

A TOOL FOR HARM REDUCTION SERVICE PROVIDERS

STEP BY STEP



**PREPARING FOR
WORK WITH
CHILDREN AND
YOUNG PEOPLE
WHO INJECT
DRUGS**

International HIV/AIDS Alliance

We are an innovative alliance of nationally-based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

91–101 Davigdor Road, Hove, East Sussex, BN3 1RE, United Kingdom
mail@aidsalliance.org
www.aidsalliance.org

Harm Reduction International

Harm Reduction International is an international non-governmental organisation that works to reduce drug-related harms by promoting evidence-based public health policy and practices, and human rights-based approaches to drug policy through an integrated programme of research, analysis, advocacy and civil society strengthening. Our vision is a world in which individuals and communities benefit from drug laws, policies and practices that promote health, dignity and human rights.

Unit 2D12 Southbank Technopark, 90 London Road, London, SE1 6LN, United Kingdom
info@ihra.net
www.ihra.net

Youth RISE

Youth RISE is a global youth-led network promoting evidence based drug policies and harm reduction strategies with the involvement of young people who use drugs and are affected by drug policies. Youth RISE envisions a world where society responds to drug use among young people through humane and evidence based policy and practice.

5th Floor, 124–128 City Road, London, EC1V 2NJ, United Kingdom
info@youthrise.org.au
www.youthrise.org

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We are very interested in the experiences of any organisation that uses the tool. If you find it useful and/or believe that it would benefit from adaptation or additional information, or if you have any other comments, please let us know. Send all comments to stepbystep@aidsalliance.org

Designed by Jane Shepherd

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Introduction

You are an experienced harm reduction outreach worker. One day, while you are working, you encounter a group of young people who inject drugs. One of the people in this group is new to you and looks very young. When you speak to him he tells you that he is 15 and has been injecting drugs for about one year, after being introduced by a cousin. He is asking for sterile needles. How do you feel? What do you do?

Globally, the protection and care of children and young people who inject drugs receives little attention. It is a controversial and often misunderstood issue and one that is severely underfunded. Global research¹ presents shocking figures and evidence of restrictive laws preventing young people from accessing harm reduction. Rarely are services developed with children under 18 in mind, and organisations often lack capacity to attend to this highly vulnerable group. Young people also report experiencing significant barriers to accessing harm reduction services when they are under 18 due to a number of factors, including staff attitudes and organisational policies and practices.²

This tool is a product of a partnership between Harm Reduction International (HRI), Youth Rise, International HIV/AIDS Alliance and Save the Children and was developed in response to HRI research on injecting drug use among under 18s globally that highlighted gaps in the response for this group.³

This resource is intended for harm reduction service providers with limited experience of working with children and young people who inject drugs. It sets out a process that you can go through quickly, with little cost, to prepare for work with children and young people who are under 18. It is designed to help your organisation and staff to feel safe in commencing this work, and to support you in thinking through the challenging situations and decisions that you face. In some cases, it may lead you to decide that you are not yet ready to go ahead with this work.

1. FHI (2010) *Young people most at risk of HIV: a meeting report and discussion paper from the Interagency Youth Working Group, U.S. Agency for International Development, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Interagency Task Team on HIV and Young People, and FHI*. Available at: http://data.unaids.org/pub/basedocument/2010/2010_yanmar_en.pdf

2. Krug, A. et al (2015) "We don't need services. We have no problems": exploring the experiences of young people who inject drugs in accessing harm reduction services. *J Int AIDS Soc.* 18(2Suppl 1)19442. doi:10.7448/IAS.18.2.19442.

3. HRI (2013) *Hidden in plain sight: the need for more action on injecting drug use among under 18s*. Available at: www.ihra.net/contents/1406

Why focus on children and young people who inject drugs?

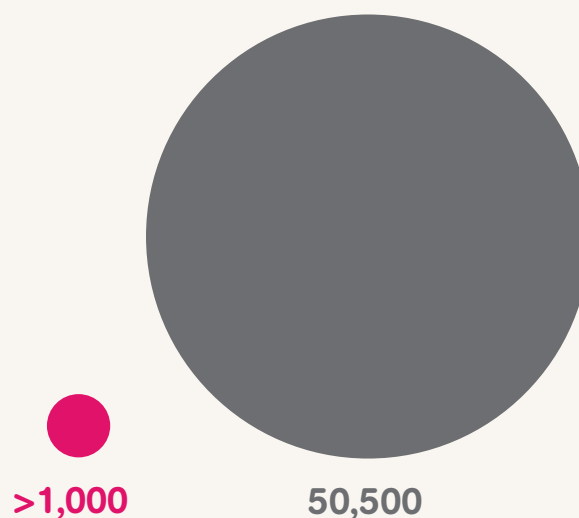
According to the Interagency Youth Working Group of UNAIDS and USAID, young people who inject drugs are more likely to:⁴

- be at risk of HIV infection
- share needles and syringes than older people
- be injected by someone else
- be the last to inject in a group setting
- take more unprotected sexual risks than older users
- change sexual partners more often and might have several concurrent sexual relationships
- sell sex in order to pay for drugs
- be excluded from school and other contacts that might channel them to health services
- be overlooked in drug services, especially those in the early stages of injecting.

It is clear that children and young people face specific risks and vulnerabilities that require a tailored response. Yet youth-specific harm reduction services are rare,⁵ leaving a gap between age of initiation into drug use and the age at which services are accessible⁶. Alongside differences in access to health services, studies⁷ also flag important differences between adolescents who inject drugs and older counterparts in terms of socio-economic factors, risk behaviours and the kinds of drugs consumed, and show increased risks of injecting among specific groups including young street dwellers, girls, ethnic minorities, survivors of sexual abuse and those with low educational attainment or who are out of school. At the same time, laws and policies – such as age restrictions or parental consent requirements – too often present barriers to assisting children and young people or may render the legality of doing so difficult. In addition, in many settings, child protection laws and policies also come into play.

Data from Ukraine (see diagram) suggests a significant gap in coverage of harm reduction services among people aged 10–19 who inject drugs.⁸

Ukraine: Number of adolescents who inject drugs versus access to harm reduction services through the International HIV/AIDS Alliance



Number of adolescents reached by harm reduction services 2012

Population size estimate 10–19 injecting drug users 2011 (Unicef)

4. FHI (2010) *Young people most at risk of HIV: a meeting report and discussion paper from the Interagency Youth Working Group, U.S. Agency for International Development, the Joint United Nations Programme on HIV/AIDS (UNAIDS) InterAgency Task Team on HIV and Young People, and FHI*. Available at: http://data.unaids.org/pub/basedocument/2010/2010_yanmar_en.pdf

5. HRI (2013) *Injecting drug use among under 18s: a snapshot of available data*. Available at: www.ihra.net/files/2014/08/06/injecting_among_under_18s_snapshot_WEB.pdf

6. HRI (2012) *The global state of harm reduction: towards and integrated response*. Available at: www.ihra.net/files/2012/07/24/GlobalState2012_Web.pdf

7. Krug, A. et al (2015) "We don't need services. We have no problems": exploring the experiences of young people who inject drugs in accessing harm reduction services. *J Int AIDS Soc.* 2015; 18(2Suppl 1):19442.

8. O. Balakireva et al (2011) *Population size estimate of most-at-risk children and youth in the 10–19 age group, Kyiv*. Unicef and HRI (2013) *Injecting drug use among under 18s: a snapshot of available data*.

