DRUG INTERVENTIONS PROGRAMME

WHAT WE LEARNT FROM ENGAGING WITH BLACK AND MINORITY ETHNIC COMMUNITIES

A report prepared for
Home Office Police and Crime Standards Directorate by

Yaser Mir
Kate Davies
Dr Clare Collins

Centre for Ethnicity and Health
University of Central Lancashire
# TABLE OF CONTENTS

- Acknowledgements: 3
- Foreword: 4
- Executive Summary: 6
- Introduction: 10
- The DIP Black and Minority Ethnic Community Engagement Project: 12
- Summary of the DIP Community Engagement Projects: 17
- What we learned from the process: 33
- Identifying problems and developing solutions: 40
- Key messages: 44
- Annex A: Step by step guide to engaging communities: 46
- Annex B: Who the Community Engagement Projects consulted: demographics: 50
- Annex C: Case studies: 57
- Annex D: Participation of community researchers on UCLan Courses: 61
ACKNOWLEDGEMENTS

The authors would like to take this opportunity to thank all those DIPs, local stakeholders and host community groups who undertook the project work including staff and volunteers. This work would not have been possible without the support and participation of the host communities and especially the hard work and dedication of the host community groups who worked in partnership with their local DIPs.

The team would also like to thank the Home Office and in particular Peter Wheelhouse, Head of DIP for commissioning this work. Our thanks are also extended to the members of the Home Office DIP team for their support and assistance: Grant Oliver, Anne Taylor, Helen Ogilvy, John Harper and Peter Grime.

In addition, we are grateful to all the members of the DIP Race Equality and Diversity Scrutiny Panel, for their support and assistance - also Chris Kelly DIP Manager, Notts County DAAT for delivering the drugs and DIP training to all the community groups.

The authors would also like to acknowledge the invaluable contribution made by staff at the Centre for Ethnicity and Health at the University of Central Lancashire, in particular the Centre’s teaching staff, administration team and the DIP community engagement programme support workers who have provided community groups involved with support, guidance and reassurance throughout the community engagement process. They include the following: Val Chawla, Nasreen Akhtar, Saumu Lwembe, Alastair Roy, Eileen Jackson and Jez Buffin.

Finally we would like to thank the head of the Centre for Ethnicity and Health, Professor Lord Kamlesh Patel OBE for his support throughout the project.
FOREWORD

This report makes essential reading for all involved in the Drug Interventions Programme (DIP), a critical part of the Government’s strategy for tackling drugs. It sets out the lessons of the DIP Black and Minority Ethnic Community Engagement Programme, an innovative and successful programme commissioned by the Police and Crime Standards Directorate within the Home Office, and implemented in partnership with the University of Central Lancashire. The lessons highlighted in this report have the potential to help us achieve one of our key aims, namely that drug treatment meets the needs of all drug misusing offenders. The latter are individuals made up of many facets - including ethnicity, gender, faith, age, sexuality, family and social situation and type of drug misuse - and engagement strategies and drug treatment programmes need to be tailored accordingly.

Such activity will help improve the effectiveness and professionalism of our services and the willingness of communities to engage with them. As such this should be seen as core business for DIP services, not a marginal ‘add on’ extra. It is also in line with our positive obligations as public authorities under human rights and equality legislation. And, as is made clear in this report, work to improve our engagement with communities can also have important benefits in terms of increasing the diversity of the potential pool from which we draw our workforce. This is a key issue for the Drug Interventions Programme as indeed for all employers in twenty first century Britain, and population trends show that this will continue to be the case in the future. The DIP will need to tap into the innovation, creativity and professional and life experiences of as diverse a pool of people as possible, in order to deliver a service which reflects and also drives change within the local community. A DIP workforce which, at all levels, better reflects the communities which we serve, could help us reach out more effectively to communities which have traditionally low rates of engagement with statutory services and/or with drug treatment programmes.

The publication of this report forms part of the DIP Race Equality and Diversity Action Plan. This has been developed in recognition of the need to highlight areas of good practice, find ways to identify where and why things are going wrong, and then to address those problems. This report gives examples of how, sometimes virtually from nothing, services and communities came together to work out common problems, solutions and strategies. It also has some useful examples of what went less well, and the learning derived from that.

I know that reading this report will help you gain some practical tips about how to engage better with the diverse range of the population you serve, and give you some examples of the very real benefits you will gain from so doing. I hope that you will feel inspired and empowered to put these lessons into practice, and
thereby help us reach our common goals of ensuring that, whether as service providers or as potential employers, DIP services are truly open to and appropriate for all within the community.

Peter Wheelhouse
Head of the Drug Interventions Programme
EXECUTIVE SUMMARY

This report sets out the lessons learnt from the Drug Interventions Programme (DIP) Black and Minority Ethnic Community Engagement Programme (CEP), commissioned by the Home Office and carried out by the Centre for Ethnicity and Health, University of Central Lancashire. The aim of the report is to share with people working in DIP services and more widely the learning gained through the programme. This will help enable them to put the principles of community engagement effectively into practice, in order to benefit Black and minority ethnic offenders, providers and local communities.

The DIP is a critical part of the Government’s strategy for tackling drugs. It involves a range of elements to identify drug-misusing offenders, particularly those who commit crime to fund Class A drug misuse. The DIP Race Equality and Diversity Action Plan is encouraging

- the development of services that are appropriate to local communities
- growing a workforce that represents local communities
- increasing community engagement.

The DIP Black and Minority Ethnic Community Engagement Programme

To help further these three aims, the Home Office commissioned the University of Central Lancashire (UCLan) to manage and support a national DIP Black and Minority Ethnic CEP.

The Home Office invited Regional Government Offices in consultation with their DAATs to express an interest in their DIP intensive sites becoming pilots for the DIP CEP. The initiative was to get local Black and minority ethnic community groups across England to conduct their own needs assessments, in relation to the DIP with aims and objectives around:

- workforce development
- treatment engagement
- gap analysis.

Eleven DIP-intensive areas in partnership with their host community organisation were chosen to become pilot sites (one project was unable to go forward leaving ten in total). Local DIP Steering Groups and Criminal Justice Integrated Teams (CJITs) found host community groups through existing links with established Black and minority ethnic communities. UCLan provided support and guidance to DIPs and CJITs to develop links and find host community groups where these did not already exist. The ten community engagement projects consulted a total of 370 Black and minority ethnic offenders using both quantitative and qualitative methods.
What we learned from the process

Some key lessons were learned from the process of undertaking the DIP CEP. Barriers and challenges were encountered during the programme, but also clear benefits were derived by both communities and DIP services. These lessons included:

- The level of ownership of senior management is a key success factor for effective community engagement.
- Services need to identify the barriers to engaging with so-called ‘hard to reach’ communities and develop strategies to overcome these.
- Organisational procedural issues can sometimes pose barriers to involving community members in projects.
- An adequate pool of community volunteers needs to be recruited for community engagement to succeed.

Benefits of the DIP CEP included:

- It helped facilitate treatment engagement, and in some instances the completion of treatment, and increased the numbers of users in treatment programmes.
- It helped develop Black and minority ethnic workforce planning and capacity building within the target community, increasing volunteering, training and employment. The capacity and skills of service providers were also increased by involvement in the DIP CEP.
- Some of the volunteers involved in the programme have become positive role models and mentors to others in their community, thus providing a wider benefit. Some are thus helping communities to tackle drugs from within and facilitating engagement with services on a long term basis.
- Sustainable partnerships have been developed between communities and statutory services as a result of the CEP, with the steering group comprising DIP stakeholders playing a key role.

Identifying problems and solutions

The research undertaken by the DIP CEP projects gave insights into the perceptions of Black and minority ethnic offenders and the views of communities who had previously been little consulted about services. Involvement in the DIP CEP raised DIPs’ awareness of a number of areas of concern, enabling them to
identify potential solutions in partnership with communities. Examples where problems and potential solutions were identified include:

- ensuring Black and minority ethnic offenders from all backgrounds feel treated with dignity and respect
- raising awareness of local drug services within some communities, including making better provision for their language support needs
- supporting and taking more account of users’ and communities’ faith and belief systems
- addressing negative attitudes within communities which affect drug users’ willingness and ability to access services.

Recommendations made by projects: key messages

The research projects made a number of recommendations relating to local DIP services. Many of these are now being taken forward and implemented in partnership with local communities, building on the relationships formed during the CEP.

There are a number of key general messages that can be identified from the recommendations made by DIP CEP projects as to how DIP services can better cater for the needs of people from Black and minority ethnic communities:

1) Communities need to be consulted and involved in the commissioning, planning and delivery of DIP services. One effective way of doing this is through the community engagement approach, as outlined in this report. This approach was commonly recommended as a way forward by communities on the basis of having directly experienced the benefits of the DIP CEP project. The experience of the DIP CEP suggests that in seeking to engage communities, services should ensure that senior management allocates sufficient support and capacity building time to staff to enable them to apply the Community Engagement Model successfully. DIP services should ensure that Black and minority ethnic (ex)-offenders are involved throughout the process.

2) DIP services should undertake work to improve local communities’ awareness of and access to DIP services, for example by: ensuring that ethnic monitoring systems adequately capture the range and needs of the local populations including language provision, and activities to improve the support offered to family and carers of Black and minority ethnic offenders in treatment. Such activities could include increasing the understanding of the providers of the 24 hour free phone line of cultural needs and language barriers; and providing targeted drugs education and prevention messages for Black and minority ethnic communities, in appropriate formats and languages.
3) DIP services need to strive to ensure that their workforce better reflects the make up of local communities, including ex-users with the appropriate competencies, and is provided with training on cultural competency, equality and human rights. Services need in particular to work to improve police and drug workers’ competence and capacity in terms of understanding how to demonstrate respect for the rights and needs of people from different backgrounds.

4) Faith based and spiritual approaches need to be considered as part of a range of abstinence based options, delivered through provision of services which include specialist counselling and psychotherapy.

