

The Danish SSP model: Prevention through support and co-operation.

**Jørgen Pedersen, SSP Consultant and Chair of the National SSP Council, Silkeborg,
Denmark**

Blaine Stothard, Prevention Specialist, London, UK

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Introduction: the Danish SSP system.

This paper describes the Danish SSP (schools, social services, police) system, a cross-disciplinary approach to prevention work with young people. It embodies the principle of co-operation which is the basis of much Danish social policy. The system operates through practice and experience rather than being defined by theory, law or regulation. It is not a ‘manualised’ approach, neither in content nor implementation. Dialogue and discussion between SSP practitioners and young people, on the one hand, and SSP administrators and government bodies on the other imply an openness to change and development on a constant and dynamic basis - a continuous internal monitoring and assessment. With the exception of the Norwegian SLT¹, there does not appear to be an equivalent in other countries.

The paper describes the origins of SSP in concerns about youth crime in the 1970s and the growth of its adoption by local authorities. It looks at the relationship of law and regulation to

¹ SLT: Samordningsmodel for Lokale forebyggende Tiltag mod rusmidler og kriminalitet. See www.krad.no - pages in Norwegian.

SSP work, which define the confidentiality of young people rather than the structure of SSP itself, and the broad prevention requirements of SSP and its three constituent agencies.

The aims of SSP work and the ways in which they have been refined since the 1970s. are considered. The behaviours which SSP works around are clarified, along with the high profile of drug and alcohol use within SSP activity. The way in which these have been largely confirmed by successive government monitoring reports is outlined, as is the shift in emphasis from crime prevention to promotion of a culture of 'a good life.' Monitoring has confirmed the continuing structural principles of 'always there' and 'as of right' – universality – alongside the flexibility which allows local SSP work to be informed by and respond to local populations and needs. The challenges of demographic change are discussed and there is an overview of young people's health and crime related behaviours, illustrating the extent to which the focus of SSP work continues to be evidence-led.

The discussion looks at international comparators, both in official responses to young people's behaviours and in the evidence and conclusions drawn from forty years' social policy research in Europe and the USA. This includes questions of responsibility – state or the individual concerned? – for individuals' behaviour.

Background: the origins of SSP.

SSP emerged from the recommendations of The Danish Crime Prevention Council (Det Kriminal Præventive Råd) established in 1971 in part response to the growth in young people's crime then observed. The recommendations aimed to develop more effective activity around crime prevention and young people. The need for better communication and joint-working within local authority departments, at the time often working in isolation from each other; and external bodies, including schools, the police and voluntary agencies, had been identified by, amongst others, Esbjerg police chief Lars Rand Jensen. This organisational issue became an additional motivation and prime catalyst for establishing the system. The response was specific to Danish institutions and needs in the 1970s. and the methods and knowledge relevant to crime prevention as then understood.

The first local authority to introduce SSP work was Copenhagen, in 1975. In 1985 about half of the Danish local authorities (kommuner) had introduced SSP. In 1988 SSP set up its own national organisation, the SSP Council (SSP Samrådet.) By 1998, 92% of Danish local authorities had introduced SSP. (Boolsen, 2000.) Currently (2015) all local authorities have SSP

programmes. Local SSP consultants' roles include ensuring continued inter-agency co-operation and joint working. The work is over-seen by a local SSP Council in each local authority.

No specific law was passed to establish the SSP system but clear regulations were published regarding the exchange of information between the agencies involved in order to ensure that the rights of young people were clarified and respected. Any information exchanged at SSP meetings and discussions was not to be used in criminal investigations, reflecting the principle of using SSP to avoid introducing young people to the criminal justice system. Some aspects of SSP work are now covered by Danish law, including the regulation of information-sharing and confidentiality.² This regulation clarifies the situations where information may (not must) be shared between agencies if considered necessary for crime prevention. Parents must be informed of any discussion of an identified child at SSP meetings.

SSP is not an institution, it is a process. It has become a formalised co-operative working relationship between the agencies concerned with young people's well-being and their shared objective of preventing and reducing criminal and risky behaviours amongst children and young people. The principle of co-operative working between equal partners is core to the way in which SSP operates and is monitored and assessed. SSP does not work from a structured or imposed set of activities or in-puts but from a principle of intervention and support which is deliberately intended to be flexible and responsive to the varying needs of the range of local authorities' populations and situations. It is a system of exchange and communication by the agencies involved, not an after-the-event response or case-conference approach to young people's anti-social and risky behaviours.

