

STREET SUPPORT PROJECT

Czech Republic

Pilot Intervention
Local

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local
pilot intervention

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The implementation of four Local Pilot Interventions has been a fundamental element within the Street Support Project. With a focus on social inclusion and public nuisance prevention, each of the organization partners developed and tested an innovative approach with which to support people experiencing homelessness and/or who consume drugs/alcohol in public space.

The report that you have in your hands is a compilation and documentation of the development, implementation, and evaluation of these interventions. Our intention behind opening up and sharing these processes is double folded.

On one hand, by showcasing these interventions we hope to offer service providers, policymakers and other professionals a body of knowledge that evidences the impact that inclusive interventions have in the life of marginalized communities. Complementing the other Street Support Publications, this report allows professionals to connect more in-depth with other service providers experiences, successes and challenges, and to learn from them.

On the other hand, with these reports, we would like to share with the reader a methodology for the development of inclusive interventions targeting people who experience homeless and/or use drugs/alcohol which is effective, essential and easy to contextualize to local needs.

For more information about the other Local Pilot Interventions, the Street Support Project, or any of its intellectual outputs, please visit www.streetsupport.eu

1. Overview of the situation

Brno is a medium-sized city with almost half a million inhabitants. Over the last few years, the city has experienced dynamic growth. This is in part connected to the growing prestige of Brno's universities, which attract foreign investors and academics. The cultural and entertainment value of the city is bringing in a growing number of tourists and visitors. Regarding drugs and public nuisance (PN), we can identify two main areas: the nightlife scene and the problem drug users' scene.

The expansion of Brno's nightlife scene has brought with it some negative effects in terms of PN, this is mainly due to the cheapness and availability of alcohol. Nonetheless, the nightlife scene is somehow self-controlled regarding illegal substances and the main risk comes from the mixing of substances with alcohol. Fifteen years ago, when the big techno events were ongoing, a few cases of overdose and fake tablets with potentially risky cases showed up.

Over the last few years, the techno scene has become more relaxed, and their events are usually kept small or medium in size. Traditionally, the main illegal substance has been cannabis, as people do not excessively use drugs in the party scene. For this reason, alcohol and its related problems - aggression, alcohol overdoses, and disorderliness - have been the main issues related to nightlife public nuisance.

On the service delivery level, there have been several attempts to tackle this situation with the help of organized programs such as "Safer party", or currently the "Hard and Smart" program. Nonetheless, both programs have been operating on a low scale basis, with low participation of clubs, the city council or the nightlife scene itself and will need more support in the following years.

2. Target group profile

In Brno, there are approximately 2500 people with problematic drug use. From these, 2000 use methamphetamine, while the rest use heroin or other opiates. Due to meth usage, some of the PDUs are in difficult mental state conditions which deserve acute outreach psychiatric care. Homelessness and lack of appropriate care for PDUs with multiple needs deepen their exclusion and contribution to public nuisance.

Although cocaine usage is known to take place in Brno, there is not information regarding problematic patterns of consumption of this substance.

The scene of people with problematic drug use in Brno is like that of any of other major cities in the Czech Republic: semi-open and localized at the center of the city, or confined to less accessible neighborhoods. In the latter case, next to the drug-using population we find poor Roma families, carrying signs of social exclusion.

In these areas, the main public nuisances are small delinquency incidents (mainly shoplifting) related to the deteriorating economic conditions in which people who use drugs find themselves; public consumption of drugs and/or alcohol; drug use paraphernalia on the streets; related homelessness; and, aggression.

3. Aim & specific objectives of the intervention

AIM OF THE INTERVENTION

Due to the different levels of stigma that they face, and the reductionist view through which they are approached, groups of people with problematic drug use are insufficiently involved in community planning processes. It is for this reason that our intervention targets two levels: procedural and content related.

On a procedural level, we would like to scale up the involvement of both groups in the decision-making process in which public nuisance are addressed. The aim is to establish a relatively stable participatory mechanism through which people who use drugs can co-design interventions targeting public nuisance.