5) In prisons the capacity and ability of services such as CARAT teams to engage with Black and minority ethnic prisoners needs to be increased, in order to focus on issues relating to throughcare and aftercare needs of those in DIP. Internal procedures also need to be examined to enable easier access into prisons by ex-offenders involved in treatment initiatives and self-help groups.
INTRODUCTION

This report sets out the lessons learnt from the Drug Interventions Programme (DIP) Black and Minority Ethnic Community Engagement Programme (CEP). The aim of the report is to share with people working in DIP services and more widely the learning gained through the programme. This will help enable them to put the principles of community engagement effectively into practice, in order to benefit Black and minority ethnic offenders, providers and local communities.

The report sets out the programme’s aims and how it was undertaken. It then outlines some key findings from the research projects carried out by groups taking part in the programme. The report then analyses what went well and what went less well in terms of the process of engaging local communities, and gives some practical tips on how to do this effectively. The report concludes by identifying key messages for DIP services.

The DIP is a critical part of the Government’s strategy for tackling drugs. It involves a range of elements to identify drug-misusing offenders, particularly those who commit crime to fund Class A drug misuse. These interventions arise at various stages in the criminal justice system, providing an opportunity for offenders to engage in treatment to reduce their drug misuse and, consequently, their offending.

The Black and Minority Ethnic DIP CEP needs to be seen within the context of:

- The Race Equality and Diversity Action Plan which supports delivery of the Drug Interventions Programme. It is important that drug treatment meets the needs of all drug misusing offenders. While ethnicity plays an important part, it is not the whole story. This is about individuals who are made up of many facets, including not only ethnicity but also gender, faith, age, sexuality, family and social situation and type of drug misuse. Service users need to be recognised as individuals and their drug treatment tailored accordingly. The DIP Race Equality and Diversity Action Plan has been developed in recognition of the need to highlight areas of good practice, find ways to identify where and why things are going wrong, and then to address those problems. Taking such steps will improve the quality and professionalism of services, the experience of users and the effectiveness of treatment programmes.

- Services’ obligations under equality and human rights legislation, particularly the Human Rights Act 1998, the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2006. Public authorities, including organisations delivering DIP / CJIT services, are required under this body of legislation to take pro-active steps to ensure that:
• they promote equality in relation to race/ethnicity, gender and disability\(^1\)
• they promote good race relations
• the human rights of individual users and staff are respected and protected.

This report:

• Explains how the DIP Black and Minority Ethnic CEP was commissioned and implemented
• Sets out the main findings from the research in terms of potential areas in which services for Black and minority ethnic users might be improved
• Reflects on what was learned from the process in terms of what went well, and what went less well, including case studies and identifying concrete benefits relating to areas such as:
  ➢ workforce
  ➢ information
  ➢ partnership working
• sets out key messages for DIP services.

\(^1\) The disability duty comes into force in December 2006, and the gender duty in April 2007.
THE DIP BLACK AND MINORITY ETHNIC COMMUNITY ENGAGEMENT PROGRAMME

The Home Office within the DIP and Police and Crime Standards Directorate (PCSD) have developed a strategy to address diversity and non-engagement issues. The strategy is encouraging:

- the development of services that are appropriate to local communities
- growing a workforce that represents local communities
- increasing community engagement.

The Home Office has produced ‘Diversity Guidance’ and held the first DIP Race and Diversity Conference to support this process. To further the three aims set out above, the Home Office commissioned the University of Central Lancashire (UCLan) to manage and support a national DIP Black and Minority Ethnic CEP. A 'Step by Step Guide' to Community Engagement is set out at Annex A.

The Home Office invited Regional Government Offices in consultation with their DAATs to express an interest in their DIP intensive sites becoming pilots for the DIP CEP. The initiative was to get local Black and minority ethnic community groups across England to conduct their own needs assessments, in relation to the DIP.

The aims and objectives were as follows:

Aim 1
- To enhance the local work force and planning agenda to ensure the delivery of and growth in the areas workforce of Black and minority ethnic employees,

Objectives
- The development of appropriate structures to support this development including: mentoring support, accredited training, volunteer networks and paid employment.

---

3 Since its inception in the late 1990s, the Centre for Ethnicity and Health, headed by Professor Lord Kamlesh Patel OBE, has overseen the development of a series of flagship projects and partnerships pursuing high-quality, innovative, community-based research and development initiatives focusing particularly upon the health and social care of Black and minority ethnic communities. To complement the Centre’s research portfolio, teaching and learning activities are in continual development, with the aim of contributing to knowledge, expertise, and good practice in the fields of ethnicity and health. A wide-ranging and dynamic educational portfolio has been developed, including suites of courses ranging from one-day workshops through to Masters level study on equality, diversity and community engagement. http://www.uclan.ac.uk/facs/health/ethnicity
- Encouraging Black and minority ethnic people from local target communities to become involved in delivering the project, and giving the opportunity to gain relevant experience and a university accredited qualification.
- DAATs to think about how they capture, retain and develop these prospective future employees (i.e. Black and minority ethnic individuals who are engaged in the project and who might be brought into the workforce).

Aim 2
- To improve the treatment engagement and sustainability of DIP offenders from Black and minority ethnic communities throughout the end-to-end process of DIP assessment, treatment and reduction of offending outcomes.

Objectives
- Supporting Black and minority ethnic community groups to identify the effectiveness of current monitoring systems throughout the DIP process.
- To highlight blockages and drop out points for Black and minority ethnic clients.
- To consult with Black and minority ethnic clients (and possible clients) about the relevance and quality of the services that they receive.

Aim 3
- To enable the development of services that are sensitive to and meet the needs of Black and minority ethnic communities within the DIP localities.

Objectives
- To ensure local DIP Champion/Boards, DAAT, Community Safety Planners and Commissioners are involved in the community engagement process.
- Local DIP champions to take the lead in completing expressions of interest, working to identify possible problem areas for investigation, and to think about identifying appropriate community partners.

Aim 4
- To undertake a needs assessment of Black and minority ethnic offenders within the CJIT process including family and carer voices, users and ex-users from Black and minority ethnic communities within your DIP locality.

Objective
- Key personnel from the local target community to be recruited by the partner community group, and trained and supported by the Centre for Ethnicity and Health, UCLan to undertake the work.
Aim 5
  • To identify any current gaps in DIP projects and identify the developments required to enhance the delivery of the DIP for Black and minority ethnic communities and across the whole population of a DIP locality.

Objective
  • To be achieved through the delivery of the needs assessment and the subsequent discussion and implementation.

Eleven DIP-intensive areas in partnership with their host community organisation were chosen to become pilot sites. Local DIPs and Criminal Justice Integrated Team (CJITs) found host community groups through existing links with established Black and minority ethnic communities. UCLan provided support and guidance to DIPs and CJITs to develop links and find host community groups where these did not already exist. UCLan also provided support to the 11 community groups and managed the national DIP-CEP.

As will be explained further below, one of the planned 11 projects, targeting female offenders, did not take place, leaving a total of 10 projects. The 10 community engagement projects consulted a total of 370 Black and minority ethnic offenders using both quantitative and qualitative methods. The demographic profile of those consulted is analysed at Annex B.

The projects followed the UCLan Community Engagement Model which places the community at its centre. In order to achieve this, a host community group is recruited. This may be an existing community group, but it might also be necessary to set up a group for the specific purpose of conducting community engagement research. The key is that this host community organisation should have good links to the defined target community⁴, such that it is able to recruit a number of people from the target community to take part in the project and to do the work. It is important that the host community organisation is able to coordinate the work, and provide an infra-structure (e.g. somewhere to meet; access to phones and computers; budget management) for the day-to-day activities of the project. One of the first tasks that this host community group undertakes is to recruit a number of people from the target community to work on the project.

Some suggestions for how DIPs wishing to undertake community engagement might go about identifying and establishing links with community groups,

---

⁴ The target community may be defined in a number of ways – in many of the community engagement projects it has been defined by ethnicity. UCLan has also worked with projects where it has been defined by some other criteria, such as age, gender, sexuality, service users (e.g. users of drug services or mental health service users), geography (e.g. within a particular ward or estate) or by some other ‘label’ that people can identify with (e.g. victims of domestic violence, sex workers).
including how to develop a host group where this is not already in place, are set out in the ‘Step by Step Guide to Community Engagement’ at Annex B.

The second key ingredient is the research task that the community undertakes. The task is something that is meaningful, time limited and manageable. Nearly all of the community engagement projects have involved communities in undertaking a piece of research or a consultation exercise within their own communities. The task or activity is something around which lots of other things will happen over the lifetime of the project. Individuals will learn and new partnerships will be formed.

The final ingredient is the provision of appropriate support and guidance. This takes many forms.

- **training:** the community researchers and the host organisations need to be trained in the task that they will be undertaking. In the CEP, all the training was providing by University of Central Lancashire who have an accredited series of workshops that lead to a university qualification.

  While this clearly has benefits (e.g. in relation to providing an incentive for volunteers and community members to take part; in contributing to workforce development through their provision of a qualification), DIPs seeking to undertake community engagement may want to develop their own training packages, either on their own or in conjunction with local colleges/Higher Education Institutions.

- **Support and mentoring:** the community researchers and the host organisations need ongoing support and mentoring. It is unlikely that training alone will be sufficient. Ongoing mentoring and support will help to ensure that the learning from the training is fully embedded in the CEP, and that the community researchers and the host organisations have a named source of support should they run into difficulties.

  In the DIP CEP, this role was fulfilled by UCLan who provided for each project a named support worker with knowledge and skills in the field of substance misuse, research methods and community engagement. However DIPs replicating this model may wish to identify their own forms of support.

- **Steering group:** this is an essential element of the support required. It ensures that:
  - work undertaken by the community group sits with local priorities and strategies and is relevant to local needs and circumstances,
  - learning is shared and disseminated appropriately, with plans made to integrate and embed recommendations across wider strategies.
The steering group could include DIP managers, DAAT partnership representation and key stakeholders such as probation, police, prisons, health treatment providers, users and carers. Alternatively, an existing DIP partnership structure could act as the steering group, helping ensure that the commissioning and performance management of community engagement activity is part of mainstream DIP business.

- Funding: the groups involved in the CEP described in this report all received a small grant from the Home Office via their local DIP partnerships. In some instances this resource was used to pay some or all of the community researchers as sessional workers. Some funding was also necessary to cover some of the host organisation costs (e.g. a contribution towards meeting room costs, travel expenses, telephone costs etc).

