Basis
changing the change

Nottingham City Council

Stakeholder engagement on drugs and alcohol, August 2022

Story of our event

Rebecca Roberts
Laura Griffiths

We help Public Services tackle messy problems, co-delivering effective change

Purpose of our session

- Our challenge for the 2-day event
  - We want to understand how outcomes can be improved for people from ethnic minority backgrounds in accessing drug and alcohol services and support
  - We needed to understand what the issues and barriers are, why they happen and how they could be overcome
- There were four key objectives:
  1. To understand the barriers to drug and alcohol support for ethnic minority groups
  2. To learn and share the impact of this on them so that we can take learnings into following public health projects
  3. To agree ways that these barriers can be removed
  4. To identify ideas that this piece of work can deliver for public health
- This presentation is a story of the event and the outputs from each activity

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Participating stakeholders

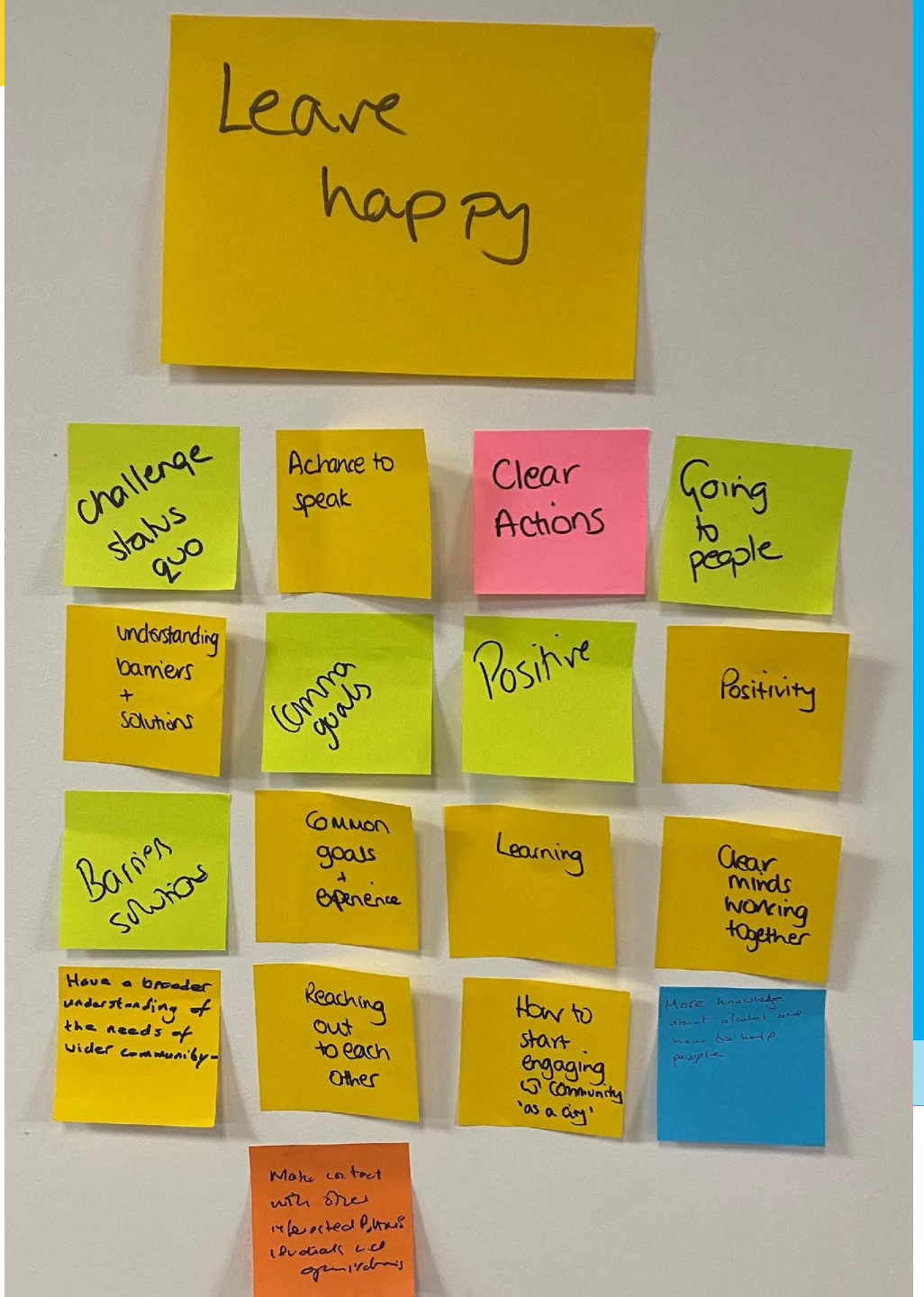
- Organisations that provide drug and alcohol support to people from ethnic minority groups from across Nottingham were invited to take part in our event
- Their knowledge and experience was invaluable, and so we truly appreciate the time, energy and passion that all stakeholders listed below brought with them
- These are the stakeholders who were represented in our event – click on the icons to find our more about each organisation

