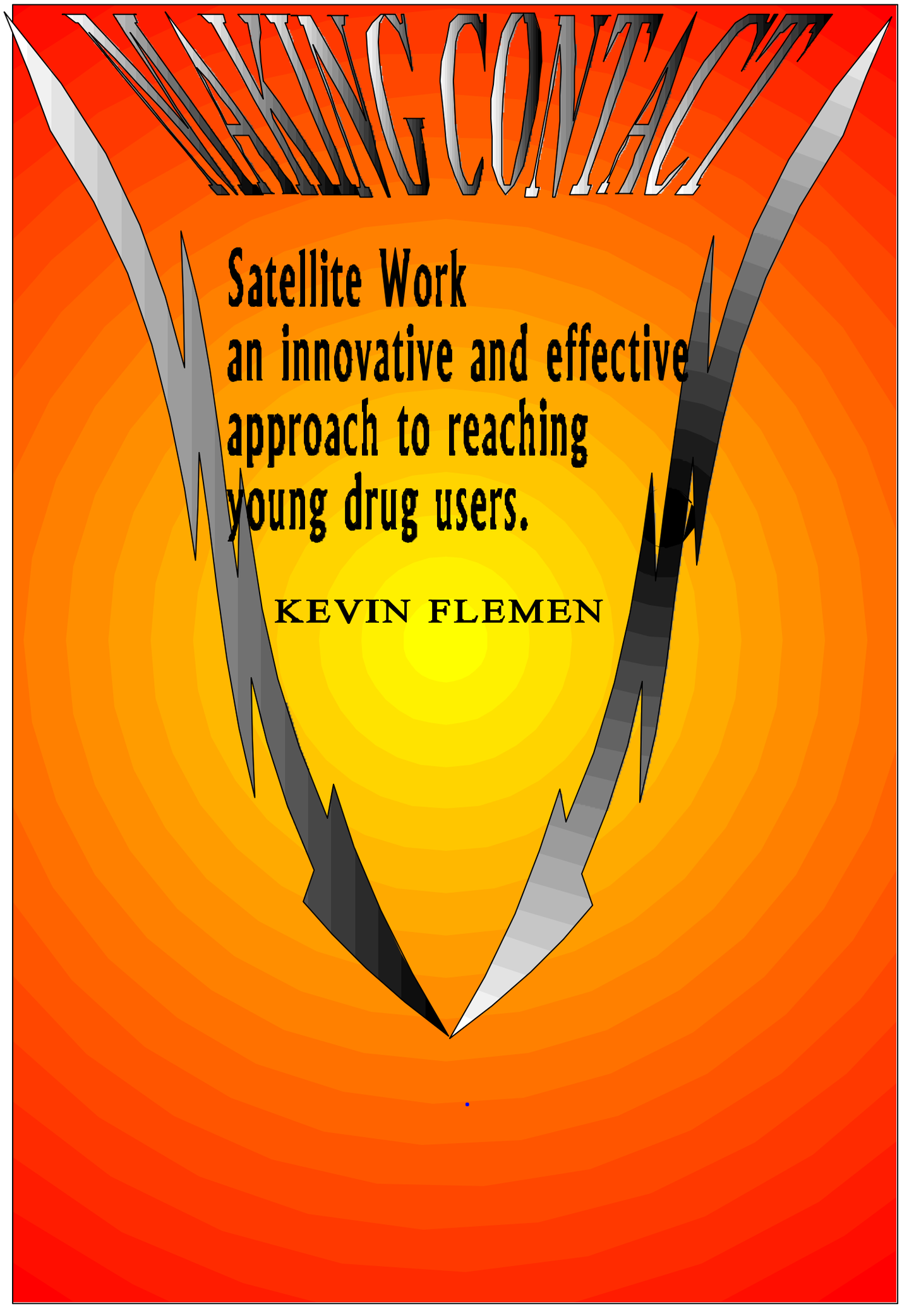
MAKING CONTACT
Satellite Work
an innovative and effective
approach to reaching
young drug users.
KEVIN FLEMEN

Making Contact
by Kevin Flemen

THE HUNGERFORD DRUG PROJECT

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PREFACE

Satellite work describes the process of delivering a specialist service, eg on drugs and HIV/AIDS, in non-specialist agencies, eg hostels, day centres, youth clubs, and reaching the clients who use such provision.

This report documents the experience of THE HUNGERFORD DRUG PROJECT in carrying out satellite work over the last five years.

The report starts by locating satellite work within the context of youth work. It goes on to describe the evolution of satellite work at THE HUNGERFORD PROJECT, and how and where the work is carried out. Other organisations' experience of providing satellites are then documented. Chapter II gives an evaluation of satellite work and Chapters III and IV discuss successes and potential problems of satellite work respectively. After concluding, the appendices provide a step by step guide to setting up a satellite service.

CHAPTER I:

A BRIEF HISTORY OF YOUTH WORK

Introduction

Youth work has, since the mid-sixties, been in a constant state of evolution. In response to changes in demography, and in response to the changing needs of young people, new models of working have emerged. Of these new models, 'satellite work' is a relatively recent development. In order to describe and evaluate satellite work, it may first be useful to locate it within the context of other models of youth work.

Initially, youth work was primarily undertaken in school-halls and church-owned buildings. It was not until the mid-sixties, following the publication of the *Albermarle Report*[1], that purpose-built youth centres and paid youth workers emerged as the principal model of the embryonic youth service.

However, while purpose built youth centres attracted large numbers of people, they did not appeal to all young people. As the Albermarle Report observed:

> *'...the young people who have the most severe "problems" are precisely those who are most unlikely, unable or unwilling to benefit from the formal provision offered by the youth service.'*

A variety of youth work models emerged in response to the limitations of centre-based work. Most of these attempted to remove youth work from an operational base (eg a youth centre), and offer the service in a location which was more accessible to young people.

Models operating under this premise can be termed 'non-centre based work'. Examples include mobile work, outreach work and detached work:

Mobile work is primarily used in locations where no appropriate static structure is available. Operating from converted buses, trailers and caravans, mobile youth-work is popular and effective, especially in rural areas. But whilst mobile work attempts to

[1] Quoted from Parkinson, D: *Youth in Society* No 123: pp16-18; Feb 1987: NYA

be more accessible, it still ultimately demands that the client group chooses to make use of the service.

'**Outreach**' work and '**detached**' work are two further models that attempt to bridge the gap between young people and youth work. Both aim to undertake work with young people who may not be in contact with forms of centre-based provision. To do this, workers enter the young people's environment, gaining access to them on their own territory. Locations such as parks, cafés, amusement arcades, and street-corners are typical locations for detached and outreach work.

Often, the terms 'detached' and 'outreach' are used interchangeably. For the purpose of this report, however, the following definitions will be used:

Outreach work is work undertaken in a non-centre based (eg street) location where the intention behind the work is to encourage young people to make use of some centre-based provision. The workers 'reach out' from this centre-based provision, and endeavour to draw young people back to this centre.

Outreach work emerged from the recognition that

> *'Many potential clients of office-based agencies do not seek support and assistance even though they may be experiencing problems and could benefit from agency input. Outreach provision is a method of contacting such clients in their own environment...'*[2]

Detached work differs from outreach work in that there is no intention to draw people back to a specific centre-based service. While referral-on to other agencies may be an option, the primary purpose of detached work is to provide a self-contained service at a street-level. The aim is to service the client's needs, as far as is possible, in a street setting. This model of work is most appropriate where the client group is not in contact with other agencies. For such groups, detached work may be the only way of making some form of intervention.