On a content level, we would like to develop interventions that support excluded communities who use drugs in public space. Besides, with our intervention, we aim to tackle some of the most common challenges of alcohol-related public nuisance, such as shoplifting, conflict, and aggression in nightlife settings

SPECIFIC OBJECTIVES

- Create and stabilize 3 participatory groups from two main target groups. One group will consist of members of the nightlife scene (party people, club owners, security employees, bartenders, dj's, etc.), the other two groups will consist of a) active drug users and b) PDUs in recovery.
- Identify leaders of these groups and involve them in preparing and running pilot interventions
- Assess the needs of the groups related to public nuisance
- Develop an activity plan for each group
- Establish collaboration with service delivery organizations to

- design interventions – adapting activity plan
- Establish collaboration with stakeholders & display participatory mechanism in policy approach
- Run activities/participate in running activities – according to specific activity plan
- Evaluate and reflect upon the process & navigate the groups' actions

4. Expected results of the intervention

What are the results of the intervention? <small>What do you expect to change (please indicate shortly, based on the specific objectives and the expected results)?</small>	Why is change expected? <small>Why do you expect that the intervention will lead to change /no change (please indicate shortly)</small>	How can you measure this change? <small>Indicate if this can be measured with the SSM or through interviews, focus groups...</small>	How often and when will you measure? <small>Number and moments for measurement</small>
<i>Increase engagement of PDUs in low threshold services (app. 15 people)</i>	<i>Because PDUs will participate in the organization of joint activities</i>	<i>Focus groups in Drop-in centre</i>	<i>2x (M5 + M12)</i>
<i>Peers - Stabilization in important life domains (app. 3 people)</i>	<i>Because Peers will be part of an intensive guide and educational programme</i>	<i>SSM</i>	<i>3x (M4+M7+M10-M12)</i>
<i>Work-stabilization group - Stabilization in important life domains (app. 10 people)</i>	<i>Because they will have a stable place to stay during the day, where they can earn some money and organize their activities</i>	<i>SSM or interviews</i>	<i>3x (M6+M8+M12)</i>
<i>Professional + Municipal deputies – increase in awareness and participatory practice in drug services and policy</i>	<i>Because of education, participatory group activities and increased service-user participation</i>	<i>Final report (summarize partial indicators – quantitative + qualitative)</i>	<i>continuously</i>
<i>PDUs will have better access to other services (wifi, food, laundry,..)</i>	<i>Open access manual for street survival edited and distributed to (by) PDU's</i>	<i>Interviews</i>	<i>continuously</i>

5. Action plan

Specific objectives	Activities	Indicators	Bottlenecks/solution	Timeline
1. Participatory groups – active problem drug users/ PDU in recovery	1 - Group formation	2-3 meetings (each group) 7 and more members of the group	Time-money-coordination issues/ Motivation of participants, financial and social rewards	September – December 17
	2 - Leader identification	2-3 identified leaders (each group)	Time-money-coordination issues, acute intoxication, existential changes/Motivation of participants, financial and social rewards	September- December 17
	3 – Identification of the PN problem; basic terrain assessment	Focus groups with active drug users (10 participants), rapid assessment survey done by PUDs (30 questionnaires')	Keeping the target area relatively small for pilot intervention/group consent about the area of interest	September – December 17
	4 – Activity plan development based on assessment and participatory process	List of activities – monitored. Number of participants (15 direct)	Planning is too ambitious – development of realistic activity plan	November 18
	5- Implementation and monitoring of activity plan	Indicators mentioned in activity plan (attachment)	Bottlenecks mentioned in activity plan (attachment)	January – December 18
2. Participatory group - Nightlife	1 - Group formation	2-3 meetings 7 members and more	Time-money-coordination issues/ financial and social rewards	September – December 17
	2 –Leader identification	2-3 identified leaders	Time-money-coordination issues/ financial and social rewards	September- December 17
	3 – Identification of the PN problem; basic terrain assessment	Detailed description of PN case for intervention, focus group sessions with participants	Keeping the target area relatively small for pilot intervention/group consent about the area of interest	September – December 17
	4 – Development of activity plan based on assessment and participatory process	List of activities – monitored	Planning is too ambitious – development of realistic activity plan	November 17
	5- Implementation and monitoring of activity plan	Indicators mentioned in activity plan (attachment)	Bottlenecks mentioned in activity plan (attachment)	January – December 18