DIPs wishing to undertake community engagement will need to decide whether payment is necessary to host organisations and community researchers in their particular area. The benefits to communities and services of involvement in this programme are clear (see next section), and the Home Office is of the view that where these benefits are adequately explained and understood, payments to host organisations should be minimal.
SUMMARY OF THE DIP CEP PROJECTS

This section sets out summary details of each DIP CEP project i.e. the host group, the key focus of its research and recommendations, and the solutions being identified and implemented within local DIP partnerships.

North West:

DIP Area: Bolton
Host group: Befriending Refugees and Asylum Seekers (BRASS)

BRASS was established in August 2001 to befriend the refugees and asylum seekers of Bolton. They offer a weekly drop in service and support in the form of accompanying people to appointments, introduction to education and IT courses. Bolton DIP identified BRASS as an existing community organisation to host the DIP community engagement project.

Research focus

BRASS conducted a community led research project focusing on substance misuse and experience of the Criminal Justice System and DIP process in Bolton. The task identified:

- To explore asylum seekers and refugees experience of the criminal justice system focusing on DIP pre-arrest, throughcare and prison aftercare.

- To support and develop current ex-user groups, parent and carer forums to meet the DIP Black and minority ethnic workforce objective.

Summary of research recommendations

- The need to educate and raise awareness on drugs and the availability of drug services. Publicised widely and made available in a variety of languages.

- Drug services should consider using refugees as volunteers or paid staff to forge links with refugee and asylum seeker communities.

- Undertake further research with refugees and asylum seekers, focussing on substance misuse and prison estate.

Solutions and outcomes

- Alcohol featured prominently as a drug of choice. Bolton DAAT has addressed these findings and is now linking them into the future alcohol strategy and alcohol needs assessment.
• BRASS community researchers are now working as part of the DIP workforce strategy in order to increase the future pool of drug workers from Black and minority ethnic communities.

• DIP community engagement recommendations are being actioned through Bolton Drug & Alcohol JCG (Joint Commissioning Group).

• As a direct result of the community engagement project diversity action planning is to be expanded.

• Diversity plans have now been ‘written into’ the Bolton Treatment Plan 2006/07.

• Bolton Black and minority ethnic community researchers identified that CEP training had enabled them to want to become future drug workers and they are now continuing with further training.

• As a direct outcome further funding is being considered in order to provide outreach work targeting refugee and asylum seekers.

**DIP Area: Tameside**

**Host group: Hyde Bangladeshi Welfare Association (HBWA)**

HBWA was established in 1976 to promote capacity building in the Bangladeshi community. They provide advice and guidance on issues around health, housing education, immigration and offer training opportunities. Tameside DIP identified HBWA as it had already undertaken a Department of Health community engagement project and had already established links with drug users in Bangladeshi community.

**Research focus**

HBWA conducted a community led research project focusing on drug users and the Criminal Justice System within the South Asian community in Tameside. The task identified:

- To explore pre-arrest offending amongst Bangladeshi and Pakistani offenders not fitting the profile of “offending drug user”.

- To explore and monitor who is currently in the ‘end to end’ process.

- To focus on pre-arrest and intelligence based access points for individuals in the two communities linked to the supply of crack and heroin. Supporting a pro-active model of DIP entry route.
• To enhance ‘Tameside Befriending Service’ and ‘Bridging the Gap’ scheme to support the DIP Black and minority ethnic workforce objective.

Summary of research recommendations

• DIP treatment providers should consider wider opportunities of engagement of Black and minority ethnic offenders as well as identification through trigger offences.

• Improve employment opportunities for the Bangladeshi community by developing ex-offender targeted employment initiatives.

• Improve ‘wrap around’ services for the Bangladeshi communities, including benefit and housing support.

• Tameside DIP should focus on Class A offenders substance misuse support needs for families and carers in the Bangladeshi community.

• DIP partnerships should all work to support the findings of the Tameside DIP community engagement project.

Solutions and outcomes

• Two community researchers from HBWA are now in paid employment in the drugs field as a direct result of the CEP. One is working as the diversity development worker and the other community researcher is working as a drug worker.

• Tameside DAAT commissioned and appointed a diversity development worker, as a direct result of the CEP identifying strategic gaps in diversity.

• Tameside DAAT has funded a ‘Community Interactors’ project, which will provide a training package devised by the Healthy Living Centre in partnership with the DAAT. This is an NVQ level 2 training the trainers course (DANOS Certified).

• Trainers are now out in the Black and minority ethnic community providing drugs awareness training, capacity building and outreach work.
**DIP Area: Trafford**  
**Host group: Unity in the Community**

Unity in the Community is a registered charity aimed at helping the most vulnerable people particularly those involved in gun crime, gangs and drugs. Trafford DIP at the outset of the DIP community engagement project identified a well established voluntary organisation as community host. This organisation in partnership with Trafford DIP then recommended Unity in the Community as a more appropriate community host with experience of Black and minority ethnic offenders and substance misuse.

**Research focus**

Unity in the Community conducted a community led research project focusing on Class A drug users in the Black and minority ethnic community in the Criminal Justice System in Old Trafford, Manchester. The task identified:

- To explore the experience of Black and minority ethnic Class A drugs users within the DIP/CJIT process.
- To explore family and carer support and service needs.
- To enhance the volunteer and accredited training schemes to meet the DIP Black and minority ethnic workforce objective.

**Summary of research recommendations**

- Improve Trafford DAATs existing communication strategy, to include a greater focus on communication targeted for Black and minority ethnic groups. Develop leaflets and literature in different languages.
- Develop community involvement in the commissioning, planning and delivery of services, e.g. UCLan Community Engagement Model.
- Trafford DAAT and integrated CJIT drug services to develop further existing links with local Black and minority ethnic community projects in Old Trafford.
- Develop resources to be used in drugs education and prevention programmes targeting Black and minority ethnic groups in Old Trafford.
- Provide more therapeutic counseling and interventions to Black and minority ethnic offenders.
- Trafford DIP should be sensitive to the cultural and religious needs of the Black and minority ethnic offenders and communities.
• There should be an increase in drug service availability geographically in Old Trafford.

Solutions and outcomes

• Diversity is an integral strand of Trafford DAATs commissioning procedures.

• Trafford DIPs compliance with ethnic monitoring procedures has improved. Information from this is used to help service provision.

• Trafford DIP has increased the promotion of drug services and DIP to ensure improved accessibility to treatment.

• Trafford DIP community engagement project findings are now informing Trafford’s Adult Treatment Plan.

• The Service Specification for 2 specialist services (Community Detoxification and Structured Day Care facilities) recently commissioned by Trafford DAAT were informed by the DIP community engagement findings.

• As a result of the DIP community engagement project, DIP workforce monitoring has developed further to evidence that workers are representative of communities which they serve. Also service providers workforce development plans now include diversity.

East Midlands:

**DIP Area: Nottinghamshire County**

**Host group: Black & Asian Cultural Identification of Narcotics (BAC-IN)**

BAC-IN is a support group run by ex-drug users for Black and minority ethnic users and ex-users based in Nottingham and Nottinghamshire County - the group founders are all ex-users. They provide weekly self-help support meetings, activities and opportunities for Black and Asian users by providing cultural and spiritual support. Notts County DIP identified BAC-IN as an existing service working with ex-offenders as a community host.

**Research focus**

BAC-IN conducted a community led research project focusing on gap analysis of treatment services for Black and minority ethnic substance misusers in the Criminal Justice System in Nottinghamshire. The task identified:

• To explore the experience of offenders from Black and South Asian communities both at pre-arrest and within prison throughcare and aftercare.
To enhance Black and minority ethnic workforce planning alongside ‘project recruit’ (a local DAAT return to work programme).

Summary of research recommendations

- Enable access into prisons by ex-offenders involved in treatment initiatives/self-help groups ‘Passport to Prison’ system
- Increased recruitment of culturally competent and trained Black and minority ethnic workers, including ex-drug users and community members.
- Increase the provision of therapeutic and specialist counselling services for Black and minority ethnic offenders.
- Improve throughcare and aftercare provision for Black and minority ethnic offenders in custody (including the women’s estate).
- Include faith based and spiritual approaches as part of a range of options for Black and minority ethnic substance misusers.
- Improve the opportunity for Black and minority ethnic service user involvement.
- Improve the provision of ‘wrap around’ support services for Black and minority ethnic offenders with a focus on housing, education and training.
- Increase the opportunity for DIP abstinence based programs.
- Provide Black and minority ethnic specific training for all staff involved in treatment and CJIT.
- Develop the existing DIP 24-hour free phone help line to meet the needs of all communities, including the traveller and gypsy community in Nottinghamshire locality.

Solutions and outcomes

- DIP diversity plan in place, including a CJIT member of staff identified as diversity lead to meet the needs of Black and minority ethnic offenders.
- Notts County DIP DAAT has commissioned BAC-IN for a further 3 years as a direct result of the DIP community engagement project recommendations.
• BAC-IN as a tier 2 service provider are now identifying their services independent premises, which will be the base for faith and therapeutic based work.

• BAC-IN has secured a Black and minority ethnic apprentice worker in DAATs workforce project ‘Recruit’.

• BAC-IN are providing Black and minority ethnic offender peer support within the prison sector negotiated with prison governors, with the DIP community engagement report helping to evidence this development.

• CJIT and Criminal Justice partnership staff have undertaken diversity and race equality training.

• Three of the community researchers have all gained employment in the drugs field.

**DIP Area: Leicester City**

**Host group: Crackin’ Stone**

Crackin’ Stone is a support group set up by a woman that had completed a DTTO (Drug Treatment and Testing Order) and drugs workers. The group was set up as direct result of the community engagement project. Crackin’ Stone works with crack cocaine users from the African Caribbean community in Leicester. Leicester City DIP recruited an African Caribbean female ex-user who had recently completed a DTTO as the lead community researcher. A local voluntary organisation hosted the community engagement project. The Leicester CJIT Manager provided a proactive mentoring role.

**Research focus**

Crackin’ Stone conducted a community led research project focusing on the views and experiences of African-Caribbean crack users in relation to Criminal Justice drug treatment in Leicester. The task identified:

- To explore the target area of Black African-Caribbean crack users.
- To develop a 24/7 DIP telephone support and a link to a language line.
- To conduct a gap analysis of ‘post custody’ DIP.
- To extend existing mentoring scheme to support the DIP Black and minority ethnic workforce objective.
Summary of research recommendations

- Leicester City DIP should commission and develop crack cocaine specific services and interventions, including acupuncture and improved community based delivery.