[2] Shea & Heller Dixon, 1988

Satellite Work, finally, represents a synthesis of centre- and non-centre-based work. Essentially, satellite work involves workers from an operational base (the satellite provider) providing a service within another organisation (the satellite host). Satellite work, then, can be viewed as undertaking detached work in centres provided by other organisations.

Satellite work was initially used in clinical settings. Typically, this involved

> *'...a regular out-patient clinic at a different site from that of the central treatment or organisational unit.'*[3]

Such provision generally took the form of regular GP surgeries in non-medical locations such as day-centres or youth-projects.

This medical model has since been adapted and used by a variety of other (specialist) service providers. These have included services around sex and safer sex, drug use, alcohol use, legal advice, and other specialist issues.

Rationale for Satellite Work

Young people represent a diverse target-group. Of this group, a sizeable proportion may choose not to use services directed at them. Such services may include drug and HIV advice, legal and housing advice, or contraception and benefit advice.

Within the target group (ie young people), certain populations are harder to reach than others. This is primarily for social reasons, which make provision less accessible to certain groups. Women, ethnic minority groups, disabled people, and lesbians and gay men tend to be under-represented in terms of using main-stream services.
In addition groups whose activities are illegal, stigmatised, or by necessity covert, are the ones who, despite potentially benefitting from services, are the least likely to approach them. Such groups include young drug-users and people working in the sex-industry.

However, many of the above groups may be in contact with other organisations. These organisations may be youth centres, hostels, day centres, or community centres. Some of these venues may offer a specific service, such as accommodation, housing

[3] *Hard to Reach or Out of Reach;* Rhodes, Holland & Hartnoll p155

advice, or food. Others may undertake generic youth work. Hence, young people attending these venues may not have access to the level and accuracy of specialist information or the type of assistance that they require.

Satellite work is intended to bridge the gap between the specialist needs of a target group who choose not to make use of specific provision, and the incapacity of non-specialist agencies to meet that need.

Satellite provision can reach (hard to reach) young people in (non-specialist) agencies and deliver (specialist) services.

The above rationale is, by necessity, quite simplistic. The following points need to be borne in mind when considering whether or not satellite work would be an appropriate method to use:

- Satellite work is intended to give a specific service that a host organisation cannot or does not provide. This implies some degree of specialisation on part of the satellite provider. This could involve:
  - work around specific issues (eg drug use)
  - training
  - specialist interventions (eg medical help)
- The satellite provision needs to be relevant and applicable to the actual needs of the client group within the host organisation.
- It is important to ensure that a significant proportion of the intended service to be undertaken by a satellite provider is not already being used by the same clients at another location. If a number of satellites are being operated, a certain cross-over becomes almost inevitable in which case it makes sense to ensure that the various satellites, if used by a substantial number of clients at different locations, fulfil different functions which serve to complement each other.
- Work undertaken by a satellite provider should not duplicate or undermine - but, again, be complementary to - work currently undertaken within the host organisation.

CHAPTER II:

SATELLITE WORK AT THE HUNGERFORD DRUG PROJECT

History

Over the 25 years of its existence, THE HUNGERFORD DRUG PROJECT has been constantly developing the content and method of its services.

In the early seventies, the Project operated a day-centre for long-term drug-users, offering shelter, food, creative activities and support in a safe environment.

Within a few years, the Project had to re-evaluate its service delivery. Due to changes in legislation and prescribing policy, the client group had shifted from relative stability to become increasingly chaotic. In response to these changes, new services were developed. Detached work emerged as a way of maintaining contact with clients who had previously attended the day-centre. This left the premises free to operate as an informal advice, information, counselling and referral service for drug users who were seeking assistance in dealing with problems arising from their drug use.

Thus, the structure of the Project-based service as it exists today was established: a team of Project-based workers offers advice, information, support and counselling for drug users and their friends, relatives and partners. Clients make contact by phone, by personal visit to the Project upon appointment, or by visiting the drop-in that operates each afternoon. Shiatsu is also offered twice weekly through an external practitioner.

The detached service has evolved greatly since its original inception. During the early '80s, streetwork was undertaken on a sporadic basis, as and when other commitments allowed. A formal Detached Youth Work Post was established in 1985, a further two posts were added in 1989, and a fourth in 1994. Over the past decade, detached work has become a permanent, and increasingly significant element of the Project's work.

Since its early days, the Detached Team has employed various forms of non-centre based work including street-work, work in schools and satellite work.

It was rapidly perceived that detached workers operating in non-street settings, such as hostels, could provide a high level of drug-related intervention to a large number of young people. Satellite work therefore now represents a sizeable proportion of the face-to-face work undertaken by THE HUNGERFORD's Detached Youth Work Team.

Identifying Needs

When establishing satellite work, it is necessary to identify the needs of the client group. At THE HUNGERFORD DRUG PROJECT, this was done by examining the areas of drug and HIV/AIDS. This serves to inform the rationale for satellite work at the Project.

DRUGS

The prevalence of illicit drug use amongst young people is difficult to establish. Various studies have been undertaken and wildly differing results have emerged. As has been stated, because the subject matter is illegal, stigmatised and by necessity covert it is virtually impossible to gain a complete and accurate picture.

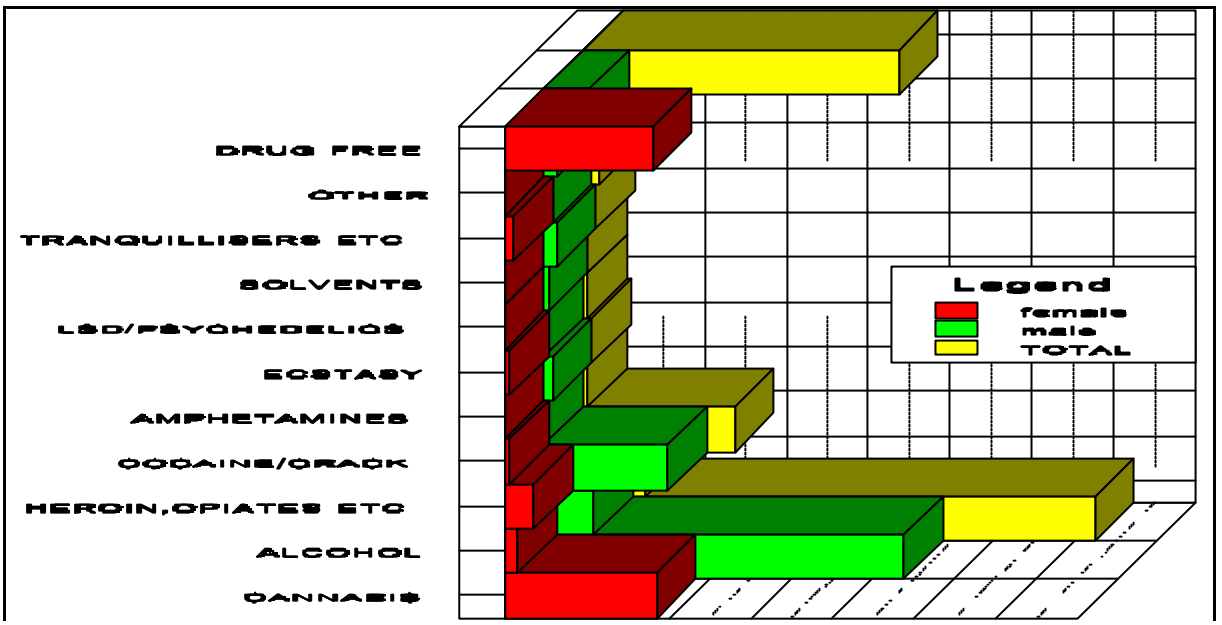
As satellite work at THE HUNGERFORD is currently undertaken at agencies working with homeless young people, it is necessary to examine drug use amongst transient and homeless young people in the West End. From the Detached Youth work Team's on-going statistics it is possible to assess the prevalence of illicit substance use amongst this group.

