

**Kensington, Chelsea & Westminster BME HEALTH FORUM:**

**TASK GROUP ON SUBSTANCE MISUSE AND COMMUNITY-BASED WORK WITH BME COMMUNITIES AND COMMUNITY GROUPS IN KCW**

**FINAL PROJECT REPORT - August 2002**

<b>CONTENT OF PROJECT REPORT</b>		Page No.
1	Executive Summary	2
2	Members of the Task Group	3
3	Methodology	4
4	Recommendations	6
5	<b>Hungerford Drugs Project Report:</b>	6
	Westminster Chinese Substance Misuse Service Needs Assessment	11
	Main findings	
	Key recommendations	
	Bangladeshi Community Development Work	13
	Main findings	
	Key recommendations	
	Westminster Chinese Community Needs Assessment	18
	Main Findings	
	Conclusions & Recommendations	
6	<b>New Roots:</b>	23
	Update on Needs Assessment of BME Communities in RBK&C	23
	Findings from questionnaire survey	
	Final Westminster Community Development Report	26
	Process and findings from survey	
	Bangladeshi community update	
	Arab community update	
	Recommendations	
	Questionnaire used for survey	
	Survey of Comments from Groups Working with Westminster Residents	37
7	<b>Report from Workshop, May 2002</b> – by Tahera Aanchawan, Consultant & Facilitator	41
	Recommendations for inclusion in Work Plan:	43
	Education	
	Capacity & Capability development of BME communities	
	On-going needs assessment	
	Statutory & Voluntary Sector Mainstream Providers	
	Young People	
	Users	
	Impact measurement	
	Embedding the work	

8	<b>Appendix 1:</b> K&C PCG / PCT: Update on needs assessment of black and minority ethnic communities	47
	Questionnaire for needs assessment: Drugs and alcohol in our communities	49
9	<b>Appendix 2:</b> Westminster Drug Action Team Annual Plan 2001/2002	54

## EXECUTIVE SUMMARY

In March 2001, the Commissioning Managers from the KCW Health Authority asked the BME Health Forum to facilitate a Task Group aimed at:

**'Development of a culturally appropriate, community focused drugs prevention initiative for Black and Minority Ethnic communities'.**

The objective was to improve engagement by BME communities in the commissioning and delivery of services, and to improve awareness amongst statutory sector service -providers and commissioners of the needs of local BME communities in KCW. The project was managed by the Commissioning Managers and delivering agencies (i.e. voluntary agencies, partnerships, etc.). It was envisaged that this initiative would be delivered by community/voluntary sector agencies, working in partnership with each other.

There were 2 aspects to this Task Group:

- (ii) in Kensington & Chelsea, the Health Authority proposed funding an assessment of need in BME and newly-arrived communities relating to drugs and substance-misuse. The aim was to reduce drug use, improve health and attain a reduction in offending behaviour by members of BME and newly-arrived communities, and to facilitate better access to services by residents from these sections of the local community;
- (iii) in Westminster, the initiative was to focus on implementing a Community Education/Community Development Initiative on Substance Misuse within BME communities, and providing diversity training for mainstream service -providers' staff relating to service- provision on substance misuse (NB – the second part of the work in Westminster – the provision of diversity training – has not happened, and will be taken forward in future work by the DAAT).

This is the final report on the Task Group. It contains reports from the projects undertaken by different community organisations, as well as the recommendations that have come out of this work – see below under 'Recommendations'.

It is hoped that the findings and recommendations from this Task Group will feed into the work co-ordinated by the DAAT Co-ordinators and Teams in Kensington & Chelsea and Westminster.

BME Health Forum  
August 2002

## **MEMBERS OF THE TASK GROUP**

Simon Kenton,	Project Manager, K&C PCG/PCT
Siwan Lloyd Hayward,	Substance Misuse Commissioner, KCWHA
Elaine Thomas	HIP
Noura Mohammed	Somali Welfare Association
Winnie Duggan	C& W Hospital
David Bamford	Westminster Drugs Project
Aisling Byrne	BME Health Forum
Surinder Cherra	New Roots
Sook Mun Chow	Hungerford Drugs Project
Bridget Davies	Minutes
Pam Menzies-Banton	New Roots
Julia Mlambo	Westminster Drug Action Team
Babiker Mukhayer	ANCAAN
Suzett Polson	Westminster Drugs Project
Shaffique Prabatani	Hungerford Drugs Project
Mutmahim Roaf	Hungerford Drugs Project
Annie-Mae Shaw	New Roots
Lina Maslanka	Westminster Drug Action Team
Samira Ben Omar	BME Health Forum.
Tahera Aanchawan	Consultant & Facilitator
Patricia Dempsey	Arlington Care Association
Paul Townsley	Westminster Drug Project
Dan Wu	Chinese Healthy Living Centre
Andy Simmons	Hungerford Drugs Project
Marc Thompson	Golborne SRB

The BME Health Forum would like to thank all those who participated in the Task Group and especially representatives from community groups – most notably the **Hungerford Drugs Project** and **New Roots** – whose work has formed the basis of this Task Group's work. We would also like to thank the Commissioning Managers from KCW Health Authority and their replacements in Westminster City Council and the PCT, and K&C PCG / T for their significant contributions to our work, including funding, to the work of this Task Group.

## **METHODOLOGY**

The Task Group was made up of representatives from community & voluntary groups, as well as statutory agencies. Regular meetings were held throughout the process, for a period of 12 months.

This Task Group focused on separate pieces of work in K&C and Westminster:

- (i) In **Kensington & Chelsea**, KCW Health Authority proposed funding an assessment of need in BME and newly-arrived communities relating to drugs and substance-misuse. The aim was to reduce drug use, improve health and bring about a reduction in offending behaviour by members of these communities, and also to facilitate better access to services by residents from these sections of the local community.

The RBKC Treatment Plan allocated £35,000 to analyse the problems and related health and social needs of members of the black and minority ethnic communities residing in Kensington and Chelsea relating to drug and/or alcohol usage.

KCWA and K&C PCG agreed to take on this piece of work. It was considered that the best way to progress this analysis was to enlist the assistance of the BME Health Forum which has convened and co-ordinated a number of thematic focussed task groups, including substance misuse, covering Education and Family Support issues; HIV & Sexual Health; Health Needs of Muslim Women and evaluation of the NHS Trusts' Facing Up to Difference strategies.

A group of voluntary agencies met to develop a questionnaire, attached at appendix A, to be used to canvass unrepresented BME community groups so as to identify prevalent issues which would accordingly determine further analysis. The group invited tenders from BME Health Forum members to take this work forward. The rationale for this approach was articulated in the following set of principles from the BME sub-group:

- Establish local people's knowledge, use and perception of local services.
- Establish perceived strengths and weaknesses in current provision.
- Generate priorities for local services, and additions to them where necessary.
- Generate action plans for long-term work with community and voluntary groups, users and the public.

Two community groups - Hungerford Drugs Project and New Roots (Rugby House) – were appointed to contact relevant community organisations and take the respondents through the questionnaire. Kensington & Chelsea PCG's BME sub-group agreed to their proposal. The individuals from the groups who are undertaking this telephone audit have received training from the Community Health Development Team and the BME Health Forum.

- (ii) In **Westminster**, the initiative was to focus on implementing a detailed Community Education/Community Development Initiative on Substance Misuse within BME communities, and on providing diversity training for mainstream service providers' staff relating to service- provision on substance misuse.

This was undertaken by the Hungerford Drugs Project, with particular focus on their partnership work and needs assessments with the Chinese and Bangladeshi communities and community groups.

The second part of this work – provision of diversity training – has not happened and will be taken forward by Westminster DAAT in their future work.

This is the final report from the Task Group and it includes findings & recommendations from the various projects and initiatives that were included in its work. Although this is the end of the Task Group co-ordinated by the BME Health Forum, many of the recommendations and findings from this project will be taken forward as part of the Westminster and K&C Drug & Alcohol Action Teams.

An important outcome from this Task Group has been the process adopted for community involvement and consultation, particularly in relation to direct involvement in helping to develop the Action Plans for future work undertaken by the DAATs. A capacity development process was adopted; this involved training sessions on how to run community consultations; preparation and planning for running them; development of a pro forma questionnaire; and involvement of the groups and organisations involved in the process and policy-development aspect at all stages. Members of the Task Group felt that the support, training and resources that were provided helped them to run better-planned and more strategic surveys and needs assessments, that they could see would feed into the policy-making and commissioning process for future service provision.

It is envisaged that after a year (i.e. July 2003), the BME Health Forum – with the members of the Task Group - will conduct a mini-evaluation of developments regarding how the recommendations and findings of this report have been taken forward.

## RECOMMENDATIONS

Hungerford Drugs Project – Working with the Chinese Community (see page 11):

1. There should be more culturally-appropriate drug support, and information services, to cater for a variety of language, background, awareness and literacy needs.
2. Culturally-appropriate sources of information and support should be made more easily accessible to the community.
3. Community organisations should work in partnership with each other as well as with statutory and voluntary drug services, to raise awareness of drug issues and combat the stigma and misconceptions surrounding drug misuse.
4. Community organisations, as key influences in the community, should be provided with adequate training in providing drug-related information, support and advice, responding to the needs of drug users and their families
5. The community members involved in this project should be encouraged, and enabled, through peer education, to pass on their skills and experience to others so that similar community-led initiatives may be carried out in the future.

Hungerford Drugs Project – Working with the Bangladeshi Community (see page 15):

6. **Community Outreach:** Targeting heroin & crack users the aim is to provide on the 'street responses' and engage with a hard-to-reach Bangladeshi users, linking users into youth services, drug services and increasing treatment uptake.
7. **Liaison/Partnership Service:** For Community Members/Professionals/Services aiming to provide cross referrals, linking users into the wider range of services and treatments within Westminster.
8. **Family Support:** Serving families of users with linguistically appropriate support, and increasing support for users that seek to access treatment.
9. **Women's Partnership:** targeting mothers and women in the community to provide support for women with substance misuse issues, linking into wider partnerships in health promotion and treatment services.
10. **Young Peoples' Project:** Targeting young people 11-18 to deliver health/drugs education, linked to YOT and schools, to reduce offending and schools exclusions. Promoting healthier living and retaining young people within a service.
11. **Treatment Service:** Serving community members and users with the aim of increasing access to treatment services for users and their families.
12. **Community Development:** For community groups/organisations aiming to build the capacity of organisations to respond to drugs issues, provide professionals with drug/alcohol training and to create pro-active responses to drugs issues in the community.

Recommendations from Westminster Chinese Community Project – working with Hungerford Drugs Project (see page 22):

13. **Multi-Agency Approach & Community Engagement:** To encourage and facilitate community groups to work together, building capacity to respond to drugs issues. Training for professionals and volunteers, and a specific training programme for those working with young people.
14. **Young People's Culturally Specific Positive Lifestyle Projects :** To encourage young people (13 – 25 years old) to participate in projects that promote positive life styles (in partnership with community groups). Activities/projects to be culturally specific, covering cultural issues that arise within the Chinese culture (e.g. parents, identity, values).

15. **Liaison & partnership:** To actively raise the awareness of the extent and nature of drug use by China Town's community among community leaders, the professions, and services, and to inform them of treatment services, so as to promote cross-referral, offering users access to a wider range of culturally specific services. (Asylum seekers, immigration services, China Town Police etc.)
16. **Culturally appropriate information that is accessible:** To collect existing Chinese drugs information available, and to produce appropriate literature for the Chinese Community in Westminster. (Invite Community groups to be involved with the production)
17. **Culturally appropriate treatment services:** To educate heroin and crack users about the health-related risks (e.g. sharing injecting equipment, risky behaviours in injecting, etc) involved with their drug use, and to promote practices to minimise harm.
18. To offer culturally and linguistically specific services (e.g. Chinese direct phone helpline, Chinese counselling service, Chinese drug worker).
19. To inform them of mainstream drug treatment services available, and advocate where needed to increase accessibility.
20. **Family support:** To provide a culturally and linguistically specific support for families of drug users, and to provide information and advice so that they can form part of the referral process into treatment services.
21. **Main treatment service:** To liaise with existing mainstream drug treatment services about Hungerford's Chinese drug service, feeding in the nature and extent of drug use in the Chinese community (e.g. prescribers, community detox, drug projects, homeless hostels etc), so that they are aware of the culturally specific issues, and have knowledge of the support Hungerford can provide in retaining clients in mainstream services.