- Develop Black and minority ethnic ex-service user involvement in the commissioning and planning of DIP provision.

- To encourage a more representative workforce and develop volunteer and mentoring employment schemes for Black and minority ethnic communities.

- Provide a drugs education programme for African Caribbean communities focusing on stimulant and crack cocaine use.

- Leicester City DAAT should embed the Community Engagement Model as part of sustainable partnership planning, including the appointment of DAAT community engagement post.

Solutions and outcomes

- A crack specific service and interventions have been commissioned as part of the DIP treatment provision, including acupuncture and therapeutic support.

- DIP crack cocaine services are hosted in locality venues.

- As a direct result of the DIP community engagement project, service user involvement has been enhanced.

- A DAAT community engagement worker has been appointed as a result of the DIP CEP.

- A strategic DIP diversity worker has been appointed as a result of the DIP CEP.

- Diversity plans have been embedded in DIP partnership work, including performance management as a direct result of the DIP CEP.
West Midlands:

**DIP Area: Birmingham**  
**Host group: BRO-SIS**

BRO-SIS aims to raise awareness about sexual health, drug and crime issues specific to the African Caribbean community. BRO-SIS takes a long-term and cultural approach - rather than solely using clinical methods - to remove long-standing social stigmas attached to certain groups within the African Caribbean community. It helps all members of this community, who have been affected by issues such as HIV/AIDS, drugs, crime, and social exclusion. Birmingham DIP identified BRO-SIS as it had already undertaken a Department of Health community engagement project and had already established links with ex-offenders and ex-users in African Caribbean community.

**Research focus**

BRO-SIS conducted a community led research project focusing on crack-cocaine use and the links with crime in the African-Caribbean community in Birmingham. The task identified:

- To explore the target area of Black African-Caribbean crack users in the criminal justice system.
- To explore the arrest referral assessment and intervention.
- To explore the offender’s route into DIP.
- To increase volunteer and work placements to support the DIP Black and minority ethnic workforce objective.

**Summary of research recommendations**

- Birmingham DAAT should deliver drug awareness information for young people to enhance a prevention approach to reduce the number of crack cocaine adult offenders for the future.
- Birmingham DIP should target interventions for asylum seekers
- Birmingham DIP should develop integrated approaches with faith based community groups to support Black and minority ethnic offenders and their families.
- Birmingham DIP should improve the knowledge to Black and minority ethnic offenders of DIP treatment care pathways.
• All client care pathways should be developed further to strengthen recovery and aftercare provision for African Caribbean offenders

• Birmingham DIP should promote and provide cultural diversity training for staff and partners.

• DIP service reviews should prioritise performance management of diversity.

• Increase Black and minority ethnic ex-user, family and carer involvement in the provision of information regarding the accessibility to treatment and DIP services.

Solutions and outcomes

• Drug awareness information is now being delivered to young people in African Caribbean communities by BRO-SIS.

• Birmingham DIP is now prioritizing targeted provision to refugees and asylum seekers.

• As a direct result of the DIP CEP increased faith group involvement is being used.

• Visible care pathways are now more widely available including client handouts.

• Birmingham DIP is now increasing the involvement of Black and minority ethnic ex-users, family and carers in provision of peer support and communication of information regarding treatment and DIP services.

• Birmingham DAAT has now embedded a strategic approach to DIP diversity commissioning and planning.

London:

DIP Area: Hackney
Host group: Sounds Good Multimedia

Sounds Good Multimedia is a music organisation, running a variety of programmes including sound engineering, live events/shows and jazz clubs. Sounds Good Multimedia run a variety of events for the African Caribbean community. Hackney DIP identified Sounds Good Multimedia as an existing community organisation to host the DIP community engagement project.
Research focus

Sounds Good Multimedia conducted a community led research project focusing on the African-Caribbean community experience of DIP and the Criminal Justice System in the London Borough of Hackney. The task identified:

- To explore the target area of African-Caribbean offenders DIP experience, to support the development of the enhanced arrest referral process and to reduce the dropout rate.

- To explore the development of the Black and minority ethnic forum and training programme to support the DIP Black and minority ethnic workforce objective.

Summary of research recommendations

- Leadership and policy positions (DIP champions, prison leads/drug service managers, police) should act as role models in offering frontline support to community workers.

- Hackney DIP should increase therapeutic counselling as a model of treatment to African Caribbean offenders.

- Hackney DIP should develop and promote initiatives to encourage and enable workforce development for the African Caribbean community.

- Hackney DAAT should promote drugs awareness targeted at Black and minority ethnic family and carers.

- Further research should be conducted into the experience of women who have gone through the Criminal Justice System.

- Hackney DIP should provide education and employment initiatives to Black and minority ethnic ex-offenders.

- Capacity building of prison throughcare and aftercare should be a priority, including CARAT services for Black and minority ethnic prisoners.

Solutions and outcomes

- DIP CEP community researchers completed Hackney DIP Black and minority ethnic training programme.

- Black and minority ethnic community members are further involved in planning of DAAT and DIP services.
DIP Area: Newham
Host group: Drop of Your Heart (DOYH)

DOYH is a community charity organisation for Portuguese speaking people of African descent in the London Borough of Newham. They provide advice, information and assistance to members of the PALOP (Países Africanos de Língua Oficial Portuguesa - African Countries of Official Portuguese Language) community in the areas of welfare rights, housing, education, employment, health and training as well as promoting their culture in Great Britain. Newham DIP identified DOYH as an existing community organisation to host the DIP community engagement project. DOYH were mentored by the Newham DAAT community involvement officer.

Research focus

DOYH conducted a community led research project focusing on the Portuguese speaking people of African descent in the DIP in Newham. The task identified:

- To explore the target area of African-Portuguese offenders experiences in prisons, throughcare and aftercare.

- To increase the Black and minority ethnic workforce, alongside Newham volunteer and mentoring initiatives to support the DIP workforce objective.

Summary of research recommendations

- Newham DIP should provide a robust programme of education and employment training opportunities for Black and minority ethnic offenders

- Newham DIP should commission substance misuse outreach workers for African-Portuguese communities.

- Family and carers of African-Portuguese should receive appropriate support and advice.

- African-Portuguese community representation at DIP strategic planning

- DIP and drug service providers should receive ‘cultural competency training’.

- Newham DIP should work to improve integrated provision between GP’s and drug services for African-Portuguese substance misusers.

- Newham DIP should work with the African-Portuguese communities to raise awareness of ‘drug use, signs and symptoms’.

Solutions and outcomes
• Newham DAAT as a result of the DIP CEP have worked proactively with the African Portuguese community for the first time, with a focus on sustainability and building capacity.

• DOYH have been funded via the small grant scheme to deliver an outreach project to befriend users, families and carers in the community and provide substance misuse awareness and signpost and ‘buddy’ people into treatment as a result of the DIP CEP.

• DOYH are now on the DAAT needs assessment expert panel, and the community involvement steering group.

• Newham DIP are providing drugs awareness programmes and ensuring more information is available in languages and formats understood by, and acceptable to the community.

DIP Area: Tower Hamlets
Host group: Nafas & St. Hilda’s East Community Centre

Nafas is a culturally sensitive drug agency which has developed an innovative model of working with Black and minority ethnic communities. Nafas is a multi-faceted drugs project targeting mainly the Bangladeshi community in Tower Hamlets. It provides drug education, structured day programmes and outreach services.

St. Hilda’s is a multi-purpose community centre catering for all sections of the local community. It aims to meet the diverse needs of the local community by providing good quality services that promote social inclusion, and help and empower individuals. Tower Hamlets DIP identified Nafas & St. Hilda’s as existing community organisations to host the DIP community engagement project. The two organisations worked in partnership supported by the DAAT community development officer.

Research focus

NAFAS & St Hilda’s conducted a community led research project focusing on the experience of Bangladeshi offenders within the DIP in the London Borough of Tower Hamlets. The task identified:

▪ To explore Bengali offenders experience in custody suites, arrest referral assessment and when appropriate ROB (Restriction on Bail) outcomes – and how this effects engagement on treatment.
To increase Bengali volunteers and workforce placements to support the DIP Black and minority ethnic workforce objective.

Summary of research recommendations

• Tower Hamlet DIP services should monitor Bangladeshi offenders CJIT care pathways post release from police custody.
• DIP throughcare and aftercare workers to improve tracking and follow up of Bangladeshi offenders who drop out of the treatment system.
• Tower Hamlets DIP to review and improve DIP client data management and ethnic monitoring.
• Tower Hamlets DIP should ensure all clients have assigned workers.
• Nafas should be seen as an appropriate treatment agency within DIP for Bangladeshi offenders
• Tower Hamlets DAAT should enable better integration of prescribing services within the Nafas day programme.
• Tower Hamlets DIP should develop the role of ‘wrap around’ services such as employment, training and aftercare services.
• To undertake biyearly independent evaluation of each service provider incorporating Black and minority ethnic user feedback.

Solutions and outcomes

• Two of the DIP CEP research team members have successfully gained employment as outreach workers.
• The DIP CEP has established and improved networks and relationships with DIP treatment services and the Bangladeshi community in Tower Hamlets.
• As a direct result of the DIP CEP, 22 Bangladeshi clients were referred into treatment services.

South East:

DIP Area: Reading
Host group: Asian Service in Alcohol & Narcotics (ASIAN)
ASIAN is a support group set up by ex-users and prisoners as a direct result of the community engagement project identifying gaps in cultural competency, equality and diversity. The group is run by ex-drug users for Black and minority ethnic communities. It is now known by the name BASIAN (Black and Asian Service in Alcohol and Narcotics).

ASIAN has a key focus in terms of aftercare for those leaving Prison in order to facilitate their re-integration into the community. They provide culturally appropriate, social and faith based support for Black and Asian users. ASIAN also works with Imams in Mosques to provide drugs education and prevention messages to young people. Reading DIP recruited ex-users and ex-offenders as the community researchers. Reading User Forum (RUF) hosted the community engagement project. The community researchers established ASIAN as a direct result of the DIP CEP.