The challenges we face

We all want the best for children and young people. We want to see them in safe housing, in school and doing well. However, where drugs are being used in harmful ways, including through injecting, harm reduction services play a crucial protective role in ensuring that unnecessary harm from drug use will not prevent or damage the longer term development of the child.

As harm reduction service providers, the first time we reflect on these complex issues is often when we are first presented with a child in need. In this situation we are required to quickly balance the legal, ethical, clinical and protection issues involved:

- We may not be able to test for HIV under a certain age, even if we suspect that a child or young person may have HIV.
- We might know that drug use in our society is controversial, and worry about the political and legal problems with providing services to children and young people.
- We may fear personal attack from people who don't agree with our work.
- We might work in a country that has age restrictions on certain harm reduction services.
- We may face personal challenges, such as not understanding the scale of the problem among young drug users.
- We may feel morally or ethically ambivalent, or perhaps even feel morally and ethically certain about the inappropriateness of children and young people who inject drugs.

Taking a reactive approach to these questions leaves us with little room for consultation, exploring options, preparing ourselves or our organisation, and can leave us making rushed decisions with inadequate information.

A proactive approach will ensure your organisation is prepared and allow you to feel confident that you will provide the best service for the children and young people and that you have considered the implications for clients, individual staff and the organisation as a whole.

The aim of this toolkit is to help you move to a more proactive approach. By working through the following steps your organisation can explore how prepared it currently is to support children and young people, and from there can develop policies and procedures for working with children and young people who inject.

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Ten steps to prepare your organisation for working with children and young people who inject drugs

- Step 1: Exploring attitudes and sharing concerns**
- Step 2: Assessing the policy and legal environment**
- Step 3: Understanding key principles for working with children and young people**
- Step 4: Exploring your current capacity to work with children and young people who inject drugs**
- Step 5: Assessing the needs of children and young people who inject drugs**
- Step 6: Determining your organisation's capacity to provide key services**
- Step 7: Mapping other available services**
- Step 8: Considering the impacts on staff**
- Step 9: Policies to assist children and young people who inject drugs**
- Step 10: Developing your policy**

The ten steps should be worked through in a group. Most of the steps can be led by staff or managers and require minimal preparation.

Before you begin ...

- Decide how you are going to work through the steps and allocate time accordingly.
- Assign a focal person to record the decisions you make or approaches you agree on. Use the template at the back of this tool, or create your own, to collect the information you need.
- Ensure staff feel comfortable and supported to discuss their feelings and opinions freely and safely regarding young people who inject drugs.
- Agree to make decisions as a team. While it may be tempting for individuals, especially managers, to not do this, it is in the best interests of children that you have taken joint decisions around these issues and explored the implications of the work, people's attitudes and your staff's capacity to do this complex work as a team.



When you see this icon, make notes to use later in the policy document template at the back of this tool. This will help you to develop a policy for your organisation and offer a standardised approach to working with children and young people that can be understood by all staff.

Templates can be downloaded at:
www.aidsalliance.org/resources/606-step-by-step

Ready? Let's begin

1

Exploring attitudes and sharing concerns

This section is designed to help you to:

- identify areas that staff agree on and disagreements that require resolution
- recognise the need for shared principles
- appreciate the influence personal attitudes can have
- understand the importance of decision making processes and procedures, which do not rely on personal judgement alone.

Attitudes of staff that have direct contact with children and young people can influence the way decisions are made. Individual attitudes and concerns are therefore very important to explore. For this to be effective it is important to create an environment of openness and trust where people can respectfully challenge opinions. There may be disagreement and even conflict that needs to be handled sensitively and the group should acknowledge that their individual values and deeply held beliefs might not always be the same.



Policy document: Section 1.3

What data is available on children and young people who inject drugs in your city or country?

While globally, data on injecting among under 18s is extremely limited, the following sources may provide some information:

- HRI report, *Injecting drug use among under 18s: a snapshot of available data*. Available at: www.ihra.net/contents/1406
- Joint United Nations Programme on HIV/AIDS (UNAIDS) www.unaids.org
- United Nations Office on Drugs and Crime (UNODC) www.unodc.org

Exercise A: Group discussion of scenarios

PURPOSE

This exercise will help you to explore the attitudes of your staff in relation to work with children and young people who inject drugs, to identify common ground and highlight potential areas of conflict.

INSTRUCTIONS

1. Ask the group to read through the following three real life situations and discuss the answers to the questions.

Scenario 1

You are working in a needle-syringe programme. Most of your clients are 20–40 years old. One day a 13-year-old boy comes in and asks for injecting equipment. At first you are surprised. After some discussion, it becomes clear that the boy is regularly injecting.

Questions

- What are your options?
- What are the ethical considerations around providing him with sterile injecting equipment?
- How well prepared is your service to support him?
- How will you assess whether he understands the service and is able to provide the consent necessary for this form of assistance?

Scenario 2

You are working in a centre that offers HIV testing. A 15-year-old girl receives a positive result. In the post-test counselling discussion she says her greatest risk is injecting drugs with her 16-year-old boyfriend. They usually inject in a group of 6 to 8 friends and often share equipment. It is illegal in your country to provide harm reduction services to anyone under 18.

Questions

- What are your options?
- What assistance could you provide?

Scenario 3

You are conducting outreach with a group of young people who inject drugs. One of the girls has a black eye. You speak to her and she tells you that she lives with her uncle who regularly beats her.

Questions

- What is your duty of care for this girl?
- What steps could you take?
- What additional information would you need to find out?
- What are the implications of any action you take?

The group discussions should reveal that there are no simple solutions or right or wrong answers to these scenarios. How you would respond may depend on:

- the attitude, knowledge and skills of the staff in your organisation
- the ethical, clinical and legal issues at play in each situation
- the values of your organisation, the decisions the organisation has taken about how to deal with situations involving children and young people, and the policies it has developed
- whether your service is equipped to work with children and young people who inject drugs
- the specific laws and regulations in your country or city, and whether and how these are enforced
- how funding is provided for your services and the attitude of funders towards these issues.

Exercise B: Agree/Disagree exercise: attitudes to common dilemmas

PURPOSE

This exercise will help you tease out the different opinions among staff towards working with children and young people who inject drugs.

INSTRUCTIONS

1. Hand out copies of the statements below. Ask people to work through the exercise on their own, ticking 'Agree' or 'Disagree'. Then afterwards come together as a group to discuss. Ensure staff understand that there are no right or wrong answers. They should feel comfortable to respond truthfully within the group and safely challenge each other.

Statements

Statement	Agree	Disagree
It is better not to ask the age of a young person who is requesting services because then I cannot be held responsible		
A 13-year-old has a right to access sterile needles		
If possible, I should seek parent/caregiver consent before I offer a service to a 14-year-old		
We should be prepared to break the law if we want to help young people		
We need to treat all children who inject drugs as people who need protection		
Involving parents is always a problem and should be avoided if possible		
I have to keep promises to young people		
I should never break a child's confidence		
Children have rights that must be the top priority in my decision making		
Our ultimate goal should be to get the children we see to stop taking drugs		
Any child who injects drugs should be provided with detoxification services as a matter of priority		
Children under 18 are too young to know what is in their best interest, and are unable to make the right decisions for themselves		
Children who access our services have the same right to confidentiality as the adults		

2. As a group, tally the number of 'agrees' and 'disagrees' to help you assess where you have disagreements and which issues may be more difficult for your organisation.

Reflect on the areas where staff had major differences of opinion. Record them and revisit them once you have worked through all the steps of the toolkit.