### **New Roots: Summary of Key Recommendations from Needs Assessment of BME Communities in RBK&C (see page 33):**

Following the results of the survey, and supplementing this with information gathered through extensive networking over the past 5 months, the following are recommended on the basis of the work completed:

22. There is a need to develop a range of culturally specific resources in partnership with community organisations across Westminster. In particular, these should meet the needs of parents with little understanding of English or of substance misuse issues. This was a need repeatedly expressed by groups (and Yemeni service users). The needs of females and the older generation of parents needed to be addressed in particular.
23. A range of courses and workshops to be conducted with community groups to begin capacity building re substance misuse issues. The extent of the need for community groups to gain skills and knowledge seems to warrant a multi-agency approach, where expertise and resources can be shared to provide training.
24. Refugees & Asylum seekers seem to warrant specific interventions in terms of preventative work. These groups seem to be significantly at risk of developing problematic substance misuse for a variety of reasons. Cited risk factors included mental health problems due to loss of status, socio-economic issues (housing, finance, poor education and English), issues related to psychological scarring from mother countries, and problems fitting in with the host culture. There did seem to be a particular need here to tackle problems before they really took hold in the communities. Links with community groups need to be fostered and developed, and cultural understanding of relatively new communities by provider services enhanced through training and joint work.

25. Almost all respondents reported that substance misuse was a hidden and sensitive issue for BME communities. This would seem to indicate the need for creative long term community work. The hidden nature of issues seems to be only one factor in this, others being the need to build understanding of the many different cultures involved, and the differential needs of the generations. The work to date has not involved service users significantly, and this would be a key next step. The work to date has highlighted that there is a need to develop communities in relation to substance misuse, but this really cannot be rushed. Specific work time in relation to community development seems vital in order to facilitate a co-ordinated focus for the work. Many leads have to be followed up, and the potential work to be conducted would involve considerable resources in terms of time and planning.
26. The provision of an Arabic and /or Bengali-speaking help-line in conjunction with community organizations. Perhaps this could be advertised and piloted via the new Satellite at St-Pauls Church in Lisson Grove. This might also be done through a new New Roots satellite in the Queens Park area, working jointly with other services in the area.

Recommendations from the Final Workshop of the Task Group – organised by the BME Health Forum & Westminster DAAT (see page 41):

### **Recommendations for inclusion in the Work Plan**

**An over riding view was that it was important to build on the good work that already exists and that the recommendations are based on the assumption that the work already carried out by New Roots and Hungerford will be developed further to gain better knowledge and information on the extent and patterns of substance misuse among BME communities.**

### **Education**

27. Provide training for key people and leaders in the different communities, including cultural & faith-based groups to raise their awareness about substance misuse and availability of services. These key people could take the message to their communities and encourage discussion and take up of services.
28. Identify community groups such as women's groups, and provide seminars and health sessions on substance misuse, taking into account the stigma and taboo attached to this issue.
29. Raise awareness amongst parents by utilising all community gatherings, running sessions or providing translated information.
30. Work with schools (and possibly supplementary schools) to provide awareness for parents and children through mediums such as drama or videos.
31. Set up a small grants scheme managed by mainstream voluntary sector providers, for community groups to run sessions on substance misuse for their communities.
32. Utilise existing projects that are already working with BME communities such as Mental Health projects, Women's Centres and Health Advocacy projects, link workers, and youth workers to raise awareness about substance misuse.
33. Develop resources such as videos and audiotapes in the appropriate languages for distribution to schools, community groups, video rental shops, etc.
34. Identify if any resources targeting BME communities exist and purchase to distribute – this would decrease the costs of producing leaflets, videos etc.
35. Ensure that all translated information is accurate.



36. Gain an understanding of who the local BME communities are through demographic profiling, and develop partnerships with these communities to deliver effective educational strategies. Different communities will need different approaches.
37. Identify models of good practice that already exist, such as the work carried out by New Roots and the Hungerford project to inform working with BME communities.
38. Develop a help-line in the relevant languages for substance users and their families.
39. Utilise community newsletters and events such as festivals, to raise awareness in a sensitive and appropriate way.

### **Capacity and Capability development of BME communities**

40. Fund New Roots and Hungerford to provide training and awareness raising sessions for BME community groups.
41. Provide grants to specific communities to work alongside mainstream providers to develop their expertise and knowledge in dealing with substance misuse – e.g. Arabic-speaking groups, specialist groups, women’s groups, etc.
42. Explore the possibility of funding trainee posts for people working with small BME groups at New Roots and the Hungerford project, to increase the capacity for work on substance misuse.
43. Encourage partnership work across the two boroughs and among community groups to maximise the use of resources; for example, training for key people in the community or awareness raising sessions.

### **On going needs assessment**

44. Check if the current Needs Audit carried out by Westminster City Council included substance misuse and use the data to assess the needs of the communities.
45. Work carried out to date focused on a small number of communities: more work needs to be carried out to ascertain the real extent of substance misuse. For example, research in some London Boroughs shows that drugs- misuse is increasing at an alarming rate amongst young Bangladeshis, and *khat* amongst Somalis. Although some work on the extent of substance- misuse among the Arabic speaking community, has been done, further work and training should be funded.

### **Statutory and Voluntary sector Mainstream providers**

46. The 2 DAATs should take responsibility for co-ordinating and developing a partnership with BME communities, and develop good practice guidelines for collaborative work between commissioners of services, mainstream providers and BME community groups.
47. Professionals should be provided with training on cultural competencies
48. Race Equality Schemes should build into their Action Plans monitoring and evaluation of involvement of BME groups in relation to substance misuse service planning and commissioning. Commissioners of services under the Race Relations Amendment Act 2000 have a duty to ensure that all providers are ensuring access to services for BME communities.
49. Information should be provided to GPs about BME communities and the prevalence of substance misuse, as well as agencies to refer people. The agencies identified should have the ability to work with BME communities.
50. Statutory and Voluntary sector mainstream providers should be expected contractually to demonstrate how they are reaching out, and enabling access to their services for BME communities.

51. Establish links and work with communities such as refugees and asylum seekers in hostels and bed and breakfast accommodation and Family Centres by providing drop-in sessions (ensure all those in such accommodation have access to the drop-in).

### **Young people**

52. Young people should be involved in the planning, monitoring and evaluation of strategies targeting them.
53. Parents will need support and help in taking responsibility for talking to their children about substance misuse. This would need to be within the context of familial relationships and the traditions of the different communities.
54. Venues where young people from BME communities congregate should be targeted for awareness raising.

### **Users**

55. Look at users' experiences of using rehabilitation and health services, to check if cultural and diversity issues are dealt with appropriately.
56. Ensure that users can access staff or interpreters who speak their language.
57. Provide support for users to deal with the stigma within their own communities.
58. Develop models of working with families.
59. Explore if mentoring schemes are a viable option for enabling users to overcome their addiction.

### **Impact Measurement**

The following are suggested indicators in 3 years time, to assess if the suggested recommendations have been included in the DAAT work plan:

60. Parents are better informed and able to take responsibility to discuss substance misuse with their children.
61. Increase in take up of treatment services.
62. BME communities will be better informed about substance misuse and able to discuss this within their own communities.
63. Young people will feel included and involved in any strategies targeting them, and will be seeking help if necessary.
64. More BME staff providing frontline services and in senior posts.

### **Embedding the work in future planning, commissioning and service delivery:**

65. This Task Group was set up as a short-term group to oversee work in relation to BME communities and substance misuse. In order to ensure continuity and because of the fact that awareness amongst BME communities is low, the Task Group should continue – whether jointly between Westminster and Kensington & Chelsea, or separately; it should broaden its membership and be properly serviced.

## Hungerford Drug Project - Community and Youth Team

*Update on Westminster for KCW BME Forum, 14 March 2002*

### Westminster Chinese Substance Misuse Service – A Summary

#### Needs Assessment (Feb-Aug 2001)

- **Funded by Department of Health and commissioned by the Ethnicity & Health Unit of University of Central Lancashire.**
- **Partnership with the Chinese National Healthy Living Centre**
- Involved 4 volunteer researchers from the community (different age groups and backgrounds) with no experience of drugs work.
- 94 participants from the different strands of the Chinese community took part in individual interviews and focus groups.

#### **Main findings:**

58% of young participants admitted to having experimented with drugs

A large section of participants demonstrated low levels of awareness and understanding of drug-related issues.

A significant proportion of participants across all age groups thought ecstasy and 'fin tau yuen' were different drugs and believed the latter were not harmful. (in fact, they are the same drug, but a confused terminology had caused Chinese people to think otherwise)

88% of Chinese community workers interviewed had no training with regards to basic drug awareness, and organisations had few links with drugs agencies and showed little enthusiasm to establish such a link.

The majority of participants favoured Chinese-specific services that take account of cultural and language requirements.

#### **Key recommendations:**

There should be more culturally-appropriate drug support, and information services, to cater for a variety of language, background, awareness and literacy needs.

Culturally-appropriate sources of information and support should be made more easily accessible to the community.

Community organisations should work in partnership with each other as well as statutory and voluntary drug services, to raise awareness of drug issues and combat the stigma and misconceptions surrounding drug misuse.

Community organisations, as key influences in the community, should be provided with adequate training in providing drug-related information, support and advice, responding to the needs of drug users and their families

The community members involved in this project should be encouraged, and enabled, through peer education, to pass on their skills and experience to others so that similar community-led initiatives may be carried out in the future.

## Work undertaken      October 2001 - March 2002 (5 Months)

### 1.      Culturally specific client work (Chinese Clients)

Working with 3 drug users and their families who are receiving **Tier 2 interventions** which include 1-to-1 mother tongue key working, care planning, referrals to drug treatments, joint agency working, advocacy, language support and community service link-in.

**148 individual contacts made in this period include:**

78	1:1 Mother -tongue support (key working, advice, motivational counselling, interventions)
22	Language support
15	Family sessions
9	Language support with professionals
7	Three way interventions with Chinese organisations
3	Onward referral to BME services
19	Advocacy services.
3	Referrals into mainstream treatment (Methadone prescribing)

### 2.      Capacity Building

Hungerford has been engaging in a process of **capacity building** with the Chinese National Healthy Living Centre (CNHLC) in a culturally competent manner, with the aim of increasing their capacity to respond effectively to drug and alcohol related issues within Westminster's Chinese community. This included:

- Policy and procedure development
- Intensive training and induction of a new staff member in order to develop substance misuse skills.
- Linguistically appropriate substance misuse training for all generic staff.
- Service development and ongoing support
- Development of monitoring systems
- Chinese New Year promotional outreach.
- Community networking and liaison.

### 3.      Community Education

Through a trusting working relationship established with the Chinese Church In London, Hungerford has delivered a number of **drug education workshops** for **73** Chinese individuals of various age groups: **youth group, women's group** and **parents group**. Women's and parents' workshops were delivered in the mother tongue language.

### 4.      Joint Working

#### Chinese Community Centre

Using our existing links Hungerford has built up over the past 2 years with the Chinese Community Centre (CCC) in London's China Town, a joint initiative has been planned to run an **internet group** at Hungerford, **targeting Chinese people** (those for whom **English is not their first language, restaurant workers, those at risk of misusing drugs &**

alcohol, and individuals who **require information and advice** about substance)s. It is envisaged that the informal internet group space will act as a **'gateway' service** for Chinese people assessing Hungerford services.

### **China Town Unit (Met Police)**

Hungerford has developed a very positive working relationship with the China Town Unit (CTU) of the Met. Police with regards to addressing the substance misuse related issues in the China Town area. Hungerford and CTU are working on a **joint community initiative to produce a Chinese leaflet for a targeted portion of the Chinese community**. The leaflet will include information on drugs that are most affecting/common to the targeted Chinese community (heroin, crack, cannabis, ecstasy and alcohol), service details (address & telephone help line number of HDP), and a confidentiality policy.

## **5. COMMUNITY FORUM**

London Chinese Community Network (LCCN) was set up by a number of community organisations in London to centralise resources and to work together as a community body to benefit service users. Although LCCN serves a London -wide network, many of the organisations participating in LCCN events are in fact situated in Westminster. Hungerford has been actively participating in LCCN's various community activities, and has been asked to facilitate the setting up of a **youth sub-group** within LCCN, where a forum of professions working with Chinese young people will be committed to addressing the needs of the Chinese young people.