3. Networking/policy making	1 – Education of politicians/professionals about participation	Texts/workshop on drug user participation	No interest from professionals and politicians; Make workshop attractive	September – December 2017
	2 - To establish collaboration with service delivery organization in order to help participatory groups fulfill interventions – adapting activity plan	joint meeting: Introduction of group leaders - introduction of activity plan - identification of joint activities	No motivation from organizations; rigidity in organizations; Prejudices towards PWUDs and collaboration with PWUDs; romanticization of participation/ showing positive results of participation, facilitating the process	November – December 2017
	3- To establish collaboration with stakeholders + display participatory mechanism in policy approach	Drug users and members of nightlife scene are part of advisory body for drug addiction issues (at least 1+1) + City council supports projects with peer involvement in drug and public nuisance related issues + Development of stable mechanism of joint meetings (agreement on who and how often they will meet)	No motivation from institutions; rigidity in organizations; Prejudices towards PWUDs and collaboration with PWUDs/ showing positive results of participation, facilitating the process	January – December 2018
	4 – Stabilization of participatory process	Development of future collaboration agreement	Stakeholders loose interest; SPR takes lead in organizing the cooperation; political climate at Municipality	March – December 2018
Evaluation of the participatory process	1 – Evaluation	Interviews with PWUDs (5-10), professionals (5-10) and policy makers (max 5) about their perception of participation of PWUDs + quantitative questionnaires for PWUDs involved in fulfilling activity plan	Time issues, hostility towards the process/facilitation/ coordination	March – December 2018

6. Partners involved

Name organization	Focus of the organization	Role during the intervention
<i>Brno - City council</i>	<i>Department for social inclusion, department for prevention of crime and drug policy</i>	<i>They are responsible for bringing solutions and offering strategies regarding drug policy, social services and drug/crime prevention.</i>
<i>Brno - Community planning group</i>	<i>City is involved in community planning and has to create platforms where policy makers, service providers and users meet.</i>	<i>PWUD are not yet involved. We want to change that.</i>
<i>Local self-help groups – AA, AN</i>	<i>Self-helping activities.</i>	<i>Some of their members are already active in recovery groups – their contribution could be in the mobilization of a larger group of peers (which groups and what is their role)</i>
<i>Services of Spolecnost Podane ruce o.p.s.</i>	<i>Low-threshold services – drop-in center and outreach team – responsible for active PDU group. Hard and Smart – outreach program in Nightlife settings – responsible for nightlife group – Educational center IES – responsible for coordination and networking/policy making with the city, which department of SPR is involved, who delivers the workshops</i>	<i>Active cooperation in pilot interventions</i>
<i>Masaryk University</i>	<i>Faculty of social studies</i>	<i>Research and academic background</i>
<i>National anti-drug coordinator</i>	<i>Is responsible for development and implementation of anti-drug policy in Czech Republic</i>	<i>Can help include participatory services into strategies and “open doors” at the national level</i>

7. Implementation report

GENERAL OVERVIEW

The intervention developed organically as we went on, and the groups became more stable and independent in their functioning. Each group developed their activity plan, which was continuously evaluated and adapted to the needs of the group with possibilities of external collaboration. The project's main achievement was the expansion of activities beyond those established in the former plan.

The participatory groups of users developed many activities that were not planned and opened new horizons for further group functioning. Therefore, we aimed to secure and possibly extend activities of the groups beyond the Street support project. We developed collaborations with various stakeholders from the City Council as well as several NGO's and private companies and collaborated to develop joint projects. Before the end of the intervention, the Municipality of Brno decided to provide financial support for further expansion of these groups and their participatory efforts.

PDU's group (street support group) was the most active and visible in the whole project throughout the intervention. The group had two facilitators (allies) who are also the mediators between Podane Ruce NGO and the group. With the progress of the group the regularity of the meeting increased. Since the beginning of 2018 members of the group have been meeting at least one day every week. They worked together and planned the activities in the time between meetings. The key factor of progress was the gradual delegation of power and responsibilities from facilitators (experts) to the members of the group (non-experts).

This process hasn't ceased yet. The group has always had circa 7 stable members, plus 2 facilitators. In total there have been 15

group members across the whole intervention period. The work of the group indirectly affected dozens of PDUs by promoting harm reduction measures in hard to reach communities in the city of Brno. Since January 2018 Peer workers of this group exchanged app. 300 - 400 needles and health materials and collected a few dozens of dirty needles each month. They distributed 350 pieces of the 'survival manual'. They also organized community events attended by more than 100 PDUs and participated in educational activities with more than 200 people in attendance.

Ten members of the group were screened by SSM. But the main evaluation of the group's progress was brought up during each monthly meeting. Mainly, we discussed the benefits of group membership for the lives of its members and the wider community, and we addressed the challenges related to the process and activities. The main challenges were the following: unstable life circumstances, low experience with alliances and community organization and challenging relationships between individual members of the group.