Think about the areas that the majority of staff agreed on. You may also collectively disagree on some of the above statements. This exercise should highlight the shared values the staff in your organisation hold. These values will underpin your approach to working with children. Record those you can in the policy document at the back.



Policy document: Section 2.1

- Record the shared values in Section 2.1 of the policy document.
For example:
'We respect that children and young people have the right to make decisions that concern them.'
'We respect a child's right to confidentiality.'
'We believe that children and young people have a right to access services.'
- Try to turn negative statements into positive ones. For example, if you all disagreed with 'Any child or young person who injects drugs should be provided with detoxification services as a matter of priority', this could be rephrased as 'We respect a child's agency and acknowledge that children and young people must be ready to stop using drugs and cannot be forced'.

2

Assessing the policy and legal environment

This section is designed to help you to:

- map the legal context and environment in which you work
- assess the legal barriers and implications of providing services to children and young people.

The legal and policy environment in which we work can strongly influence the way we interact and engage with children and young people who inject drugs.⁹ Believing that certain activities may get us into trouble can shape our attitudes as much as the personal beliefs we explored in Step 1. These steps are key to understanding the risks to your organisation and helping you to make an informed decision about whether to work with children who inject drugs.

9. Interagency Working Group on Key Populations (2014) *HIV and young people who inject drugs: a technical brief (draft)*. UNAIDS. Available at: www.who.int/hiv/pub/guidelines/briefs_pwuid_2014.pdf. See pages 13–14 for an overview of legal and policy constraints.

Exercise C: Mapping the legal environment

PURPOSE

The following exercise is designed to help you to understand the legal environment and the challenges you may face in terms of providing services to children who inject drugs.

INSTRUCTIONS

1. As a group, brainstorm all the laws in your country that may affect your ability to provide services to children and young people who inject drugs. Structure these around the following headings:

- Age of consent
- Access to services for minors
- Parental consent
- Provision of sexual health information
- Contraception
- Other relevant laws

- In the case of interventions such as opioid substitution therapy (OST), there will likely be both general laws relating to medical care and specific laws or regulations relating to methadone and other opioid drugs, as well as interventions such as needle-syringe programmes and outreach work.
- For needle-syringe programmes there are sometimes specific laws that govern the provision of injecting equipment.
- There may be all-government regulations related to your work, which must be adhered to by organisations that are part of a government entity such as the department of health. Non-governmental organisations (NGOs) may also need to operate according to government regulations or standard operating procedures.
- There may also be laws which prohibit testing or research among minors, or this may be governed by research ethics boards and/or university research guidelines.

2. Discuss what the implications are for the situations you might be faced with. You can use the scenarios from Step 1 to start your discussions.

- If, as is in many jurisdictions, you face legal or regulatory obstacles in this work, you will need to carefully consider what risks you are prepared to take as an organisation. For example, if there are age restrictions, some organisations provide services without asking for age, but the risks of this should be carefully considered.
- Hiding ages can restrict our ability to collect accurate data on the situation of under 18s. It may mean we are not able to respond appropriately if we don't know age and it can cause issues if we need to make a referral.
- In some contexts working with law enforcement can also help to reduce the restrictions or risks facing organisations. In others, official authorisation may be needed for working with or even approaching young people. In one NGO, where there was considerable fear that distribution of needles and syringes to people aged under 16 could cause funding problems, a decision was made to have an informal policy to continue distribution in ways that could be hidden from regulators.



Policy document: Section 3.1

Note the main legal permissions, obligations and limitations that are relevant.



The template below is based on a mapping of legal barriers in Sydney, Australia. You may wish to complete this table and use it as an annex to your policy document so that your staff and organisation are clear on your legal obligations.

Activity All are without parental permission	Are there legal age-restrictions associated with this activity? Provide details and age	Are there any age-related regulations associated with this activity? If so provide details of type and age	Comments Are restrictions enforced? Are there exceptions?
Provide needles and syringes			
Provide condoms			
Provide HIV counselling and testing			
Provide antiretroviral treatment and adherence support			
Provide outpatient drug treatment (non-opioid substitution treatment)			
Provide opioid substitution treatment			
Provide residential drug treatment			
Outreach (street)			
Sexually transmitted infection diagnosis and treatment			
Pregnancy test			
Abortion			
Shelter (housing)			

Exercise D: Weighing risks versus benefits when deciding to provide services to children and young people who inject drugs

PURPOSE

The following questions will help consolidate the discussions from the previous exercise and help you to develop a specific policy for your work with children and young people who inject drugs.

INSTRUCTIONS

1. Read out the questions below and discuss as a group.

Questions

- Do participants think that the organisation's response to children and young people who inject drugs has been adequate and appropriate to date?
- What risks do we take by not providing them with services?
- Are there legal/regulatory restrictions on our work that may prevent us helping children and young people who inject drugs?
- Do the risks for children and young people who inject drugs outweigh the risks for the organisation in engaging with them? (A consensus building approach should be used to ensure all participants feel comfortable with the policy decision)
- Are we risking the funding of the organisation or alliances we have built with health authorities, police, etc? What are the risks for the organisation?

Working through the above questions will illustrate your organisation's feelings towards working with children and young people, given the potential implications you face.

If you agreed that you are prepared to work with children and young people, the remaining steps will help you to develop a formal policy for this work, which should be accompanied by relevant training and code of conduct/standard operating procedures for staff and volunteers.

3

Understanding key principles for working with children and young people

This section is designed to:

- ensure that your staff have a solid understanding of the main principles and international frameworks on working with children and young people
- help you reflect on the way these principles apply to your work.

The previous steps demonstrate how complex the issues are when working with children and young people. With adults, we generally have more clarity about autonomy and individual choice. However, when it comes to children and young people, issues such as dependency, power, risk of exploitation, and evolving capacities mean we have additional things to consider. It is important to ensure that staff have a clear understanding of these issues.



Policy document: Section 2.2 and 2.3

The articles in this section can be used as a basis for your approach to confidentiality, consent and other issues. Child rights should be included in the Guiding principles section of your policy document.

There are a number of rights that support our efforts to provide harm reduction services to children and young people, but these are open to interpretation and implementation in different contexts. As we explored in Step 2, it is important to be clear about how your specific policy and legal environment will influence your approach.

Child rights

The key principles for working with children and young people are laid out in the *Convention on the Rights of the Child* (CRC). The articles most relevant to working with children and young people who use drugs are highlighted below.¹⁰

Article 33: all appropriate measures to protect children from the illicit use of drugs should be taken.

The definition of ‘appropriate’ is determined by a range of other articles from the CRC and as a result can be interpreted in different ways.

Article 3: The best interests of children must be the primary concern in making decisions that may affect them. When adults make decisions, they should think about how their decisions will affect children.

The CRC does not provide a specific definition or set of criteria to determine ‘best interest’, leaving it open to subjective interpretation.

Article 5: The rights and responsibilities of families to direct and guide their children should be respected.

Guidance provided by parents or legal guardians must be directed towards promoting respect for the rights of the child, and must respect the extent to which the child is capable of exercising their rights. However, this article can be applied wrongly, to control the decisions of a child or the actions taken on their behalf.

Article 12: When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

The CRC implicitly acknowledges the evolving capacity of children and adolescents to make their own decisions based on their ability to consent to interventions such as medical services. However, different countries designate a range of ages (from 10 to 18) at which an adolescent is judged to have capacity. Adults also often have opinions about when a child is mature enough to make decisions based not on the child’s capacity but on social expectations and culturally defined stages of development.