Danish law requires all three SSP agencies to be active in crime prevention. The Primary Education Act (Folkeskoleloven) requires that schools should ensure that the personal development of all pupils is supported, with the aim that pupils are aware of the behaviour options and choices open to them, and are equipped with the decision-making skills to respond to the situations they are likely to find themselves in as they progress through adolescence. Section 7 of the Act requires schools to include coverage of drug and alcohol use in the curriculum. (This broadly corresponds to the aims of personal social and health education in the UK, although it is at present an option, not a requirement, for UK schools.) Work around illegal

² See The Administration of Justice Act - Retsplejeloven - (equivalent to the UK Police and Criminal Evidence Act 1984) Section 115, sub-section 2.

drug use falls within the SSP remit. The use of cannabis continues to constitute the major concern – use has not fallen in line with the use of other substances, including alcohol, by young people - although alcohol use remains the dominant behaviour. (See e.g. Rasmussen and Due, 2011 and 2014; Hibell et. al., 1997, 2004, 2012.)

SSP aims to support a model of ‘the good life’ in citizenship terms rather than directly working with individuals involved in crime. This model is strengthened by the acceptance of evidence showing that early intervention and prevention work inhibits (but cannot fully prevent) later more serious and persistent behaviours and problems, a human and individual focus, as well as saving future expenditure. Central government funding is provided to schools, which effectively act as paymasters for the benefit of wider society. A government publication on the principles, activity and progress of SSP in the substance-use field stated: ‘The starting point for prevention work needs to be a long-term input, with organisations which in part counter polarisation and exclusion, in part ensure young people’s integration in society through school attendance and the continuation to further education and employment.’ (Jensen, 1999, P. 10.)

Defining SSP as a process rather than an institution does mean that there is no universal, shared, uncontested conceptual understanding of SSP; nor how it is set up and operates in a local authority. Each local authority interprets SSP according to its own population needs and behaviours, and the resources and staff skills available. Local organisation tends to fall into three categories, corresponding to population size – the larger (and less homogeneous?) the local population, the larger the supporting organisation to ensure involvement of all relevant agencies and awareness of all young people’s needs, as an age group and as individuals. In agency terms, this means that the larger local authorities and towns have specialist agencies - youth centres, drug and alcohol treatment centres - which provide specific drug and alcohol services, including prevention in-puts.

Interventions start in the 4th to 8th classes (ages 10 – 14: compulsory schooling starts at age 6 in Denmark) and continue till age 18, the legal age of ‘adulthood’ in Denmark and the UK. ³ SSP also works with parents. Within the broader remits of youth crime and prevention, young people’s use of alcohol and illegal drugs is unavoidably a constant part of SSP work. The ‘SSP +’

³ The government formed after the May 2015 general election has raised the possibility of reducing the age of criminal responsibility to 12. Judges, criminologists and the SSP Samrådet want the existing age (15) retained.

system, working with 18 – 25 year olds, originated from concerns in the 1980s. about young people's alcohol use; and vandalism at school. Young people who engage in risky social and health-related behaviours at parties, in private homes or at clubs and restaurants, are included in the SSP remit.

Risky social and health-related behaviours are seen by professionals as behaviours which in the short or long-term can damage both the individual young person and their environments, familial, social and physical. Such behaviours are identified at a wider societal level – early use of alcohol and tobacco products; use of illegal drugs; unwanted, under age, coerced or unprotected sexual activity; bullying; violence; vandalism and hooliganism; shop-lifting; theft of bicycles and scooters; drunk driving. The definition of these behaviours implies a level of social consensus on the part of adults, professionals, practitioners and politicians, and can be seen as an example of the interventionist culture of Danish social policy. Survey results show that, as in other countries, young people who drink most are at greater risk of accidents, fighting and unprotected sex than their age peers who drink less or not at all; and that a high level of alcohol use at adolescence is a strong predictor of high levels of alcohol use in adulthood, with the side-effects indicated above also continuing. (C.f. Bendtsen and Rasmussen, 2014; Sundhedssytrelsen 2015.)

Young people's behaviours and situations were and are seen as causes of concern rather than as condemnable and responded to by punishment. Nikolaj Henningsen of the Wuthering Heights (Stormfulde Højder) project (at the time (late 1990s) the largest peer-led drug prevention project in N Europe) described the SSP and Wuthering Heights approach as: 'It's a question of approaching young people with open arms. We weren't messengers for adult morality.' (Fonnesbech, 1999.)

Consolidation and affirmation.