- Asad Fazil – Al-Hurraya
- Kerry Hayman-Harrison – Al-Hurraya
- Louise Barber – Bac-in
- David Thomas – Bac-in
- Liz Hampton – Chinese Association
- Tina Lee – Chinese Association
- Jeremy Wilson – Clean Slate
- Glen Jarvis – Nottingham City Council
- Bethan Hopcraft – Nottingham City Council
- Amreen Aslam – Network Recovery Network
- Raf Ahad – Network Recovery Network

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What needs to happen for the group to leave happy?

- Having explained the objectives for the session we used a technique called **1-2-4-all** so that the group could share and reach agreement on what a successful event looks like
- The Liberating Structure exercise **1-2-4-all** allows the group to reach consensus whilst ensuring all voices are heard and input is captured:
  - Identifying solutions alone (1)
  - Sharing thoughts and hopes in pairs (2)
  - Integrate ideas with a second pair (4)
  - Share with the entire group (all)
- It was important to the group that they:
  - Identify barriers and solutions
  - Leave with clear actions
  - Challenge status quo
  - Are positive
  - Start to engage with community 'as a city'
  - Focus on common goals and experiences
  - Make contact with other interested parties
- They provided a valuable steer as we delivered the workshop so that the group could leave happy



User needs

Basis.

Understanding those who need our help – people profiles

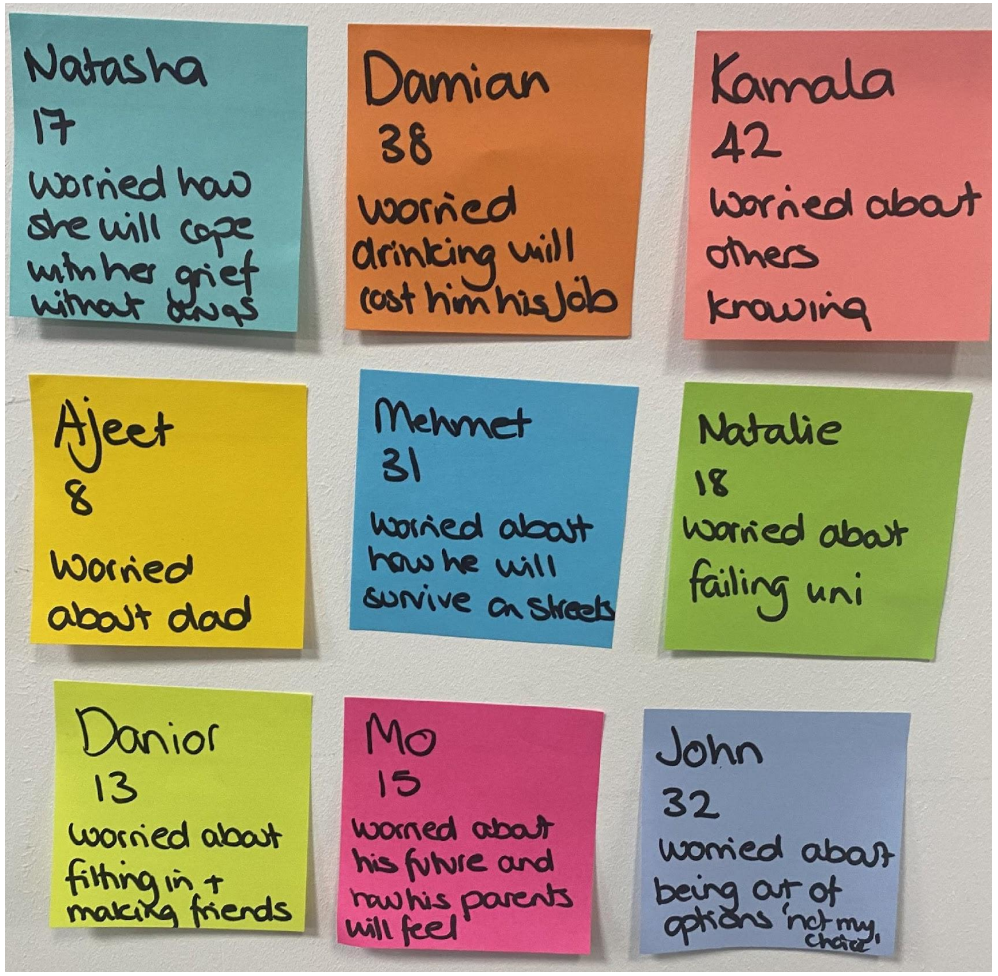
- The group didn't know what user personas meant - so we adapted and used the term 'People Profile'
- We used these as a means of bringing the voice of users into the room and to help identify the broader challenges that exist across the city
- These People Profiles were created using:
  - Case studies from providers
  - Data from JSNA
  - Examples provided by group in previous engagement
- They are representative of the users and needs in Nottingham City