## **Bangladeshi Community Development work**

### **Needs Assessment (Feb –August 2001)**

#### **Aim**

- To conduct a community consultation exercise with members of the North Westminster Bangladeshi community in relation to their needs for a culturally appropriate drugs service.

#### **Objectives**

- Conduct action research assessing the needs of the Bangladeshi community to gain evidence for identifying areas for future service/community development.
- To involve members of the Bangladeshi community in the research, to increase their awareness of drugs in the community and to build their capacity to lead, based on their experiences.
- To recruit and train community members in drug and alcohol awareness and social research methods, in order to ensure their skills remain within the community.
- To contribute to the work of the Westminster DAT and future Westminster BME work.

#### **Sample**

Sample Groups consulted:

- In total 87 Bangladeshi individuals from North Westminster were consulted in this research project.
- Young People aged 11-18
- Females 18 -60
- Males 18+ 60

#### **Westminster BME Community researchers:**

- 2 male researchers recruited from Marylebone Bangladesh Society.
- 1 female researcher recruited from Bangladeshi Young Women's Network.

- 50 Semi Structured Questionnaires conducted with young people and heroin and crack users on the Lisson Grove Estate, MBS, Four Feathers.
- 8 Focus Groups that consulted 37 individuals, which were gender and generation specific, carried out in MBS and Parkside Health Centre.
- Community Consultation that identified the process of creating models for BME community consultation and action research.

## Main Findings

33% of the sample have used or use heroin  
 100% of heroin users in our sample choose to 'smoke' heroin  
 18% of our heroin using sample was aware of St Mary's as a specialist service.  
 A total of two heroin users in from our entire sample of users had accessed treatment services.  
 11% of our sample have used or use crack  
 4% of our crack and heroin using sample knew of any specialist drug services  
 8% of young women in our sample report using heroin  
 76% of males in our sample have used alcohol  
 72% of the entire sample would like a Bangladeshi community drug service  
 Lack of knowledge about current services available to the BME community  
 60% of the young males sampled are concerned with mental health issues such as depression and stress.

## MAIN FINDINGS

**All these stats relate to the 50 semi structured questionnaires conducted with Bengali sample group**

Substance	Male	Female	Total
Cannabis only	27	1	28
Heroin only	13	1	14
Crack only	1	0	1
Heroin & Crack	5	0	5
Solvents	1	0	1
Non-users	0	1	1

- **38%(19) of the sample have used or use heroin**
- **100% of heroin users in our sample choose to 'smoke' heroin**
- **10% (5) of our sample have used or use crack**
- **2% (1) of young women in our sample reported using heroin**
- **76% of males in our sample have used alcohol**
- **18% (9) of our heroin using sample was aware of St Mary's as a specialist service.**
- **Only 4% (2) of heroin users in the sample of drug users had accessed treatment services.**
- **4% of our crack and heroin using sample knew of any specialist drug services**

- **Only one crack user from our sample had accessed treatment.**
- **72% of the entire sample would like a Bangladeshi community drugs service**
- **There was a lack of knowledge about current services available to the BME community**  
“No, never been told”, Male 28  
“There is nothing for drug users in this community” Male, 19
- **Lack of use of existing drug services by the Bangladeshi community.**  
“ [C]onfidential service... where my parents and uncles won’t find out. Treated with respect and not looked down upon because I’m Bengali”. Male, 18  
  
“Lots of drug users can’t speak English properly, they need things explained - everything in Bengali – and treated as individual and confidential, not overlooked because of drug habits but treated as part of the community”. Male, 21

**60% of the young males sampled raised concerns relating to mental health issues such as depression and stress.**

## **Conclusions**

- In our sample of heroin users the favoured route of transmission was to ‘smoke’ the heroin.
- Growing knowledge, use and availability of heroin in the Bangladeshi community of North Westminster.
- Increasing use of crack by Bangladeshi young males in the community.
- Young women from the Bangladeshi community not using existing services, lack culturally appropriate support and under-report their drug use.
- Young people express reluctance in using existing drug and treatment services in the community.
- Growing concern over mental health issues such as depression and stress amongst young people.
- Lack of training and drug awareness amongst BME community groups/organisations.

## **Recommendations**

### **1. Community Outreach**

Targeting heroin & crack users, the aim is to provide ‘on the street responses’ and engage with hard to reach Bangladeshi users, linking users into youth services, drug services and increasing treatment take-up.

### **2. Liaison/Partnership Service.**

For Community Members/Professionals/Services aiming to provide a cross referral service, linking users into the wider range of services and treatment within Westminster.

### **3. Family Support**

Serving Families of users, with linguistically appropriate support, and increasing support for users that seek to access treatment.

#### **4. Women's Partnership**

Targeting mothers and women in the community to provide support for women with substance misuse issues, linking into wider partnerships in health promotion and treatment services.

#### **5. Young Peoples' Project**

Targeting young people 11-18 to deliver health/drugs education, linked to YOT and schools to reduce offending and schools exclusions. Promote healthier living and retain young people within a service.

#### **6. Treatment Service**

Serving community members and users with the aim of increasing access to treatment services for users and their families.

#### **7. Community Development**

For community groups/organisations aiming to build the capacity of organisations to respond to drugs issues, provide professionals with drug/alcohol training and create pro-active responses to drug issues in the community.

## **Work Undertaken October – March 2002**

### **Client work**

Three Bangladeshi drug users have been offered culturally and linguistically appropriate support, advice, advocacy and referrals by our dedicated worker.

### **Lisson Green Community Drug Forum (LGCDF)**

Provides a bi-monthly community forum, attended by local community professionals, in order to provide joined-up solutions and strategies to respond to substance misuse issues in Lisson Grove.

A plan for the forthcoming 6 months has been set and agreed within the forum. This aims to make the forum a consultative body recognised within Westminster as a new model of practice, to facilitate joint working practices and share information across statutory and voluntary services.

### **Parents Drugs Education**

Partnership work with the Lisson Grove Health Centre to provide drug education workshops as education for parents.

This will also fit into development work with women, where an ongoing support group has been planned.

### **Marylebone Bangladeshi Society (MBS)**

The Needs Assessment report will be launched in June, and a male and female peer education programme linked to 4th Feathers, and diversionary activities will be developed once peer educators have been recruited.

### **Queens Park**

Plans are underway to establish or replicate the model of the Lisson Grove Drug Forum due to start in June.



## **Liaison**

A dedicated worker has made contact with all voluntary and statutory agencies in Lisson Grove outlining the service, and offering culturally and linguistically appropriate services to Bangladeshi drug users.

## **Home Visits**

Presentations to GP and other health professionals set for May 7<sup>th</sup>/22<sup>nd</sup> 2002 to create wider referral sources and to publicise support available from HDP in relation to BME substance misuse work This work is in partnership with the Lisson Grove Health Centre.

## **Housing**

Tailored Training around providing 'culturally sensitive substance misuse services' for housing workers has been planned for late March.

## **Culturally Appropriate satellite service**

To be held weekly, targeting Bengali young people using heroin, providing culturally specific advice, information, advocacy and referral into treatment.

## **Free Training Programme**

All BME organisations can attend any of the Hungerford Drug projects 20 training courses free of charge. Courses range from Basic Drugs Awareness to more specific substance misuse courses covering topics such as alcohol, hepatitis, and crack awareness. Phone Hungerford Drug project for more details.

### **Contact details**

Community and Youth Team  
Hungerford Drug Project  
32a Wardour Street  
Soho, London, W1D 6QR

Tel - 020 7287 8743      Fax – 020 7287 1274

Team Leader:	Shaffique Prabatani	<a href="mailto:shaff@thehungerford.org">shaff@thehungerford.org</a>
Substance Misuse worker (Chinese)	Sook Mun Chow	<a href="mailto:sook@thehungerford.org">sook@thehungerford.org</a>
Substance Misuse worker (Bangladeshi)	Mutmahim Roaf	<a href="mailto:mut@thehungerford.org">mut@thehungerford.org</a>

**NB The Full versions of the Needs assessment and detailed quarterly reports of work undertaken are available on request.**

## **WESTMINSTER CHINESE COMMUNITY NEEDS ASSESSMENT**

### **BACKGROUND**

- **Partnership between the Chinese National Healthy Living Centre (Soho) and the Hungerford Drug Project.**
- **The Chinese population is 1.79% of the borough's total population. However, many more come into Westminster to access China Town for work, festivals, community events, community services, Chinese shops and Chinese specialist services (e.g. Chinese speaking lawyers, accountants, doctors etc).**
- **Although only 1.79% residents, the movements in and out of China Town of the non-residents contribute to the community 'element' of Soho.**
- **UK Chinese populations are dispersed over the country, and would maintain their network via China Town**
- **Supported by Westminster DAT**
- **Feeds into the work of the KCW BME Health Forum and Westminster DAT**
- **The research follows on from the Chinese Drug Conference that was hosted by the Hungerford Drug Project in 2001.**

### **AIM**

To investigate the unfulfilled needs of the Chinese community in Westminster with regards to drug-related issues and to identify ways that these needs may be met.

### **OBJECTIVES**

- To establish the extent of drug use within the Chinese community and the types of drugs used.
- To measure the extent of awareness of Chinese people with regards to drug knowledge, services and health related risks.
- To identify the range of services available to Chinese community members and drug users, and the gaps within.
- To identify the attitudes towards drugs and drugs users held within the Chinese community (e.g. parents, young people, older people).
- To establish what culturally and linguistically specific services the Chinese community has in relation to drug issues.

- To involve members of the community in the research, enabling them to lead it and learn from their experiences
- To recruit and train community members in research methods in order to ensure that these skills remain in the community once the research has finished.

## **DEMOGRAPHICS**

**Area:** Soho, Westminster

**Time frame:** March – July 2001

A total of **94 participants**.

### **i) DRUG USERS**

(5 males. Aged 16-39)

- Extent and nature of drug use
- Wider impact of drug use
- Access to information

### **ii) YOUNG PEOPLE**

(31 individuals. 19 males, 12 females. Aged 14 – 25)

- Extent and nature of drug use
- Awareness of drug-related issues & information, access to youth services

### **iii) COMMUNITY MEMBERS - PARENTS & OLDER PEOPLE**

(Parents 30 individuals – 8 males, 22 females. Aged 25 – 59)

(Older people 16 individuals – 10 males, 6 females. Aged 60–80)

- Wider impact of drug use in the Chinese Community
- Awareness of drug-related issues & information access

### **iii) SERVICE PROVIDERS - CHINESE COMMUNITY SERVICES & DRUG SERVICES**

(8 Chinese workers, 4 drug workers)

- Perception of drug use in the Chinese community
- Current service provision

- Specific needs of members of the Chinese Community
- Training needs analysis

## **METHODOLOGY**

### **Recruitment & training**

Community members with no previous drug or community work experience were recruited, notices put up in community centres and word-of-mouth:

- 2 male researchers (24 and 30 years old)
- 2 female researchers (21 and 35 years old)
- 1 worker from Chinese National Healthy Living Centre
- Sook Mun Chow from Hungerford Drug Project

The team attended 2 days of training, consultation and evaluation provided by the University of Central Lancashire. The Hungerford Drug Project provided further basic drug awareness training.

### **Consultation and liaison**

- Chinese National Healthy Living Centre
- Charing Cross (China Town Unit) Police
- Chinese Community Centre (Soho China Town)
- Westminster DAT Research Officer
- Chinese Liaison Officer – City of Westminster Council

### **Research Structure**

- i) 38 Structured Interviews undertaken with young people, parents and older people
- ii) 16 Semi-structured Interviews undertaken with drug users, Chinese services and drug services.
- iii) 1 Unstructured Interview with a drug user to gain qualitative information
- iv) 9 Focus Groups that consulted 39 young people, parents and older people.
- v) 1 Fieldwork Observation at a nightclub that was known to have a high number of Chinese people

## MAIN FINDINGS

- Out of the 94 participants, 5.3% (5 individuals) were drug users (heroin, crack, cocaine, cannabis, ecstasy)
- 2 of the drug users were IV heroin users, and also used crack as well.
- 58% (18 individuals) of young participants admitted to having used drugs (cannabis)
- From our field research, evidence suggest that ecstasy use is common among Chinese men in their 30's and 40's [identified and raised by some participants, and the observation session at a night club].
- 8 Chinese services were interviewed. 88% (7 services) of Chinese community workers had not received such training. And 75% said they thought it was important for their staff to have received drug awareness training.
- 62% (5 services) of the Chinese organisations said they did not have a drugs policy, and those who had were inadequate, stating their policy was:
  - 'If they use drugs, they will be kicked out.'
  - 'We will refer them to other centres.'
- 75% (6 services) of Chinese workers interviewed said there should be a culturally & linguistically specific drug service for Chinese people
- 4 drug workers were interviewed (from 3 drug services in Westminster). Only one service had a specific service for Chinese -speaking drug users & their families.
- Specific issues that were raised by the drugs service were language barriers, family, and knowledge of accessing treatments.
- There is at present no forum at which drug use is discussed within the Chinese Community.