In 1996 the SSP Committee ⁴ of the Danish Crime Prevention Council re-stated and consolidated the principles for SSP work. Each local authority would consider how to meet its SSP obligations. This was to be done by identifying local factors contributing to youth crime and assessing the effectiveness of the responses. A local network of agencies and professionals, in addition to the three core SSP agencies, should be established and maintained. Provision in

⁴ SSP Committee members include: The Danish Crime Prevention Council; National Board of Health ((Sundhedstytrelsen), The Ministry of Justice, The Ministry of Education, the Ministry of Social Affairs Universities, NGOs and third-sector organisations.

schools should be on a three-tier basis familiar to prevention specialists: general or universal curriculum provision, which discusses issues and topics but does not identify, stigmatise or exclude individuals; targeted or selective work outside the class-room with identified groups of young people at risk of involvement in criminal and anti-social behaviours; and tertiary or indicated work with individuals at risk of or already involved in such behaviour.⁵ Targeted work includes the involvement of parents and carers. (See too Sundhedsstyrelsen, 2014, Pp. 22 – 31.)

The publication referred to above clarified and extended thinking on prevention: ‘Establishing a ‘prevention culture’ should first and foremost take place through well-defined inputs early in young people’s lives, and through an enlarged and improved cross-disciplinary cooperation between local institutions...and SSP partners. A precondition is that the adult professionals working with children...are able – and prepared – to recognise signals that something is wrong and act quickly, both with the child or young person and their family.’ (Jensen, 1999, P. 17.) This re-assessment and re-statement of the aims and principles of SSP work provided a check-list to assist local authorities to monitor their activity; and a template questionnaire for pupils to help establish local youth cultures and behaviours, and individuals at risk. (Det Kriminal Præventive Råd, 2012; Balvig, 2011.) Balvig (2007) ascribes the fall in criminal behaviour amongst young people to, in part, what he calls ‘future awareness.’ He also identified that while fewer young people committed crime, those who did were ‘more criminal’ – committed more, and more serious, crimes.

Impact and evaluation.

Anticipating 25 years of SSP work, The Advisory Councils on Violence, Substance Use and Crime Prevention (Voldssekrariatet, Narkotikarådet and Det Præventiv Råd), under the umbrella of the Ministry of Justice, commissioned a survey of the impact of SSP. The survey looked at the organisation, audience, areas of work and ways of working in the local authorities where SSP work was established. (Boolsen, 2000.) One intention was to provide a formative assessment so that existing good practice and unmet or emerging needs could be identified and disseminated. The survey showed that SSP continued to vary between local authorities, dependent on population size and make-up, and locally identified needs. One characteristic identified by the survey was the high turn-over of SSP staff – though not amongst the lead contacts in each local authority – which hindered the expectation that SSP staff would gain and

⁵ In 1994 the US Institute of Medicine introduced the terms universal, selective and indicated in a move to standardise terminologies in the prevention field internationally.

share understanding and insight from their experience and practice. This was attributed to a lack of a career structure; and the absence of a recognised programme of professional development. This in turn was seen as contributing to a lack of awareness of alternative or additional ways of working which could enhance the quality of contact with young people. SSP work still focussed on crime prevention, generally practised as a universal approach, not on specific aspects of criminal activity; or on work with groups or individuals. Where there was targeted work, it was largely done by social services staff, not in schools.

Crime prevention had become increasingly focussed on substance use: there was less activity looking at violent crime, vandalism and bullying. Most activity took place in schools and youth centres. About a quarter of local authorities were involved in work at street level – detached youth work, sessions with parents and carers. Most activity was with the 10 – 18 age group. This focus is reflected in the falls recorded in the most recent reports on young people's substance use. (Sundhedsstyrelsen 2014, Sundhedsstyrelsen 2015.)

Findings and Implementation.

The identification of aims and foci amongst SSP teams was seen as being clear and well-researched. The means by which the aims were pursued were seen as less well-informed, and perhaps over-reliant on repeating past practice because it seemed to work – a process evaluation rather than an outcome evaluation. At this level of SSP functioning, variations of methodologies and skills were apparent, not all appropriate to the situations encountered. This again reflected the lack of professional development opportunities at a national rather than local level; and the differential between smaller, mainly rural, local authorities and those in larger population centres, in part because of the enhanced cross-disciplinary contact in the latter.