Article 24: Children have the right to the highest attainable standard of health.

The UN Committee on the Rights of the Child has raised concerns about the lack of HIV prevention services for children and young people who inject drugs and has recommended the scale up of harm reduction programmes.¹¹

¹⁰. Fact Sheet: A summary of the rights under the Convention on the Rights of the Child. Available at: www.unicef.org/crc/files/Rights_overview.pdf

¹¹. CRC (2003) General comment No.3 HIV/AIDS and the rights of the child. Available at: www.unicef.org/aids/files/UNHCHR_HIV_and_childrens_rights_2003.pdf

Child safeguarding and protection

Child safeguarding is the process by which we protect children's health, wellbeing and human rights, enabling them to live free from harm, abuse and neglect. Protection can describe laws, policies, systems, procedures and other structures that seek to keep children safe.

Protecting children to some people can also mean acting to control the actions and decisions of children. Yet it is also key that as children grow and develop we should strive to protect a space for them to make their own decisions and build their capacity for self-protection. Too often protection and autonomy are presented as principles in opposition, with adults who know better protecting children from danger, preventing them from making bad decisions in their 'best interest'. Sometimes protection can be used against a child's will, for example in removing them from their family.

As service providers we need to develop the trust and confidence of children and young people so we are able to support them to make informed and good choices regarding their health and wellbeing. This will enable us to make an informed judgment as to whether a child or young person is capable of making good decisions on their own behalf or whether we need to act in order to protect them from harm. It is important that we exercise our duty to protect carefully, in line with a shared policy and code of conduct to ensure a consistent approach that is agreed.

Consent and evolving capacity

It is important that as an organisation you have thought carefully about how you will assess a child's ability to make choices about services and consent to interventions.

The Fraser Guidelines may be helpful in enabling you to assess whether a child or young person has the maturity to make and understand the implications of their own decisions. The guidelines resulted from a court ruling in the UK but they offer a helpful universal starting point for assessing the capacity of a child, by applying the following questions:

- Does the young person understand what is being provided or suggested, and the rationale for the products/service?
- Does the young person refuse to provide parental consent?
- Is the young person likely to continue risky behaviour or to remain in a risky environment?
- Is the young person's physical or mental health likely to suffer if the products/services are not provided?
- Are the young person's best interests served by providing the products/services?

If the answer to all these questions is yes, then the products or services should be provided. But think carefully about how you determine your answers to the questions. What questions will you ask? What evidence might you need to justify your decision to others?

Exercise E: Who knows best?

PURPOSE

This activity is designed to illustrate the ways in which perspectives on a child's rights may differ. It will help you consider the way that individual circumstances may shape a person's behaviour and understanding, particularly when dealing with children and young people.

INSTRUCTIONS

1. Read the following scenario out to the group.

Scenario

A teenage boy has approached your outreach workers asking for needles, syringes and condoms. He is thin and his clothes are dirty. He explains that he regularly injects and most of the time he sleeps on the street as there is too much fighting at home.

2. Give individuals a card with one of the below characters on it (you can change or add characters to reflect your context). Ask people to think of the perspective of that person and what rights they might think are important in this situation.
 - Police officer
 - Social worker
 - Drugs service worker
 - Father
 - Friend
 - Boy
 - Chief
3. Present the views of each of the actors and discuss as a group which opinions are in opposition. How do opinions differ depending on the relationship to the child?
4. Emphasise that we have different perspectives that may be based on personal bias, law, policy, custom and duty. Stress the importance of the child's point of view.

Exercise F: Evolving capacity

INSTRUCTIONS

1. As a group use the scenario from the previous exercise to discuss and compile a list of questions you would ask to explore the boy's capacity to make decisions.

- What will you need to ask him to be sure you can answer the Fraser Guidelines questions (see box on page 18) and make a decision about the services you will offer?
- How will you assess whether he understands the services being provided? What would you need to ask him to find out his attitude to providing parental consent?

As it is important to think how you would frame these questions, it may be useful to role play this in groups of three, playing a client, a service provider and an observer.

2. After the exercise, discuss which questions worked best in getting the information you needed.

3. Note down anything that helped or hindered the discussion. Emphasise the importance of how we gather information and ask questions as well as what we ask.



Policy document: Section 2.2

- What approach does/will your organisation take in regards to assessing the decision making capacity of children and young people?
- What guidance/tools will you provide to staff?

4

Exploring your current capacity to work with children and young people who inject drugs

This section is designed to help you to:

- apply the main child protection considerations to your organisation
- develop child protection processes and procedures.

There are tools to assist organisations to determine how they currently interact with children and young people, how children and young people are protected and how that protection can be enhanced. Keeping Children Safe have a range of useful resources on their website: www.keepingchildrensafe.org.uk

Exercise G: Child protection: agree or disagree

PURPOSE

This exercise is about assessing staff's preparedness to deal with child protection issues.

INSTRUCTIONS

1. Read through the following statements and ask staff to indicate whether they agree or disagree. Encourage debate and discussion and ask individuals to explain their answers.

Statements

- I am confident that we protect the identities of children and young people we see.
- I know the steps I need to take if I saw another staff member hit a child or young person.
- To protect my client's privacy, I always keep the door shut in consultations.
- If a child or young person won't tell me their age I cannot help them.
- I am clear about the actions I would take if a child or young person reported that they have been sexually abused.

2. As a group reflect on where there was consensus and disagreement. Ask staff to discuss how these issues relate to your policy. If your organisation does not have a policy, ask staff what they would do in each of these situations and to discuss which actions are appropriate.

This process will highlight where you have consistent approaches to child protection and where you need more clarity. This may mean developing or making people aware of a policy or code of conduct, but it might also require you to have a discussion about what you agree on. For further guidance on safeguarding standards see the toolkit *Child Safeguarding Standards and how to implement them* at: www.keepingchildrensafe.org.uk/resources/child-safeguarding-standards-and-how-implement-them



Policy document: Section 5

- Document the steps a staff member is required to take if the situations presented above arise.
- Be clear about the code of conduct you expect from staff in order to protect young people in your services.

The need to know principle

While it is important to recognise the right to confidentiality of a child, there are times where the risk of harm faced by a child is significant enough to breach confidentiality. The 'need to know' principle distinguishes when sharing information without the consent of the child would be an unwarranted breach of confidentiality and when it would be warranted.

Decisions such as these may put significant stress on staff, who may feel guilty about betraying the trust of a child. It is important to have a clear policy statement so that staff members know what is required of them and feel that they are acting in the best interest of the child.

Children must also be informed in advance about the boundaries of confidentiality and what situations you would have to disclose information they share. This process can be made much easier if there is a clear reporting process in place. It is important to remember that the principle of best interest of the child should be paramount when deciding what action to take.

Policy document: Section 2.3

- Document how your organisation will ensure confidentiality of the children accessing your services, and under what circumstances would a breach in confidentiality be permitted.
- Clarify how this will be shared with clients and staff.



Exercise H: Your role in protection

INSTRUCTIONS

1. Read through the following scenarios and discuss as a group how you would handle them.
2. As you talk through these scenarios, ensure you are all clear about how you would go about reporting and dealing with allegations of abuse. Record your decisions.

Scenarios

- A young female client has accused an adult client of making sexual advances towards her while she was attending your centre. She does not want anyone to know it was her.
- In a focus group discussion about your services a child says they don't like a specific outreach worker. All the children nod and agree but won't say anything more.
- A colleague comes to you and says there is a staff member he has seen out with a young girl at the weekend. He believes her to be around 16-years-old.
- A staff member reports that a client called him late last night desperate for somewhere to stay as his parents had thrown him out of home. He offered him a bed for the night but the parents have now called the police.