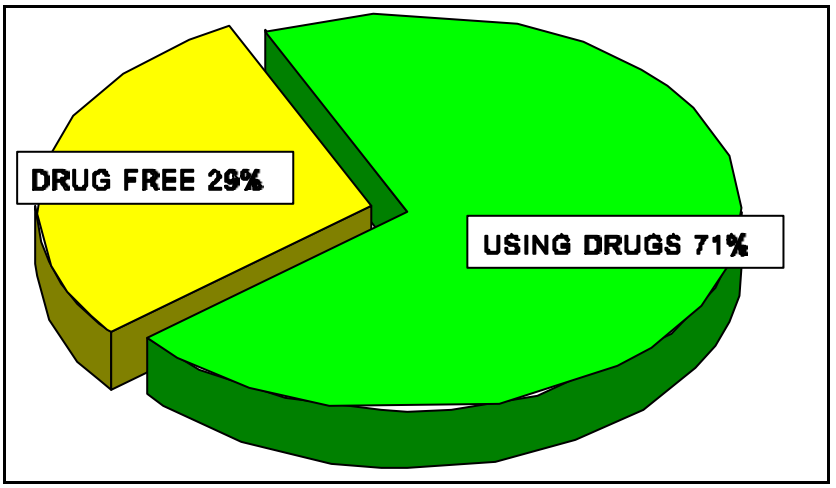
The figures overleaf are from contacts made in 1994. The figures are based on personal disclosure of drug use established at the initial contact; consequently, the drug use of many people is recorded as 'not known'. Subsequently, much of the missing data is recorded, but is not currently incorporated into the routine statistics. Information gleaned on subsequent contact usually confirms that the trends apparent where drug use is recorded are mirrored amongst those whose use is initially 'not known'.

Figure 1:

Extent of Drug Use Amongst Homeless Young People (under 25s) Contacted by The Hungerford Drug Project's Detached Youth Work Team in the West End (1994)

Figure 2:Prevalence of Drug Use Amongst Those Whose Drug Use Was Recorded





MAIN DRUG	MALE	FEMALE	TOTAL
Cannabis	88	37	125
Alcohol	12	3	15
Heroin, opiates, etc	30	7	37
Cocaine/crack	0	1	1
Amphetamines	2	0	2
Ecstasy	0	1	1
LSD and other psychedelics	1	0	1
Solvents	3	0	3
Tranquillisers and sedatives	2	2	4
Other	3	0	3
Total Using Drugs	141	51	192
Drug Free	41	36	77
Not Known	224	152	376
TOTAL	406	239	645

It is clear from the above figures that drug use amongst young homeless people in the West End is extensive. Of the 269 contacts for whom information was known, 71% identified as currently using drugs (including alcohol). 29% identified as being drug free.

The figures relate to the main drug that a contact uses. For many people, two or more drugs may be used. Thus, many people might identify cannabis as their main drug, but also use Ecstasy, amphetamines or other drugs in addition. These figures demonstrate that, amongst young homeless people in the West End, drug use is so prevalent that it appears to be the norm, and being drug-free is exceptional. Such

extent of substance use amongst young homeless people is a clear indication that this client group has need of advice and information relating to drugs and drug use.

DRUGS AND HIV

Intravenous (IV) drug users have, for a long time, been categorised as a 'high-risk' group with regard to HIV infection. Consequently, resources have been targeted at this group, with the intention of reducing the transmission of HIV through intravenous use. Strategies have included making available safer injecting advice, clean injecting equipment, needle exchanges; and targeting safer sex advice at IV users. Fewer resources have, however, been directed at drug users who do not inject. It seemed that, unless needles were involved, drug users were not considered a 'high-risk' group.

Yet not all the HIV-risks of drug use stem from injecting. Many drugs increase risk-taking behaviour. The analogy of drunk-drivers who believe they drive better when drunk extends to other drug use and safer sex. The reduction of inhibition, increased self-esteem, and diminishment of responsibility create a high-risk arena for unsafe sexual practice. This is especially true for alcohol, and perhaps other substances such as cannabis and amphetamines. The case for Ecstasy is blurred, as various sources suggest that the drug actually inhibits male erection. However, many drugs distort perception and alter normal behaviour to the extent that safer sex messages are abandoned. Consequently, non-intravenous drug users are at risk of unsafe sexual practices, and therefore of HIV infection or transmission.

These risks are exacerbated amongst the young homeless. In this age group, sexual experimentation is commonplace. The pressure to belong, and, for many, the need to feel wanted, creates an atmosphere where sexual relationships form, break, and reform very rapidly. This too, raises the risk status of the client group.

Despite being sexually active, levels of ignorance about HIV, safer sex, and contraception are high amongst this client group. Many clients appear not to know about methods of transmission of HIV, how to use a condom, or the idea of safer sex. Additionally, some drug users, although not injecting themselves, may have an added risk through the intravenous drug use of their partner(s).

The Detached Youth Work Team at THE HUNGERFORD DRUG PROJECT for these reasons identified young homeless people using drugs (whether intravenously or not) as a priority group for HIV and safer sex related advice and information.

SUMMARY

The twin prongs of advice and information about substance use, and about HIV/safer sex, have become the core subjects addressed by the Detached Team. The need for this service emerged from the following:

- a client group that exhibited a high incidence of drug use
- a client group that was sexually active
- recognition that recreational drug use has an HIV implication, through the increased risk of unsafe sex
- recognition that a proportion of the client group, and their partners, could be considered a 'high risk' group due to their intravenous drug use
- the levels of ignorance and misunderstanding about HIV, drug use, and safer sex amongst the client group.

Working With 'Hard to Reach' Client Groups

Satellite work, at THE HUNGERFORD DRUG PROJECT emerged as a way of reaching 'hard to reach' groups, including young people, young homeless and transient people, young men working in the sex industry and young people involved in drug use.

A number of factors act as powerful disincentives for these groups, restricting their take-up of drug related provision. These factors are primarily social and cultural. Certain groups, especially women, ethnic minority groups, and young people, are those primarily resistant to using drug-related provision. The following factors contribute to this resistance:

- People may be reluctant to identify themselves as drug users. This may be the case because drug use is:

  - socially stigmatised
  - illegal
  - covert

- For drug users and non-users alike, the inability to cope with drug use carries stigma. People who use drugs are expected to be able to cope with substance use, and failure to do so may incur peer disapproval. Examples of this include:

  - the social pressure to drink, and the difficulty of admitting that one has a drink problem

  - the peer pressure amongst young people to use drugs recreation-ally, and the image that drugs such as cannabis, Ecstasy and amphetamines are harmless fun

  - the use of solvents amongst adolescents, and the ostracism that may occur through refusing to take part in solvent use

  - the pervasive concept that inability to cope with drug use is a sign of weakness and failure.