In the recovery group, there were 7 members in attendance, on average, at each meeting, 15 people visited the group at least once. The local drug coordinator from the Brno city council visited RGB regularly while working on Brno's drug strategy. The group meets regularly each month (every first Wednesday of the month), but many activities also happen between the meetings. The group designed the first Czech Foundational training in recovery coaching, and run a destigmatization campaign in Brno's public transportation system. The evaluation of the group was made by the continuous reflection of the activity plan and by sharing details of the experience among the members of the group.

The nightlife group wasn't as progressive as the user's group. Throughout the intervention, we conducted 2 focus groups with representatives of club owners, party organizers, security services, night managers, bar staff, recreational drug users, problem drug

users, psychonauts, dealers, light and sound technical support, Djs, party goers and members of outreach programs.

The results of the focus groups were used to further plan and develop the “Hard and Smart” program (<https://podaneruce.cz/centra-sluzby/program-hardsmart/>). Unfortunately, we didn't succeed in creating a stable committee which will collaborate with the Municipality. There have been a few working groups on specific topics (selling alcohol to children, public nuisance in proximity to the central train station), but they have never been attended by a larger number of the community members.

SSM was not used as the main tool to evaluate the progress of the groups, because it was not reflective of their nature. It would be hard to distinguish the influence of our intervention from that of social services involved in the progress of various domains. We evaluated the progress with qualitative evaluations – discussing progress during group meetings. Progress was made mainly in the level of the overall well-being of the members of the group. This was articulated by the members of the group as follows:

- Financial stability - possibility of stable income
- Increase in self-worth - they are not seen as incompetent drug users, but as experts on their situation with specific skills
- Being a member of a positively defined community – this was secured mainly by the communal atmosphere (joint meal), community atmosphere
- Possibility to talk about the situation without fear of being disciplined
- Increase in the organization and presentation competencies of the group members as a result of horizontal group organization
-

The activities of the groups had an impact on the wider community.

Some of them are hard to quantify, but among those that are:

- More than 4000 exchanged and collected needles
- 350 street support manuals distributed
- Organizing community events for more than 100 members of the PWUDs community
- Dissemination of the work – more than 200 participants in the educational events
- Organization of long term training in recovery coaching form 15 participants from PWUDs community
- Destigmatization campaign
- And many others

We piloted the use of the SSM matrix in the social services that were part of the network used by the members of the participatory groups. We collected 33 questionnaires and 25 follow-ups with the clients of those services between winter 2018 and autumn 2018. Clients of Drop-in service didn't show any substantial progress, but they didn't show any substantial decrease in domains either. Clients in the case management program showed slight progress in many domains. Mainly in the domains of finances, housing, community, and mental health.

Differences among these results could be interpreted as the difference between the life phases of the PWUDs. In the first group were the PWUDs who didn't want to/couldn't progress at that moment. Clients of case management were usually those who expressed some intention to change their situation. Unfortunately, the correlation (if there is any) of the result with the intervention cannot be tracked. Nevertheless, almost all of the members of the PWUDs participatory group decided to become clients of the case management service, which reflects their intention to work on improvements on some of their life domains. SSM matrices were later adjusted according to Czech context and incorporated into these services as the standard evaluation protocol which is used by them.