It would appear that the concerns about resourcing and skills militated against outcome evaluation and establishing clear success criteria in favour of identifying needs and acting on them. In some situations this appears to have been seen by SSP workers as 'quantity equals quality' – a resort to established practice and skills (single loop learning) without considering the reasons why similar practices were – and were not - successful in the past and might be changed (double-loop learning.) The survey concluded that the basis on which SSP was first established, and the rationale for activity, were sound, but much practice had become stale and complacent.

Each local authority and SSP entity has a key SSP consultant. The consultants' roles include:

- establishment and maintenance of the SSP organisation and network
- co-ordination and cross-disciplinary/professional co-operation
- education
- youth work
- campaigns
- parental co-operation and information
- prevention of drug and alcohol misuse
- crime prevention
- knowledge gathering and dissemination
- multi-cultural dimensions
- holiday and out-of-school activities
- evaluation

The core-role of the SSP consultant is to ensure joint working in the interests of young people, in general and on an individual basis. There is a constant awareness of the risk of over-professionalisation of the SSP role and consultant. Concern that the three principal agencies become subservient to the SSP consultant has largely been balanced by the limitations on SSP consultants' statutory powers – only the police and social services have these.

The initial scope of SSP work is whole-population provision, based on the view that all young people are entitled to this level of input and attention as part of their schooling; and as part of the implicit social contract Danish statutory institutions have with young people. (Part of the universal provision means that every Danish school has a designated school nurse.) Each school has funding for an SSP key-person, who acts as the single point of contact at the school. Where a need is identified, targeted work is done with specific groups or individuals. Some long-term work may develop from initial contact with smaller groups of young people, or individuals. 'Teachers' contracts include guaranteed time during their working week to attend meetings with SSP partners and other agencies, including educational psychology and child protection.' (Mifdord et. al., 2006.)

Weekly SSP meetings discuss the remit of the local partners, both general and specific. Part of the role of the police SSP specialist is to advise colleagues of individual young people who have come to the notice of the police since the previous meeting. This might be those who have been

charged with an offence; or those who have come to the notice of the police and who the police consider to be in a 'risky' situation. In both situations, the name and the national identification number will have been recorded and are exchanged at the meeting. The situation and needs of individual young people will be considered at the meeting and a decision made on which agency will take the lead in working with that individual.

More recently, there has been a shift in focus and vision from youth criminality and the establishing of a prevention culture to 'a good life for all.' (Ministeriet for Flytgninge indvandrerere og integration, 2009.)⁶ This strategy refers to the aim of strengthening the protective factors in young people's lives – a clear reference to the work of, amongst others, Hawkins Catalano and Miller (1992), whose principles and conclusions were implicit in the original rationale for SSP. The 2009 strategy, which saw a central role for SSP, is specifically aimed at combatting extremism and radicalisation. (See: Henley, 2014, for an illustration of the way in which SSP principles and structures are being used in Denmark to re-integrate returning jihadists.)

Rationale and Implementation.

Regular discussion meetings take place on school premises to monitor concerns and identify issues, with additional meetings if an urgent need or case is identified between the regular meeting time-tables. (In the UK these might be referred to as screening meetings.) While SSP is available from the start of Danish young people's compulsory schooling at age 6, involvement mainly begins at around the ages of 13 or 14, when Danish children are in the seventh school class. By this age, some key signs and indicators are becoming apparent – choice of peer group, tobacco smoking, use of alcohol.

While the emphasis varies from one local authority to another, based on local behaviours and concerns, the national focus is alcohol, illegal drugs and youth crime. SSP work includes drugs and alcohol on a 'not only but also' basis – they are not the primary focus of SSP work. (Sundhedsstyrelsen, 2014, Pp. 22 -31.) This remains prevention in the widest sense - prevention of the development of anti-social or risky (to the health of the individual) behaviours; and re-integration into the school system and other aspects of the social mainstream. No criminal justice proceedings or sanctions, and hence no criminal records, are imposed on those working

⁶ The Drug Rangers project in Vejle, Jutland, adopted the slogan 'high on life not high on drugs' in 2005.

with SSP. Without being able to attribute cause and effect, the early years of SSP coincided with a decline in the registered percentage of criminal activity amongst young people aged 15 – 17 between 1979 – 1988. (Kyvsgaard, 1990.)

Impact and evaluation

Local evaluations and feed-back indicate that most young people welcome the attention, care and concern which result from the SSP system, a response reinforced by conversations with families and with groups of young people. This welcome is also evidenced from conversations during the time specific young people are involved with SSP work and staff, not least because of the aim to resolve behavioural and other concerns without resorting to more formal criminal justice procedures leading to fines and criminal records. This approach can be compared to the UK system of Intermediate Treatment which operated in the late 1970s.