Research focus

ASIAN in partnership with RUF and Bullingdon Community Prison conducted a community led research project focusing on ex-offenders in the Pakistani community in Reading and Pakistani prisoners in Bullingdon Prison. The task identified:

- To explore the target area of Pakistani male offenders, with a focus on prison throughcare and aftercare experiences.
- To extend current user group/work placement and peer mentor initiatives to meet the DIP Black and minority ethnic workforce objective.

Summary of research recommendations

- Pakistani users and ex-users to be considered in the planning of existing or new drug services in the local area and at a national level.
- Reading DIP and drug services need to be developed to have a better understanding of the Pakistani community, considering matters such as family values.
- Reading to promote the recruitment of Asian drug workers in existing drug services.
- Reading DIP should establish and support a current and ex-user Asian Drug Forum.
- Reading DAAT should target drugs education and awareness for Asian
communities.

- Reading DIP should develop further structured through-care and aftercare for Asian clients.

**Solutions and outcomes**

- Reading DIP has commissioned 2 drug workers within the ASIAN project.
- Reading DIP has commissioned office premises for the ASIAN project.
- As a direct result of the DIP CEP a peer led support group has been established for Black and Asian drug users and offenders.
- Reading DIP is supporting ASIAN in its application for Charitable status.
WHAT WE LEARNED FROM THE PROCESS

This section sets out the key lessons learned from the process of the DIP CEP. It identifies barriers and challenges encountered during the programme, and benefits derived by both communities and DIP services. These lessons will be important for DIP services to take into account as they seek effectively to engage with communities.

Further information is also contained in Annex A, the ‘Step by Step Guide’ to Community Engagement, and at Annex C which includes detailed case studies showing different approaches taken by local services and communities to the project.

Barriers and challenges

The Community Engagement Programme helped services identify any barriers to engaging with so-called ‘hard to reach’ communities and to develop strategies to overcome these.

DIP and CJIT stakeholders often talked about ‘hard to reach’ Black and minority ethnic groups in terms of treatment engagement and sustainability. Barriers were sometimes faced in recruiting host community groups to projects, sometimes related to the barriers of taboo, stigma and shame already highlighted above.

Some projects felt it important to consult community leaders in order to recruit a host community group. However younger people and (ex) drug misusing offenders can feel that they are not represented by these leaders or that they do not understand their needs.

In order to overcome this barrier, one DIP, for example, fully explained the project to community leaders, thus achieving their buy-in and willingness to take part. In addition, however, support and guidance was provided by UCLan to recruit ex-users and ex-offenders through ‘word of mouth’ in the community, or from caseload data from those that had completed treatment. Regular meetings with community elders and leaders were also put in place, to update them on developments and to ensure that they were not alienated by this alternative approach. This proved to be a successful process resulting in community elders and leaders stating that they now felt more informed about substance misuse, an area which they had known little about previous to the project. The success of this approach led to it being duplicated elsewhere in the DIP CEP.

Some of the community engagement project teams came across initial scepticism from their community whilst trying to recruit for the project. Certain members of the community believed the project aims and objectives were ‘too good to be true’. These teams saw however a change in community attitudes as
the projects progressed and achieved their aims and objectives. Once tangible outcomes and benefits – for example community researchers gaining employment - were seen in the community, more members of the community were prepared to join the project.

Procedural issues sometimes posed barriers to involving community members in projects.

In some projects community researchers faced barriers to full participation because of previous criminal offences and personal drug use. Hence many potential researchers were not considered for employment and shadowing opportunities. These procedural requirements were also a barrier to accessing the research sample in police custody or prison. DIP steering groups provided support to community researchers and explanations to DIP services in overcoming these barriers. Drug workers also collected data on behalf of the community researchers, where access to the sample in police custody or prison was not possible.

In two cases it was not possible to identify at the outset a relevant community organisation. In these cases the local DIPs were, with UCLan’s support, subsequently able to identify/develop appropriate host organisations. Further details of how DIPs can go about doing this are set out in the ‘Step by Step Guide’ at Annex A.

The level of ownership of senior management was a key success factor for effective community engagement.

In some instances senior management within local DIP services viewed the community engagement projects as additional ‘ad-hoc work’ rather than as helping them deliver their core business. It is important that senior management understand from the outset that community engagement helps them deliver their key business aims and that it is consequently given the time and resources needed for success. Without senior ownership services will not be able to allocate the internal capacity building time needed for engagement to be effective.

As stated earlier in this report, one project, targeting female offenders, was unable to ‘get off the ground’. The local partnership lacked the capacity to deliver the project. They experienced difficulties identifying a suitable host group,

---

5 It was made clear to projects that all ex-users and ex-offenders could be recruited to work on the research projects. However key stakeholders within some local DIPs requested researchers that had been ‘drug free for 2 years’ to shadow drug workers. Another barrier was created where local stakeholders required researchers to be ‘enhanced checked’ by the Criminal Records Bureau (CRB) and ‘vetted’ through police procedures, so that they could access the research sample in police stations and prisons.
infrastructure changes and staff shortages within the DIP management group and local prison. While staff including the local prison governor were supportive and enthusiastic, it was felt that they did not have the capacity at that time to deliver effectively.

This highlights the importance of ensuring that adequate initial development and capacity building time is allocated to community engagement work to overcome such barriers should they occur.

The experience of some projects highlighted that an adequate pool of community volunteers needs to be recruited for community engagement to succeed.

Some community researchers working on projects ‘moved on’, often causing considerable problems in the capacity of host organisations to complete tasks on the CEP. This highlighted the importance of recruiting enough community volunteers for researchers to be quickly replaced. For example, DIPs could ensure that a reserve pool is identified.

Benefits of the process

The community engagement work helped facilitate treatment engagement, and in some instances the completion of treatment, and increased the numbers of users in treatment programmes.

The barriers identified to treatment engagement were articulated by researchers to:

- key stakeholders ‘who could make a difference’ in the design and development of services (for example, DAAT and DIP managers, commissioners and other senior management staff across the Criminal Justice System).
- staff ‘on the ground’ such as drug workers, prison and probation staff.

Doing this increased practitioners’ understanding and knowledge of Black and minority ethnic communities, which in turn increased both treatment engagement and adherence of offenders. Further, volume increases occurred - community researchers made a number of referrals of the research respondents into treatment.6

6 For example a Pakistani prisoner working as a community researcher on the Reading DIP project in Bullingdon HMP raised awareness about drug treatment services amongst his peer group. This prisoner played a key role in linking and signposting prisoners towards treatment services through word of mouth. More than 10 Pakistani prisoners engaged in the RAPt (Rehabilitation for Addicted Prisoners trust) 12-Step programme in HMP Bullingdon – of these 6 went on to complete and graduate from the RAPt 12-Step programme. In the project with Newham DIP, the group DOYH transported in their cars a number of drug users to the local drug treatment services.
For example, as a result of the findings of the DIP CEP project, acupuncture provision was made available for African Caribbean communities in Leicester. This included treatment located in African Caribbean local community venues. It is reported that there has consequently been increased retention of African Caribbean crack cocaine and stimulant users in DIP treatment programmes.

The Community Engagement Programme helped develop Black and minority ethnic workforce planning and capacity building within the target community, increasing volunteering, training and employment.

This was done by increasing community researchers’ skills, training and work experience (often from a low base). They also encouraged others (such as ex-users and ex-offenders) to consider working within drug services. As a result the sector will potentially benefit from an increased and more diverse pool from which to recruit the workforce. The capacity and skills of service providers were also increased by involvement in the DIP CEP.

The majority of community researchers were ex-users, ex-offenders and prisoners from Black and minority ethnic communities. The majority of them had no previous academic qualifications. Those that did, on the whole had negative experiences of the educational system and the majority were not in employment, with crime having been their only previous source of income before they became community researchers. These crimes ranged from leading gangs, violence, supplying drugs, armed robbery, burglary and fraud. Those who were employed were working in manual jobs such as taxi drivers and restaurant workers.

All projects recruited a number of people as community researchers, some working as volunteers, others as sessional workers. They were given training leading to an academic qualification. The majority successfully completed the accredited UCLan University Certificate in Community Research and Drugs. Some of the researchers used this qualification to go onto further education and higher education. Researchers also gained additional qualifications through training offered by DIPs and other stakeholders.

Further, more informal opportunities to increase knowledge and skills were created. These also helped build relationships between communities and services. For example, members of the steering groups offered shadowing and mentoring opportunities for researchers. This support and friendliness demystified the myths associated with working in the statutory sector, and enabled many to feel motivated and enthusiastic to pursue a career and further training in the drugs and criminal justice field.

‘This whole shadowing thing has enabled me to change my perception of the criminal justice system, but particularly prison and probation. Now I can see the constraints/framework the officers are working on and their need to help us.

---

7 See annex D for further details.
Initially, I believed everyone was an enemy and did not really have the heart to help…'
Interview with Nafas and St Hilda’s CEP community researcher.

Community researchers were using key transferable skills helpful to succeeding in the job selection process, such as interpersonal skills, writing, presentation skills and producing credible CVs for employment opportunities. Many went onto paid employment as a direct result of this and of gaining experience and qualifications. The general increase in researchers’ confidence enabled some to gain employment in non-related sectors such as sales and marketing and retail. Many were recruited into the equality and diversity, criminal justice and drugs and alcohol fields thus helping these services achieve a more diverse workforce.

The community researchers also encouraged people in their local communities to consider working within the drugs sector, including some who had previously not considered such an option but had relevant experience on which to draw (e.g. ex-users and ex-offenders). For example Leicester DIP CEP has continued to sustain African Caribbean community involvement. They have done this by developing training and drug awareness courses, as a result of which community members are now becoming volunteers and peer support workers.

The capacity and skills of the service providers involved in the programme were also increased. Some professional staff, such as drug workers supporting projects were inspired by their involvement in the CEP to undertake work in the equality and diversity field. Staff such as Prison Officers supporting community engagement projects received training and an academic qualification in Community Research and Drugs.

Community researchers involved in working in partnership with drug workers, speaking to them and shadowing them, encouraged researchers to become drug workers. The researchers also realised the benefits of drug workers helping and supporting people and the important role they play. The UCLan community based drugs qualification and training also encouraged and motivated researchers to pursue a career as drug workers.