- Young women in particular experience societal pressure to conform to certain patterns of behaviour. This pressure creates barriers for women, reducing their access to drugs provision. Some examples include:

  - drug use by women, whether excessive drinking, or illicit sub-stance use, is not condoned by society. Such behaviour is considered 'un-lady-like' and meets with disapproval

  - much female drug use emerges from indirect social pressure, and manifests itself as covert drug use. The pressure to appear slim may lead to the use of amphetamines, slimming tablets or smoking. The

pressure to cope with unwaged labour such as housework and child-rearing may encourage use of tranquillisers and sedatives

- drug agencies have traditionally been the preserve of older (over 25) male opiate users. This environment often feels threatening and unsafe for women to enter, thus reducing the level of access women have to service provision.

These considerations, and further discussion relating to women, drug use, and drug-related services, can be found in WOMEN'S NEEDS ASSESSMENT (J WALKER 1992) (See *Appendix V: Bibliography)*.

❍ Take-up of drug-related services by people from ethnic minority groups is typically very low. Social and cultural factors combine to create barriers between Ethnic groups and services:

- much drug-related provision is based on Western understandings of drugs and drug use. Such models can be inappropriate when working with ethnic minority groups. Consequently, such groups may consider drug agencies and information inappropriate and irrelevant to their needs

- workers from Ethnic groups are under-represented within the drugs field. This reinforces the image that drug projects are run by white people, for white clients, and are not appropriate for non-white clients

- some drug-use, especially intravenous use and opiate use, is seen as typically 'white' drug use, and is heavily stigmatised within black communities. Consequently, it is harder for people from these ethnic groups to admit to their drug use, and seek advice or assistance

- there is some evidence that drug users from minority ethnic groups are more likely to turn to friends and relatives than to drug agencies.[4]

[4] Perera, J. et al: 1993.

A more detailed consideration of the barriers to service encountered by black drug users is offered in ASSESSING THE NEEDS OF BLACK DRUG USERS IN NORTH WESTMINSTER (J PERERA ET AL, 1993) (See *Appendix V: Bibliography)*.
For other groups, such as lesbians and gay men, disabled people, and people who are homeless, other barriers to services exist. These may relate to fears of stigmatisation, problems of access, or lack of awareness within agencies as to the specific needs of these groups.

The net result of these impediments has been to reduce the extent to which specific groups choose to use drug-related provision. It increases the likelihood that the 'hard-to-reach' groups will only avail themselves of services (if at all) at times of crisis. Consequently, there would appear to be a need for work models that allow workers to reach 'hard-to-reach' groups at an earlier point, intervening with advice and information before such crises occur.

At THE HUNGERFORD, a combination of non-centre based initiatives emerged as the most effective way of reaching the target group and to overcome many of the factors that made them 'hard to reach' with other methods of work. These initiatives were satellite work and detached work in street settings.

THE HUNGERFORD'S Experience of Working With 'Hard to Reach' Groups Through Satellite Work

WORK WITH WOMEN

While reluctant to use existing drug services, many women do use other services. By opening satellites in venues used by women, it has therefore been possible to make drug-related provision accessible to a larger number of women.

For 1994, the following ratios of women have been recorded at Satellites:

Satellite A: _ = 41% of contacts
Satellite B: _ = 45% of contacts
Satellite C: _ = 43% of contacts
Satellite D: _ = 26% of contacts

The proportion of women contacted through satellite work is dependent on the number of women who choose to use that venue. Satellite D is a project used by a significantly lower percentage of women which is reflected in the number of women reached at this location. The hostel has 12 beds, 4 (33%) of which are reserved for women.

It is a measure of the success that agencies have had in creating safe, welcoming environments that has enabled the satellite provision to reach such a large number of women. By comparison, women represented only 27% of contacts to THE HUNGERFORD's Project-based service during the period April 1994 to March 1995.

The implications of THE HUNGERFORD's experience of reaching young women through satellite provision have been clear: in order to increase the number of women reached through satellite work, it is necessary to identify host organisations that attract a large female client group. The under-representation of women amongst certain satellites demonstrates that if a host organisation does not attract specific groups then satellite services at these location cannot reach them either.

WORK WITH YOUNG PEOPLE FROM ETHNIC MINORITY GROUPS

THE HUNGERFORD's satellite work has been particularly successful in reaching young people from ethnic minority groups with drugs and HIV related advice and information.

This success is attributable to the same factors as the observed successes in reaching women: that satellites are located within organisations that have succeeded in attracting young people from ethnic minority groups.

Ethnicity is routinely recorded for monitoring purposes. The following figures were recorded for 1994:

Total number of **New Contacts (at Satellites)**	**644**
Proportion of contacts from Ethnic Minority Groups (African, Asian, Black British, Caribbean)	**42%**
Proportion of new male contacts from Ethnic Minority groups	**36%**
Proportion of new female contacts from Ethnic Minority groups	**53%**

By comparison, the proportion of clients from ethnic minority groups, as contacted through non-satellite provision, was 13%.

The success of satellite work in reaching young people from ethnic minority groups is striking in itself. The proportion of women from such groups is also telling. For within the 'hard to reach' group of ethnic minorities, women represent a still more difficult group to reach.

From these figures, it appears that THE HUNGERFORD's satellite provision is effective in making contact with people from ethnic minority groups. It is, in addition, an effective method of contacting women from these groups.

WORK WITH YOUNG MEN SELLING SEX

THE HUNGERFORD has, in the past, successfully targeted young men working in the sex industry. This represents another group of young people who typically do not use statutory or voluntary agencies of their own volition. Reasons include fear of homophobic responses from either workers or clients of other organisations, fear of being stigmatised, and failure of other organisations to adequately meet their needs.

The one organisation that some of these young men did feel comfortable approaching was STREETWISE, a drop-in operating from an un-publicised location in West London. It provided advice, information and support, somewhere to sit and talk, laundry, shower and sleeping facilities, food, storage facilities, condoms and lubricants.

The key-working and advice sessions undertaken by STREETWISE workers were supplemented by satellites. These included a visiting GP and drugs and HIV input from THE HUNGERFORD.

The overwhelming message from young people at STREETWISE was that they would not use other services. The fear of not being accepted or not being taken seriously deterred them from using mainstream services. For the majority of clients, the only access to advice and information came from STREETWISE and satellites operating there.

The extent to which the young people at STREETWISE were resistant to using other services was demonstrated very clearly when, in August 1993, the agency suspended its centre-based provision. Ex-clients of STREETWISE did not (with a few exceptions) subsequently choose to use other agencies. The Detached Youth Work team at THE HUNGERFORD was, however, able to maintain contact with some of the clients through detached work carried out in conjunction with SOL-DIT (STREETS OF LONDON DETACHED INTERVENTION TEAM), the former outreach team at STREETWISE. When the Centre re-opened (early in 1995), satellite provision by THE HUNGERFORD was re-negotiated and regular sessions were re-instated in May 1995.

Further successes in working with lesbians and gay men have emerged from the ability of some satellite hosts to create a welcoming, non-threatening environment that these young people feel safe attending.

While sexuality is not routinely recorded for statistical purposes, anecdotal evidence suggests that certain satellites are attended by an above-average number of people who identify themselves as lesbian, gay or bi-sexual.