SPECIFIC INFORMATION ON THE INTERVENTION

Expected results	What did you achieve?	How did you measure this?	If you could not reach the expected results, why is that?
<p>Increased engagement of PDUs in low threshold services (app. 15 people)</p>	<p>A broader collaborative culture in the community of PWUDs and to strengthen its own cohesion and solidarity.</p> <p>Throughout the intervention period we organized many community events like: "Scuk na škváře" – an event including a football tournament, a second hand clothes exchange, free food, and art activities and performances.</p> <p>We succeeded in the creation of the context where workers and clients met beyond the problem (in joint football teams, as art performers etc.). 2 volumes, attendance 40 – 50 people.</p> <p>Bazaar with free clothes for PWUDs –</p> <p>The Street support group organized a clothes collection and distributed the surplus, which is not distributed by the regular social services. Meetings with other participatory groups and projects –</p> <p>To strengthen group cohesion and to provide inspiration, the Street support group visited similar projects in the Czech Republic and Germany. They visited project Vision in Berlin and developed a collaboration with a Prague peer-based group, Fixpoint.</p>	<p>The result was evaluated through regular meetings of the participants of the groups with social workers from low threshold services. They developed and evaluated activities together to invite clients into participatory activities.</p>	<p>We had to learn how to achieve the expected results. At the beginning the relationships between people with and without experience of problem drug use were always defined as relationships between professionals and clients.</p> <p>This framework has its purpose and meaning in standard social services, but it also produces unequal power relations that negatively affect participation. Throughout the intervention we have been facing the challenge of unlearning (both as facilitators and as PWUDs) these types of relationship patterns. We as facilitators had to step down from our patronizing and controlling tendencies and PWUDs had to take over some of the responsibilities that were usually ascribed to the professionals.</p> <p>To function as an independent group the power balance had to be restored. Also, we had a tough time negotiating conditions of peer work with traditional harm reduction services. We overcame major obstacles by inviting traditional social workers to participate in our meetings and discuss their worries with PWUDs directly rather than through indirect mediation.</p>
<p>Peers - Stabilization in important life domains (app. 3 people)</p>	<p>5 members of the group launched the needle patrol and peer needle/syringe exchange program in their communities.</p> <p>They shared emergency mobile phone numbers and operated during the times and in places where regular outreach work couldn't.</p> <p>Participants went through basic harm reduction training to become peer workers. One of the workshops was provided by Mat Southwell from UK in autumn 2017.</p> <p>Peer workers got a special ID explaining their status in front of the Police and other PWUDs (We faced problems with carrying too many needles).</p> <p>Since January 2018 they have already exchanged app. 300 - 400 needles, distributed 350 'survival manuals' and health materials and collected a few dozens of dirty needles each month.</p> <p>Except for the public health effect in hard-to-reach communities, the peer work contributed to the increased self-worth of group members as meaningful members of society. They became part of the solution not just part of the problem.</p>	<p>The result was evaluated through regular meetings of the participants of the groups with social workers from low threshold services.</p> <p>Every 3 months facilitators and peers did individual interviews about the situation of the peer worker and evaluated the challenges for next period.</p>	<p>One of the main struggles in achieving the result was identified in unstable life circumstances. To address it we decided to be as flexible as possible and to tolerate temporary drop-outs. Each member of the group has been a client of some low-threshold social service that supported his/her stability. Gradually, members of the group were able to support each other during difficult situations – both emotionally and materially. From the early stages of the project, stable members of the group were financially rewarded for their work in overcoming daily struggles.</p>

<p>Work-stabilization group - Stabilization in important life domains (app. 10 people)</p>	<p>Starting January 2018, participants of the group have been able to earn some money for basic activities like trash collection, cleaning and packing of HR materials.</p> <p>All members of the group participated in the activities (app. 15 during the intervention period). They were recognized as an independent group by other NGO's and projects that were interested in ridding the city of waste. Specifically, they collaborated with the Trash Hero project and with "Uklidme Cesko" (Let's clean Czechia) on their action days.</p>	<p>The result was evaluated through regular meetings of the participants of the groups with social workers from low threshold services. Based on these evaluations, low threshold services were able to increasingly offer such work participation that was appropriate for the life situation of the group participants.</p>	<p>To reach expected results we have had to deal with challenging relationships between individual members of the group and other PDUs joining work activities. The group brought together people that were members of the same community of PWUDs in Brno. Sometimes we have had to face side effects of conflicts which occurred between members outside of the group. Those conflicts negatively affected relationships in the group and the functioning of work activities. We overcame these situations by inviting external supervisors to create a safe space for discussing these issues and their impacts. The supervision took place 4 times a year.</p>
<p>Professional + Municipal deputies – increase in awareness and participation in drug services and policy</p>	<p>Municipality deputies and social service practitioners took part in various educational activities organized by participatory groups.</p> <p>The local drug coordinator from the Brno city council visited the Recovery group regularly while working on the drug strategy for Brno. The result of this was displayed in the Drug policy city strategy where the participatory mechanism was listed among the key elements of the city drug policy.</p> <p>This resulted in funding of the participatory project and securing further continuation of the groups.</p> <p>One specific achievement is the launch of the first training for recovery coaches in the Czech Republic.</p>	<p>The result was evaluated by regular meetings between the members of the social department of the city council and employees of Podane ruce and other NGOs. We addressed doubts and questions regarding participatory groups.</p>	<p>We were able to influence city drug policy and shape several future projects to incorporate the peer elements. Unfortunately, we didn't succeed in creating a stable committee that will collaborate with the Municipality. There have been a few working groups on specific topics (selling alcohol to children, public nuisance in proximity to the central train station), but never attended by larger number of the community members. The attempt to initiate the club committee with community members is still alive, but there has been a lack of regular community organization (such as in previous groups). Two meetings per year simply weren't enough to develop shared interests and strategies in such a heterogeneous group. The second obstacle occurred in negotiating with the cultural department of the city council about the importance of running the committee. We didn't succeed in convincing the political representative to support the existence of the committee. Nevertheless, the focus groups have already defined the agenda of the main issues articulated by the community and will be further carried out by the "Hard and Smart" program and continuously checked with the group.</p>
<p>PDUs will have better access to other services (wifi, food, laundry,..)</p>	<p>In 2018 based on a collaboration between Street support group and Recovery group the idea of a mobile phone app emerged. Under their social responsibility program, ORACLE offered to launch a basic app (free of charge) for PWUDs and homeless people who possess at least a basic smartphone. The whole process behind the making this app was guided by the idea of the street survival manual of PWUDs. Street support groups have been present throughout the whole process and PWUDs contributed substantially to the content and layout of the app. The app is going through beta version testing in Spring 2019 and should be released by the end of 2019.</p>	<p>The result was measured through regular meetings of the groups and by the number of survival manuals distributed and/or peer worker reports.</p>	

