

*Gloucester Research Project-  
Views from the Black and  
Minority Ethnic Community  
about drugs and alcohol*

Action Plan



### ***Community Engagement Project***

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This action plan has been developed using the findings and recommendations from the Report of the ***'Views from the Black and Minority Ethnic Community about drugs and alcohol'***. The research was carried out by GDAS (Gloucestershire Drug and Alcohol Service) and Gymnasion Health and Fitness Club amongst the African Caribbean, Bangladeshi and Gujarati Communities in Gloucester.

To obtain a copy of the report, or for more copies of this action plan, please visit the Gloucestershire Community Safety Partnership (GCSP) website at: [www.chelttewkpct.org.uk/pctchelt6942.html](http://www.chelttewkpct.org.uk/pctchelt6942.html)

Or the GDAS website at: [www.gdas.co.uk](http://www.gdas.co.uk)

### ***Brief background to the research***

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This Project was one of 120 groups selected throughout the country to carry out a research project in Gloucester. Support was provided in the form of training and staff time from the Centre of Ethnicity and Health at the University of Central Lancashire.

From the outset, the focus of the group was to carry out a community led drug research project. This research would:

- Identify the extent of drug and alcohol use by individuals within Black and Minority Ethnic communities in the City.
- Develop a sustainable engagement which would ensure that communities were able to identify and access information and support.
- Enable local people to make recommendations to local commissioners regarding services necessary for their support.

Five researchers undertook the work, led by a coordinator. 181 people took part in the research project, either by completing a questionnaire or by participating in a focus group.

### *About the recommendations in the Action Plan*

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The recommendations are based on the participants' comments from the questionnaire and focus group. They centre on initiatives that drug and alcohol services in the area can utilise in order to provide a more accessible and comprehensive service for members of the BME communities. Various other recommendations were made by respondents with regards to increasing legal interventions, reducing drug related crime and improving local facilities; but these have not been included here as it was not part of the remit.

Whilst the group does not expect that these suggestions are a complete solution to working with BME communities in Gloucester (due to the limitations of the research), they are representational of all of the issues discussed with BME individuals in the City.

Most of these ideas also raise further questions, particularly with regards to service provision based on current resources, but ultimately they demonstrate that more work is needed to increase accessibility to drug and alcohol services for people in BME communities in Gloucester. This does not mean that current service provision is not appropriate, but that a specifically tailored outreach service would better serve the needs (particularly of the various Asian communities), would be able to provide further drug and alcohol awareness sessions for all groups, and would be better placed to integrate and respond to concerns and much called for support for families and drug and alcohol users alike.

### *Summary of recommendations*

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1. Increase the level of drug and alcohol awareness raising sessions within the BME communities, to be delivered by workers who have a clear understanding of and ability to work within the specific cultural parameters of individual BME communities.
2. Make available culturally specific support and education about substances in line with individuals' religious and cultural considerations, particularly for families, concerned others and substance misusers.
3. Provide more outreach workers (either BME or those aware of cultural issues) to work within their communities, especially with regards to young people (Asian and African Caribbean young men in particular).
4. Increase the flexibility of substance misuse services to meet effectively the needs of Concerned Others.
5. Continue community consultation to ensure that GDAS and other services stay up to date with the issues and concerns of all the communities in Gloucester.
6. Develop and coordinate community based drug and alcohol work to support Refugees and Asylum Seekers.
7. Maintain, coordinate and further develop community based work to support families, friends, and other members of the community to deal with the issues raised by substance misuse and the effects it has on their lives.

### *How will the recommendations be achieved?*

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Meeting the recommendations in the Action Plan can be achieved in two ways. Firstly, there will be a reconfiguration of the existing provision. For example, the GDAS BME Project will focus on delivering the actions. Secondly, a request has been put into the Gloucestershire Community Safety Partnership (GCSP) via the Adult Treatment Joint Commissioning Group (JCG) for funding from the Pooled Treatment Budget for a further post. The JCG funds the existing GDAS BME Project.