Through undertaking satellite work in these locations, THE HUNGERFORD has been able to reach these young people with drugs, HIV and safer sex advice, and supply condoms, lubricants, dental dams and gloves.

As with other 'hard to reach' groups, the success of satellite work in reaching young lesbians and gay men is dependent on the host organisation's ability to attract them to their service base[5].

At THE HUNGERFORD, clients' sexuality is not routinely monitored. However, during a Project Performance Evaluation Survey in 1992, a sample of 51 Detached Youth Work Team clients were asked on an anonymous questionnaire how they defined their sexuality. 44 young people (88%) answered the question. Of those, 26 (59%) identified as heterosexual, 11 (25%) as gay and 7 (16%) as bisexual.

Locations

CENTREPOINT BERWICK STREET

CENTREPOINT BERWICK STREET is a 24 hour emergency nightshelter. It provides accommodation for young people, usually for up to a fortnight. It is staffed by paid workers and volunteers.

Satellites at CENTREPOINT BERWICK STREET take place during the evening, on a weekly basis. Young people are required to be in the building around the time that the satellite starts; the session also overlaps with the evening meal. As a result, the majority of the hostel residents are around during the session.

CENTREPOINT BERWICK STREET allows young people up to three stays at the nightshelter. It is intended to be a first point of contact for young people who are new to London or newly homeless. In turn, this policy means that the satellite operated there provides more new contacts for THE HUNGERFORD than other satellites.

[5] THE HUNGERFORD's Project-based service has, as a combined result of specifically targeted publicity and work initiatives, together with its ideal location in Soho and the gay community's increased presence in the area, seen a marked rise in the number of gay male clients in particular.

In 1994, a total of 512 contacts took place at CENTREPOINT BERWICK STREET. Of these, 66% (339 people) were new contacts.

In this period, a total of 895 new contacts were made through non-centre based work. (This includes satellite, street and prison work.) Thus, some **38%** of overall new contacts were generated by the satellite at BERWICK STREET.

The rapid turn-over of new contacts at CENTREPOINT BERWICK STREET shapes the 'content' of the satellite there. Frequently, the satellite represents the first contact young people have with a drugs worker. Recognising this, workers will typically introduce themselves to young people, explaining about THE HUNGERFORD and the service that we are able to provide. Frequently, general information about drugs, safer sex, HIV and AIDS are provided. These subjects are often developed through the provision of condoms, more extensive discussions about HIV and drugs, or advice and information about services and resources.

Many of the new contacts made at CENTREPOINT BERWICK STREET are subsequently recontacted when they attend other venues. This allows satellite workers to develop and maintain contact with clients.

CENTREPOINT BERWICK STREET has a large number of beds reserved for young women. The hostel also attempts to target young homeless people from ethnic minority groups, and provide a safe and non-threatening environment for all residents. As a result of these policies, the satellite at BERWICK STREET has gained access to a large number of young women, and people from ethnic minority groups.

Training and resources have been provided by HUNGERFORD workers for staff and volunteers at CENTREPOINT BERWICK STREET. This has helped ensure that host and satellite workers have been able to work harmoniously together.

CENTREPOINT OFF THE STREETS

The CENTREPOINT OFF THE STREETS hostel is an emergency, short-stay hostel which provides accommodation for young people. It is aimed at long-term homeless young people and can provide seven nights accommodation per month for men and ten

nights per month for women. It is a relatively small hostel with a capacity of twelve beds. It is staffed by a paid worker and a team of volunteers.

The satellite takes place during the evening, commencing when residents are admitted. The build up of residents is usually quite slow, and peaks when the evening meal is served. This gradual influx gives HUNGERFORD workers the opportunity to undertake in-depth on-to-one work or extensive group activities with small numbers of people.

The client group consists mainly of long-term homeless young people. Many of them have had contact with THE HUNGERFORD before, often through streetwork. The satellite at OFF THE STREETS allows HUNGERFORD workers to develop these contacts, and maintain contact with young people who often do not use other services.

THE LONDON CONNECTION

THE LONDON CONNECTION is a multi-purpose resource for homeless and unemployed young people. The project incorporates advice and information workers and resources, recreational and creative facilities, shower and laundry facilities, and a cheap café.

Clients of THE LONDON CONNECTION may be using the centre for a number of reasons, and this is reflected in the flexibility that is required in running the satellite there. The satellite provides an opportunity for on-going contact with young people contacted at other locations, such as through streetwork or at other satellites. As a result of this on-going contact, workers are frequently approached by existing contacts for a specific service. This may be the supply of condoms, advice about drugs or safer sex, or to talk about a range of other matters such as accommodation, health, the law, or relationships.

THE LONDON CONNECTION satellite offers HUNGERFORD workers greater scope for using group activities such as games, quizzes or discussions. At the same time, workers frequently need to work on a one-to-one basis with clients, allowing them to identify personal needs and discuss these in relative privacy.

THE LONDON CONNECTION runs a number of groups for young people. These include a Women's Group, a Black Users Group, a Lesbian and Gay Group, and a group for

Young Mothers. As a result, THE LONDON CONNECTION is comparatively well-used by groups of young people who are normally hard to reach. Through THE LONDON CONNECTION satellite, the HUNGERFORD workers have increased contacts from ethnic minority groups, women, and those who identify as gay or lesbian. The success of THE LONDON CONNECTION in making the centre a welcoming environment for these groups has meant that THE HUNGERFORD too is able to reach them.

THE HUNGERFORD has provided extensive training for workers at THE LONDON CONNECTION and there has been a high degree of liaison between workers in both agencies. The provision is regularly reviewed; workers from both agencies hand-over any important points after each satellite.

NEW HORIZON

NEW HORIZON is a youth centre; a large proportion of its client group are young homeless people. The Centre operates a drop-in, advice and resettlement services, and activities such as music and writing workshops.

The satellite operates on a weekly basis in the afternoon drop-in. The drop-in is usually well attended, with both regular and infrequent clients. The regular clients represent an opportunity for THE HUNGERFORD workers to provide on-going support, advice and information to existing contacts. Many of the less regular attenders are existing contacts who have not been around 'the scene' for some time. This satellite therefore often enables workers to renew contacts, and meet new clients.

The size and atmosphere of the drop-in at NEW HORIZON, and the nature of the client group, means that informal group activities such as discussions, quizzes and games are especially well received. The focus of these is to provide more in-depth education about drugs, HIV, and related issues.

Additionally, individual work is an important aspect of the satellite at NEW HORIZON. As the Detached Team usually operate in pairs, space exists for one worker to undertake group work, while the other does one-to-one work with clients who want privacy and individual attention.

Publicity

The Detached and Project-based teams at THE HUNGERFORD DRUG PROJECT distribute cards that detail the times and locations of satellite provision. These cards are also distributed to day-centres, advice agencies and related projects. Additionally, the cards are given out during detached street-work. This publicity has helped ensure that young people know who the Detached Workers are, and where they can be contacted. It has also helped develop continuity between the various satellites, and enhanced the on-going work. The types of satellites operated by THE HUNGERFORD serve to complement each other. Young people contacted at one satellite agency can be recontacted at another; this affords them the opportunity to get their needs met by HUNGERFORD workers at a range of different agencies, with each satellite's input tailored to the requirements of the setting.