Policy document: Section 5

Set out your procedures for reporting. If you have a focal person or team who will respond to allegations state them here. If you have templates or reporting forms include them in this section.



5

Assessing the needs of children and young people who inject drugs

This section is designed to help you to:

- ensure that children and young people who inject drugs are given an opportunity to express their needs, through surveys or focus groups
- assess whether your organisation currently has the capacity to meet these expressed needs
- determine what gaps exist in service provision and provide suggestions on how to meet these additional needs.

In the Introduction, we illustrated the ways in which the needs of children who inject drugs are different from their older counterparts. In order to best meet the needs of children and young people, we need to identify what additional services should be provided.

Listening to children and young people

It is important that children and young people are consulted in processes and decisions that aim to benefit them, and are involved in the design, implementation and evaluation of programmes and policies, in order to ensure that they reflect their realities and needs. Recognising that they are best placed to advise on the challenges and barriers they face is a key component to ensuring their meaningful participation.¹²

Checklist for discussions with children and young people

- Meet in a private and safe space away from other adults
- Offer the opportunity to suggest other people to facilitate if they are not comfortable
- Explain young people's right to leave the process at any point
- Be clear about the limits to confidentiality
- Tell them about your child protection policy and who is the focal person
- Be clear about service boundaries – what you can and can't do
- Explain why you are documenting discussions and how information will be used

Other practical considerations

- Focus group discussions should not last more than two hours
- Consider providing refreshments
- Be prepared to deal with consequences of the discussion if distressing experiences are disclosed and emotional support is needed

12. Youth Rise (2008) *Injection drug use – HIV and AIDS – young people recognising the linkages*.

Exercise I: Assessing the needs of children and young people who inject drugs

PURPOSE

Assemble a list of needed services from the perspective of children and young people who inject drugs.

INSTRUCTIONS

1. Identify a small number of questions – usually no more than four – to be discussed in the focus group. On the next page is a checklist of minimum services that you may want to explore. However, questions should be open-ended to ensure participants are not led into answering in a certain way.

In addition to these, a number of other services that address wider issues outside their immediate harm reduction needs may be required, such as counselling on abuse and family conflict, assistance with emergency or long term shelter, help with education and job skills, and HIV and STI counselling, testing, treatment and care. This will be addressed in Step 6.

2. Identify staff members or peers to moderate the discussion and children and young people who inject to participate in the focus group (you should aim to have around 5–10 participants to maximise participation).

3. Discuss with participants how they would like to receive feedback and make sure you have arrangements in place to meet those preferences.
4. Alongside the checklist below, consider some of the significant differences among children and young people. For example, male, female or transgender, those who inject stimulants or depressants, new or more experienced injectors, those engaged in selling sex, members of other populations at high risk, etc. Decide if you are likely to encourage a better discussion by having separate groups. Consider who will be the interviewer as age, gender and position in the organisation can all affect the success of the group. Decide who will be responsible for making a record of the focus group discussion and how. Writing notes requires one person to facilitate the group and one to write. If you use an audio recorder this needs to be carefully managed as participants may fear that their input could get them into trouble. Approval should always be obtained.

Areas of support	Services needed
<p>Information and education communication (IEC) on acquiring and transmitting HIV, the importance of sterile injecting, safe sex practices, and health impacts of drug use: Any materials developed need to be accessible and attractive to children and young people who inject drugs.</p>	
<p>Access to sterile needles, syringes and other injecting equipment in the quantities and the places where they are needed: Children and young people who inject drugs may be more hidden than other drug users so additional efforts to reach them (including employment of young staff or volunteers with specific knowledge of this group) may be required.</p>	
<p>Provision of condoms and information on negotiating safe sex: Children and young people who inject drugs have a relative lack of power compared to older users and therefore a greater likelihood of forced sex and sex work. Gender disparities that create power imbalances for girls who inject drugs, and dealing with sexual knowledge among children may require capacity building and additional skills.</p>	
<p>Drug treatment services including OST: There may be a lack of women-only treatment facilities or for minors. For a young person, outpatient assistance may be safer and preferable to residential rehabilitation.</p>	
<p>Diagnosis and treatment of hepatitis B and C (where available), STIs and TB/HIV preferably including rapid testing in outreach, and access to the full range of HIV treatment, care and support options (including paediatric antiretroviral therapy where applicable) for HIV positive people.</p>	
<p>Assistance for people involved in juvenile justice including considering providing or advocating for non-custodial options.</p>	

Policy document: Section 4.3

Document how you will collect feedback from children and young people on service quality.



6

Determining your organisation's capacity to provide key services

This section is designed to help your organisation to:

- prioritise services according to your current capacity to provide them.

Capacity building may be required on a wide range of topics including staff and volunteers skills, service delivery, confidentiality and personal records, and monitoring and evaluation processes.

When thinking about capacity, you may need to reflect on a number of factors. Vital among these are the **current skills and knowledge of staff and volunteers**. You should consider in particular whether staff and volunteers have the skills to consider the needs of children and young people within harm reduction services; are able to communicate with and listen to children and young people and build a rapport with them; and address issues of power and gender.¹³

You also need to assess **whether the services can be delivered on site or through a referral process**. It is important to think about how you will check that referrals have been completed. This should be formalised in a standard operating procedure accompanied by a code of conduct for staff and volunteers.

Confidentiality and personal records will also be an issue, and many services have found that a unique identifier code can overcome many issues related to confidentiality of client data.¹⁴

Monitoring and evaluation are critical, and you will need to think about how you will gather feedback from children and young people on a regular basis. Some organisations provide anonymous question boxes where children and young people can leave questions to be answered in a discussion group; others put paper on the wall where children can write down their thoughts, questions or ideas. Even a simple system involving asking children to submit cards with mood faces (e.g. happy, dissatisfied, and neutral) after a session can be helpful, as can questionnaires. You could offer multiple choices to tick or even comic characters with speech bubbles that children fill in to express their opinions.

Exercise J: Determining priority services for children and young people who inject drugs

PURPOSE

This exercise is designed to help you prioritise services based on staff's ability to bring change or improve the lives of children and young people who inject drugs and the difficulty of providing such services.

INSTRUCTIONS

1. Write each of the services on a post-it-note or small piece of card. On a white board or big sheet of paper, draw a graph (like the example on the next page) with 'Difficulty' on the vertical axis and 'Likelihood of bringing about change' on the horizontal axis.
2. As a group, decide where each of the services should be placed along the axis. This will help you visualise what services are likely to have most impact, and which will be easiest to provide.

¹³. Drugscope 2005) Needle Exchange for Young people under 18 years old: a framework for providing needle exchange to young people.

¹⁴. Alliance for Open Society International, Almaty Branch (2007) *Unique Identifier Code DDRP Best Practice Collection*. Available at: www.aidsprojects.com/wp-content/themes/apmg-1.0.1/documents/UIC_Eng.pdf



3. Use the exercise to help you prioritise what services should be offered. As a group, discuss the following considerations: Will you choose to focus on one service, which may be difficult but likely to bring about most change? Or perhaps you feel it would be best to offer a number of services that will be easy to implement but may only lead to small amounts of change? Decide as a team what is best for your organisation. It is important to remind yourself of the principles and commitments to working with children and young people, and the duty of care we have as service providers to ensure we are doing all we can to meet their needs.
4. Once you have decided which services to focus on, the template below can help your organisation determine what issues require follow up.