Within local authorities there are professionals with the specific role and training to talk to and engage young people. The personal qualities of these staff include trust and credibility, and the ability to ‘do what some parents can’t or won’t.’⁷ The qualifications of these staff include motivational interviewing, coaching and mentoring, and are a specialism for young people’s social workers and youth workers and their basic professional training. Additional specialists who can provide therapeutic support to young people are available in each local authority. School staff with an SSP role do not usually have a specific SSP training but use the skills and experience gained from their initial professional training and face-to-face work as teachers. When required by local needs, variations on the theme of SSP are introduced, short-term or more permanently. These include PSP – psychiatry, social services and police; and KSP – criminal justice system, social services and police.

As an indication of both the trust placed in SSP work and the challenges which now exist in some Danish towns and cities, field work undertaken amongst second-generation immigrants in two Danish cities for a Ph. D. (Perry, 2012) found that, where they became aware of young people’s criminal activity, some SSP workers breached confidentiality by passing on details to the police. The regulations applying to SSP work make it clear that such information can be passed on to prevent future crime, not to report current crime. This has led to a lack of trust in SSP

⁷ Jørgen Pedersen, Chair of the SSP Council, in a telephone discussion, 27 11 2014.

work and workers amongst young people from an immigrant back-ground in some inner-city areas, the so-called Danish ghettos, in some cases extending to hostility.

SSP workers in these areas referred to the difficulties in determining where the boundaries lie between confidentiality and the reporting of persistent criminal activity; and the distinction between criminality, not perpetrators, being reported to police colleagues. SSP managers assert that on the whole they are able to maintain a general level of trust in the 'ghetto' areas they work in. Many acknowledge the difficulties of building-based and detached work in areas of high youth crime; and the constant dilemmas around information-sharing with police colleagues. The mistrust and tension Perry identified appear to be at the older end of the age-range, and not to apply to school-based SSP work. This study may show the more limited possibilities of preventive SSP work where the young people involved are already criminally active and to a considerable extent marginalised and alienated. Here the concept or aim of prevention might be more realistically seen as managing or restricting such activity.

The wider response to Perry's research has been that it was conducted in areas with high levels of disaffection and alienation between some young people and 'officialdom' in any form. These are areas with nationally high levels of youth crime; and high numbers of young people involved in crime. Many of the young people who were part of Perry's surveys had not attended school in Denmark and therefore not familiar with SSP work or the concept of state intervention and interest in their behaviour and welfare. While the comments on respect for boundaries and confidentiality do have wider implications, the experiences in the areas where this research was undertaken are not seen as typical or indicative of conditions and results elsewhere in the country. The samples were small and although the findings clearly indicated concerns in some specific settings they do not suggest wider distrust of SSP work. The results are seen by most SSP workers and their partner agencies as confirming the importance of early interventions as a preventive measure and the acceptance of this principle by most young people and their families. Here is clearly a new challenge for SSP staff and principles – to combat established alienation and reduce or counter marginalisation; and to continue to be aware of the tensions which can arise between alienated young people and what they see as interfering agencies.

Trends in young people's behaviour.

The Danish pupil survey (Skolebørnsundersøgelsen) has conducted surveys of young people's alcohol and drug use since the 1980s. The most recent report, involving 4,490 school pupils in

three age groups, shows a consistent and continuing year-on-year fall in young people's use of alcohol between 1984 and 2014. (Bendtsen and Rasmussen, 2014.) The decline has accelerated since figures were first collected. Researchers attribute the fall to changing social and family attitudes towards the use of alcohol; prevention inputs in schools; and stricter implementation of, and changes in, the laws on age of purchase of alcohol. These figures and trends are confirmed in the annual report of the Danish Health and Medicines Authority, which draws its statistics from several sources, including the Danish pupil survey. (Sundhedsstyrelsen, 2015.)

However, Danish adolescents continue to drink more than their European counterparts. The survey results also show that, as in other countries, those young people who drink most are at greater risk of accidents, fighting and unprotected sex than their age peers who drink less or not at all; and that a high level of alcohol use in adolescence is a strong predictor of high levels of alcohol use in adulthood, with the side-effects indicated above also continuing. The ESPAD Reports (Hibell et. al.: 1997, 2004, 2012) show that Danish adolescents consistently out-drink their European counterparts (except for 2012, when the Czech Republic topped the league), based on responses to the ESPAD survey questions including life-time use of alcohol on 40 or more occasions; and alcohol use in the past twelve months.

