

Working with BME Communities to better understand barriers to services Public Health Specialist BME Workshops – Drug & Alcohol- March & April 2013

Executive Summary

Introduction

For several years, the annual needs assessment conducted by Public Health has shown that there is significant underrepresentation of BME Communities within the local treatment population, although anecdotal reports suggest that drug and/or alcohol problems are prevalent within each community to varying degrees. This would suggest that there are specific cultural barriers which inhibit access to treatment for these communities. Public Health is keen to better understand the nature of these barriers in order to improve access, so that the proportional representation within the local treatment population reflects that within the general population.

Hence, throughout March/April 2013, Wirral Council's Public Health team hosted a series of four specialist BME workshops which focussed on raising awareness about and improving access to drug and alcohol treatment services for local BME Communities. The selection criteria for the communities asked to participate was primarily driven by the depth of the cultural barriers faced by that group, as well as the size of the community. On this occasion, the communities taking part included (1) Bangladeshi males, (2) Bangladeshi females, (3) Polish/Eastern European and (4) Chinese/Asian Communities. However, it is the intention that future workshops will focus on other sections of the local BME Community.

The Purpose and Methodology of the Workshops

The overall purpose of the workshops was to work towards the following three objectives:

- To establish a 'middle ground' by determining how best services can be delivered in a culturally sensitive manner which respects the unique needs of each community that services are attempting to reach.
- To increase the understanding of treatment workers about the specific barriers of access to services for each of the participating BME Communities.
- To increase awareness amongst BME Communities about the range of drug and alcohol treatment services available to them and how they can be accessed.

Each workshop was comprised of ten drug/alcohol treatment workers and ten community members, who were separated into two mixed groups and each group was asked to review separate case studies. It should be noted that the characters within each of the case studies are not real and their stories are purely fictitious, serving only to facilitate discussion but each case study was based on situations and issues commonly reported within participating communities.

The groups were then asked to consider the following questions within the context of the case study:

- *How would your community deal with these issues? Would you always choose to deal with these types of problems in this way or do you think there may be better options?*
- *Putting aside cultural barriers, what support/intervention might each individual (user) need?*
- *How can we then provide this support/intervention in a way which is sensitive to the needs of your community, while protecting the individual's right to confidentiality?*

In addition, where the BME Communities felt comfortable sharing the information, each was asked to describe the types of substances which they consider to be problematic to their specific communities.

Recommendations:

The participants within each of the workshop events felt that the sessions were very productive with respect to shared learning. The suggestions they made informed the recommendations below, many of which are practical, affordable and can be implemented with minimal effort. However, while the focus of the workshops was upon the provision of drug and alcohol services, many of the suggestions are equally applicable to wider healthcare services and on this basis, it is suggested that the learning from these events is circulated as widely as possible.

Getting services closer to local BME Communities

- Increase the level of assertive outreach targeting specific venues where local BME community members frequent, such as:
 - Mosque, churches and temples.
 - Organisations working with local BME Communities.
 - Playgroups, nurseries and crèches.
 - Recruitment/Work Agencies i.e. Polish, Lithuanian and other Eastern European.
 - Cultural food shops i.e. Chinese, Polish, Thai, etc.
- Ensure Engagement Events are arranged to coincide with key religious/cultural festivals/dates.
- Any information used to target BME Communities should always deliver messages about drug and alcohol misuse under the general umbrella of health and wellbeing, so the individual carrying the leaflet is offered some anonymity with regard to the type of service they may be interested in accessing.
- Literature should ***strongly emphasise the confidential nature*** of any relationship between the individual and the treatment provider.
- For some BME communities (e.g. Bangladeshi), it is suggested that activities to raise local awareness about drug and alcohol issues should be conducted separately with males and females, as the needs of and the role played by each gender may differ greatly.
- Explore opportunities to recruit community-based peer mentors to raise awareness about substance misuse, whilst actively promoting treatment services and supporting engagement.
- Local drug and alcohol treatment providers should facilitate a series of Open Days, one for each of the BME Communities who they are seeking to target, to assist the invited elders to 'visualise' local treatment services for themselves.
- Consideration should be given as to how the use of social media can be used to communicate health messages to specific BME Communities and improve engagement and retention with treatment services.

Increasing the flexibility of service delivery and access to substance misuse treatment

- Reconfigure substance treatment provision to meet the specific needs of local BME population by:
 - Creating greater flexibility of opening times to allow for individuals who work unsociable hours but may need to access services.
 - Facilitating outreach clinics at generic locations (e.g. One Stop Shops) offering a wide range of services, thereby offering a greater level of anonymity for BME individuals wishing to engage with treatment services.
- Support local treatment providers to encourage more applications from BME individuals for treatment worker posts.

Overcoming the language barrier

- Undertake an analysis of the most commonly spoken languages/dialects among local BME populations.
- Continue to develop information about drugs, alcohol and local treatment provision in a range of relevant language formats.
- Work with local BME agencies to build local capacity to deliver interpreter/translation services while reducing current costs for these services.
- Ensure service providers that are commissioned by Public Health are aware of what their legal obligations are with respect to the Equality Act (2010) and also clarify local protocols for arranging interpreter (or signing) services.

Next Steps:

The following steps will be undertaken in order to disseminate any learning as widely as possible:

- [The final version of this report \(here\)](#) will be hosted on the [Joint Strategic Needs Assessment \(JSNA\) website](#) and noted in the BME chapter, Public Voice and other areas to increase awareness among other commissioners and service planners in general.
- It will be presented to key stakeholders involved in improving healthcare services to the local BME Community and also present at Wirral Ethnic Health Advisory Group (WEHAG).
- Actions taken in light of the recommendations outlined above will be reviewed on a regular basis.
- Updates regarding progress made with any actions will be provided to key stakeholders on a regular basis.

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