## CONCLUSIONS

- Few drug users came forward for the interviews, for fear of being identified. Drug use is hidden within and from other members of the Chinese Community.
- Drug use in the Chinese community has a number of direct and indirect determining causal factors. These included organised criminal gangs, Illegal gambling, asylum - seekers and people illegal residence status.
- The Chinese community is far from homogenous and its drug-related information and service needs are similarly diverse. Current provision does not take sufficient account of this diversity.
- Hungerford, which runs a Chinese- specific, service emphasised the importance of regarding the family as part of a component towards treatment. A common theme for people entering the service is for a family member to bring the drug users in to access the service, after having heard about it.
  - Chinese community services stressed a need for a Chinese -specific service; however, they felt inadequately trained to deal with drug users.

- Drug use does exist within the Chinese community and is, in some cases, problematic. It was suggested that heroin, crack, ecstasy and alcohol are the most problematically used drugs.

## RECOMMENDATIONS

1. **Multi-agency approach & Community Engagement**  
To encourage and facilitate community groups to work together, building capacity to respond to drug issues. Training for professionals and volunteers, and specific training programmes for those working with young people.
2. **Young People's Culturally Specific Positive Lifestyle Projects**  
To encourage young people (13 – 25 years old) to participate in projects that promote positive life styles (in partnership with community groups).  
Activities/projects to be culturally specific, covering issues that arise within the Chinese culture (e.g. parents, identity, values).
3. **Liaison & partnership**  
To actively raise the awareness of the extent and nature of drug use by China Town's community among community leaders, the professions, and services, and to inform them of treatment services, so as to promote a cross referral service, offering users access to a wider range of culturally specific services. (Asylum seekers, immigration services, China Town Police etc.)
4. **Culturally appropriate information that is accessible**  
To collect existing Chinese drug information available and to produce appropriate literature for the Chinese Community in Westminster. (Invite Community groups to be involved with the production)
5. **Culturally appropriate treatment services**  
To educate heroin and crack users of the health- related risks (e.g. sharing injecting equipment, risky behaviour in their injecting etc.) involved with their drug use, and to promote harm minimisation practices.  
To offer culturally and linguistically specific services (e.g. Chinese direct phone helpline, Chinese counselling service, Chinese drug worker).  
To inform them of mainstream drug treatment services available, and advocate, where, needed to increase accessibility.
6. **Family support**  
To provide a culturally and linguistically specific support for families of drug users, and to provide information and advice so that they can form part of the referral process into treatment services.
7. **Main treatment service**  
To liaise with existing mainstream drug treatment services about Hungerford's Chinese drug service, feeding in the nature and extent of drug use in the Chinese community (e.g. prescribers, community detox, drug projects, homeless hostels etc), so that they are aware of the culturally specific issues, and have knowledge of the support Hungerford can provide in retaining clients in mainstream services.

# UPDATE ON THE NEEDS ASSESSMENT OF BME COMMUNITIES in RBKC

## Pamela Menzies- Banton – New Roots

17 community groups have been contacted to date, of these 12 responded and 4 were faxed the questionnaire, but failed to return it and 1 group declined at telephone interview.

The following is basic data taken from the answers to the questionnaire.

1. Do you think that drug and alcohol use is on the increase in the community you work with?

9 yes                      2 No                      1 unsure

What makes you think this?

- 2      increase in associated health problems
- Reports in the media
- 10     Feedback from the community
- 6      Drug/ alcohol use is more visible
- Family complaints
- Seminar

2. What drugs do you think are being used?

- 9      Cannabis
- 13     Alcohol
- 1      Tranquillisers
- 4      Crack / cocaine
- 4      Khat
- 1      Ecstasy
- 1      Heroin
- 1      Medicines bought at the chemist
- 1      Unsure of which drugs where being used

3. Who in your community are using drugs?

Cannabis  
 2 women      7 men      4 young      5 old      3 wealthy  
 6 disadvantaged

Alcohol  
 10 women      12 men      11 young      9 old      6 wealthy  
 Disadvantaged

Tranquillisers  
 1 women      1 young      1 old      1 wealthy      1 disadvantaged

Crack/ cocaine  
 1 women      4 men      4 young      1 old      1 wealthy  
 1 disadvantaged

Ecstasy  
1 women 1 men 1 young

Khat  
3 men 2 young 2 old 1 wealthy 1 disadvantaged

Heroin  
1 men 1 young 1 disadvantaged

Medicines  
1 women 1 men 1 old 1 wealthy 1 disadvantaged

4. What problems result from taking drugs?

Cannabis  
3 Family 1 housing 1 health 3 school 1 financial  
1 social isolation 1 mental health 1 sexual health  
2 No problems

Alcohol  
8 family 8 housing 6 health 1 legal 8 school  
2 clash of cultural values 3 violence 4 mental health  
3 social isolation 1 sexual health

Tranquillisers  
1 Family 1 health 1 financial

Crack / cocaine  
3 family 3 housing 2 health 3 legal 4 school  
1 social isolation 1 aggression 1 mental health

Ecstasy  
1 family 1 school 1 legal

Khat  
3 family 1 housing 1 school 2 financial 1 social isolation  
1 mental health

Heroin  
1 family 1 health 1 legal

Medicines  
1 financial

5. Do you know of the drug and alcohol services in your area?

8 Yes 4 No

If yes, which ones?

2 Blenheim Project 3 Hungerford Project 1 Junction Project  
2 HIP 7 New Roots 1 SM Care M't Team 2 WDP



What was your experience?

Culturally appropriate; age appropriate; very good; good service; supportive; very happy.

6. How do you think existing support services can be adapted/ improved to better meet the needs of your community?

Leaflets in Arabic; information in community languages; posters; work with GP's; use cultural aspects for prevention; liaise more; train the community; focus on elders more; more co-ordination; work with parents; know about welfare and immigration issues.

7. Does your organisation already run a project or is it planning to, for those who use alcohol / drugs?

2 Yes

Newsletter, part of health promotion within their service, provide workshops, use Moroccan musicians as part of a diversion programme.

8. Do you think that there is a need for more culturally specific services?

12 Yes

What sort?

11 support and counselling

11 information and advice

5 practical health care

10 training and education

3 culturally specific rehab and detox units

9 outreach and home visits

10 women specific services

10 language support

1 complementary therapy

1 Men only services

2 BME Staff

9. Do you have any other comments?

Young people are losing their identity and culture; there needs to be a cultural dimension to treatment; help the support groups do the work; empower the Moroccan community to help itself; listen and talk to the community; services need to be culturally appropriate; train support groups; raise awareness of the issues; more research.



## **New Roots**

# ***Final Westminster Community Development Report***

**Submitted in April 2002**

Project Manager  
Project Worker

Pamela Menzies-Banton  
Surrinder Chera

**RUGBY HOUSE**

# Final Community Development Report

## Introduction

The following is a comprehensive account of the work undertaken since November 2001, when it began. The report will include details of results and findings, and also of recommendations based on the work to date. There will also be an account of the process involved as I experienced it, which is included to help give a fuller picture of the complexity of the challenge experienced in relation to the work with BME communities.

The Community Development work was intended to build on work undertaken with BME communities to date, and to provide new information on needs and expand the network of BME organizations working with the service. The role has provided an opportunity for the service to focus on community development work, building on that undertaken by all staff previously as part of their clinical work.

The intention was to allow the space for a member of staff to concentrate on this aspect of the work specifically, without the need to conduct clinical work in addition. This is an important aspect of the practical experience in the role, which will also be explored in more detail.

## New Roots Model of Work

New Roots is an alcohol and drug service for the Black and Asian Communities. The service incorporates an integrative mix of counselling philosophies in relation to the therapeutic work with clients. In addition to traditional theories like cognitive behavioural counselling, motivational interviewing and harm minimisation, we also utilise concepts from African and Asian philosophies and religions, to bring in cultural dimensions to the work with clients, and in the planning of the services offered.

In order to work with people who have issues in relation to substance misuse, New Roots has invested a considerable amount of time building relations with BME community groups. The model of working has thus included working with community attitudes to substance misuse as a needed precursor to working with clients from those communities. Aspects of assertive outreaching and flexibility of service-provision are integral to the clinical work.

## Aims, Objectives and Targets

In relation to community development, the work undertaken can be grouped as :

<u>Community Group</u>	<u>Geographical Area</u>	<u>Objectives</u>
Bangladeshi (MBS)	Lisson Grove	To build on work done previously Identify new joint work Refine previous joint work Help recruit volunteers
Arabic Speaking	Westminster	To identify needs To recruit volunteers

All BME Communities	Queens Park	To establish new satellite To identify needs To set up new substance misuse Forum
Refugees & Asylum Seekers	Westminster	To identify needs To expand links with groups

As a generic target, it was hoped that New Roots would expand on work done in relation to alcohol previously, and incorporate other drugs issues. This would include providing training / workshops for all the above groups. An overarching target was to make recommendations for the future, based on a needs assessment .

### **Final Results of Needs Assessment for BME Communities:**

#### Methodology :

The sample group for the research questionnaire was to be key individuals and community groups. These were initially identified from contacts and from work previously conducted across Westminster.

This method was chosen because it was felt that community workers' views and experience in relation to substance misuse would be easier to gather than the views of service users. (see appendix 1 for a full list of groups contacted)

This was due to the sensitive nature of the subject; and this approach would also help to foster links with the participating organisations. It was felt that approaching service users at this stage, with newly contacted communities, could run the risk of offending people due to differences in culture.

A research tool was designed to gather qualitative and quantitative information. This was then used for interviewing contacts previously known to the service and completely new contacts from lists of community organisations and from word -of -mouth information. The interviews were conducted by telephone, visits, and by postal returns.

All interviews were conducted by the community development worker. Every effort was made to conduct interviews verbally rather than by post, as it was felt that returns would be patchy, and fuller information could be gathered by conversation which allowed interviewees to ask questions about the survey and about New Roots, to help alleviate anxieties raised by the nature of the survey.

### **Synopsis of Results**

Number of telephone surveys completed : 26

Number of surveys awaiting postal return : 4

The survey was conducted with a sample group that ensured the range was large and wide enough to identify patterns and common issues, and it provided new information and leads. The most responses were from refugee and asylum -seeker groups, then Bengali, Arabic speaking, and the least with Afro-Caribbean. Many of the latter groups were contacted, and information sent out.

See appendix 2 & 3 for a detailed breakdown of the findings by ethnic groups outlined in the aims & objectives, and a copy of the survey questionnaire.

### **General Discussion of Process of Survey**

There were considerable practical difficulties in relation to conducting this survey.

During the survey, many of the groups contacted seemed wary of the subject, and this was perhaps a factor in the difficulty of getting people to talk at arranged times. Being persistent and explanatory about the survey eventually paid off with most groups. However, others were not able to be interviewed at all, despite efforts to engage.

There was a sense that many groups needed more time to get to know New Roots before they would feel more at ease answering questions about their communities. However, other groups were much more open to the issues, and seemed very keen to discuss them in much more detail than outlined in the survey.

In practice, anecdotal accounts of individuals with problems were discussed, and there was a real concern that the issues highlighted should be addressed and followed up. Some groups who have repeatedly provided information regarding their community seemed to have little faith that work would be followed up, based on previous experiences with research.

Confidentiality was a key issue in relation to the survey, care being taken to anonymise all information, and reassure groups that this would be done. During the survey, potential leads were given for contacts and groups that were previously unknown to New Roots. These will be explored in the coming months.