FOLLOW-UP ON THE INTERVENTION

The project continues to develop and thrive. Both groups have grown organically and are becoming known as the main representatives of the bottom-up participatory approach in the Czech republic. This is reflected in the growing number of invitations to various conferences and also in the inclusion of the intervention in the annual governmental report on drugs, addiction and drug services.

The continuation of the group will be secured by the Municipality funding project. The main progress would be for the group to rent its own space and so be independent of the premises of social services. The aim is to become fully independent of the organizational structure of Podane ruce NGO and to be able to receive funds directly. Also, they continue developing their peer work and collaborating with other NGOs and educational events.

Before the end of the intervention, the Municipality of Brno decided to financially support further expansion of these groups and their participatory efforts. Also, the PDUs' group developed a mobile street survival app with the local branch of the software company, ORACLE, and joined voluntary projects of environmental NGO's.

The implementation of the SSM evaluation tool will continue in standard social services. The tool was translated and is used as a standard evaluation tool in low-threshold services.

CONCLUSION

The intervention verified the broad possibilities of participation in the field of drug use and homelessness in the city of Brno. The main achievement was in opening new horizons of collaboration for both professionals and users of social services. It highlighted the importance of mutual transformation in the process of participation.

The intervention positively influenced PWUDs' sense of community and self-worth and workers developed new relational competencies. On a practical level the intervention was able to identify and respond to the issues that were not covered (or insufficiently so) by traditional social services (peer work, the street survival manual, waste collection, destigmatization, etc.) and proved a unique participatory principle in tackling social problems.

This was recognized by local donors and groups which were financially supported in the development of their activities beyond the time frame of the intervention.



Left: Needle patrol peer work.
Under: Identification of peer worker



Průkaz peerworkera
Společnosti Podané ruce o.p.s

Jméno:
Světlana Bílá
Datum narození:
4. 10. 1995



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Program Peer work je zaměřený na práci a stabilizaci lidí se zkušenostmi s užíváním nelegálních drog, kteří se chtějí angažovat ve prospěch veřejného zdraví a zdraví komunity uživatelů drog.

Držitel tohoto průkazu se na základě dohody o provedení práce zabývá poskytováním informací a výměnou či sběrem injekčních stříkaček a jehel, podílí se tak na snižování zdravotních rizik spojených s užíváním drog (prevence šíření HIV a žiloutenek). Z tohoto důvodu může mít u sebe větší množství injekčních stříkaček a jehel. V této problematice je také řádně poučen a proškolen. Průkaz nesmí být používán k prokázání totožnosti.

Upozornění: Držitel průkazu NENÍ streetworkerem – profesionálním terénním pracovníkem.

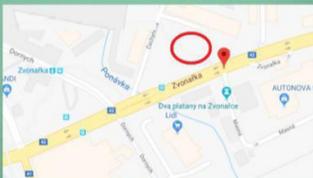
Vydal: Koordinátoři projektu Street Support (Společnost Podané ruce o.p.s.)