The Gloucester City Crime and Disorder Reduction Partnership (CDRP) currently fund a post for a Community Development Worker in the City. The funding for this post comes to an end as of 31<sup>st</sup> March 2006. A request will go to the CDRP to ask that consideration is given (when they decide on commissioning priorities for 2006–07) to making a contribution to help achieve the outcomes in the Action Plan.

Some of the recommendations refer to alcohol misuse and services. Alcohol services currently are under-funded so some consideration will need to be given to how this work can be delivered.

### *Who is responsible for achieving the recommendations in the Action Plan?*

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In order to make sure that the recommendations are carried through, there is an oversight action group. The membership of the Group is established and contains representation from a range of various partner organisations including GCSP (DAAT), West Glos Primary Care Trust (PCT), Community Counts, GARAS, CDRP – Gloucester, Gymnasion (Friendship Café), GDAS, African-Caribbean Association, Public Health and Health Promotion, and Health Inequalities Project. This Group will be responsible for consulting with the wider community.

The links from this Group flow to local strategic partnerships and commissioning streams. The Group will be able to report via the local Crime and Disorder Reduction Partnerships (CDRP) directly to the Gloucestershire Community Safety Partnership (GCSP) with its membership of Chief Officers.

This Group sets the outputs, outcomes and timetable to achieve and monitor the recommendations.

**October 2005**



## Action Plan

| Recommendation   | How?   | Who?   |
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| <p><b>1.</b> Increase the level of drug and alcohol awareness raising sessions within the BME communities. To be delivered by workers who have a clear understanding of and ability to work within the specific cultural parameters of individual BME communities.</p> | <p>In order to achieve this there will need to be an increase in the number of hours made available by substance misuse services. This should be well targeted to provide awareness-raising sessions to relevant local bodies, e.g. mental health teams, GPs and health promotion.</p> <p>To enable this may mean changing the priorities of staff to expand on the currently successful work. It may also mean reviewing the training of existing staff and recruitment policies to ensure that the right people with the right knowledge and skills are drawn into post.</p> | <p>Acknowledging the new priorities will require a partnership approach and some re-profiling of existing service level agreements and contracts within the statutory and voluntary sectors. It will also mean reviewing future commissioning priorities, especially within mainstream bodies.</p> <p>It will be necessary to map current spending and to clarify the funders' current major targets regarding these groups. It will then be possible to plan ahead for the next year</p> <p><i>Partners include; GDAS, GCSP (DAAT), West Glos PCT, GARAS, CDRP – Gloucester Voluntary Community Sector – e.g.:</i><br/> <i>Gymnation, (Friendship Café)</i><br/> <i>African Caribbean Association</i><br/> <i>Health Promotion</i><br/> <i>Health Inequalities Project</i><br/> <i>Community Counts</i><br/> <i>Faith Organisations etc</i></p> |
| <p>Examples include:</p> <p>a) Work within the Asian community, targeting work with Islamic Schools and Madressas (Islamic after school education sessions for children learning the Koran).</p>   | <p>This work is already being undertaken by the GDAS BME role.</p>   |  |

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| <p>b) Work with young Asian women to ensure they have an accurate understanding of substance misuse and its implications for the community.</p>   | <p>This work could be developed through GDAS with Gymnasion, via their girls groups and residential sessions.</p>  | <p>Community Outreach Team.</p> |
| <p>c) Work within the African Caribbean community, providing information on substances that are not considered common, such as Ketamine, Magic Mushrooms and Amphetamines.</p>  | <p>A targeted campaign and supporting information sessions will be needed to reach the target group identified in the research.</p>  | <p>Community Outreach Team.</p> |
| <p>d) Work with the older members of the Bangladeshi community to raise awareness of drug misuse within their community, in order for them to take it on board as a relevant and important issue.</p>                         | <p>This would need to involve the Bangladeshi Association. Doing so would connect GDAS' knowledge with that of the Health Inequalities Project, which trains members of that community to carry out health promotion in their community. It may also require work in people's homes.</p> | <p>Community Outreach Team.</p> |
| <p>e) Work with young men to educate and inform them of the issues around steroid misuse, which is very high amongst this target group.</p>   | <p>A Health Promotion campaign would be necessary, targeted at young men in the locations they are likely to go to.</p>  | <p>Community Outreach Team.</p> |
| <p>f) Work with the African Caribbean community around issues of alcohol misuse and safer drinking levels.</p>  | <p>Targeted campaign and supported information sessions to reach the target group identified in the research.</p>  | <p>Community Outreach Team.</p> |
| <p><b>2.</b> Make available culture-specific support and education about substances, in line with individuals' religious and cultural considerations, particularly for families, Concerned Others and substance misusers.</p> |  |                                 |