Methods of Working

HUNGERFORD workers operate in a variety of ways at satellites. It is important that work around drugs and HIV/AIDS is flexible and reflects the needs of clients and the nature of the host environment. The aim is to provide information and advice in an educative and non-judgmental way. Techniques and working practices used include informal group work, ie discussion groups; formal group work, ie quizzes; questionnaires; and role plays and one-to-one sessions. Referrals are also made to other agencies where appropriate and resources are distributed. Much of the work involves making 'cold contacts', that is approaching young people and introducing THE HUNGERFORD and the issues of drug use and HIV/AIDS to them. It is a pro-active way of working. This is necessary because the majority of clients contacted would not consider themselves to be in immediate need of a service from THE HUNGERFORD or any other specialist drug agency. Once contact has been established, the client is able to discover what use he or she can make of the services on offer and to dismantle the fears and myths which often surround drug projects and what they do.

Monitoring

Consistent monitoring and review represent an essential element of any piece of work. Statistics are kept about all contacts and records made about the nature and contents of the contact. This is important in order to build up a profile of work carried out at the satellite.

Reviews are held every three months with the satellite host. This is to ensure that the needs of both organisations are being met by the satellite and that any future developments can be planned. This serves to assist the working relationship of the two organisations.

CHAPTER III:

OTHER EXAMPLES OF SATELLITE PROVISION

Satellite provision is not restricted to work in the areas of drugs or HIV. It is an appropriate approach for most forms of specialist provision. To illustrate this, several other organisations who operate satellites were contacted. They were:

- CLASH (CENTRAL LONDON ACTION ON STREET HEALTH)
- THE MOBILE ALCOHOL SERVICE, RUGBY HOUSE
- RELEASE
- THE BROOK ADVISORY CENTRE

The following is a synopsis of each organisation's satellite provision:

CLASH

CLASH provide a wide range of services to those who are homeless, transient or working in the sex industry. The services include:

- advice and information about sexual health, sexually transmitted diseases, HIV and AIDS, safer sex, drugs, contraception
- supply of condoms, dental dams, lubricants, injecting equipment
- primary medical health care, GP services, health workers

In order to maximise accessibility to this service, CLASH have adopted a multi-disciplinary approach which uses a number of the models described previously.

A satellite was established in a community centre adjacent to Kings Cross Station, aiming to provide a service for women working in the sex industry. This service was publicised by word of mouth amongst clients and through outreach work in the area.

CLASH operate another satellite at Holloway Prison, undertaking advice and information work with women there. The work in Holloway is an example of catering for clients who cannot attend the operational bases, but for whom such a service would be beneficial.

The approach used by CLASH, incorporating detached, outreach, satellite and centre-based models is illustrative of a multi-disciplinary approach to reaching target groups. The work of CLASH is examined further in HARD TO REACH OR OUT OF REACH (RHODES, HARTNOLL, AND HOLLAND) *(See Appendix V: Bibliography)*.

MOBILE ALCOHOL SERVICE, RUGBY HOUSE

Work around alcohol use (like work around illicit substance use) is an area of specialism where some client groups are traditionally 'hard-to-reach' (particularly women and young people). RUGBY HOUSE undertakes satellite work in short and long stay hostels and day-centres for homeless and transient young people. The services are publicised both by hosts and by outreach work for the satellites. The use of satellite intervention, supported by outreach work, has resulted in a shift away from the traditionally older, white male client group to one more mixed in terms of age, gender and ethnicity.

RELEASE

RELEASE provide legal advice. The emphasis of the work is on drug-related legal issues. RELEASE operate a non-centre based scheme which is referred to as the 'Legal Outreach Project'. In our definition, however, the model is closer to satellite provision, as the service does not attempt to draw contacts towards the operational centre.

RELEASE workers attend a number of drop-ins. These are located in venues such as community drug projects, needle exchanges, health authority projects, and other drug agencies.

The rationale behind the service is that, although frequently needing legal advice and assistance, chaotic drug-users are unlikely to make and keep appointments for such a

service. Additionally, such clients are liable to be wary of statutory organisations, and may avoid them. A satellite approach removes these boundaries, and thus creates a more accessible service.

THE BROOK ADVISORY CENTRE

'THE BROOK' found that groups that were traditionally hard to reach with advice about sex and contraception (such as young people, homeless and transient people) were also those who could particularly benefit from accurate advice and information, contraceptive resources and sexual health-care.

It was also observed that, frequently, young people only approached THE BROOK at times of crisis, such as condoms splitting, suspected pregnancy, or fear of infection.

Satellite provision met two key objectives: The first was to provide an earlier point of intervention. By taking advice, information and resources to a number of satellite locations, needs could be identified and met without being prompted by a crisis. Hostels and day-centres provided appropriate arenas for such a service. The second was to increase accessibility to other aspects of THE BROOK's services such as sexual health care. Satellite clinics, staffed by an advice worker, counsellor, nurse and a doctor, made for a more accessible service.

The above are examples of some of the organisations currently utilising satellite provision. The list is, of course, not exhaustive, and there are many other types of service where satellite provision would be relevant.

CHAPTER IV:

POTENTIAL PROBLEMS OF SATELLITE WORK

The joint-working conditions required for satellite work mean that some specific problems may emerge. Through reviews and negotiation, these should be resolvable. An awareness of these issues when planning and negotiating satellite provision may reduce future problems.

Boundaries

A range of boundaries exist within organisations. These may govern the nature of worker/client relationships, rules and behaviour which clients are expected to conform to, and policies on subjects such as drug use. Boundaries between host and providing organisations need to be compatible. For example, a providing organisation might refuse to work with clients who are drunk or under the influence of drugs; the host organisation might tolerate such behaviour provided that it is not disruptive. In such a situation, there is a conflict about boundaries which could cause problems in providing a satellite. Should the host work to the provider's boundaries, or should the provider work to the boundaries laid down by the host? Such differences can be overcome through negotiation and discussion.

Banning

Clients may have been banned from host organisations, but seek to use satellites located there. This can be especially relevant in the drugs field: clients may have been banned for drug-related issues, yet these are the very people who could most benefit from the satellite. A decision needs to be made as to whether such bans are upheld, or if they should be waived for the duration of the satellite.

Again, through discussion and negotiation, it should be possible to resolve any dissension over this issue.

Confidentiality

When undertaking sensitive work with clients around issues such as drugs, it is of paramount importance that effective confidentiality policies are in place. THE HUNGERFORD DRUG PROJECT has such a policy, and work undertaken by Project staff remains confidential within the Project. Provision is made within the policy guidelines to breach this confidentiality if workers perceive that a client or another person would be at risk of harm through maintaining confidentiality.

Within satellite provision, however, the issue of confidentiality can become more problematic. Whilst THE HUNGERFORD has a confidentiality policy, so too do the host organisations within which satellite work is undertaken. These policies vary from organisation to organisation, and are upheld with varying degrees of stringency.

The situation can and does arise where host organisations request information about clients which is confidential to the client and THE HUNGERFORD DRUG PROJECT. Alternatively, host organisations may refer young people to satellite workers, and have an expectation that they will be informed of outcomes.

As a result, confidentiality within satellite provision can rapidly become a lattice of shifting tensions and demands. The most effective resolution of the issues is to ensure that clear guidelines and boundaries are established prior to the satellite commencing.