Projekt je podporován Magistrátem města Brna



*Right & Under:
Survival manual*

**KDE SE
MŮŽEŠ
ZDARMA
NAJÍT...?**



**Každou neděli od 12:30 v parku u
Zvonařky (naproti Lidlu u zast. 84 a 12)
+
každý druhý týden dávají navíc
suroviny na vaření (mouka, rýže, ...)**

JAK PŘEŽÍT V BRNĚ NA ULICI





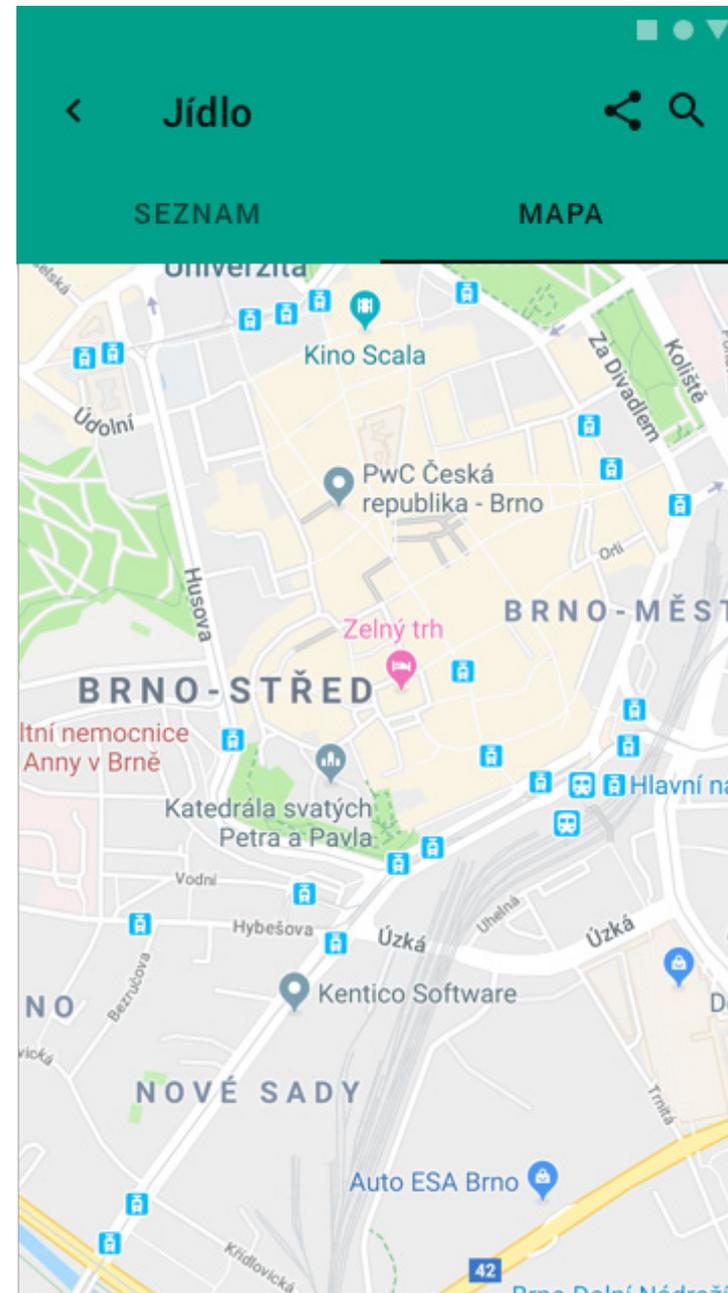
Community activity



Community activity



*Collaboration with
other participatory group.
Visit in Köln*



Development of the Street Survival App

An aerial photograph of a residential complex. The complex consists of several large, multi-story buildings arranged in a semi-circular or U-shaped pattern around a central courtyard. The buildings have flat roofs and are connected by a network of walkways and stairs. There are trees and greenery in the courtyard and around the perimeter of the complex. The overall scene is a high-angle, top-down view of the urban environment.

Drug- and alcohol-related nuisance is an important policy issue in nearly all smaller, medium-sized and bigger cities. Experience and research has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities have been developed to prevent nuisance among youngsters. Intervention, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work and other activities can play a vital role in this context, as long as it is adapted to the specific needs and living conditions of the target group.