### **General Discussion of Findings from the Survey**

Most of the respondents had more than 4 years experience with their communities, some with considerably more. The sample included managers, and long-term and experienced community workers, some with international experience around substance misuse.

There seemed to be a pattern that community groups felt unskilled in identification and response to substance misuse issues. Those that felt more skilled personally, highlighted that others in their groups did not.

Overall, the general impression from the survey was that many community groups felt that there were issues related to substance misuse in their communities. Both alcohol and other drugs were issues. Many, if not all, those contacted seemed to acknowledge that they could not be specific about which drugs were being used due to the hidden nature of the problems. Word of mouth and anecdotal evidence seemed to be the ways in which many of the groups got to hear about issues.

There was a pattern of particular needs for information for parents and the community, and this in Arabic. Basic information around health, effects, and services was indicated generally. It was recommended that the information should be visual, in the form of videos or slides, and that there was the need for a telephone helpline (Arabic and Bengali speaking)

Qualitative information questions gave rise to much information which was recorded, but difficult to organize in terms of the survey results. However, themes that could be picked out were :

- Need for workers outside the community to provide services
- Hidden nature of problems and issues re substance misuse
- The contribution of social problems, including poor education and employment , family problems, lack of activities.
- Loss of professional and economic status for refugees, leading to mental ill health and substance misuse issues in England
- The need for culturally specific resources, particularly visual
- The need for outreach due to the hidden nature of issues
- The need for parents with poor understanding of English to be provided with appropriate information around substance misuse issues
- Community groups and workers often seemed to have very vague knowledge of what specific drugs were being used
- Concern regarding young people being drawn into drugs and alcohol

### **Bangladeshi Community Update:**

- Work continued via effective partnership forums and identified joint outreach with Hungerford to be conducted on the Lisson Green Estate in coming months.
- Queens Park Bangladeshi Society (QPBS) – have conducted a full training needs assessment, and also conducted 2 youth sessions. Have identified dates for workshops as May 2002. An article has been submitted for circulation in their Newsletter, providing information on New Roots and a contact number to discuss substance misuse issues.
- QPBS have been involved with New Roots in negotiations for a new substance misuse forum in Queens Park. Others involved in this are WDP, Dutch Pot, Queens Park Family Service, Sure Start. A flyer and publicity for this forum have been produced, and contacts are being made with potential participants. A meeting has been conducted with WDP, who are the local drugs service; and plans have been made for joint work on training with QPBS. Good links have been made with WDP and New Roots, with potential community work being jointly discussed.
- Advert designed and placed in the Bengali Press ( Janamat ) and information given to readers re New Roots , plus helpline number.
- The “Tigers” football team attracts large numbers of Bengali youth and young men. A needs assessment has been conducted with interest in providing a “Health” workshop in the coming months. A suggested idea would be to provide outreach at such an event offering general advice and information. Discussions with Mesbah, the project co-ordinator will continue in the coming months, and when there is space in their schedule dates will be set for some workshops.

### **Arab Community Update:**

- Contact made with wide range of additional groups working with Arabic speaking people e.g. Somali, Sudanese, Egyptian, Refugees & Asylum -Seekers (see appendix 3) Article re New Roots submitted for Egyptian Newsletter
- Training needs analysis completed for the Iraqi Community Association, and dates set for workshops for young people and for women April/May.
- Yemeni Community Association have conducted training needs analysis and provided a workshop for 14 women. This workshop was conducted via the Yemeni Community

Development worker who acted as an Arabic-speaking interpreter for the event. The women showed considerable interest in discussing issues around their children and young people using drugs. Information was provided re services, and the majority consensus was that the women felt isolated with these issues, particularly if husbands were drinking. The idea of a helpline with an Arabic speaking counsellor was very well received by the group. Also, information was given re New Roots. Follow up work is currently being planned. There have also been discussions around volunteer opportunities with New Roots, with a view to attracting a suitable person to work with these issues; and this is an ongoing venture.

- The Arab Council Against Addiction Narcotics – there has been special interest in conducting joint training; or where they might provide specific input to workshops regarding the Muslim community and substance misuse issues. The project leader has international experience in working with substance misuse in the Arabic communities for many years, and was very interested in collaborative work with New Roots. This will be explored in the coming months.

### **Work around Volunteers**

- New contact has been made with an organisation supporting volunteers from Refugee Organizations. A meeting has been arranged for April to discuss volunteer issues
- Advert and details have been provided to Westminster Volunteer Bureau, with details of New Roots; and also the accredited volunteer training scheme at the Rugby House Project.
- Information has been given to other groups around volunteering as above

The process of identification of appropriate volunteers from BME communities has been found to be sensitive in practice. This may be because some of the groups were not known to New Roots, and as the survey revealed, staff representing service users needed time to begin to trust the service. It is hoped that the planned workshops and training's and joint work on resources will help to address this issue.

### **Forums , Meetings & Events Attended**

- North Westminster Voluntary & Community Sector Forum – this forum has good links with a wide range of groups serving the Queens Park and other areas of North Westminster. Information re New Roots given to all affiliated organisations via VAW mailing. The plan would be to attend further meetings and build up links with organisations in the area
- Refugee Consortium – very useful forum for networking with a very wide range of BME organisations. Many new and personal contacts have been made with New Roots, and will be explored in the coming year. A Proposal was submitted for a substance misuse workshop to be conducted at the Consortium venue by New Roots for all interested from affiliated groups. This was submitted as part of a workshop conducted at the Consortium concerning the role of the organisation and the skills sharing potential of member groups.
- Health & Fitness Fair at Westminster College – This event generated considerable interest from students at the college. Two stalls were set up on different days and at various venues, during which much information re substance misuse was provided to students. In addition, a workshop with students on a Health & Social Care Course, who showed particular interest in the issues, is being planned.

- Effective Partnerships in Lisson Grove – have worked on identification of joint work to be conducted over the next year as part of the forum projects.

A “Health Day” stall has been conducted at Lisson Grove Health Centre, including all substance misuse services involved in the forum. A venue for a new satellite/training venue has been identified at St. Paul’s Church. The satellite has appropriate provision for a new drop-in to be piloted jointly by New Roots and the Hungerford Drug Project .

This would help fill a gap in services for substance misuse in the area, as there is currently no other drop-in service for substance misusers from BME communities locally. The service will help to address the needs of young Bangladeshi users who do not feel comfortable accessing support via MBS at present, due to concerns around confidentiality.

- BME Health Forum – attended two meetings to date, and further meetings planned for April and May 2002

#### **Training to be provided:**

- *Health Support & Health Improvement Team* – lunchtime learning workshop to be provided in May. Full staff team workshop planned in July. Good links have been made to date, and a number of meetings conducted re potential joint work and training
- *Sure Start Team* – an all day workshop set for May. Training programme designed and training needs analysis conducted.
- *Home Start Westminster* – have a date for May to conduct workshop for the volunteers’ training programme
- *Notre Dame Refugee Centre* - has identified potential need of workshops for service-users and will be contacted in April to conduct a needs analysis.
- *Eritrean Community Association* – the group has identified the need for alcohol support and has approached New Roots about the production of a leaflet on alcohol in a community language. We plan to provide alcohol workshops to elderly and young people and consult with them on the content of an appropriate alcohol- awareness leaflet. We are also awaiting an invite to their management meeting.
- *Dutch Pot*- have expressed interest in workshops on alcohol for their elderly service users when they have become settled in their new venue. Due to problems with their building, we have not been able to take these plans forward at present, but will hope to do so when they have new premises
- *The community Health Development Team* - have expressed interest in alcohol awareness training for staff in the coming months. They have also expressed interest in joint work in the South Westminster Area, to meet the needs of the elderly and homeless in particular. However, due to staffing issues, these plans have had to be held over for the coming months.
- Many of the community groups contacted have expressed interest in co-working on specific resources (e.g. leaflets) for their communities. This is part of work & capacity building intended. These include the Sudanese, Somali and Iraqi groups.



## Summary of Key Recommendations

Following the results of the survey, and supplementing this with information gathered through extensive networking over the past 5 months, the following are recommended on the basis of the work completed:

27. There is a need to develop a range of culturally specific resources in partnership with community organisations across Westminster. In particular, these should meet the needs of parents with little understanding of English, or of substance misuse issues. This was a repeatedly expressed need by groups (and Yemeni service-users). The needs of female, and parents of an older generation, should be addressed in particular.
28. A range of courses and workshops to be conducted with community groups to begin capacity building re substance misuse issues. The extent of the need for community groups to gain skills and knowledge seems to warrant a multi-agency approach, where expertise and resources can be shared to provide training.
29. Refugees & Asylum seekers seem to warrant specific interventions in terms of preventative work. These groups seem to be significantly at risk of developing problematic substance misuse for a variety of reasons. Cited risk factors included mental health problems due to loss of status, socio-economic issues (housing, finance, poor education and English), issues related to psychological scarring from mother countries, and problems fitting in with the host culture. There did seem to be a particular need here to tackle problems before they really took hold in the communities. Links with community groups need to be fostered and developed, and cultural understanding of relatively new communities by provider services enhanced through training and joint work.
30. Almost all respondents reported that substance misuse was a hidden and sensitive issue for BME communities. This would seem to indicate the need for creative long term community work. The hidden nature of issues seems to be only one factor in this, others being the need to build understanding of the many different cultures involved, and the differential needs of different generations. The work to date has not involved service users significantly, and this would be a key next step. The work to date has highlighted that there is a need to develop communities in relation to substance misuse, but this really cannot be rushed. Specific work time in relation to community development seems vital in order to facilitate a co-ordinated focus for the work. Many leads have to be followed up, and the potential work to be conducted is would involve considerable resources in terms of time and planning.
31. The provision of an Arabic and /or Bengali speaking helpline in conjunction with community organizations. Perhaps this could be advertised and piloted via the new Satellite at St. Paul's Church in Lisson Grove. This might also be done through a new New Roots satellite in Queens Park area, working jointly with other services in the area.

## Appendix 1– Groups Contacted

### Arabic Groups

Arab Speakers Outreach Project  
Arab National Council Against Addiction Narcotics  
South Westminster Befriend A Family (work with many Arabic speaking people)

Sudanese Supplementary School  
Central London Mosque  
Egyptian Community Association  
Iraqi Community Association  
Yemeni Community Association  
Kurdish Exile Association  
Arabic Psychotherapist  
Bangladeshi Groups  
Marylebone Bangladeshi Association  
Queens Park Bangladeshi Association  
Janamat (Bengali Press)  
Tigers ( Bengali football team)

### **Afro-Caribbean Groups**

Dutch Pot  
Ethiopian Community Association  
Uganda Youth Support  
Yaa Asantewaa

### **Moroccan Community Association**

### **Refugee & Asylum Seekers Groups**

Refugee Consortium (Westminster)  
Notre Dame Refugee Centre  
Ethiopian Advisory Service  
Sudanese Community & Information Association

### **Sudanese Community Association**

Elmonadilla – Sudan Centre  
Somali Welfare Association  
Somali Community Association

### **Other Services and Groups Contacted**

Westminster Drug Project  
Hungerford Drug Project  
Police (Mozart Estate Homebeat)  
Westminster local Press  
Queens Park Family Service  
Outreach Workers Forum  
Police ( Queens Park)  
Mozart Estate Tenants Office  
Home Start  
Sure Start  
Health Improvement Team  
Health Support Team  
Health Authority  
St Paul's Church  
Core Trust  
Paddington CAB  
Social Services Westminster

## **Appendix 2 – The Questionnaire Used For the Survey**

### **Drugs & Alcohol & In your Community Questionnaire**

New Roots is an alcohol service dedicated to raising awareness and providing culturally appropriate treatment around alcohol & drugs to the BME communities. In order to help us to plan more effective services, we would appreciate your views on the alcohol and drugs use in your community.

If you work with these communities, we would value your comments in a professional capacity; if you live in the community, then we would value your personal experience.

All information given is confidential, and there is no need to give your name, just your views and experience as honestly as you feel able.