User personas help us keep the goals, frustrations, and motivations of our target audience at the top of our minds

Basis.

How we used the People Profiles?

- The purpose of these activities was to develop a core set of users who represent the needs in NCC, so we worked in small groups to review the People Profiles and answer the following questions:
  - Do you recognise these users? Are they people you help?
  - Are their lives realistic?
  - Is there anything you wish to add?
  - Any objections?
- Used coloured dots to registered if they felt it the description was:
  - True = green dots
  - Untrue (disagreed) = red/bright pink dots
  - Made group members feel uneasy = yellow dots
- Added words to ensure these people profiles reflected their experience



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Summary of findings

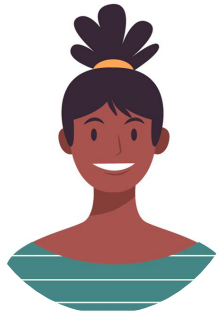
- Updated People Profiles can be found here - we have added all comments, barriers and solutions to each person
- We've highlight some of the conversations, comments and questions from the group which helps those not in the room to understand more about the lives of those in need
- A generic observation from the group was the people profiles focused on prevention and early intervention. Not many profiles reflected entrenched behaviours
- We've highlighted key points from our conversations



John

New People Profile - John (32) - the group felt that we needed someone who had been involved with different services since a young age and had lost faith in the 'system' that is meant to help him. His childhood trauma was impacting later life and he had tried many times to live a happy healthy life.

Yet to choose an ethnicity - can the data help with this?



Natasha

Her vulnerable state leaves her at risk of exploitation and manipulation, seen as a potential victim of domestic abuse or sex work. Her distrust of those who were meant to help her father would put up a barrier to seeking help.

At 17, any help could fall between adults and children focused services - who is best placed to help her?

Basis.

Damian, Kamala and Mehmet



Damian

First response from group - ‘loneliness’ which is not a word we thought of when creating the people profiles but really does sit at the heart of his issues. Highlights the importance of using people profiles and engaging with those who work on the frontline with users.



Kamala

Consider misusing of over-the-counter medication alongside alcohol - the group has seen this happen as well to cope with grief and harder for others to spot.

Shame and guilt will drive her decisions and actions.



Mehmet

Although Mehmet is from Albania, the group had heard his story from refugees from Syria, Iraq, Iran, Afghanistan (war torn countries). They questioned how he traveled to the UK as they see trauma from the journey.

PTSD from experiences at home and on journey.

At risk of exploitation and modern day slavery as he becomes a user-dealer.

Basis.

Ajeet and Mo



Ajeet

Do his parents speak English?

Is there a risk of domestic abuse in the home? Domestic abuse would require statutory services to become involved.

A question was raised about what was focused on in this scenario - Safeguarding is of paramount importance but should not prevent a conversation with Ajeet about concerns he may have for himself.



Mo

At risk of gang violence and territorial issues as he started to run errands for his dealer - would need input from those with experience and knowledge.

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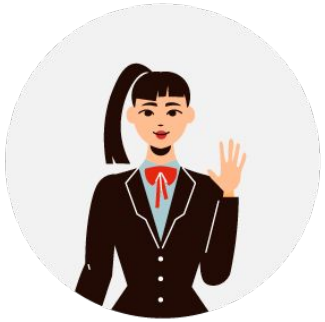
Danior and Natalie



Danior

Recognised the complexities of helping Danior. His desire to fit in increases risk of grooming and his isolation puts him at risk of hidden harm, Child Sexual Exploitation, Child Criminal Exploitation and Serious Organised Crime Groups

Attraction of cannabis life and stealing mobile phones for a little extra cash



Natalie

Consider other addictions and the risk of grooming and sexual exploitation.

Need to understand the differences within her community - Hong Kong, China, Singapore, Japan.