Workforce planning for Black and minority ethnic communities was incorporated into strategic race equality and diversity plans for DIPs. The key was to develop appropriate structures with support, training, mentoring, career progression and volunteering opportunities for Black and minority ethnic staff.

Some of those involved in the programme have become positive role models and mentors to others in their community, thus providing a wider benefit. Some are thus helping communities to tackle drugs from within and facilitating engagement with services on a long term basis.
Some community researchers have gained recognition for their work, e.g. participation in live radio debates and national, regional and local conferences. The researchers stated that the recognition they gained provided them with a personal sense of achievement and satisfaction.

‘I visited Nafas [a culturally sensitive drug agency] and Tower Hamlets. The staff in Nafas recognised me from speaking at the [DIP] Race and Diversity Conference… You won’t believe it they [Nafas workers] thought I worked for the Home Office… I am equivalent to a celebrity in the Bangladeshi community… I was treated like a celebrity wherever I went [in Tower Hamlets and Nafas].’

Interview with community researcher in HBWA project.

Many of the community researchers are now perceived as role models within their communities. They are encouraging and inspiring other members of the community to gain an education and qualifications, to seek employment and to turn away from crime and from drugs. These perceived role models and mentors include in some instance ex-drug misusing offenders. The latter are playing a role in engaging drug misusing offenders into treatment. For example, the drug strategy manager within HMP Bullingdon cites the community engagement project as “a contributory factor in engagement in treatment” among Pakistani prisoners.

Sustainable partnerships have been developed between communities and statutory services as a result of the DIP CEP, with the steering group comprising DIP stakeholders playing a key role.

Some services have embedded the projects within strategic and operational fora (see below for examples) and are acting to fill gaps identified in terms of their equality and diversity strategy. They are working to promote on a sustainable basis the participation of Black and minority ethnic offenders and local communities in their work.

UCLan support workers provided support and guidance to DIP services in establishing sustainable partnerships with local community engagement projects, through mechanisms such as the project steering groups which involved DIP stakeholders. In many projects the steering groups formed a key role in the process. They referred and linked projects to other service providers and agencies. As mentioned above, some also provided training and development opportunities - for example inductions, supervisions, mentoring, shadowing and training - as well as career guidance through personal development planning to the projects. The steering groups also gave advice around the research tools (e.g. formulation of questionnaires and how to access the target research sample).

Some services embedded and mainstreamed the community engagement projects within strategic and operational boards, helping them to meet their
positive duties under the Race Relations (Amendment) Act 2000. In some
instances community engagement projects identified strategic gaps in relation to
race equality and diversity – in many cases services did not have an adequate
strategy relating to these issues. The projects helped provide the impetus to
bring about organisational change in relation to race equality and diversity.

For example, diversity action plans have been written and adopted by the
majority of DAAT partnerships involved in the programme. Some DIP services
have commissioned new strategic and operational posts to take these forward.
The majority of DIP community engagement diversity findings have been
embedded in NTA annual treatment plan requirements.

Black and minority ethnic ex-offenders and ex-users are now included in some
strategic and operational fora, for example local DIP Boards, Drug Treatment
Groups, User Involvement and Care Groups, Crime and Disorder Reduction
Partnerships (CDRPs) and the Home Office Race Equality and Diversity Scrutiny
Panel. Some projects identified the importance of providing further support to
communities for their engagement to be capable of being sustained on a longer
term basis. Some of the host community groups have been allocated further
funding to help services implement the recommendations made in their research.
Two of the host groups, Crackin’ Stone and ASIAN, both of which were formed
specifically in order to carry out the CEP project, are in the developmental stages
of becoming formally established as user-led peer support schemes.

The process of the community research identified gaps in ethnic monitoring.

For example, the DOYH project established that national and local statistical
ethnic categories did not classify people per language. As a result, Portuguese
speaking people of African descent in Newham were an ‘invisible minority’.

A system has now been put in place locally to correct this. Plugging the gaps in
ethnic monitoring is having a real effect. It is enabling Newham DIP to identify
and plan to meet the needs of this community - e.g. by providing appropriate
access to treatment and interpreters.

Other areas may wish to consider whether similar gaps in ethnic monitoring and
consequently in service provision exist in relation to sections of their local
population.
IDENTIFYING PROBLEMS AND DEVELOPING SOLUTIONS

The DIP CEP research gave insights into the perceptions of Black and minority ethnic offenders and the views of communities who had previously been little consulted. Some of them, not necessarily from experiences directly connected with DIP, had low levels of trust in services. It is important that DIPs are not deterred from efforts to engage with such groups. The experience of the DIP CEP showed that even where perceptions/experiences were negative, positive solutions can be identified in partnership with communities.

This section gives some examples of areas where problems and potential solutions were identified in partnership. They include:

- ensuring offenders from all backgrounds feel treated with dignity and respect
- increasing awareness of services among communities, including making better provision for language support needs
- supporting and taking account of faith and belief systems
- addressing negative attitudes within communities which affect drug users’ willingness and ability to access services.

Dignity and respect

Most respondents in the DIP CEP reported positive experiences of and attitudes towards the services they accessed.

‘Seemed to listen and genuinely care’.

‘Staff was friendly. They spoke calmly to us and took time to explain the DIP and CJIT services and we visited them too…’

However a significant minority wanted to be treated with more care, respect and/or understanding. Respondents sometimes directly linked this to their ethnicity and/or cultural needs. This is illustrated by the following quotes taken from questionnaires completed by drug using offenders participating in the Drop of Your Heart and BAC-IN projects respectively:

‘Couldn't give a shit. I am Black, parents poor they did not care’.

‘They are not culturally empathic, there's no fairness of treatment, a lot of distrust with them, cultural identification is important, and experience of empathy is too’.
This theme was particularly emphasised in the ASIAN, BAC-IN and DOYH projects. As a result, the DIPs involved in these projects are providing ongoing training for CJIT and criminal justice partnership staff. The aim of the training is to improve staff’s confidence and competence in working with a diverse client group. As a result positive experiences are being reported by both service providers and Black and minority ethnic offenders.

Information and awareness

Several projects\(^8\) reported low knowledge of DIP services among respondents and highlighted the need to build awareness of services within Black and minority ethnic communities. Several\(^9\) particularly highlighted that services needed to make better provision for language support, in relation to the needs both of Black and minority ethnic offenders and the wider community. For example, the Drop of Your Heart research among Portuguese speaking Black Africans showed that respondents did not understand written information when referred to drug treatment post-release from police custody or prison. As a result most of those referred did not attend.

As a result several DIPs involved in the CEP have developed or are planning to develop leaflets, publicity and DIP client information booklets in various languages, drawing on their improved knowledge of user/community needs. For example, the Newham DIP is planning to provide appropriate materials translated into Portuguese, and Portuguese speaking interpreters; and the Nottinghamshire DIP is providing Polish speaking interpreters.

Faith and belief

The research highlighted that taking into account faith and/or belief systems was an essential aspect both of catering for the needs of many Black and minority ethnic users and understanding the views of communities about drugs and drug users. This was found to be important for people of many different faiths and beliefs, including Muslims, Christians, Sikhs and Hindus.\(^{10}\) For example, Sikh, Hindu and Muslim respondents highlighted a preference for abstinence based approaches (such as naltrexone, residential rehab, counselling and psychotherapy). These were perceived as more compatible with their belief systems.\(^{11}\) All projects conducted with Muslim communities highlighted the need for treatment of users to be compatible with Islamic beliefs about halal (permitted) and haram (not permitted).\(^{12}\) For example, in the Nafas and St Hilda’s project among the Bangladeshi community of Tower Hamlets, the majority of respondents felt that methadone was ‘haram’ but that naltrexone and subutex

\(^8\) See reports by DOYH, UITC, BRASS, BRO-SIS and ASIAN.
\(^9\) See reports by DOYH, BAC-IN, BRO-SIS, BRASS and UITC.
\(^10\) See reports by BAC-IN, BRO-SIS, UITC, ASIAN, Nafas and St Hilda’s.
\(^11\) See reports by ASIAN, Nafas & St Hilda’s, BAC-IN.
\(^12\) See reports by HBWA, ASIAN and, in particular, by Nafas & St Hilda’s.
were ‘halal’. The latter substance was used by a large proportion of participants and reports from their friends indicated that it was a beneficial form of treatment.

Belief systems within the wider community also impacted on attitudes to drugs and behaviour towards drug users. For example, the study within the Portuguese speaking Black African communities in Newham identified respondents with needle marks on their necks, owing to the fact that they injected drugs through the veins on their neck. The marks that were left from this practice were misunderstood by the community, where beliefs around magical mysticism are prevalent. These users were widely identified as ‘vampires’, and consequently stigmatized and isolated within their own community, impacting on their ability to seek and receive help and support.

As a result of their involvement in the CEP some of the DIPs involved now have raised awareness of the importance of faith issues and are engaging more closely with local faith groups. For example:

- The DIP and Substance Misuse Partnership Board in Newham are planning to undertake intensive education awareness and intervention campaigns to promote safer injecting practices, and to raise awareness of issues around drugs within the Portuguese-speaking community.
- The DIP in Nottinghamshire is now extending and developing its work with faith-based Black and minority ethnic groups, including Hindus, Sikhs, Muslims and Buddhists. This has included providing premises for group and faith based therapeutic activities.
- African Caribbean Christian groups are also becoming more closely involved in the work of the DIPs in Birmingham and in Trafford, eg the Baptist Church in Birmingham is providing venues for self-help groups and families.

Community attitudes

Some projects highlighted that negative attitudes within some communities also needed to be addressed, as these could deter users from accessing services. This derives from the particular stigma associated with being a drug user and/or an offender, owing to traditional cultural practices, beliefs and values within Black and minority ethnic communities. For example, some ex-drug using offenders in Reading reported difficulties in re-integrating into their community having been ‘disowned’, and the majority of respondents had been flown ‘back home’ to Pakistan rather than referred to local drug services. This impacted on the effectiveness of their treatment and their relationships within the wider

---

13 See report by DOYH.
14 See reports by HBWA and ASIAN.
15 See ASIAN project report.
community. There was some evidence in the research to suggest that the issue of gender needs further examination. For example the HBWA report highlighted the issue of female drug users who resort to ‘sex work’ to fund their drug habit, with consequent deepened feelings of shame and stigma. Age was also a significant factor within some communities, with projects highlighting a generation gap between community leaders/elders and younger people, again affecting the willingness and ability of the latter to access help for drug problems.  