The Danish Focal Point Reports to the EMCDDA (Sundhedsstyrelsen, 2012) report a fall in young people's experimental use of amphetamines, ecstasy and cocaine by half between 2007 and 2011. Shisha smoking has become popular amongst Danish youth in the last decade or so. The differential in the use of alcohol, tobacco and other drugs by girls and young women and boys and young men is narrowing. Statistics of youth crime show that, as with the use of alcohol and other drugs, crime rates amongst young people fell consistently and markedly between 2001 and 2013. The fall in the number of crimes was greater for more serious crime – violence and threatening behaviour - than for, for example, shop lifting and theft. Urban crime fell more than rural crime. (Justitsministeriets Forskningskontor, 2014.)

Discussion.

The existence of the SSP model demonstrates some of the thinking and practice of Danish social policy which differ markedly from that of the UK and other countries which adopt Anglo-Saxon social policies. There remains a wide consensus in Denmark that the state has a role to play in the raising of children and the development of young people. This sees the state as being benevolently interventionist, and accepts a view that the responsibility for any individual's well

being is shared between that individual; their parents or carers; and the state and its institutions. The existence of SSP as an ‘always there’ provision reflects the continuing view that drug and alcohol use, amongst other young people’s behaviours, are and will be a constant in society. Rather than pretend that they can be ‘solved,’ in the way implied by some New Labour initiatives in the UK, by intensive, once-and-for-all, in-puts and interventions, the Danish response is regarded as needing to be as long-life as the behaviours and concerns they are responding to. It is pragmatic, not ideological, and not based on wishful thinking about behaviour change. It is here that the potential for the adoption of an SSP-like system in other countries may be diminished – the pre-condition that governments accept that some social phenomena, e.g. substance use, will be constant and, while they may be reduced, minimised and managed, they cannot be prevented.

One Australian study on drug education and young people summarises Danish practice: “The Danish approach to drug education provides an alternative point of reference for Australian policy and practice to that provided by the large body of American literature. It is pragmatic, holistic, and seems to have been successful in engaging the community in the education process. However, the most important lesson it probably has to offer relates to continuity and commitment. An important tenet of the Danish approach is that there will always be a need to provide drug education for young people, and accordingly, it has built such provision into social infrastructures..[it] adopts the view that social problems, including substance use and misuse, will arise as part of societal functioning, and that the best response is to have agencies, services, and resources already in place to deal with them as they emerge.” (Midford et. al.: 2006: P 32 - 34.)

The similar conclusion reached by the UK’s Mike Gossop (Gossop, 2013) can be seen as relevant to Danish practice: “Drug taking is here to stay and one way or another we must all learn to live with drugs.”⁸ Some of the international literature is relevant here, and shows that although SSP practice is, at a national level, confined to in Denmark and Norway, similar analysis and conclusions have been arrived at by academics and researchers in other countries. The longitudinal survey of US adolescents’ health and health-related behaviour carried out by Resnick et. al. (1997) identified the major factors in determining positive health outcomes amongst adolescents as being a strong connection with their family; and with their school. At the time

⁸ This statement appeared in the first, 1982, edition of Gossop’s book. It has been re-stated in all subsequent editions, most recently in Gossop M: 2013.

SSP was being set up, the Netherlands social policy researcher De Haes was making similar recommendations based on his research. He saw the most effective form of ‘prevention’ as being to ensure that young people and adolescents felt that they belonged to their immediate institutions and wider society, and that in schools this was better achieved by good personal relationships than detailed curriculum in-puts (De Haes and Schuurman, 1978; De Haes, 1987.)

The Danish report from the advisory councils (Boolsen, 2000) included references to the theory of social change (Rogers, 1962) and the Logical Framework Approach (Danida, 1996) in its appendices, which sought to clarify the theoretical basis for SSP work; and contribute to thinking and practice. It has confirmed the initial thinking and rationale adopted or assumed in the mid-1970s. This might be seen as a push-me pull-me approach to the SSP system and the way in which Danish professionals and politicians have approached social policy making – a synthesis of practical experience and conviction, and research and evidence-based recommendations and guidelines from academics, commentators and decision makers. It can also be seen as an approach more informed by the causes than the symptoms of the policy being considered.