Natalie is born in the UK but students from her community from China fear recorded information will be shared amongst employers, educational establishments etc - need to make clear our rules on data and security.

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Understanding barriers to drug and alcohol support

Basis.

What is preventing each user from accessing support?

- Using the People Profiles, the group reflected upon current barriers that are preventing each user from accessing support
- Focus was not limited to organisational responses but what the group believed the person experienced – all and any they could think of
- We avoided jargon, kept it fast, furious and to the point - getting it all out of our minds
- The barriers listed reflected the current situation, not the future

Identifying challenges and understanding them better helps us to know how to deal with them

Basis.

Summary of barriers

- Updated People Profiles can be found here - we have added all comments, barriers and solutions to each person
- We've highlight some of the conversations, comments and questions from the group which helps those not in the room to understand more about the lives of those in need

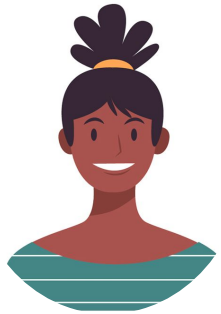


John

Considered a frequent flyer which has created a mistrust of services, he's heard it all before and has lost faith/no hope for the future.

Too well known by services - judgement, revolving door, labelled. Called a 'persistent offender' and currently part of Integrated Offender Management Programme.

Severe and Multiple Disadvantage (SMD).



Natasha

Mistrust in health services.

Feels alone in her grief which is leaving her isolated and struggling to speak to people.

She fears school's drug policy and strategy if she does share, or is found out, so hides away.

Who can she turn to?

Basis.

Damian, Kamala and Mehmet



Damian

Isolated and lonely - it's not his home just a place his stays and earns money. In denial about the reason for his drinking - just the norm for his work and back home.

Fearful of work finding out if he asks for help or stops drinking. How will he work if he stops drinking? People will notice and judge - Will he make as many sales?



Kamala

Guilt, shame and stigma. Won't access services because is worried about people finding out.

Childcare issues. Even if she is brave enough to ask about help, will she need to talk in front of her kids? Will they be looked after?

Put off by services not being culturally competent and focusing solely on drinking rather than her bereavement and trauma.



Mehmet

Mistrust in services - feels trapped in a system that doesn't want to help him. Cycle of problems that just build upon each other - where do you start?

No permanent address and no money which makes travelling to get help virtually impossible. Time spent trying to find somewhere to live and find money to survive and buy drugs.

Basis.

Ajeet and Mo

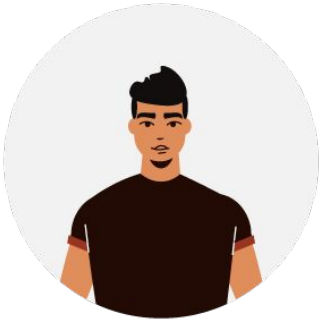


Ajeet

Confused and isolated - his age impacts on his ability to know who and how to access services - not all services may be open to him. Safeguarding issues may overshadow Ajeet's needs and concerns.

Doesn't know who else to talk to or where he can get support.

If he knew where he could get help for feeling sad, he may be unlikely to speak to substance use services as sees behaviour is normalised by peers and is fearful of family repercussions.



Mo

Confused, isolated and disconnected from family.

Has divisive lifestyle that is glamorized and influenced by peers - offering connection - changing this risks the feeling of freedom that he has. Believing that support services will enforce change before he is ready to make it deters him from engaging with services.

Disconnected from family and worried about consequences if they found out.

Basis.

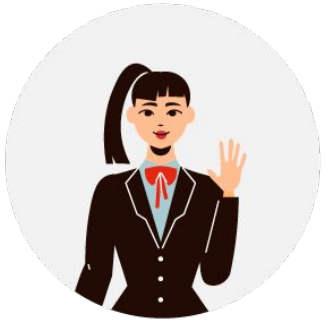
Danior and Natalie



Danior

Lacking confidence in ability to engage, and possibly unable to access support services due to language barriers and a belief that no one will have time for him.

Previous experience with schools, trauma, learning disabilities and lack of stability has decreased confidence in approaching services - why engage if they can't understand me and I'll leave anyway?



