to existing community, social and leisure facilities, by making it clear what is available, how to access it, and accompanying people if they feel this is necessary.

It would be wrong to pretend that organising the group has been without problems. There are regularly seven or eight people at meetings, but some members have been unable to attend due to: personal problems, being in hospital from their alcohol and drug use, or being jailed due to activities associated with their drug use.

Chaos to stability

Many lead fairly chaotic lifestyles but the activities they are planning will help them provide some stability for themselves. It is important to stress that they are doing things for themselves rather than having things done to them or for them.

At every stage in this process they decided what they want to do. They produced their own agenda rather than being presented with one. They are establishing contacts with other

This article was drafted with and approved by the LASH User Group who can be contacted independently via *Monkey Magazine*, PO Box 108, Stretford, Manchester M32 8FT, or e-mail via Lifeline: mark.k@lifeline.org.uk

1. Cyclizine is an anti-emetic taken with opioids in a desperate attempt to create a diconal like rush. For more information about cyclizine see Mark Gilman 'D.I.Y diconal', *Mersey Drugs Journal* (Vol. 1, No. 5), and Pearson, Gilman and Traynor 'The limits of intervention', *Druglink* (May/June 1990).