Evaluation of SSP has been a continuing and dynamic process, local surveys and feed-back forming the basis of any assessment. The overall findings and outcomes of this approach have been to confirm the value, rather than the results – the impact rather than the outcome - of the work although, as Boolsen’s 2000 report demonstrates, such surveys and monitoring have revealed many aspects of SSP work where improvements could be made. Adopting a formative rather than summative style of assessment allows for improvements to be discussed, agreed and put in place; gaps in provision identified and, where possible, met; and new trends, developments and needs, including demographic, in young people’s lives and cultures understood and learnt from. There is a broad social and political acceptance that SSP is an appropriate input into young people’s lives; and that the principles and rationale on which it is based are sound.

The falls in youth crime observed in other European countries and the USA during the same period might call into question the validity and relevance of the SSP approach in Denmark. To do so implies a linear view of prevention interventions – that a direct causal effect or sequence is anticipated or assumed between intervention and behaviour change. An alternative analysis is that the syndrome of behaviour and response is more complex, and that the SSP approach acknowledges the existence of risky and anti-social behaviours, and provides a reference point for young people to use as an example of modelled behaviour and expectations;

and for support to both change behaviours and to return to more widely accepted norms and opportunities. The reluctance to criminalise also serves to reduce significantly the wider harms associated with substance use caused by criminalisation and the resort to punitive and criminal justice responses – social rather than physiological harms.

Some in the UK and elsewhere may see the SSP approach as being what is frequently described as a ‘nanny state’ approach, and an approach which deters young people from taking responsibility for their own lives and behaviours. This view can be identified with a conservative and neo-liberal view of responsibility, emphasising that the individual is responsible for their own health and well-being, and that the role of the state should be restricted to establishing a legislative framework around the provision of health.⁹ It runs counter to the Danish model of providing aims for social development, and support to individuals through social institutions - an expression of social solidarity and inclusion. Rather than a binary approach, the Danish approach acknowledges the role of families, reinforces that where it is happening, and steps in where family support and skill in bringing up children and adolescents is, for whatever reason, absent or incomplete. The use of early interventions to prevent or minimise young people’s involvement with drugs and alcohol derives from a recognition that blanket ‘prevention’ – stopping things from happening - is not realistic; and that long-term ‘always there’ provision and support is an appropriate and desirable service for the state to provide.

There remains a tension between practitioners, who practise their skills and the professional requirements expected of them on the basis of their own and colleagues’ proven experience, and commentators and researchers who are aware of additional responses and methodologies which could be used in SSP work - young people’s development, and wider prevention aims. In Denmark, future thought might be given to exploring whether more conclusive means of measuring the effectiveness of SSP can be developed. This would enable a better assessment of the effects and value of SSP to be made, but also provide clearer evidence and comparisons with - and for - other countries. This might assist social policy researchers to draw clear conclusions between the differing approaches of countries responding to the same or similar situations; and for politicians to have clearer and evaluated examples of what is being done elsewhere on which

⁹ For a Nordic perspective on this neo-liberal view see Snertingdal, M I: 2013: Brief alcohol interventions in Norwegian natal care: a neoliberal mode of governing and social consequences: *Drugs and Alcohol Today*: 13 (1) Pp. 36 – 43.

to base their own practice. Here the meaning of 'evidence based practice' comes most sharply into focus. Governments vary in their response to 'evidence.' Their willingness to change course when 'evidence' suggests that there are better or more effective ways of responding to social policy issues than those they have previously adopted is often reluctant or non-existent. Practice elsewhere may be more appreciated by practitioners than by decision makers.

References.

Balvig, F.: 2007: Youth survey: why young people's lawfulness in Denmark is spreading: Det Kriminal Præventiv Råd, Glostrup.

Balvig, F.: 2011: Lovlydig ungdom: Det Kriminal Præventiv Råd, Glostrup.

Bendtsen, P and Rasmussen, M (eds.): 2014: Skolebørnsundersøgelsen 2013 for Statens Institut for Folkesundhed:, Syddansk Universitet, Copenhagen.

Boolsen, M W: 2000: SSP-samarbejdet – udvikling og perspektiver: Voldssekrariatet, Narkotikarådet and Det Præventiv Råd, Copenhagen.

Danida: 1996: Logical Framework Approach – a flexible tool for participatory development: Danida, Copenhagen.

De Haes, W: 1987: Looking for effective drug education programmes: fifteen years exploration of the effects of different drug education programmes: Health Education Research: 2 (4), Pp 433 - 438.

De Haes, W and Schuurman, J: 1975: Results of an evaluation study of three drug education methods: International Journal of Health Education, 28 (4), Pp. 1 – 16.