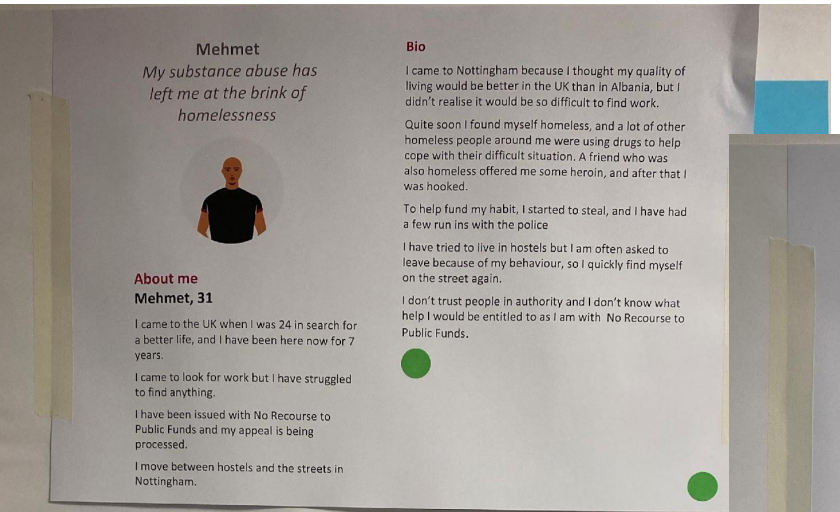
Natalie

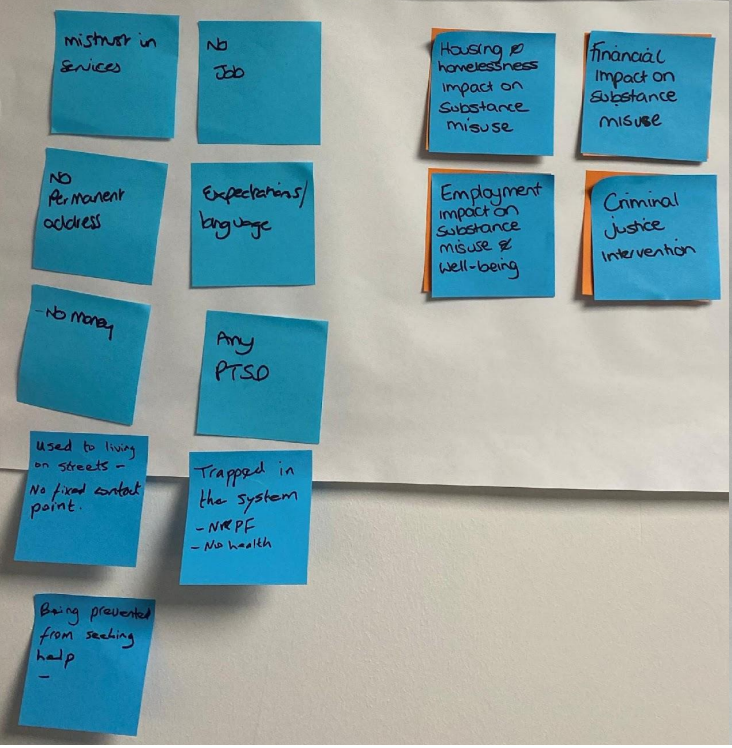
Trust, guilt and shame.