Service	Does this activity require staff to act in place of parents? If so, how will you handle this? What things will you need to follow up on?	Are the current skills and knowledge of staff and volunteers adequate to undertake the prioritised services? If not, what are the major gaps in knowledge and capacity? How will this be addressed?	Could this service be delivered on site? If so, how will the policies and codes of conduct be shared with clients and staff?	Could this service be delivered via referral? If so, how will the referral process be managed (track, record and follow up)?

5. Once you have completed the template, you should consider the following cross cutting considerations that apply to all services:
- How will confidentiality be managed?
 - What records need to be kept and how can they be secured?
 - Are master lists with personal details kept separately and securely?
 - Are personal details of clients, such as their name, age and address not included on records or activity logs?
 - Are filing cabinets and computers containing sensitive information locked and password protected?
 - How will these activities be monitored and evaluated?
 - How will you provide a feedback mechanism to ensure that clients can feedback on services, which can be used to modify services as needed?



Policy document: Section 4.1

- What needs were raised around service delivery, record keeping and confidentiality during these conversations? Include these in your policy.
- Which services can you provide and which would you make referrals to?

7

Mapping other available services

This section is designed to help you to:

- clarify what services are available for children and young people who inject drugs and where the main gaps are
- develop ways to address the needs of children and young people accessing your service beyond those relating to their drug use.

Exercise K: Comparing service need with availability

PURPOSE

This exercise is designed to help you compare the services required by children and young people who inject drugs against what is currently being provided – either by your organisation or those in your local area – in order to identify gaps in service provision. It can help to increase your understanding of referral options for children and young people in addition to identifying barriers and gaps

There are many ways to conduct this activity. We have included an example below that may assist you in this process, or you may prefer to complete this exercise in another way.

INSTRUCTIONS

1. Find or create a map of your local area. When considering the area, think about how far people are able/likely to travel to access services.
2. The next step is to map what services are currently available in this area. There are many ways to collect this information; you or your clients may already have relationships with a number of services in your local area that can be used in this exercise. You may choose to colour code them by service types to help demonstrate the availability and gaps.
3. Once the mapping is completed, refer to the information collected in Exercise I. Are all the needed services available in your local area? If not, which ones are missing?



In this fictional example, the colour dots indicate:

- Drop-in centre
- Homeless shelter
- District hospital
- Family planning and sexual health clinic

You should be aware that access to services may go beyond just physical access. Attention should also be given to economic access (affordability) as well as social access (e.g. issues of gender, ethnicity, age etc. that may arise between provider and client).

After completing these exercises you will have a better idea of what services are most needed by children who inject drugs. Your organisation may start to think about providing these services, particularly when they are not available through other organisations.

However, there are several things to consider before reaching a decision. The previous exercises may have highlighted a number of needs, and for each of the services identified you will need a process to decide which services should be provided as a priority and which are likely to have the most impact.

Exercise L: Creating a referral directory to meet additional needs of children and young people who inject drugs

PURPOSE

Often young people will have needs for shelter and housing, health services, education, employment, counselling or legal services. This exercise will help you to address the wider needs of children and young people who inject drugs through identifying available services and developing a referral directory.

INSTRUCTIONS

1. Reflect on the focus group discussion in Exercise I. What needs were expressed that are not typically covered by harm reduction services?
2. For each of the expressed needs, create a list of services that your organisation could provide referrals to. Use the template below to develop a document that can easily be given to young people.

There are several ways to format a referral directory but at a minimum, you should include the following information:

- Organisation or service name
- Address, phone number, email address, web address and contact person (if possible)
- Type of services available and any restrictions e.g. age
- Hours of operations
- Any charges/costs involved
- Client reviews/feedback

How you organise the directory is up to you. You could arrange services alphabetically, or by service type.

Counselling services			
Organisation name	Contact details	Hours of operation	Information on services provided
Legal aid			
Organisation name	Contact details	Hours of operation	Information on services provided

If you choose to list your directory alphabetically, it may be helpful to include an overview at the start that provides a quick and easy snapshot of the organisations and the services they provide, as in this example.

Organisation name	Type of services offered					
	Counselling services	Legal assistance	Shelter	Family planning		
Organisation A	✓			✓		
Organisation B	✓	✓				

When developing referral directories, it is important to consider the potential risks associated with certain services and/or referrals, such as the mandatory detention for clients by some drug treatment services. Before you start referring clients to services, you need to make sure you have thought about any unintended consequences. You also need to make sure you have a way of tracking and monitoring these referrals, to ensure that your clients are getting the care they need and to facilitate continuous quality improvement. Remember, these services may also be unfamiliar with working with children who inject drugs, offer your guidance or share the tool with them.

Your organisation may already have a referral register to track referrals to other services that new services can be added to. When developing your directory, think about the best way to link young people to these additional services. For example, should you offer accompanied referrals? What if some of the services are difficult to navigate or understand – are there any volunteers who could act as buddies or mentors? How will you know the quality of the service?

A referral register

A referral register keeps a list of all referrals made by your organisation. The type of information recorded in a register includes:

- Which client is referred to where, when and why
- Whether the case is closed or continuing (the returning referral form has been received with any necessary rehabilitation or follow-up)
- Whether it was an appropriate referral or if there were any issues.

Resources offering guidance on quality assurance and sample referral registers:

- WHO (2003) *Overview of referral systems*. Available at: www.who.int/management/facility/referral/en/
- FHI (2005) *Establishing Referral Networks for Comprehensive HIV Care in Low Resource Settings*. http://pdf.usaid.gov/pdf_docs/PNADF677.pdf



Policy document: Section 4.2

- List the services you will refer children and young people to.
- How will your organisation monitor and track referrals?

8

Considering the impact on staff

This section is designed to help you to:

- think through the potential impact of working with children and young people who inject drugs on your staff members
- develop some policies and/or procedures for how to mitigate these potential impacts (e.g. group debriefing, supervision support).

We mentioned earlier that working with young people who inject drugs can present huge dilemmas and ethical decisions to you as service providers. Your concern to support a child or young person as best you can in the context you are in can lead to difficult emotions. Staff may have security concerns and legal worries about approaching children. It is important that your organisation has thought about the need for support and supervision of your staff members.

Your concern to support a child or young person as best you can in the context you are in can lead to many emotions; you may feel guilt about a decision, feel responsible for the ongoing care of your client, feel anxious about the consequences, or have conflict with clients or other staff. The protection and wellbeing of children – many of whom are extremely vulnerable and at risk of exploitation and harm – can be distressing and can lead to burnout among staff and volunteers. Staff may also have security concerns, or as we discuss above, legal worries about approaching children.

Exercise M: Assessing the emotional challenges faced by staff

PURPOSE

This exercise is to help you think through some of the emotional challenges your staff may be facing in their work and how best to address them.

INSTRUCTIONS

1. In a group setting, ask people to think of a situation where they made or dealt with a decision that affected them emotionally. Perhaps they felt guilty or disturbed? Maybe they could not stop thinking about the consequences?
2. Either together or in small groups, ask someone to describe a real life example that had an impact on them. Talk through:
 - How it affected them and what helped them deal with the decisions/actions and what didn't help
 - What other support they might need
 - What other support they would expect from your organisation.

Questions for reflection include:

- Do staff know who to talk to when difficult situations arise?
- Is there an organisational policy on what staff members should do if they are feeling overwhelmed?
- What support is given for a new staff member on how to navigate and address the emotional challenges associated with the work?
- While ensuring confidentiality, is there a space for sharing among colleagues?