Within THE HUNGERFORD's present satellite provision, the following mechanisms have helped to ensure an effective flow of information, whilst maintaining confidentiality:

- prior to each session, satellite workers and host workers have a 'pre-brief' meeting, in which they can identify clients about whom the host workers have concerns, or who they wish to refer to us

- after each session, host and satellite workers have a 'debrief', to examine how the session went, and pass over any information or concerns about clients as appropriate within established confidentiality policies. (An example of this would be passing over information about a client who, in a worker's opinion, had taken a dangerously large amount of a drug)

- ❍ it may be agreed to pass on or discuss mutual clients only with those clients' explicit consent

The above guideline would be suspended in cases where severe harm appeared likely to either clients or other people, should this confidentiality be maintained.

Host And Satellite Worker Relations

It is important that the respective roles of both parties are clearly understood. The following points need to be made explicit:

- ➢ the nature and purpose of the satellite
- ➢ the identity and roles of host workers
- ➢ the identity and roles of provider workers
- ➢ the day and times of satellites
- ➢ the needs of workers from both organisations

Ensuring that the above points are clearly understood can:

- prevent workers from feeling disempowered
- avoid destructive, embarrassing or wasted moments
- allow satellites to run smoothly

Aside from regular meetings, training is an effective way of achieving the above aims. Moreover, training has important implications for providers. A satellite is liable to take place for only a couple of hours a week; for that time a satellite worker can influence the input upon a given subject or issue. Outside of that time, the input that a client receives from the host organisation may radically differ from that which the satellite offers. Such input potentially undermines the work done by the satellite. Training by the satellite provider for the hosts can reduce or eradicate this problem and help to improve the overall service offered by the host agency.

Workload

While satellites may run for only two hours per week, they generate further work at the operational base. This may involve administration, recordings, or following up on cases. When planning satellite provision, it is important to ensure sufficient time is allocated for such additional work generated by the satellite.

CHAPTER V:

EVALUATION

Providers

A number of agencies which undertake satellite work were interviewed, in order to gain fresh perspectives on the effectiveness of this method of working. The content of provision offered by these organisations included drugs, safer sex, HIV/AIDS awareness, alcohol, contraception, legal work and primary health-care.

Respondents made the following observations about their satellite provision:

- satellite work enabled providers to reach a wider range of people than would otherwise have used the service

- the satellite model allowed for accurate targeting of client groups who had traditionally not used services. This was especially true with regard to services to which there was a degree of ingrained resistance; such services were typically not used through the client's own initiative, and thus were especially viable as satellite provision

- satellite provision had the potential to empower host workers and volunteers. (Some organisations considered this to be a primary intention, whilst others viewed it as a secondary objective)

- satellites could provide an 'on-the-spot' service; this was important for clients who may be experiencing 'chaotic' lifestyles

- satellite provision reduced or removed the need for clients to attend appointments, or to travel to other venues

- satellites could be informal and flexible

- it was possible; through satellites, to deliver services in a location chosen by clients, and in which they felt comfortable

- satellite work represented a cost-effective and labour-efficient form of service delivery. This was because:

  - the provider need take no responsibility for running or staffing a building

  - workers from providing agencies can maximise their service delivery in their area of specialism, and provide a level of excellence targeted at the most appropriate groups.

Hosts

Each HUNGERFORD satellite is reviewed on a three-monthly basis. The reviews involve input from THE HUNGERFORD, as the satellite provider, and workers from the host organisation. From these reviews, it has been possible to evaluate satellite provision from the perspective of host organisations. The following points have emerged:

- Host workers have expressed appreciation and satisfaction with satellite provision. The regularity and continuity of the provision has enabled some hosts to view HUNGERFORD workers as "a part of the team".

- Through reviews, discussion and training, divisions between host and satellite workers have been reduced. Initially, many host workers viewed HUNGERFORD workers solely as a specialist resource, or a source of expertise. This had the limiting effect of:

  - not empowering host workers

  - reducing the extent to which host workers, and by association host clients, were integrated into satellite provision

  - diminishing the extent to which host workers understood the purpose, nature, and content of satellite provision

- damaging the extent to which host workers were able to publicise the satellite or direct appropriate clients to the satellite service.

These problems have been resolved through effective liaison between providers and hosts. The outcome has been very positive. The following has been achieved:

- a clearer understanding of host/provider roles has emerged
- host workers will, where appropriate, direct people to satellite workers, and vice versa
- satellite workers and host workers will 'hand over' observations and relevant information about the session. This is undertaken with due regard for the client's right to confidentiality. Such handovers allow host workers and satellite workers to complement and support each others' work
- host workers have been able to identify and fulfil training needs
- host organisations have found satellite provision useful as it provides a clearer picture of the nature and extent of drug-use amongst their client group
- satellite work enables host organisations to meet client needs within their arena, without host workers needing to develop the necessary level of specialism to undertake such work

It would appear, from this, that host workers and organisations find satellite provision valuable, and that through reviews, training and meetings, its efficacy can be maximised.

Users

Users of satellite provision have made observations regarding satellite provision that indicates a high degree of satisfaction with the service. An internal Performance Evaluation Study was conducted in 1993. The study was intended to gauge client satisfaction with various aspects of THE HUNGERFORD'S service. Clients were given a range of statements, and asked to say to what extent they agreed or disagreed. Examples of the statements are:

> *"I can rely on the information given to me by the Hungerford worker."*
>
> *"I can talk to the Hungerford worker about all kinds of problems."*

A number of deliberately negative statements were included, so as not to be 'leading' the questionnaire in THE HUNGERFORD'S favour; eg:

> *"The Hungerford worker doesn't know enough about drugs."*

Of the respondents who expressed a view, less than 5% indicated any degree of dissatisfaction with the satellite or its workers.

The findings from the Performance Evaluation Report can be augmented by anecdotal comments supplied by users, and from observations made at reviews. A review had noted that:

> *"...in many instances, the satellite was the first opportunity for the young person concerned to ask questions about drugs which often coincided with their first absence from home. In many respects the satellite had considerable effect in increasing the young people's awareness of drugs and therefore empowering them in their lives on the street."*

Clients identified the following as positive aspects of satellite provision:

- satellites represented a non-threatening, non-judgemental atmos-phere in which to discuss sex and drugs

- information about different sorts of condoms, HIV, and safer sex was both useful and accessible

- satellite workers were identified as being separate from host workers and so clients felt able to discuss issues with satellite workers which might not otherwise have been appropriate or possible. (This was especially applicable in hostels, where young people had expressed unwillingness to discuss drug use, as they did not want to draw attention to themselves, or risk eviction.)

- for many young people the satellites are the only source of HIV-, safer sex- or drug-related information

Overall, the feed-back from clients suggests that they find the service useful, accessible and relevant; and that the style of the provision, its contents, and the calibre of workers manage to ensure a high level of client satisfaction.

CHAPTER VI:

CONCLUSION

Satellites may offer specialist information, appropriately targeted, to those who might otherwise not receive it. Satellites also constitute a method which enables a provider to target specific material at groups traditionally not using certain provision.

Satellite work does not, however, provide a method of reaching people who are not in contact with any statutory or voluntary agencies. If a host organisation is not contacting certain groups, then a satellite at that location will not reach them either. The extent to which a satellite can reach 'hard to reach' groups depends, therefore, on the ability of the host organisation to reach such groups.