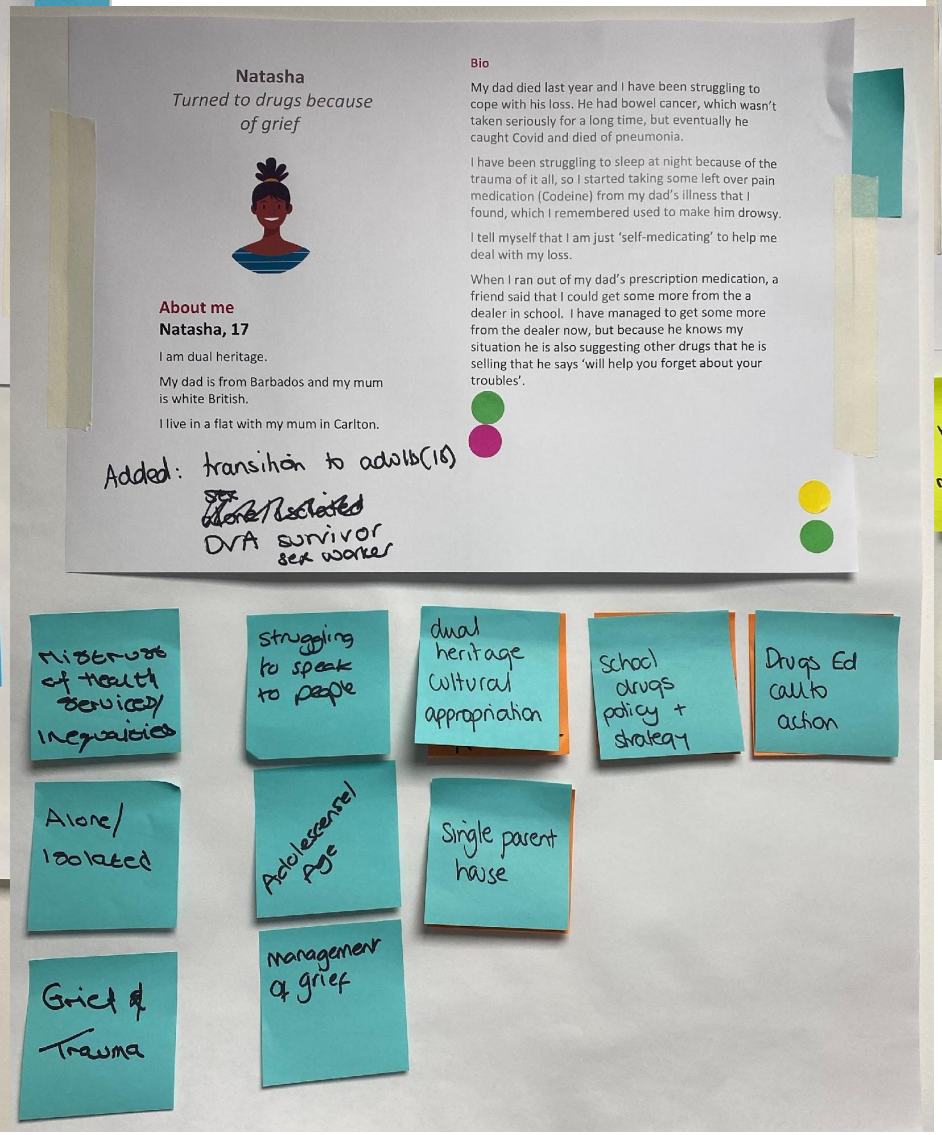
Doesn't know where she can get support and if she was able to access services. She is worried about confidentiality - a fear of exposure and repercussions for her relationships, specifically with family.

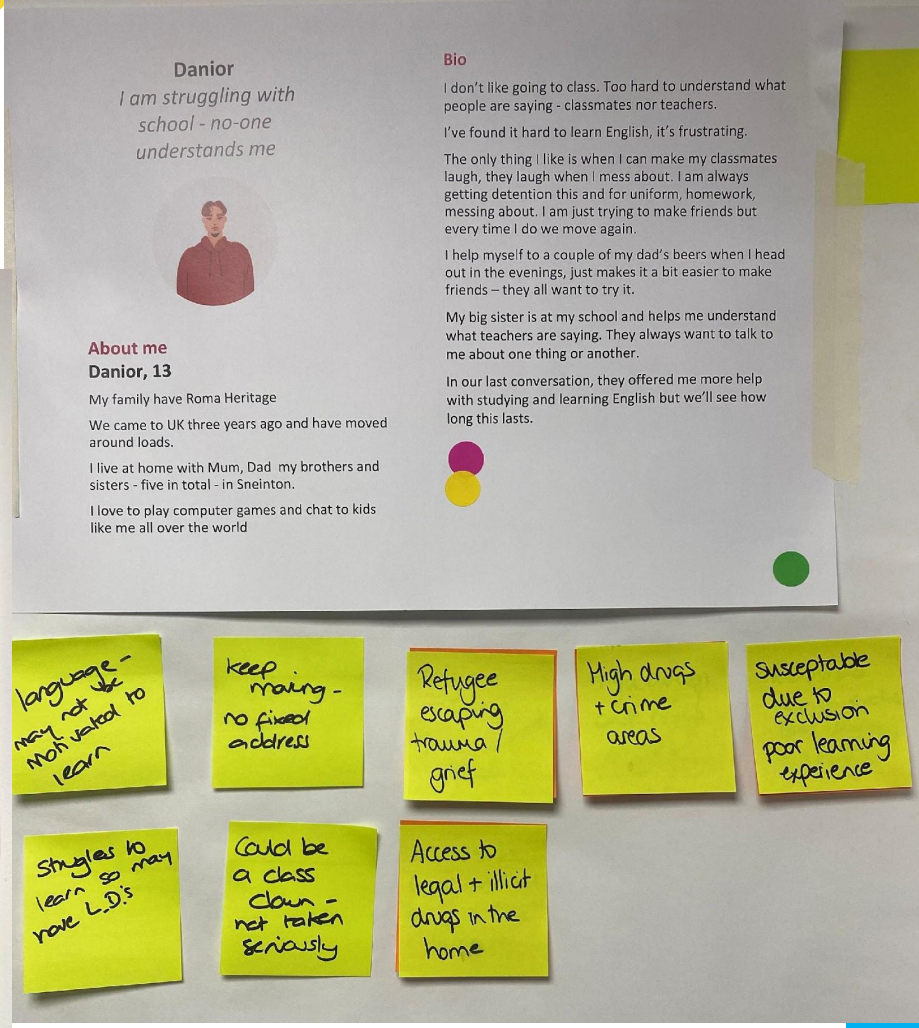
Basis.