Policy document: Section 4.4

Include what support is available for staff and the process they should follow if they are feeling overwhelmed and in need of assistance.

9

Policies to assist children and young people who inject drugs

This section is designed to:

- help you identify the policies that can support your work with children and young people who inject drugs.

Principles

There are a number of principles that should be considered when developing policies related to children who inject drugs:

1. UN Convention on the Rights of the Child

See Articles in Step 3, page 13.

2. Principles of harm reduction¹⁵

Pragmatism: As harm reduction practitioners, we accept that drug use is a common feature of the human experience. We acknowledge that, while carrying risks, drug use also provides the user with benefits that must be taken into account if drug using behaviour is to be understood. From a community perspective, containing and reducing drug-related harms may be more pragmatic or possible than eliminating drug use entirely.

Humanistic values: In respecting the rights and dignity of the drug user, harm reduction practitioners accept the decision to use drugs as fact. While that doesn't mean we approve of their drug use, it does mean that no moralistic judgment should be made either to condemn or to support their use of drugs.

Focus on harms: The nature of a person's drug use per se is of secondary importance to the risk of harm that comes from use, including health, social, or economic harms that affect the individual, the community and society as a whole. Therefore, as practitioners our first priority should be to decrease the negative consequences of drug use to the user and to others rather than trying to decrease the drug use itself. Abstinence should not be automatically regarded as the long-term goal of treatment; in some cases reducing the level of use may be the most effective form of harm reduction.

Balancing costs and benefits: Some pragmatic process of identifying, measuring, and assessing the relative importance of drug-related problems, their associated harms, and costs/benefits of intervention is carried out in order to focus resources on priority issues. The framework of analysis extends beyond the immediate interests of users to include broader community and societal interests.

Priority of immediate goals: Most harm-reduction programs have a hierarchy of goals, with the immediate focus on proactively engaging individuals, target groups and communities to address their most pressing needs. Achieving the most immediate and realistic goals is usually viewed as first steps toward risk-free use, or, if appropriate, abstinence.

Difficult decisions

Difficult decisions: a tool for care workers is a comprehensive guide aimed at helping people and organisations to make better and more ethical decisions in their work with children and families from key populations. It was developed by an international working group led by key population networks and the Coalition for Children Affected by AIDS, and has been tested in Africa, Asia, Eastern Europe and North America following a rigorous three-year process. It includes a Four Step Tool for decision making, a Code of Ethics, three examples of ethical dilemmas that were resolved using the tool, and a Pocket Guide to Handling Ethical Dilemmas in the Field.

Available at: www.ccaba.org/our-projects/policy/care-worker-guidance/

15. Hunt N. (2003) 'Forward thinking on drugs: a Release initiative: A review of the evidence-base for harm reduction approaches to drug use'. Available at: www.ihra.net/files/2010/05/31/HIVTop50Documents11.pdf

3. Participation in service development and delivery by children for children

Services and organisations seeking to serve children and young people should ensure their meaningful participation in all decision-making processes (refer to Step 3 for more information on child participation).

4. Recognition of gender and power relations

A key principle is the recognition that power (or lack of power) impacts on the lives of children and young people.¹⁶ Gender and age also amplify power imbalances. For example, even when girls and women have the knowledge and will to avoid HIV transmission, negotiating condom use can put them at risk of violence from male sexual partners. Many people at risk are in situations where they do not have power over what happens in their lives.

For people who inject drugs, the decision not to share injecting equipment, or to share less often, cannot always be made objectively. Addiction is a powerful force and exerts a high level of control over people. The immediate need for the drug and the need to avoid arrest are often more powerful forces than the need to avoid HIV infection and to stay healthy. Young people, in particular, are rarely in a position to exert control over their lives.



Policy document: Section 4

Make a note of the major international frameworks that apply to your work and can be used to support your policy.

Policies

Formal policies are preferable to informal policies, except in situations where a formal policy may be in direct contravention of a law or regulation governing the organisation’s work. In such a situation, an informal policy is sometimes used. For example, where few legal/regulatory barriers exist, a formal policy of providing assistance to children and young people who inject drugs can be formulated. However, in a situation where an age limit is imposed by laws or regulations – or in circumstances where there is no clear guidance available – an informal policy may be safer for the organisation.

Informal policies	Formal policies
Need to be communicated effectively to staff and volunteers	Ensure that all staff (and volunteers if applicable) know your organisation’s preferred procedure in any circumstance
Can lead to an agreed approach being used in most circumstances	Can be provided to new staff and volunteers as part of orientation
Do not need to be reported to the regulatory body	Can be examined by funding and regulatory bodies
Provide no legal protection for staff, volunteers or the organisations	Can provide legal protection for staff (who can state that they were only following the organisation’s explicit policy)

16. McCallum L. (2006) ‘What affects the ability of individuals to respond to HIV? Responding to HIV at individual, family, community and society level’. AIDS Projects Management Group. Available at: www.aidsprojects.com/wp-content/uploads/2013/02/What-affects-the-ability-of-individuals-to-respond-March-2...pdf

As you develop your policy, based on these exercises and the discussions within your organisation, it may be useful to also develop some simple tools to remind people of the decisions you have taken and help them put the ideas into practice. Below are some examples but you may want to add others.

Principles/code of conduct

From the template created through this tool, extract your principles and code of conduct and display them as a reminder of how you will work

Decision making tool

Develop a tool that can help prompt people with the actions and steps they should take to deal with difficult cases (e.g. gather information, consider different opinions, assess strengths and weaknesses, decide on your action) share it with a colleague and get feedback.

Checklist for reporting

Refer to your plans/policy on protection. Within the child protection policy there will be guidance on what to do if you need to report an incident. This might be a phone number to call, a person to meet or a form to fill in. This could be turned into a poster or one-page handout to act as a reminder.

Reminder of what makes a youth-focused provider

With all the staff together, develop a list of what makes your organisation a youth-focused provider to remind staff and clients about your approach.

Hint sheet for assessing evolving capacity

Use the questions developed in Exercise F, page 20 to draw up a hint sheet for staff when discussing services with children and young people. International Planned Parenthood Federation (IPPF) have produced a number of useful documents on the topic of young people's right to decide and you may find these helpful resources. They are available at: www.ippf.org/resources/publications/Understanding-Young-Peoples-Right-Decide

10

Developing your policy

This section is designed to:

- collate the ideas and decisions arrived at through your discussions in order to formulate your organisational policy.

The previous exercises have been designed to help you as an organisation to reflect on factors that may impact the way you support children and young people who inject drugs, such as staff attitudes, potential risks and current capacity. After working through these exercises, you are now ready to articulate your shared decisions in a policy that will determine how your organisation will deliver services to children and young people who inject drugs.

Developing a new policy can seem like a daunting task but most of the hard work has already been done. By completing the previous 9 steps, you have now done the preparatory work needed to develop a comprehensive policy document. The following template will enable you to pull together the discussions and outputs generated by the previous activities and assist you in determining and documenting your position on working with children who inject drugs.

These policies will be the articulation of the joint decisions you have made about how you will work with children and young people who inject drugs. These policies will be clear about the process of best interest and will also confirm the actions you will take in relation to legal restrictions to your work.



While working through this tool you have been developing the information and opinions that will form the basis of your policy template. The following document is provided for you as guidance. You should feel free to adapt this as you see fit.