As a direct result of the DIP CEP a number of initiatives are being taken forward to address community attitudes. For example:

- the Tameside DAAT has funded a ‘Community Interactors’ project. This involves training local community members to educate the Bangladeshi community about drugs and raise awareness of local services. The community trainers include young people, women (including lone parents) and community elders who had initially had negative views about this issue.

- Reading DIP is working through the host community group to provide drugs awareness training and education to local Imams, who will in turn pass this on to the local community, including young people being educated at the mosque.

- Leicester DIP has employed one of the community researchers as a community engagement worker, to build on the links made during the project with the local African Caribbean community. This will include undertaking focused needs assessments, providing drug awareness training and increasing the involvement with the DIP of African Caribbean ex-users.

- BRO-SIS, the DIP CEP host community group in Birmingham, is now delivering drug awareness education to young people in the African Caribbean community.

---

16 See reports by HBWA, BRO-SIS, ASIAN, DOYH and UITC
KEY MESSAGES

The research projects made a number of recommendations relating to local DIP services. Many of these are now being taken forward and implemented in partnership with local communities, building on the relationships formed during the CEP.

Many of the recommendations made by individual projects were specific to the needs of the local area and particular populations. However there are a number of key general messages that can be identified from the recommendations as to how DIP services can better cater for the needs of people from Black and minority ethnic communities. These are set out below.

1) Communities need to be consulted and involved in the commissioning, planning and delivery of DIP services. One effective way of doing this is through the community engagement approach, as outlined in Annex A which sets out ‘step by step’ guidance on engaging communities. This approach was commonly recommended as a way forward by communities on the basis of having directly experienced the benefits of the CEP project. The experience of the CEP suggests that in seeking to engage communities, services should ensure that senior management allocates sufficient support and capacity building time to staff to enable them to apply the Community Engagement Model successfully. DIP services should ensure that Black and minority ethnic (ex)-offenders are involved throughout the process.

2) DIP services should undertake work to improve local communities’ awareness of and access to DIP services. This could for example include ensuring that ethnic monitoring systems adequately capture the range and needs of the local populations including language provision; and activities to improve the support offered to family and carers of Black and minority ethnic offenders in treatment. Such activities could include increasing the understanding of the providers of the 24 hour free phone line of cultural needs and language barriers; and providing targeted drugs education and prevention messages for Black and minority ethnic communities, in appropriate formats and languages.

3) DIP services need to strive to ensure that their workforce better reflects the make up of local communities, including ex-users with the appropriate competencies; and is provided with training on how to demonstrate sensitivity to the cultural and faith needs of people from Black and minority ethnic communities.

---

17 See reports by Unity in the Community, Crackin’ Stone, HBWA and DOYH.
18 See reports by BAC-IN, Crackin’ Stone, BRO-SIS and ASIAN.
19 See DOYH report.
20 See reports by DOYH, BRO-SIS, BAC-IN, Crackin’ Stone.
21 See BAC-IN, HBWA, Crackin’ Stone, BRO-SIS, ASIAN and Sounds Good Multimedia.
22 See DOYH, BRO-SIS and BAC-IN reports
4) Faith based and spiritual approaches need to be considered as part of a range of abstinence based options\(^\text{23}\), delivered through provision of services which include specialist counselling and psychotherapy\(^\text{24}\).

5) In prisons the capacity and ability of services such as CARAT teams to engage with Black and minority ethnic prisoners need to be increased, in order to focus on issues relating to throughcare and aftercare needs of those in DIP\(^\text{25}\). Internal procedures also need to be examined to enable easier access into prisons by ex-offenders involved in treatment initiatives and self-help groups.\(^\text{26}\)

\(^{23}\) See reports by BAC-IN, BRO-SIS, UITC, ASIAN, and Nafas and St. Hilda’s.  
\(^{24}\) See reports by HBWA, UITC, BAC-IN and Sounds Good Multimedia.  
\(^{25}\) See reports by BAC-IN, BRO-SIS and Sounds Good Multimedia.  
\(^{26}\) See report by BAC-IN.
ANNEX A: Step by step guide to engaging communities

How to implement Community Engagement for DIP partnerships

Terms such as the followings terms are sometimes inter-changeably by different organisations: Community Consultation, Community Representation, Community Involvement/Participation, Community Empowerment, Community Development and Community Engagement. In the context of this report the term Community Engagement is used in place of all these terms.

The Key Ingredients

For DIP partnerships to engage communities successfully, the activity needs to have the community, including offenders and ex-offenders, at its heart. In order to achieve this, the following key ingredients are recommended:

• identify a host community organisation - not necessarily those perceived as “community leaders” but those who represent the diversity within a community and have good links with the target community. It will provide the basic infrastructure for the DIP community engagement project, including recruitment and support of the community researchers, access to the use of office space, phones, computers and any budget management. DIP community engagement projects may want to consider the development of their own host community organisation e.g. ex-user group working in partnerships with an existing voluntary organisation. The host community organisation will help to identify the community researchers alongside the DIP partnership.

• identify a time limited meaningful task, this will be the core to your research and gap needs assessment. For example, 7% of offenders tested on arrest are from Black and minority communities, but data shows that only 2% are then engaged in treatment. The task in this example would be to research why this is the case. By focusing on one task, this may lead to further identification of gaps and needs assessments.

The final ingredient is the provision of appropriate support and guidance. This takes many forms:

• training: the community researchers and the host organisations need to be trained in the task that they will be undertaking. Accredited training would be preferable but not essential. This benefits individuals, potentially giving them the opportunity to gain a qualification, and contributes to workforce development. DIPs could develop training packages either on their own or in conjunction with local colleges/Higher Education Institutions.
• **support and mentoring:** the community researchers and the host organisations need ongoing support and mentoring. It is unlikely that training alone will be sufficient. Ongoing mentoring and support will help to ensure that the learning from the training is fully embedded in the CEP, and that the community researchers and the host organisations have a named source of support should they run into difficulties. In the DIP CEP, this role was fulfilled by UCLan who provided for each project a named support worker with knowledge and skills in the field of substance misuse, research methods and community engagement. However DIPs replicating this model may wish to identify their own forms of support.

• **steering group:** this is an essential element of the support required. The steering group could include DIP managers, DAAT partnership representation and key stakeholders such as probation, police, prisons, health treatment providers, users and carers. Alternatively, an existing DIP partnership structure could act as the steering group, helping ensure that the commissioning and performance management of community engagement activity is part of mainstream DIP business.

• **funding:** the groups involved in the DIP CEP described in this report all received a small grant from the Home Office via their local DIP partnerships. In some instances this resource was used to pay some or all of the community researchers as sessional workers. Some funding was also necessary to cover some of the host organisation costs (e.g. a contribution towards meeting room costs, travel expenses, telephone costs etc). DIPs wishing to undertake community engagement will need to decide whether payment is necessary to host organisations and community researchers in their particular area. The benefits to communities and services of involvement in this programme are clear, and the Home Office is of the view that where these benefits are adequately explained and understood payments to host organisations should be minimal.
The ‘7 Steps’ to DIP Community Engagement

The above information is summarized below in ‘six steps’ to DIP community engagement. These provide a system for meaningful engagement which can generate effective change, development and ownership, both within communities and DIP partnerships.

**Step 1**

DIP partnerships should identify a host community organisation. DIP community engagement projects may want to consider the development of their own host community organisation e.g. an ex-user group working in partnership with an existing voluntary organisation. The host community organisation should help to identify the community researchers alongside the DIP partnership.

**Step 2**

DIP partnerships should carry out a time limited meaningful and manageable task, such as a community based research and gap needs assessment.

**Step 3**

DIP partnerships should provide appropriate support and guidance, and should consider whether some form of remuneration needs to be provided to the host community organisation in relation to their expenses and to encourage people from the target community to participate as community researchers. This could be financial remuneration or other payments i.e. office space, vouchers etc.

**Step 4**

DIP partnerships should provide support and mentoring to community researchers and the host organisation throughout the project. A worker should be allocated to each project to provide the support and mentoring.

**Step 5**

DIPs should develop training packages either on their own or in conjunction with local colleges/Higher Education Institutions. The community researchers should be trained in the task that they are undertaking. It is preferable but not essential that this should lead to an accredited qualification.

**Step 6**

DIPs should assist the host community group to form an appropriate steering group to support the project. The steering group could include DIP managers, DAAT partnership representation and key stakeholders such as probation, police,
prisons, health treatment providers, users and carers. Alternatively, an existing DIP partnership structure could act as the steering group.

**Step 7**

Production of a community engagement report with findings and recommendations that DIP/DAATs should then take forward.

**Community Engagement**

![Diagram showing the community engagement model with steps including Facilitated, Supported, Resourced, Trained, Communities and agencies working together, Raising awareness, Reducing stigma, denial & fear, Assessing need, Increasing trust, Articulating need, Building capacity, Generating ownership, Sustaining engagement, and Developing workforce.]

\[ \text{equitable services} = \text{improved access, experience and outcome} \]

UCLan can support partnerships in the implementation of the above Community Engagement Model if required.
ANNEX B: Who the CEP projects consulted: demographics

As Figure 1 below shows, nearly half the respondents were in their twenties. Just under one-fifth were in their thirties and a similar proportion in their forties. 

N = 370
As Figure 2 below shows, four-fifths of the respondents were male. 
\[ N = 370 \]

As Figure 3 below shows, nearly three-fifths of respondents were Black and nearly one-third were Asian. 
\[ N=370 \]
Figure 3.1 below shows the ethnic origin of respondents broken down into more detail. It shows that nearly one-third of respondents were Black African Caribbean, and one-quarter were Black African. The largest Asian grouping was Bangladeshi at 15%, followed by Pakistani at 11%.