Fonnesbech, J.: 1999: Stormfulde Højder: Stof, Copenhagen: 10: 10 – 12.

Gossop, M.: 2013: Living with drugs (7th. Edition): Ashgate, Farnham.

Gundhus, H I, Egge, M, Strype J and Myhrer, T-G: 2008: Modell for forebygging af kriminalitet: Politihøgskolen, Oslo.

Hawkins, J D, Catalano, R F and Miller, J Y: 1992: Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention: Psychological Bulletin, 112, Pp. 64 – 105.

Henley, J: 2014: How do you deradicalise returning Isis fighters? The Guardian: 12 11 2014
<http://www.theguardian.com/world/2014/nov/12/deradicalise-isis-fighters-jihadists-denmark-syria>

Hibell, B et. al.: 1997: The 1995 ESPAD Report: substance use among students in 26 European countries: The Swedish Council for Information on Alcohol and other Drugs/Council of Europe Pompidou Group, Stockholm.

Hibell, B et. al.: 2004: The 2003 ESPAD Report: substance use among students in 35 European countries: The Swedish Council for Information on Alcohol and other Drugs/Council of Europe Pompidou Group, Stockholm.

Hibell, B et. al.: 2012: The 2011 ESPAD Report: substance use among students in 36 European countries: The Swedish Council for Information on Alcohol and other Drugs/European Monitoring Centre for Drugs and Drug Addiction/Council of Europe Pompidou Group, Stockholm.

Houberg, E and Henriksen, C: 2010: Evaluering af Det Kriminal Præventiv råds lokale arbejde – kredsraad, lokalråd og SSP-samrådet: Center for Alternativ Samfundsanalyse, Copenhagen.

Jensen, B (ed.): 1999: Narkotikarådets anbefalinger om forebyggelse: Narkotikaråd, Copenhagen.

Justitsministeriets Forskningskontor: 2014: Udviklingen i borne- og ungdoms kriminalitet 2001 – 2013: Justitsministeriet, Copenhagen

Kriminal præventive råd: 2012: SSP Cooperation basis and organisation: Glostrup, Denmark.

Kyvsgaard, B: 1990: SSP forsøg med forebyggelse af borne- og ungdomskriminalitet: in: Kyvsgaard, Snare and Wilhelm (eds.): 1990: Forebyggelsens veje og udveje: Kriminalistisk Institut, Copenhagen.

Midford, R, Pettingell, J and Stothard, B.: 2006: The history of drug education: an Australian perspective: in: Midford, R and Munro, G. (eds.): Drug education in schools: searching for the silver bullet: IP Communications, Hawthorn Victoria, Australia.

Ministeriet for Flygtninge indvandrere og integration: 2009: En fælles og tryk fremtid: Copenhagen. (Ministry for refugees, immigrants and integration: A shared and safe future.)

Nordisk Ministerråd: 1999: Barn og ungdoms levekår i Norden – en kunnskapsstatus: Nordisk Ministerråd, Copenhagen.

Perry, K.: 2012: Framing trust at the street level: Ph. D. Dissertation, Roskilde University.
<http://videnskab.dk/kultur-samfund/forsker-ssp-medarbejdere-angiver-unge-ulovligt>

Rasmussen, M and Due, P (eds.): 2011: Skolebørnsundersøgelsen 2010 for Statens Institut for Folkesundhed, Syddansk Universitet, Copenhagen

Resnick R D et. al.: 1997: Protecting adolescents from harm: findings from the national longitudinal study on adolescent health: Journal of the American Medical Association: Vol. 278, (10), 823 - 832.

Rogers, E M: 1962: Diffusions of innovation: Free Press, New York.

Sundhedsstyrelsen: 2012: Narkotikasituationen i Danmark 2012, Sundhedsstyrelsen, Copenhagen (The Danish Focal Point Report to the EMCDDA.)

Sundhedsstyrelsen: 2014: Narkotikasituationen i Danmark 2014, Sundhedsstyrelsen, Copenhagen (The Danish Focal Point Report to the EMCDDA.)

Sundhedsstyrelsen: 2015: Alkoholstatistik 2015: Sundhedsstyrelsen og Statens Serum Institut, Copenhagen.

Vestergaard, J: 1990: Ungdomskontrakter – forebyggelse af unges kriminalitet?: in: Kyvsgaard, Snare and Wilhelm (eds.): 1990: Forebyggelsens veje og udveje: Kriminalistisk Institut, Copenhagen.