### **About You & Your Connection with the Community:**

Male                      Female                      Age

**Which community would you say you personally come from ?**

**What area in Westminster are you referring to in relation to BME ? .....**

**Are you a professional or volunteer worker with BME communities?**    Yes    No  
*If yes, how long have you been working & with which communities?*

Further Comments re Community Contact:

---

**1) In your experience, how confident would you be about discussing alcohol & drug issues in your community / with these communities?**

***Please tick :***

Very confident              Confident              Not Very Confident    Hardly ever discuss

**2) In your experience do you consider Alcohol to be area of concern amongst the community ?**

***Please tick :***

**Yes              No              Don't know**

**3) In your experience would you consider Drugs to be a problem issue amongst your community ?**

***Please tick :***

**Yes              No              Don't Know**

**4) What drugs do you think are being used :**

Cannabis / Hashish              Alcohol              Tranquillisers              Crack Cocaine

Ecstasy              Khat      Cocaine              Methadone              Heroin

Medicines              Amphetamines              Steroids

**If medicines are these from :**    Doctor              Chemist              Dentists              Friends              Family

5) *What kind of information and services do you think would be helpful in order to prevent and treat alcohol & drug problems in your community?*

**Please tick any of those below that you feel are useful :**

- Alcoholics Anonymous      Leaflets      Medical / Hospital Services      Drop in
- Counselling      Posters      Specific Muslim only Services      Community
- Education      Audio Tapes      Residential Rehabilitation      Religious Leaders
- Videos      Parents/Relatives Support
- Specific Black & Asian Services      Women Only Services      Other

Please add any comments (e.g would audio tapes be good in Arabic, Posters showing who or what ?.)

.....

**6) If you consider drugs or alcohol to be a problem issue, what would you say is causing that to happen?**

.....

.....

**7) What kind of problems have you seen drugs and alcohol causing?**

.....

**8) Comments/ Further suggestions :**

.....

.....

***Appendix 3 – Detailed Breakdown of Survey Results***

Survey of Comments attached with Charts.



A Survey of Comments  
from Groups Working with  
Westminster Residents

**By New Roots**



## Organisations surveyed

Ethnic Origin of Communities Targeted.

<b>Ethnicity Group</b>	<b>Total</b>	<b>%</b>
Refugees & Asylum Seekers	10	38%
Arab & others	6	23%
Bengali	7	27%
Africans & Afro Caribbeans	3	12%
<b>Total</b>	<b>26</b>	<b>100%</b>

## Gender of respondent

	Refugees & Asylum Seekers	Arab & others	Bengali	Africans & Afro-Caribbeans
<b>Male</b>	3	3	6	3
<b>Female</b>	7	3	1	0
<b>Total</b>	<b>10</b>	<b>6</b>	<b>7</b>	<b>3</b>

**Q.1 In your experience, how confident would you be about discussing alcohol & drug issues in your community / with these communities?**

	Refugees & Asylum Seekers		Arab & others		Bengali		Africans & Afro-Caribbeans		<b>Total</b>	
<b>Very confident</b>	1	10%	1	17%	0	0%	0	0%	<b>2</b>	<b>8%</b>
<b>Confident</b>	4	40%	2	33%	0	0%	2	67%	<b>8</b>	<b>31%</b>
<b>Not Very Confident</b>	3	30%	1	17%	2	29%	0	0%	<b>6</b>	<b>23%</b>
<b>Hardly ever discuss</b>	2	20%	2	33%	5	71%	1	33%	<b>10</b>	<b>38%</b>
<b>Total</b>	<b>10</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>7</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>26</b>	<b>100%</b>

**Q.2 In your experience do you consider Alcohol to be area of concern amongst the community ?**

	Refugees & Asylum Seekers		Arab & others		Bengali		Africans & Afro-Caribbeans		<b>Total</b>	
<b>Yes</b>	8	80%	2	33%	2	29%	2	67%	<b>14</b>	<b>52%</b>
<b>No</b>	2	20%	0	0%	3	42%	0	0%	<b>5</b>	<b>22%</b>
<b>Don't Know</b>	0	0%	4	67%	2	29%	1	33%	<b>7</b>	<b>26%</b>
<b>Total</b>	<b>10</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>7</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>26</b>	<b>100%</b>

**Q.3** In your experience would you consider Drugs to be a problem issue amongst your community ?

	Refugees & Asylum Seekers		Arab & others		Bengali		Africans & Afro-Caribbeans		<b>Total</b>	
<b>Yes</b>	7	70%	5	83%	6	86%	3	100%	<b>21</b>	<b>58%</b>
<b>No</b>	1	10%	0	0%	0	0%	0	0%	<b>1</b>	<b>3%</b>
<b>Don't Know</b>	2	20%	1	17%	1	14%	0	0%	<b>4</b>	<b>39%</b>
<b>Total</b>	<b>3</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>7</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>26</b>	<b>100%</b>

**Q.4** What drugs do you think are being used:

	Refugees & Asylum Seekers		Arab & others		Bengali		Africans & Afro-Caribbeans		<b>Total</b>	
Cannabis / Hashish	2	13%	2	13%	3	18%	2	20%	9	16%
Alcohol	7	43%	2	13%	1	6%	3	30%	13	21%
Tranquillisers	0	0%	1	7%	0	0%	0	0%	1	2%
Crack Cocaine	1	6%	2	13%	1	6%	1	10%	5	9%
Ecstasy	0	0%	0	0%	0	0%	1	10%	1	2%
Khat	3	19%	1	7%	0	0%	0	0%	4	7%
Cocaine	0	0%	2	13%	2	12%	1	10%	5	9%
Methadone	0	0%	0	0%	0	0%	0	0%	0	0%
Heroin	0	0%	2	13%	5	29%	1	10%	8	14%
Medicines	0	0%	0	0%	0	0%	0	0%	0	0%
Amphetamines	0	0%	0	0%	0	0%	0	0%	0	0%
Steroids	0	0%	0	0%	0	0%	0	0%	0	0%
Nicotine Smoking	0	0%	0	0%	0	0%	1	10%	1	2%
Hard to specify	3	19%	3	21%	5	29%	0	0%	11	18%
<b>Total</b>	<b>16</b>	<b>100%</b>	<b>15</b>	<b>100%</b>	<b>17</b>	<b>100%</b>	<b>10</b>	<b>100%</b>	<b>58</b>	<b>100%</b>

**Q.5** What kind of information and services do you think would be helpful in order to prevent and treat alcohol & drug problems in your community ?

	Refugees & Asylum Seekers		Arab & others		Bengali		Africans & Afro-Caribbeans		Total	
		%		%		%		%		%
<b>Alcoholics Anonymous</b>		3		0		0		0		7
Leaflets	6	19%	2	11%	3	17%	2	50%	13	18%
Medical / Hospital Services	1	3%	0	0%	0	0%	0	0%	1	1%
Drop in	1	3%	0	0%	0	0%	1	25%	1	1%
Counselling	1	3%	0	0%	1	6%	0	0%	3	4%
Posters	3	10%	0	0%	2	11%	0	0%	5	7%
Specific Muslim only Services	1	3%	2	11%	0	0%	0	0%	3	4%
Community Education	4	13%	3	17%	4	22%	1	25%	12	17%
Audio Tapes	0	0%	0	0%	1	6%	0	0%	1	1%
Residential Rehabilitation	1	3%	0	0%	0	0%	0	0%	1	1%
Religious Leaders	1	3%	1	6%	0	0%	0	0%	2	3%
Videos	2	6%	2	11%	2	11%	0	0%	6	8%
Parents/Relatives Support	5	16%	5	28%	3	17%	0	0%	13	18%
Specific Black & Asian Services	1	3%	1	6%	1	6%	0	0%	3	4%
Women Only Services	1	3%	1	6%	0	0%	0	0%	2	3%
Community Organisation Networks	1	3%	0	0%	0	0%	0	0%	1	1%
Telephone Helpline	1	3%	1	6%	1	6%	0	0%	3	4%
<b>Total</b>	<b>31</b>	<b>100%</b>	<b>18</b>	<b>100%</b>	<b>18</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>71</b>	<b>100%</b>



## **Workshop, 1 May 2002**

### **Substance Misuse and Community-Based work with Black and Minority Ethnic Communities and Community Groups**

**Facilitated by Tahera Aanchawan for the BME Health Forum and Westminster DAT**

#### **Introduction**

The Kensington Chelsea and Westminster (KCW) Black and Minority Ethnic (BME) Forum was launched in February 2001 following a series of consultations representing BME communities and residents.

One of the recommendations was to set up Task Groups to take forward particular pieces of issue-based, community-based or geographically-based initiatives. Six task groups were set up to run for up to ten months as short term action groups involving community groups and statutory agencies. One of the task groups is the 'Substance Misuse and Community-Based Work with BME Communities and Community Groups in KCW'. The specific pieces of work that this Task Group would oversee around substance misuse were:

1. Specific to Kensington and Chelsea, a needs assessment of BME and newly arrived communities as they relate to substance misuse. Substance misuse is defined in its broadest sense to include over the counter substances, prescription drugs, alcohol and illicit substances.
2. In Westminster, diversity training for mainstream service -providers and health care professionals.
3. In Westminster, implementing community education/community development initiatives on substance misuse within BME communities

The Hungerford Drugs project and New Roots, two voluntary sector organisations were funded to carry out the above initiatives. In March 2002, the Task Group met for an update on funded work. The Task Group agreed to run a workshop that would bring BME community groups together to hear the outcomes of these initiatives and consider how the Westminster and Kensington and Chelsea Drug and Alcohol Action Teams (DAATs) could meet their targets and priorities in relation to BME communities. The aim of the workshop was to inform the development of a work plan to meet the substance misuse needs of BME communities in Kensington Chelsea and Westminster. The following is an account of the workshop held on 1 May 2002 at the Muslim Cultural Heritage Centre.

## Participants at the 1 May 2002 workshop

Tahera Aanchawan	Facilitator and chair
Iman Achara	Genuine Empowerment of Mothers in Society
David Bamford	Westminster Drug Project
H. Barbary	Egyptian Community Centre
Samira Ben Omar	BME Health Forum
Aisling Byrne	BME Health Forum
Surrinder Chera	New Roots
Sook Mun Chow	Hungerford Drug Project
Bridget Davies	Minutes
Renee de la Haye	K&C PCT
Husna El Hadi	El Monadila Sudan Centre
Tarik Ellekhilif	London Tigers
Jane Gibson	Westminster PCT
Juliet Hardwick	GEMS
Hia Jordan	RBK&C SSD
Pauline McDowell	RBK&C SSD
Penny Marshall	Voluntary Action Westminster
Pam Menzies-Banton	New Roots
Julia Mlambo	DAAT
Babiker Mukhayer	ANCAAN
Eamonn O'Toole	Health Support Team
Suzette Polson	Westminster Drug Project
Shaffique Prabatani	Hungerford Drug project
Annie-Mae Shaw	New Roots

The workshop began with a series of presentations, followed by small group work and feedback. The first presentation was on Westminster's DAAT strategy, followed by presentations from the Hungerford Project and New Roots.

### Westminster DAAT Strategy

The DAAT co-ordinator for Westminster explained that the National Drugs Strategy has led to setting up Drug and Alcohol Action Teams for each of the London boroughs, to commission treatment services and education in schools; and money is available for work on community projects. Drug and alcohol abuse are to be tackled using a variety of approaches. The Drug Action Teams are multi-agency partnerships, made up of, among others, Social Services, Housing and Environmental representatives, the Police, the Probation Service, etc.

All aspects of drug abuse could be covered, including drug dealing in parks, siting of off-licences close to mosques; and any community intervention to improve the quality of life would be welcomed. Education around substance misuse will be coupled with direction towards treatment. Treatments could include detox, community prescribing and GPs in shared care schemes. Money has been set aside to work with communities (currently it is not possible to say how much has been set aside).

### Presentations by New Roots and the Hungerford Project

The 2 organisations had been funded to carry out a needs assessment of BME and newly arrived communities in relation to substance misuse.