N = 370
As Figure 4 below shows, the largest faith group among respondents was Christian, at two-fifths, followed by Muslim at one-third. \( N = 370 \)
As Figure 5 below shows, 8% of respondents were lesbian, gay, bisexual or transgendered individuals.  
N = 370
As Figure 6 below shows, 7% of respondents declared themselves to have a disability. \( N = 370 \)

![Figure 6 - Disability](image-url)

Table 1 below gives further details regarding disability. It shows that learning difficulties and mental health problems were the most frequently stated disabilities.

**Table 1 – Disability:**  
\( N = 370 \)

<table>
<thead>
<tr>
<th>DISABILITY</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27</td>
<td>7.3</td>
</tr>
<tr>
<td></td>
<td>Where stated:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning = 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>‘Mental health’ = 7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dyslexia = 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>‘Physical’ = 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Liver problem = 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stammer = 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemiplegia = 1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>307</td>
<td>83.0</td>
</tr>
<tr>
<td>Not known</td>
<td>36</td>
<td>9.7</td>
</tr>
</tbody>
</table>
Table 2 below shows the language(s) spoken by respondents. Just under half spoke a language other than English.

Table 2 – Language (spoken):  
N = 595\(^{27}\)

<table>
<thead>
<tr>
<th>LANGUAGE – spoken</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>307</td>
<td>51.6</td>
</tr>
<tr>
<td>Portuguese</td>
<td>61</td>
<td>10.3</td>
</tr>
<tr>
<td>Bengali/Bangladeshi</td>
<td>53</td>
<td>8.9</td>
</tr>
<tr>
<td>Urdu</td>
<td>37</td>
<td>6.2</td>
</tr>
<tr>
<td>Punjabi</td>
<td>35</td>
<td>5.9</td>
</tr>
<tr>
<td>French</td>
<td>22</td>
<td>3.7</td>
</tr>
<tr>
<td>Spanish</td>
<td>14</td>
<td>2.4</td>
</tr>
<tr>
<td>Arabic</td>
<td>10</td>
<td>1.7</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>1.5</td>
</tr>
<tr>
<td>Somali</td>
<td>7</td>
<td>1.2</td>
</tr>
<tr>
<td>Lingala</td>
<td>6</td>
<td>1.0</td>
</tr>
<tr>
<td>Not known</td>
<td>5</td>
<td>0.8</td>
</tr>
<tr>
<td>Italian</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>Criolo</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>German</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>Dutch</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>Madingo</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>Hindi</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Mirpuri</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Gujarati</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Kinbundu</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Ewe</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Kicongo</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Kpalla</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Kirundi</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Ekonda</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Dari</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Dalar</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Ndebele</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Swahili</td>
<td>1</td>
<td>0.2</td>
</tr>
</tbody>
</table>

\(^{27}\) The total exceeds the number of respondents as some spoke more than one language.
Case Study 1

Hyde Bangladesh Welfare Association (HBWA)

HBWA was one of 120 community groups selected to carry out research as part of the Department of Health’s Substance Misuse CEP. Tameside DIP in partnership with HBWA went onto successfully be one of the 11 community groups who took part in the Home Office’s DIP-CEP in 2005.

A lead researcher was recruited from the previous Substance Misuse CEP to work as the research co-ordinator for this research. He recruited a team of Bangladeshi ex-users and ex-offenders from the local community in Hyde and Ashton. A project steering group was established consisting of the DIP Manager, DAAT Commissioning Manager, Health Living Centre, PCT and local drug services. The project steering group has continued beyond the lifetime of the project and meets regularly to provide support and guidance.

Tameside DAAT provided mentoring, support, and training regularly to Bangladeshi ex-users and ex-offenders recruited as community researchers. Two community researchers from HBWA are now in paid employment. One is working as the Diversity Development Worker for Tameside Community Safety Unit - the post was commissioned directly as a result of the CEP to strategically embed diversity. The other community researcher is working as a drug worker. One researcher shadowed a DIP worker in the courts for several weeks. Several members of the Bangladeshi community are now on voluntary training placements to become drug workers with various drug services such as ‘Bridging the Gap’ project (a training programme with the ‘Alcohol and Drug Service’).

A training package has been devised by the Healthy Living Centre in partnership with the DAAT – this is NVQ level 2 training (DANOS Certified) for trainers to go out into the community and provide drugs awareness training, capacity building, outreach work etc. The community researchers have completed this training and will now become ‘community interactors’.

All the recommendations of the HBWA research (see Annex A) are being implemented by Tameside DAAT.
Case Study 2
Crackin’ Stone

Leicester City DIP and CJIT initially found it difficult to engage with the African Caribbean community in order to recruit a host community organisation. Right from the outset of the project the first task was to recruit a research team through a host organisation. Initial hurdles were faced for the project as it was not possible to identify an appropriate organisation that was willing to take full responsibility for hosting the community engagement project.

The barriers to engaging the African Caribbean communities was discussed with the UCLan support worker and it was decided that a host group would be created with the CJIT offering the infrastructure and an external organisation administering the finances. The proposed research project was therefore discussed with the CJIT caseworkers and local community organisations in order to encourage community members to come forward and become involved.

A number of people were interviewed informally and then trained through workshops run by staff from UCLan. At this stage the researchers were offered the opportunity to enrol on the University Certificate in Community Research or Community Research and Drugs. Arrangements were also made for ongoing support and advice through the UCLan support worker.

Initially 4 part time researchers were recruited however for various reasons three of the researchers could not continue to commit time to the project so within a number of weeks one researcher (an ex Drug Treatment and Testing Order client) agreed to increase her hours to full time and two members of staff from the CJIT joined the research team. The final researcher was already working within drug treatment services as an African Caribbean worker for a voluntary organisation and joined the research team to assist with access to the sample and data collection in the community. The researchers attended two workshops looking at issues around substance misuse and treatment and then a further 4 workshops to equip them to undertake the research. These workshops included planning the research project, deciding on the research focus, approaches to data collection, designing a research instrument, ethical issues etc.

A multi agency steering group was formed to support the research team throughout the project and to feed into the wider Drug and Alcohol Action Team (DAAT) steering group. This steering group had membership from the DAAT, DIP and other statutory and voluntary community organisations.
Case Study 3
Asian Service in Alcohol & Narcotics (ASIAN)

Reading DIP initially found it difficult to engage with the Pakistani Muslim community in Reading in order to recruit a host community organisation. It also could not engage Pakistani offenders in treatment, despite police evidence showing that this group was over represented in the Criminal Justice System as a result of drug-related crime.

A steering group was formed at the beginning of the project. This included key people within the DIP, the police, probation, prisons, the treatment sector, support worker from UCLan and some potential community researchers from the Pakistani community. Later the steering group was embedded within the DIP board. This strategic approach ensured that equality and diversity work was a central aspect of the DIP agenda, helping the organisation to meet its positive duties under the Race Relations (Amendment) Act 2000.

The community engagement project in Reading took a two-pronged approach. One stream of the research was conducted in HMP Bullingdon - Pakistani Muslim prisoners were recruited as community researchers. The other stream of work was within the Pakistani Muslim community in Reading.

Reading DIP felt that to engage with the target community they had to gain the trust of ‘community leaders’ or ‘elders’ and also gain permission from them to identify ex-users and ex-offenders to work on this project. Several meetings were held at the Pakistani Community Centre with these and with key stakeholders. The recruitment process was unsuccessful because there was a lack of action from the ‘community leaders’ to move the project forward.

With guidance from the UCLan support worker around appropriate methods of engagement, a volunteer from Reading User Forum\(^{28}\) managed to make contact with a key representative of the target community. The successful approach was through ‘word of mouth’ regarding the community engagement project in the community. The volunteer from Reading User Forum whilst in a taxi one day started to talk about how they had found it difficult to recruit Pakistani ex-users and ex-offenders as researchers for the community engagement project. The taxi driver in response explained that he had used Class A drugs (heroin and crack cocaine) for over 5 years. He also suggested the local drug services were not designed appropriately because of barriers to treatment access around equality, diversity and cultural competency – the taxi driver wanted to work on the project because he had been ‘drug free’ for over 5 years. The taxi driver who was an ex-drug user and ex-offender was eventually recruited to the project. He had established contacts with many drug-using prisoners and offenders from the

\(^{28}\) A team of users and ex-users in Reading who represent the views of users on treatment provision and related issues.
Pakistani community in Reading - this person helped to recruit more relevant community researchers to the project.

The community research team which started with an ‘off chance’ discussion with a taxi driver established their own community organisation ASIAN - providing user led support to Black and minority ethnic communities. All the researchers successfully got the accredited UCLan qualification. Some of these researchers have gone on to do further studying. Most of the researchers are applying for jobs in the drugs and criminal justice fields and are encouraging other members of the community to do so as well.

ASIAN is also working with community leaders, elders and imams in mosques to overcome barriers of taboo, stigma and shame associated with drugs and crime. ASIAN is working on these barriers in terms of aftercare for prisoners in order to facilitate their re-integration into the community, because individuals may not be accepted or ‘disowned’.

The group ASIAN was formed with the support of the UCLan worker and Reading User Forum, later known by the name BASIAN (Black and Asian Service in Alcohol and Narcotics). ASIAN wrote a group constitution (aims and objectives), recruited trustees, opened a bank account and set up as a voluntary group. ASIAN also has its own office space and is currently applying for registration as a charity – it has secured further funding through GOSE (Government Office South East) to implement all the recommendations of the research.
ANNEX D: Participation of community researchers on UCLan Courses.

Table 1
Research & Drugs courses:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled</td>
<td>22</td>
</tr>
<tr>
<td>Certificate of Research &amp; Drugs</td>
<td>11</td>
</tr>
<tr>
<td>Certificate for Research only</td>
<td>1</td>
</tr>
<tr>
<td>Distinctions</td>
<td>2</td>
</tr>
<tr>
<td>Merits</td>
<td>4</td>
</tr>
<tr>
<td>Fails</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 2
Research course only:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled</td>
<td>11</td>
</tr>
<tr>
<td>Certificate</td>
<td>3</td>
</tr>
<tr>
<td>Distinctions</td>
<td>0</td>
</tr>
<tr>
<td>Merit</td>
<td>4</td>
</tr>
<tr>
<td>Fails</td>
<td>4</td>
</tr>
</tbody>
</table>