Satellite work is one way of working with (young) people. Other models have been outlined in Chapter I. Whilst few axiomatic truths exist, one can, however, offer some broad guidelines:

- If the intended client group is one not in touch with any form of provision, then satellite work is not appropriate; more effective models would be **detached, outreach,** or perhaps **mobile work**.

- If the intended client group is one that is traditionally hard to reach, but is currently being serviced by a non-specialist organisation, then there is a potential role for specialist satellite intervention.

- If the intended client group is one which is in touch with a specialist agency, but whose specialism differs from ones own, then satellite work may be appropriate.

Satellites can work; they can reach people who are traditionally hard to reach, but who are currently in contact with either statutory or voluntary agencies of either a generic or specialist nature. Through the provision of a satellite, such people may receive information, resources or services of a specialist nature.

In those settings where satellite work is appropriate, exciting possibilities exist to create innovative forms of provision. Satellites represent something of a synthesis, the merging of traditional and newer models of working. The host agency is a location where clients choose to go (eg THE LONDON CONNECTION) or are located for a specific reason, (eg emergency accommodation at CENTREPOINT BERWICK STREET). These host agencies represent some form of centre-based provision; the satellite provision is an evolution of non centre-based work. Detached work focuses on taking services to young people where they gather, such as on the streets, in cafés or pubs. Satellite work develops this concept, but works with young people gathered in other organisations, such as day-centres or hostels.

This synthesis of centre-based and detached provision creates a wealth of opportunities for service providers. The potential exists to develop generic centre-based organisations that act as hosts to a range of appropriate satellite organisations. The host organisation provides an atmosphere that attracts clients to the centre and undertakes a range of activities with them. Further needs can then be met through satellite provision.

Developments are already occurring along these lines. Several organisations host a range of satellite services. The satellite providers interviewed for this report indicated that they were in the process of expanding and developing their satellite provision.

Satellite provision is still an innovative model of service delivery. It has immense potential, and represents an accurate and effective method of reaching target groups with relevant information.

This report is of course limited in its scope: other methods, other types of host, and providers delivering other forms of service are relevant and deserve further consideration and evaluation.

APPENDIX 1
STEP BY STEP GUIDE TO PROVIDING A SATELLITE

1 Through internal evaluation, identify the area of specialisation that the satellite provision is intended to cover. Such areas could include drugs work, legal work, informal education of a generic nature, primary health care, or many other specialist subjects.

2 Through monitoring and assessment, identify target groups for service provision. These could be groups who are currently not reached by the specialist providers, and for whom such services are relevant and applicable.

3 Identify potential host organisations who are reaching the target groups identified above. Such groups should not be providing a similar service to that which you intend to deliver.

4 Internally, and through liaison with host organisations, plan the content of the intended satellite provision.

5 Define what is needed to undertake satellite provision. Issues to consider include:

- number of satellite workers required
- timing of satellite (ie morning, afternoon, evening)
- duration of satellite
- frequency of satellite
- resources required
- special needs, such as phone, private space
- publicity

6 Identify host needs, such as:

- number of host workers needed or available
- training requirements
- publicity

- frequency of satellites
- services required

7 Through negotiation with the host, draw up policy documents relating to key issues such as boundaries and confidentiality.

8 Through negotiation draw up a contract between yourselves and the host organisation. This should include the frequency, duration, and nature of the satellite provision. The contract should incorporate all agreements that have been made by both parties. It should refer to what services the hosts and the providers will offer. The contract should establish a timetable for reviews. (A sample contract is included as *Appendix II* to illustrate some of the requirements of a contract.)

9 Draw up appropriate mechanisms to monitor and evaluate satellite provision. (A sample Satellite Recording Form is included as *Appendix III*.)

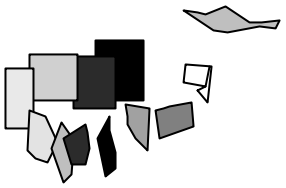
10 Initiate satellite provision. Ensure that host workers are aware of the nature and content of the provision. Introducing all host and satellite workers to each other is essential. In addition, clarity is important when introducing the satellite provision to clients.

11 Be prepared to adjust or moderate provision as awareness of the satellite develops.

12 Review, revise and adapt. This process should take place through discussion between host and satellite organisations.

APPENDIX 2
SAMPLE CONTRACT FOR SATELLITES

THE HUNGERFORD
DRUG PROJECT



32A WARDOUR STREET • SOHO • LONDON W1V 3HJ
TEL 071-437.3523 • FAX 071-287.1274

CONTRACT FOR SATELLITES

Between the Hungerford Drug Project Detached Youth Work Team and

_____

I _____

1) The Hungerford Detached Youth Work Team agree to operate a satellite at your Project on

_____ between _____ and

for a period of _____ subject to the conditions below being agreed. The work will be reviewed at the end of this period. The manager/team leader of both projects and link worker/Hungerford Drug Project Worker should attend this review.

2) The Hungerford Detached Youth Work Team requires a formal introduction to staff team and the ethos and the policies of your Project. The `satellite' project will assign one member of staff as the `link worker' for the Hungerford Drug Project staff to liaise with.

3) The Hungerford Drug Project detached youth work team will be offering information, advice and support in a preventative and educative manner on all issues surrounding drug use and HIV. Work with drug users focuses on a harm minimisation approach and condom distribution represents an integral element of our HIV work.

4) The Hungerford Drug Project offers a confidential service to clients and would expect the host project to respect this unless the client gives permission to the contrary. A private space to undertake one-to-one work would be advantageous.

5) The Hungerford Drug Project is working towards good equal opportunities practice in all aspects of its work.

SIGNED (ON BEHALF OF THE HUNGERFORD) PRINT NAME/POSITION

SIGNED (ON BEHALF OF SATELLITE) PRINT NAME/POSITION

DATE:

<u>For information only</u>

To complement the satellite drugs and HIV work , the Hungerford Drug Project also offers tailor made training packages on drugs, HIV/AIDS and related issues to agencies.

The Hungerford Drug Project also offers crisis intervention, referral on, long-term counselling and support for drug users, their families, friends and partners on a

drop-in or appointment basis. Shiatsu and legal advice are also available - please phone for details.

APPENDIX 3

SAMPLE SATELLITE MONITORING FORM

HUNGERFORD DRUG PROJECT
DETACHED YOUTH WORK TEAM

DYWT\SATFORM
07 93

SATELLITE RECORDING FORM

SATELLITE:
DATE:
SATELLITE WORKER PRESENT:
GENERAL ATMOSPHERE:

HDP WORKER 1:HDP WORKER 2:

INDIVIDUALS SEEN:

GROUP WORK:
(DESCRIPTION)

Any other relevant information
(Include feelings about the sessions,
any details about the Satellite etc)

CONTACT FORMS
(TICK IF DONE)

APPENDIX 4
CONTACT LIST

The Hungerford Drug Project
32A Wardour Street
Soho
London W1V 3HJ
0171 437 3523

CLASH (Central London Action on Street Health)
15 Bateman Buildings
Soho Square
London W1V 5TW

Rugby House Project (Mobile Alcohol Service)
3rd Floor
Argyll House
29-31 Euston Road
London NW1 2SD

Release
388 Old Street
London EC1V 9LT

Brook Advisory Centre
233 Tottenham Court Road
London W1P 9AE

The London Connection
12 Adelaide Street
London WC2 4HW

Centrepoint Nightshelter
25 Berwick Street
London W1

Centrepoint Off The Streets
54 Dean Street
London W1

APPENDIX 5
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