In Westminster, diversity training was delivered for mainstream service providers and health care professionals and community education/community development initiatives on

substance misuse within BME communities. Full reports are available from New Roots and the Hungerford Project. Some of the key issues identified through this work were:

- Lack of awareness amongst the more recently arrived communities about the level of substance misuse in their own communities
- The hidden levels of substance misuse amongst young people in the BME communities
- The stigma attached to substance misuse and the isolation of those misusing substances from their own communities
- Greater concern expressed about alcohol misuse than drugs misuse
- The need to educate not only children and young people, but parents as well about the dangers of substance misuse
- Providing training to key people in communities, in order for them to raise awareness about substance misuse and overcome denial about the problem in their own communities
- The need for services that target BME communities and support for those who are misusing substances to access mainstream services
- Financial support from the statutory agencies for voluntary and community organisations that are currently working with BME communities

The presentations were followed by workshops. Participants in the workshops were asked to help set priorities for the development of a DAAT work plan for the BME communities. The work plan is to be based on the following national targets and priorities:

1. Education – all parents of school age children should receive education on substance misuse by 2004
2. Treatment – a 50% increase in the numbers of people seeking treatment by 2004, 66% increase by 2005 and a 100% increase by 2008
3. Communities – a 50% reduction in the rate of repeat offending amongst drug misusing offenders by 2004

### **Recommendations for inclusion in Work Plan**

**An over riding view was that it was important to build on the good work that already exists and that the recommendations are based on the assumption that the work already carried out by New Roots and Hungerford will be developed further to gain better knowledge and information on the extent and patterns of substance misuse among BME communities.**

#### **Education**

- Provide training for key people and leaders in the different communities, including faith-based groups, to raise their awareness about substance misuse and availability of services. These key people could take the message to their communities and encourage discussion and take up of services.

- Identify community groups such as women's groups, and provide seminars and health sessions on substance misuse, taking into account the stigma and taboo attached to this issue.
- Raise awareness amongst parents by utilising all community gatherings by running sessions or providing translated information.
- Work with schools to provide awareness for parents and children through mediums such as drama or videos.
- Set up a small grants scheme managed by mainstream voluntary sector providers, for community groups to run sessions on substance misuse for their communities.
- Utilise existing projects that are already working with BME communities such as Mental Health projects, Women's Centres and Health Advocacy projects, link workers and youth workers to raise awareness about substance misuse.
- Develop resources such as videos and audiotapes in the appropriate languages for distribution to schools, community groups, video rental shops, etc.
- Identify if any resources targeting BME communities exist and purchase to distribute – this would decrease the costs of producing leaflets, videos etc.
- Ensure that all translated information is accurate.
- Gain an understanding of who the local BME communities are – demographic profiling and develop partnerships with these communities to deliver effective educational strategies. Different communities will need different approaches.
- Identify models of good practice that already exist, such as the work carried out by New Roots and the Hungerford Project to inform working with BME communities.
- Develop a help-line in the relevant languages for substance users and their families.
- Utilise community newsletters, and events such as festivals, to raise awareness in a sensitive and appropriate way.

### **Capacity and Capability Development of BME Communities**

- Fund New Roots and Hungerford to provide training and awareness raising sessions for BME community groups.
- Allocate small grants providers to specific communities to work alongside mainstream providers to develop their expertise and knowledge in dealing with substance misuse.
- Explore the possibility of funding trainee posts for people working with small BME groups at New Roots and the Hungerford project to increase the capacity for work on substance misuse.
- Encourage partnership work across the two boroughs and community groups, to maximise the use of resources; for example, training for key people in the community or awareness- raising sessions.

### **Ongoing needs assessment**

- Check if the current Needs Audit carried out by Westminster City Council included substance misuse, and use the data to assess needs of the communities.
- Work carried out to date focused on a small number of communities; more work needs to be done to ascertain the real extent of substance misuse for example research in some London Boroughs shows that drugs misuse is increasing at an alarming rate amongst young Bangladeshis, and khat amongst Somalis. The extent of substance misuse among the Arabic -speaking community is not known.

## **Statutory and Voluntary Sector Mainstream Providers**

- The 2 DAATs should take responsibility for co-ordinating and developing a partnership with BME communities, and develop good practice guidelines for collaborative work between commissioners of services, mainstream providers and BME community groups.
- Professionals should be provided with training on cultural competencies
- Race Equality Schemes should build into their Action Plans monitoring and evaluation of involvement of BME groups in relation to substance misuse. Commissioners of services under the Race Relations Amendment Act 2000 have a duty to ensure that all providers are ensuring access to services for BME communities.
- Information should be provided to GPs about BME communities and the prevalence of substance misuse, as well as to agencies to whom to refer people. The agencies identified should have the ability to work with BME communities.
- Statutory and Voluntary sector mainstream providers should be expected contractually to demonstrate how they are reaching and enabling access to their service for BME communities.
- Establish links and work with communities such as refugees and asylum -seekers in hostels and bed and breakfast accommodation and Family Centres, by providing drop-in sessions (ensure all those in such accommodation have access to the drop-in).

## **Young People**

- Young people should be involved in the planning, monitoring and evaluation of strategies targeting them.
- Parents will need support and help in taking responsibility for talking to their children about substance misuse. This would need to be within the context of familial relationships and the traditions of the different communities.
- Venues where young people from BME communities congregate should be targeted for awareness raising.

## **Users**

- Look at users' experiences of using rehabilitation and health services to check if cultural and diversity issues are dealt with appropriately.
- Ensure that users can access staff or interpreters who speak their language.
- Provide support for users to deal with the stigma within their own communities.
- Develop models of working with families.
- Explore if mentoring schemes are a viable option for enabling users to overcome their addiction.

## **Impact Measurement**

The following are suggested indicators in 3 years time, to assess if the suggested recommendations have been included in the DAAT work plan:

- Parents are better informed and able to take responsibility to discuss substance misuse with their children.
- Increase in take up of treatment services.
- BME communities will be better informed about substance misuse and able to discuss this within their own communities.
- Young people will feel included and involved in any strategies targeting them and will be seeking help if necessary.
- More BME staff providing frontline services and in senior posts.

## **Embedding the work**

**The Task Group was set up as a short-term group to oversee work in relation to BME communities and substance misuse. In order to ensure continuity and the fact that awareness amongst BME communities is low, the Task Group should continue, broaden its membership and be serviced properly.**

## APPENDIX 1:

### Update on needs assessment of black and minority ethnic communities K&C PCG / PCT - 2001

#### 1 Introduction

- 1.1 The RBKC Treatment Plan allocated £35,000 to analyse the problems and related health and social needs of members of the black and minority ethnic communities residing in Kensington and Chelsea, relating to drug and/or alcohol usage.

#### 2 Background

- 2.1 KCWHA and K&C PCG agreed to take on this piece of work. It was considered that the best way to progress this analysis was to enlist the assistance of the BME Health Forum which has convened and co-ordinated a number of thematic focused task groups, including substance misuse, but also covering : Education and Family Support issues; HIV & Sexual Health; Health of Muslim Women and evaluation of NHS Trusts' Facing Up to Difference strategies.

- 2.2 **A group of voluntary agencies met to develop a questionnaire, attached at appendix A, to be used to canvass unrepresented BME community groups so as to identify prevalent issues which would accordingly determine further analysis. The group invited tenders from BME Health Forum members to take forward this work. The rationale for this approach was articulated in the following set of principles from the BME sub-group:**

- Establish local people's knowledge, use and perception of local services.
- Establish perceived strengths and weaknesses in current provision.
- Generate priorities for local services and additions to them where necessary.
- Generate action plans for long-term work with community and voluntary groups, users and the public.

- 2.3 Two community groups - Hungerford Drug Project and New Roots (Rugby House) – were appointed to contact relevant community organisations and take the respondent through the questionnaire. Kensington & Chelsea PCG's BME sub-group agreed to their proposal. The individuals from the groups who are undertaking this telephone audit have received training from the Community Health Development Team and the BME Health Forum.

### **3 Current Situation**

- 3.1 The two groups will be contacting community groups and will be aggregating responses. The responses given and most the prevalent areas will be presented as soon as practicable.
- 3.2 The two organisations will then conduct further study of the prevalent issues, by undertaking an audit of existing services groups and the production of a gap analysis. The groups will also facilitate focus groups, which will operate to the following minimum standards produced by the BME Health Forum:
  - Focus groups supported where needed by interpreters with members of the local community, facilitated by members of the local community and health economy.
  - Qualitative research with local consultation groups searching for understanding of perceptions of current health services, including links to other service- providers (e.g. Social Services).

### **4 Operation of Focus Groups and Minimum Standards**

- 4.1 Focus groups provide an opportunity to talk in depth with members of the community about a range of issues relevant to them and raised largely by them. They should inform future priorities and planning, as well as service- delivery. These groups must be carried out using local voluntary and community groups, to ensure we obtain the views of local residents. Groups should be made up of similar kinds of people, as this has been shown to be most effective.
- 4.2 The Task Group is keen to attract the voices of those previously unheard and would welcome ideas on ways in which to do this.
- 4.3 Each focus group should be 8-10 people and should last at least one and a half to two hours; all participants must live in Kensington and Chelsea.
- 4.4 Records of discussions must be kept, and documentation outlining key themes that have emerged must be provided to participants and the Task Group within 14 days.
- 4.5 Groups should be run at times convenient to the focus group members.
- 4.6 Strategies should be in place to ensure that a breadth of groups is reached, and that those groups about whom there is little existing data are specifically targeted.
- 4.7 The groups should have an atmosphere where there is freedom to express views and participation is encouraged.
- 4.8 Expenses, including childcare costs, will need to be paid to all participants.

### **5 Timescale**

- 5.1 It is expected that the general needs analysis and specific issues emanating therefrom, supported by focus group discussion, will be available in March 2002.



**Drugs and Alcohol in our Communities**

**Training will be provided to enable agencies to undertake this telephone questionnaire**

Name of organisation:

Contact person:

Role:  executive  non-executive

How long have you been working in the local community?

1. Do you think that drug and alcohol use is on the increase in the community you work with?

What makes you think that?

**Please tick all that apply AFTER response given**

*increase in associated health problems*

*increase in TB*

*reporting in media (inc. radio)*

*feedback from community*

*other (please state)*

2. What drugs do you think are being used :

cannabis/hashish

alcohol

tranquillisers

crack cocaine

ecstasy

khat

cocaine

methadone

heroine

medicines

*If you ticked medicines are these*  *from doctor*  *from chemist*  *from friends*

3. Who in your community are using drugs :

- cannabis/hashish  
 women    men    young    old    wealthy    disadvantaged
- alcohol  
 women    men    young    old    wealthy    disadvantaged
- tranquillisers  
 women    men    young    old    wealthy    disadvantaged
- crack cocaine  
 women    men    young    old    wealthy    disadvantaged
- ecstasy  
 women    men    young    old    wealthy    disadvantaged
- khat  
 women    men    young    old    wealthy    disadvantaged
- cocaine  
 women    men    young    old    wealthy    disadvantaged
- methadone  
 women    men    young    old    wealthy    disadvantaged
- heroine  
 women    men    young    old    wealthy    disadvantaged
- medicines;  
 women    men    young    old    wealthy    disadvantaged

4. What problems result from taking drugs :

- Cannabis/hashish**  
 women    men    young    old    wealthy    disadvantage  
 family problems    housing problems    health problems
- Other (Please state)
- Alcohol**  
 women    men    young    old    wealthy    disadvantaged  
 family problems    housing problems    health problems
- Other (Please state)
- tranquillisers**  
 women    men    young    old    wealthy    disadvantaged  
 family problems    housing problems    health problems

Other (Please state)

**crack cocaine**

women     men         young     old         wealthy     disadvantaged  
 family problems     housing problems     health problems

Other (Please state)

**ecstasy**

women     men         young     old         wealthy     disadvantaged  
 family problems     housing problems     health problems

Other (Please state)

**khat**

women     men         young     old         wealthy     disadvantaged  
 family problems     housing problems     health problems

Other (Please state)

**cocaine**

women     men         young     old         wealthy     disadvantaged  
 family problems     housing problems     health problems

Other (Please state)

**methadone**

women     men         young     old         wealthy     disadvantaged  
 family problems     housing problems     health problems

Other (Please state)

**heroin**

women     men         young     old         wealthy     disadvantaged  
 family problems     housing problems     health problems

Other (Please state)

**medicines;**

women     men         young     old         wealthy     disadvantaged  
 family problems     housing problems     health problems

Other (Please state)

6. Do you know of the drug and alcohol services in your area?

If yes, which ones have members of your community used?

What was your experience?

7. How do you think existing **support** services can be adapted/improved to better meet the needs of your community?

8. Does your organisation already run a project  or are planning to run a project  in this area

If yes:

8a. **What is this project or service?**

9. Do you think that there is a need for more culturally specific services

If yes:

9a. What sort of culturally appropriate (you may want to specify drug and alcohol) services do you think would be helpful to your community?

Support and counselling?