Verbatim barriers



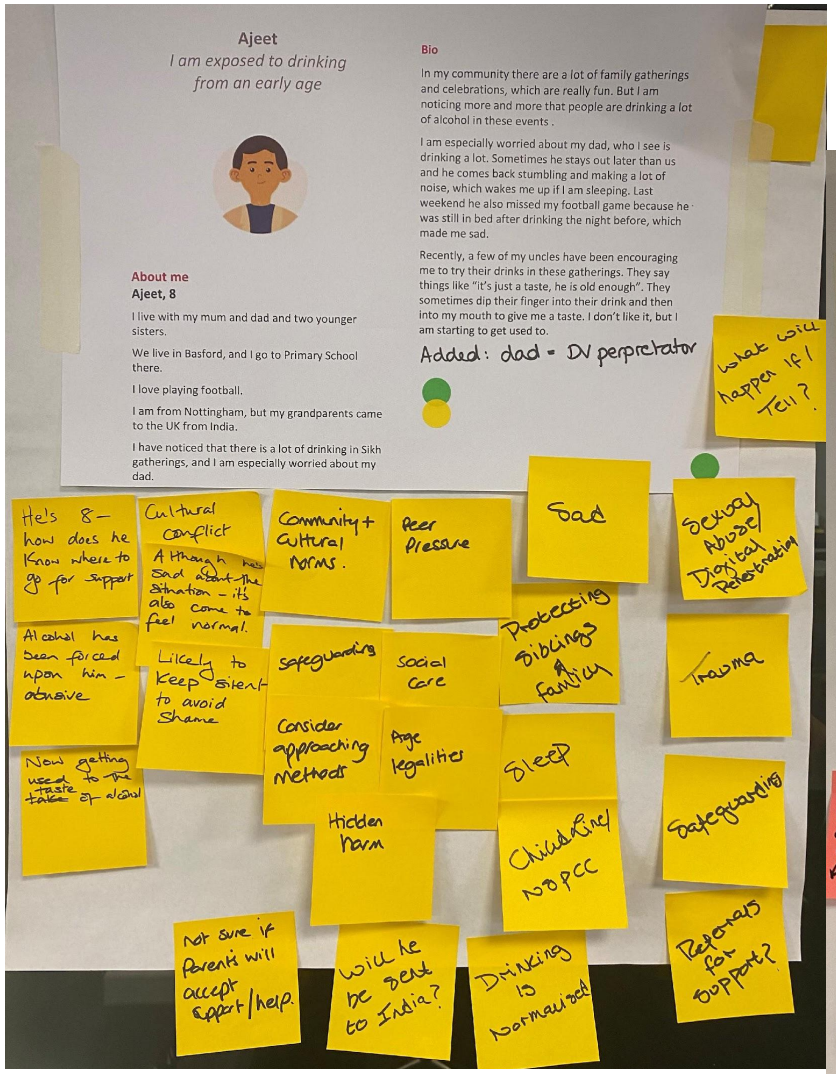


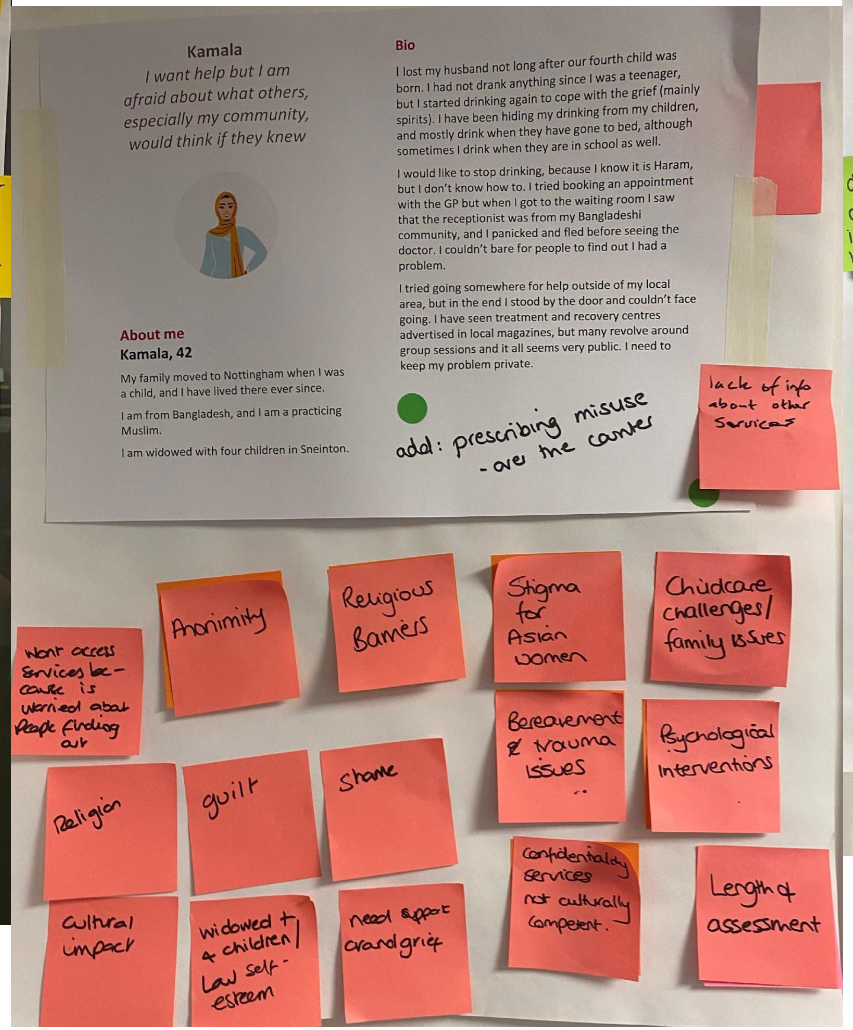