This template can be downloaded at: www.aidsalliance.org/resources/606-step-by-step

It is hoped this tool has helped you as an organisation think through the issues involved in supporting children and young people who inject drugs. This process aims to help you take consistent and proactive decisions about your practice and procedures and develop clearer policies and procedures to work with young people who inject drugs, especially in contexts with little support or guidance.

In many of the situations we face, there will not be a right answer, but it is hoped that you are better prepared to make decisions on the actions you will take that consider issues specific to working with young people.

This tool provides immediate support to those working in an area that is poorly documented and lacks guidance. While this tool can help you improve practice there is a critical ongoing role for all of us in advocating for better services, better laws and better recognition of the rights of children and young people who use drugs, both in harm reduction services, but also in the additional support around child protection, family support, etc.

Policy document template

1. Introduction

1.1. Scope of policy

This policy document details [organisation's] approach to dealing with children and young people under 18 who inject drugs. This policy outlines both the services we provide onsite and services we provide via referral. This policy documents the responsibility we have to the children and young people we encounter, and our approach to addressing the wider protection needs of children. It addresses potential challenges staff may encounter when working with children and young people including consent, confidentiality and evolving capacities.

This policy document is the result of a comprehensive and participatory process undertaken by staff at this organisation to ensure that [organisation] is prepared and well equipped to support children and young people who inject drugs.

1.2 Background to [organisation] and harm reduction

[Insert background information on your organisation and its values and approaches to harm reduction. For example, when was your organisation founded? How many staff do you employ? What areas do you serve? What services do you provide? What are the values, mottos and mission of the organisation?]

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1.3 Children and injecting drug use

[Organisation] recognises that children and young people who inject drugs need our help now. We recognise that children and young people who inject drugs are increasingly vulnerable to HIV and other harms compared to older people who inject, and therefore require specific attention.

[Organisation] recognises that harm reduction services play a crucial and necessary first step in protecting the child from unnecessary harms in order to ensure their survival and well-being, so that their wider psychosocial needs can also be addressed.



List some of the main points and arguments that demonstrate the need to work with children and young people and support your decision.

Introduction
(pg. 2-4)

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Add any data you have gathered on the situation of children and young people who inject drugs in your country. Be sure to add references and sources used.

Step 1
(pg. 8)

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2. Guiding principles

2.1 Organisational values

[Organisation] recognises that children and young people under 18 who inject drugs are highly vulnerable and may have different needs compared to older people who inject. As an organisation, we hold the following values towards children and young people:



Record your shared values here.

Step 1,
Exercise B
(pg.10)

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2.2 Competency and consent

[Organisation] recognises the challenges with providing services to children and young people under 18. We recognise that children may or may not possess the capacity to make decisions on their own behalf. We understand that children and young people differ in terms of maturity and understanding, which affects their ability to make informed decisions.



Step 3
(pg. 17)

Summarise and insert the principles related to the CRC and the ‘best interests of the child’ and other legislation and principles that support your work.

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Step 3,
Exercise F
(pg. 20)

Note the approach your organisation will take in determining the evolving capacities of children and young people.

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2.3 Confidentiality

[Organisation] recognises the importance of ensuring confidentiality of all clients that utilise our services. We understand the increased sensitivity of working with children and young people, and recognise that some circumstances may require confidentiality to be breached when acting in the best interest of the child.



Step 4,
Exercise G
(pg. 23)

Document the steps your organisation will take to ensure confidentiality, including under what conditions the breach of confidentiality may be warranted. Describe how this information will be shared with staff members and clients.

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3. Legal and policy context

3.1 Legal and policy environment

[Organisation] recognises the existence of laws and policies that influence and shape the way in which we work with children and young people who inject drugs. For example: In the UK, all reported cases of abuse must be reported to managers (Children

Act 1993); No legal age restriction is placed on the provision of sterile injecting equipment, but parental consent is a legal requirement (Child Protection Act 2001).



**Step 2,
Exercise C
(pg.13)**

List the main legal permissions, obligations and limitations that are relevant to work with children who inject in your country. Also include pertinent government policies around harm reduction, children and young people.

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4. Operational processes

[Organisation]'s approach to working with children and young people who inject drugs is a reflection of the following legislative and international normative frameworks around working with children.



**Step 9,
(pg. 39)**

Include the major international frameworks that apply to your work and can be used to support your policy.

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[Organisation] believes that in order to best serve children and young people who inject drugs we need to provide an opportunity for them to express their needs. [Organisation] supports the participation of children and young people in making decisions that will affect them. Through consultation with children and young people who access our services, we understand that children have the following service needs.



**Step 5,
Exercise I
(pg. 26)**

List the main needs for services expressed by children and young people during the focus group discussions.

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4.1 Services provided directly to children who inject drugs

[Organisation] recognises the legal context in which we work as well as our obligation and duty of care to promote the health and well-being of children and young people who access our services. [Organisation] offers the following services to all clients, and will extend these services to children under 18.



List the services your organisation will provide directly to children and young people of the main points that support your decision to work with children who inject drugs.

Step 7, Exercise J (pg. 30)

Lined area for writing the services provided directly to children who inject drugs.

4.2 Referral process

In addition to the services listed above, [Organisation] will provide the following services to children through referral with local providers:



List the services your organisation will provide to children and young people via referrals. This will reflect the services that Exercise J determined to be a priority for children and young people, but will be provided via referral due to low capacity, high risk or both.

Step 7, Exercise K (pg. 32)

Lined area for writing the services provided via referral.

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[Organisation] has developed the following procedures to provide referrals and monitor and track to ensure quality and accountability.



Include ideas from discussions on monitoring and tracking referrals and keeping a referral register.

**Step 7,
Exercise L
(pg. 33, 34)**

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4.3 Participation of young people

[Organisation] recognises that children and young people themselves are best placed to comment on their needs and challenges. We are committed to providing the space and opportunity for children and young people to participate in the decision making process as it relates to them.



Revisit Step 5 and discuss how your organisation will ensure that the opinions of children are solicited and considered/how you will ensure the meaningful engagement and participation of children and young people.

**Step 5
(pg. 25)**

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[Organisation] takes the following steps to ensuring the voices of children and young people are considered: The feedback of children and young people will also help [Organisation] to ensure the ongoing quality of our services.



Document how you plan to collect feedback from the children and young people who use your services.

**Step 5,
Exercise I
(pg. 26)**

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4.4 Well-being of staff members

[Organisation] recognises the potential for emotional distress when providing services to children and young people who inject drugs. [Organisation] is committed to ensuring the well-being of our staff to ensure that they feel supported and encouraged and are able to work effectively to meet the needs of the children and young people we serve.



**Step 8,
Exercise M
(pg. 36)**

Outline the steps you will take to mitigate any negative emotional effects on staff. What support is available?

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5. Ensuring child protection

[Organisation] is committed to ensuring the protection and safeguarding of children and young people we encounter from harm as a paramount component of our work. [Organisation] is committed to providing a safe and positive environment for children and upholding our duty of care towards the children and young people who attend our service.

Our child protection policy will ensure that all staff members understand their responsibility and duty of care towards children and young people who inject drugs that are encountered by our organisation. It also ensures that staff are aware of the steps they should take if concerned about the safety and wellbeing of a child.



**Step 4,
Exercises G
(pg. 22) and
H (pg. 23)**

Outline your child protection policy and the steps an employee should take if they are concerned about the well-being of a child or young person. Refer to or include the code of conduct.

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Step by step: preparing to work with children and young people who inject drugs. A tool for harm reduction service providers

www.aidsalliance.org/resources/606-step-by-step