Practical health care?

Information and advice?

Training and education workshops for young people, parents, volunteers, professionals?

Culturally specific rehabilitation and detox units?  Outreach and Home visits?

Complementary therapies?

Women specific services?

Language support?

Other? (please state)

10. Do you have any other comments?

11. Who else in the community group would it be good to speak to ?

Name

Role

Would you be interested in running a focus group in connection with this project

APPENDIX 3:



Westminster

# Drug Action Team

## *Annual Plan*

2001/2002

### February 2003

## Section 1: DAT Details

**1.1. Name of DAT:** Westminster

### 1.2 DAT Chair

- a) Name: **Vivienne Lukey**
- b) Position/job title: Assistant Director of Community and Social Services
- c) Contact address: Westminster City Hall, PO Box 240 64 Victoria Street, London, SW1E 6QP
- d) Date took up position: 30/05/99

### 1.3 DAT Vice-Chair

- a) Name: **Sally Hargreaves**
- b) Position/job title: Director of Performance and Partnerships
- c) Contact address: Kensington & Chelsea and Westminster Health Authority, 50 Eastbourne Terrace, London, W2 6LX

### 1.4 DAT Co-ordinator

- a) Name: **Siwan Lloyd-Hayward**
- b) Contact address: Kensington & Chelsea and Westminster Health Authority, 50 Eastbourne Terrace, London, W2 6LX
- c) Date took up position: 3/4/96

### 1.5 DAT media contact

- a) Name: **Suzanne White**
- b) Position/ job title: Communications Manager
- c) Organisation: City of Westminster, Press Office, Communications Division, 17<sup>th</sup> Floor, City Hall Tel 020 7641 2259

### 1.6 DAT Business contact

There is not a single organisation responsible for co-ordinating business interests in Westminster.

## 1.7 DAT Structure

The members of the DAT are:

- **Vivienne Lukey** – Social and Community Services Department, City of Westminster (Chair)
- **Dr Sally Hargreaves** – Performance and Partnerships, Kensington & Chelsea and Westminster Health Authority
- **Superintendent Dean Ingledew** – Metropolitan Police Service
- **Siwan Lloyd Hayward** – Substance Misuse Strategy Manager, Kensington & Chelsea and Westminster Health Authority (coordinator)
- **Dr Lina Maslanka** – DAT Research Officer (observer - responsible for monitoring the DAT strategy and its action plan)
- **David Monk** – London Probation Area
- **Petronella Perret** – Westminster Drug and Alcohol Providers Forum (observer)
- **June Simson** – Education Department, City of Westminster
- **John Strutton** – Community Safety Coordinating Team, Chief Executive's Division

The drug reference group structure has been replaced by a lead officers group, supported by an annual conference for all stakeholders and agencies with an interest in the strategies to tackle the drugs problems in Westminster. The lead officers group is made up of senior managers from partner agencies, nominated by members of the DAT. Each lead officer has the following range of responsibilities:

- Ensuring that action to tackle the problems of drug misuse is integrated into all the partner agencies' everyday services
- Taking responsibility for a priority from within the DAT Action Plan
- Acting corporately on behalf of the Drug Action Team, and not just for their organisation
- Facilitating and creating inter-agency solutions to the drugs problem in Westminster
- Involving the voluntary sector in all aspects of the planning and delivery of the DAT Action Plan.
- Overseeing the delivery of a range of actions to meet the priorities in the Westminster DAT strategy and action plan.
- Ensuring that the business plans, priorities and new initiatives of partner agencies complement the DAT action plan.

Project teams support each lead officer in their work and undertake the required actions to deliver the priorities in the strategy and action plan. The project teams for each priority and action include the voluntary sector.



## 1.8 Joint Commissioning

Do you have a joint or collaborative commissioning group?

**Yes**

If yes, name the commissioners and the agencies they represent.

<b>Name &amp; job title</b>	<b>Agency</b>
Siwan Lloyd Hayward	KCW Health Authority
Alun Peate	Westminster Social Services
Liz Hayes	London Probation Area
David Wales	Metropolitan Police Service
Paddy Floyd	BKCW Mental Health Trust
Paul Townsley	Westminster Drug Project
Sue Hannah	Housing Westminster City Council
Mike Rogers	Planning and Performance, Westminster Social Services

## Section 2: Strategic Links

Does your DAT have links, agreed strategies or joint initiatives with other local co-ordination, planning and delivery mechanisms? Please indicate the DATs level of involvement using the table below (tick as appropriate).

Policy Area	Involvement*				
	No Strategic Link	Cross-over Link	Strategic Link	Not Applicable	Scope for Improvement
<b>Health</b> <ul style="list-style-type: none"> <li>• Local health plans</li> <li>• Child and Adolescent Mental Health Plan</li> <li>• Health Improvement Programme plans</li> <li>• Health Action Zone</li> <li>• Other (specify)</li> </ul>		v	v		
<b>Housing and Social care</b> <ul style="list-style-type: none"> <li>• Integrated Children's Services Plans</li> <li>• Area Child Protection Committee</li> <li>• Quality Protects</li> <li>• Community Care Plans</li> <li>• Rough sleeping consortia</li> <li>• Other (specify)</li> </ul>		v	v		
<b>Crime &amp; Disorder</b> <ul style="list-style-type: none"> <li>• Community Safety Plan</li> <li>• Policing Plan</li> <li>• YOT plans</li> <li>• Prison Area Drug Strategy</li> <li>• Other (specify)</li> </ul>	v	v	v		
<b>Education</b> <ul style="list-style-type: none"> <li>• Local Education Development Plans</li> <li>• Behaviour Support Plans</li> <li>• Education Action Zone</li> <li>• Sure Start</li> <li>• ConneXions</li> </ul>		v	v		

<ul style="list-style-type: none"> <li>• National Healthy Schools</li> <li>• Other (specify)</li> </ul>			v		
<p><b>Regeneration and Employment</b></p> <ul style="list-style-type: none"> <li>• SRB</li> <li>• New Deal</li> <li>• other (specify)</li> </ul>		v	v		

### Section 3: Action Planning 2001/2002

#### 3.2 Communities

Objective: To protect our communities from drug related anti-social and criminal behaviour

The DAT's aim is to reduce repeat offending through identifying drug using offenders and engaging them in treatment that has a positive impact on both health and criminality:

<b>National Target:</b> To reduce levels of repeat offending amongst drug misusing offenders by 50% by 2008 and 25% by 2005.				
<b>DAT Target:</b> To reduce levels of repeat offending amongst drug misusing offenders from _____ in 2000 to _____ in 2008. <sup>1</sup>				
<b>Aim</b>	<b>Lead Agency and team</b>	<b>Tier</b>	<b>Objectives</b>	<b>Date</b>
<b>Development of a culturally appropriate, community focused drugs prevention initiative for Black and Minority ethnic communities</b>	<b>KCWA/ BME Health Forum</b>	<b>Tier 1</b>	This service will aim to a: raise awareness and skills amongst BME communities through a series of drug prevention workshops. These workshops will be targeted to particularly vulnerable groups such as: Bengali communities, migrant and refugee communities, Italians groups and Chinese groups. b: build capacity through community development work with targeted groups and through linking with existing initiatives to develop effective response to the needs of drugs users and drug-related incidents within their community	

<sup>1</sup> Baselines will be set from repeat offending figures developed from the arrest referral database.

<b>Reduce offending through Arrest Referral:</b> A comprehensive arrest referral scheme covers all Police stations in Westminster. The target for referrals has been increased for the next year by 40%.	<b>Metropolitan Police Service: Inspector David Wales</b>	<b>Tier 2</b>	Between 1600 and 3200 arrestees seen by an arrest referral worker Between 640 and 1300 arrestees referred for treatment Between 300 and 700 arrestees making successful contact with either a treatment agency or early intervention program	<b>Local monthly monitoring meetings Bi-annual Borough Review</b>
<b>Reducing offending through liaison with Arrest Referral workers, and/or court workers and Treatment services</b>	<b>Metropolitan Police Services: Inspector David Wales</b>	<b>Tier 2</b>	A court liaison officer will ensure smooth transition between Arrest Referral Workers, the Court system and treatment agencies for clients seen in the Criminal Justice System.	<b>Local monthly Monitoring Meetings. Bi-annual Borough Review</b>
<b>Reducing offending through intervention at pre-sentence stage:</b> The service to Probation Officers and the Courts will be developed further to pick up individuals who have missed the opportunity of arrest referral and would benefit from help through writing a pre-sentence report.	<b>London Probation Area: Liz Hales</b>	<b>Tier 2</b>	This post has been increased to a full-time position and it is expected that it will contribute to report for 120 people a year.	
<b>Reducing offending through intervention at the sentence stage:</b> The new powers for Courts to Sentence to a drug treatment and testing order were implemented in October 2000. Implementation has occurred with a resultant two DTTO's being put in place by November 2000.	<b>London Probation Area: Liz Hales</b>	<b>Tier 2</b>	It is anticipated that approximately 240 assessment/referrals will be made in the coming year leading to 36 Westminster drug treatment and testing orders.	

<p><b>Sex Workers Project in Paddington:</b> A joint project between Westminster Drug Project and the Praed St Project targets sex workers in the Paddington area</p>	<p><b>KCWA</b></p>	<p><b>Tier2</b></p>	<p>50 women have been identified and contacted on a regular basis.        Needs assessment to identify unmet needs.        A proposal will be developed to provide a drop-in service for this group of women.</p>	<p><b>May 2001</b>        Needs Assessment  <b>August 2001</b>        Development of proposal for drop-in service</p>
<p><b>Homeless Arrest Referral Team:</b> Homeless individuals referred to an arrest referral worker have complex needs. The concerns around rough sleeping in the West End centre on concerns about substance misuse and criminal behaviour.</p>	<p><b>Rough Sleeper Initiative/        Westminster Council: Janet Haddington</b></p>	<p><b>Tier 2</b></p>	<p>Two Homeless Arrest Referral Workers from the West London Mission will be based at Charring Cross and West End Central Police Stations. They will provide an enhanced arrest referral scheme with case management and referral into treatment for homeless individuals arrested in the West End.</p>	
<p><b>Reducing the rate of offending and drug use by rough sleepers in Soho:</b> The evaluation of this pilot programme indicated its efficacy in reducing criminality and stabilising drug use. Subsequently funding was obtained from the Rough Sleeper Initiative and KCWA to expand the program</p>	<p><b>KCWA and Rough Sleeper Initiative</b></p>	<p><b>Tier 3</b></p>	<p>By providing locally-based access to treatment and linkage to other services this project aims to reduce the criminality associated with substance misusers who are homeless in the West End. As a local community concern the project aims to provide a range of solutions to some of the problems faced by this population. The programme will offer prescribing and on-site supervision of consumption for up to 120 rough sleepers throughout the year. Rough sleepers will be referred by CAT teams, who will be responsible for addressing broad client needs. The programme will also link rough sleepers in to reserved hostel beds</p>	<p>Implement evaluation of scheme – May 2001</p>

<b>Neighbourhood Renewal Fund</b>			Funding has been approved for Westminster neighbourhood renewal projects – 3.368 mill over 3 years. The DAT will ensure that funded projects integrate substance misuse concerns within their planning for local neighbourhoods.	
<b>Crime and Disorder Funding – community focused solutions to substance misuse</b>	<b>CSCT: John Strutton</b>		<b>Which neighbourhoods: central vs. estate</b> <b>Populations: beggars/rough sleepers vs. general population</b> <b>Interventions: early intervention vs. treatment</b>	
<b>Soho Team:</b> This team of enforcement officers aims to tackle community level concerns many of which are drug-related, including begging, rough sleepers and drug dealing	<b>Metropolitan Police Service</b>		A community-led approach targeting drug hot spots and focusing on beggars and rough sleepers. While targeting drug dealing (and increasing judicial disposals) and monitoring begging and rough sleeping, the Soho Team will work with community residents to identify problem areas, assess progress and measure satisfaction.	
<b>Improving the evidence base</b>				
<b>Develop baseline of re-offending based on Arrest Referral data:</b> Arrest referral data will be used to develop a baseline of offending and re-offending			Individuals seen by ARS workers may be seen several times before being successfully referred into treatment. An attempt will be made to identify those who are referred but do not take up treatment and those for whom the initial contact is successful. Analysis will look at differences in these two populations.	