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| Examples include:  |  |  |
| a) Assist individuals from BME communities to access treatment.  | Through education and awareness programmes in the community, and ongoing one-to-one support where appropriate.   | Community Outreach Team.   |
| b) Enable treatment providers to understand the complexities and necessity of a culturally appropriate service.  | Training.  | Through Diversity training provided by GDAS and the Training team. |
| c) Culturally appropriate support and prevention work around cannabis use within the African Caribbean community.  | Targeted campaign and supported information sessions to reach the target group, provided by GDAS BME Project.  | Community Outreach Team.   |
| d) Provision of support for families whilst their family member (Service User) receives support. Enabling access to educational information about what substance misuse services can provide. Ultimately to "lessen tensions". | This work is already being undertaken by the GDAS BME Project in an effort to meet the needs of Muslim communities more effectively. This involves working in people's homes.  |  |
| <b>3.</b> Provide more outreach workers (either BME or those aware of cultural issues) to work within the communities, especially with regards to young people (Asian and African Caribbean young men in particular).          | <p>a) Residential sessions coordinated by GDAS BME Project and Gymnasion.</p> <p>b) Targeted information campaigns in local gymnasiums and leisure centres, coordinated by GDAS BME Project.</p> <p>c) Liaising with prominent individuals in the African community within existing groups, such as at Chequers Bridge and Eastern Avenue.</p> | Community Outreach Team.   |

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| <p><b>4.</b> Increase the flexibility of substance misuse services to effectively meet the needs of Concerned Others (e.g. family members).</p>  | <p>a) By provision of further outreach programmes, at GP surgeries community venues, for example.</p> <p>b) By provision of different types of information delivery to Service Users; i.e.: groups, confidential telephone helpline, more evening appointments, support groups (peer-led).</p>          | <p>Community Outreach Team.</p> |
| <p><b>5.</b> Continue community consultation to ensure that GDAS stays fully up to date with the issues and concerns of the communities in Gloucester.</p>   | <p>Through evaluations, focus groups, feedback from training, and awareness sessions provided by GDAS BME Project and as part of other local health promotion campaigns.</p>  | <p>Community Outreach Team.</p> |
| <p><b>6.</b> Develop and coordinate community based work to support Refugees and Asylum Seekers.</p>   | <p>a) By establishing a presence and regular support worker within GARAS, to gain confidence and provide accurate and culturally relevant information.</p> <p>b) By training current GARAS workers to provide basic drug and alcohol awareness information in the absence of a GDAS worker on site.</p> | <p>Community Outreach Team.</p> |
| <p><b>7.</b> Maintain, coordinate and further develop community based work to support families, friends and other members of the community to deal with the issues raised by substance misuse and the effects it has on their lives.</p> | <p>Using the learning from the Community Research project, develop ongoing training for community volunteers to act as Buddies for families who need support.</p>   | <p>Community Outreach Team.</p> |



## **Partners in the Action Plan:**

*Community Counts*

*Gymnasion (Friendship Café)*

*West Glos Primary Care Trust (PCT)*

*Gloucester Crime & Disorder Reduction Partnership (CDRP)*

*Gloucestershire Action for Refugees Asylum Seekers (GARAS)*

*Gloucester Community Safety Partnership (GCSP)*

*Public Health & Health Promotion*

*African Caribbean Association*

*Health Inequalities Project*

**GDAS**

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