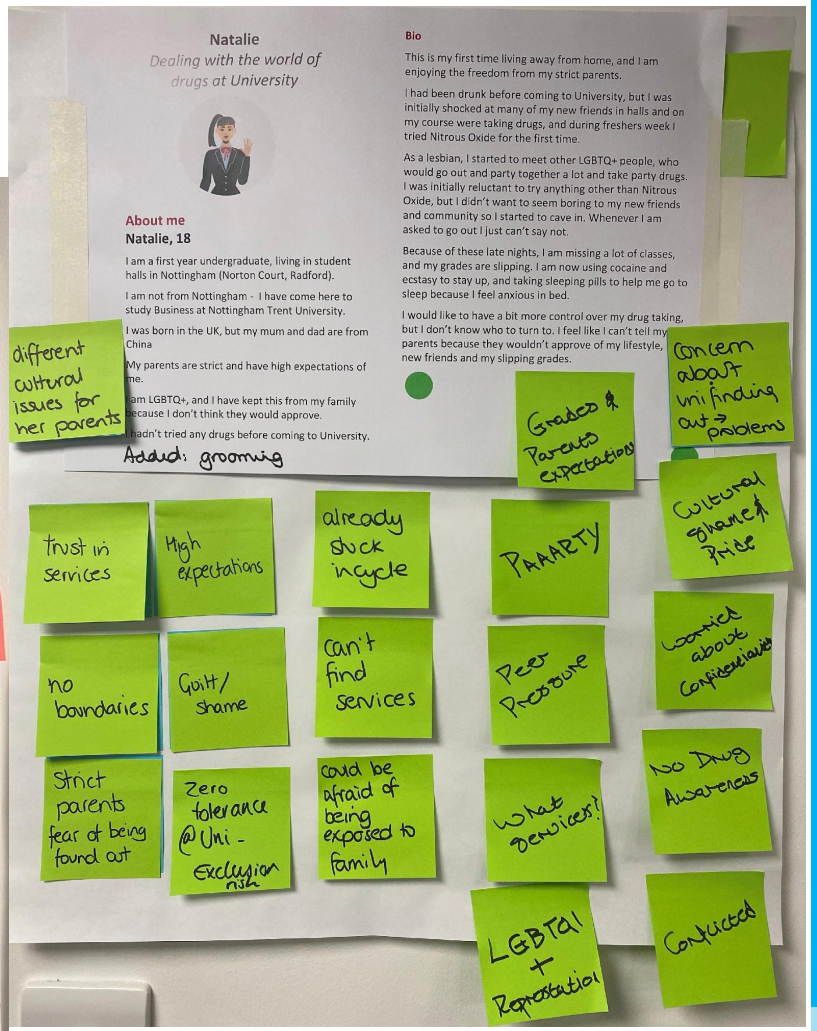


Basis.

What is stopping them from getting help?

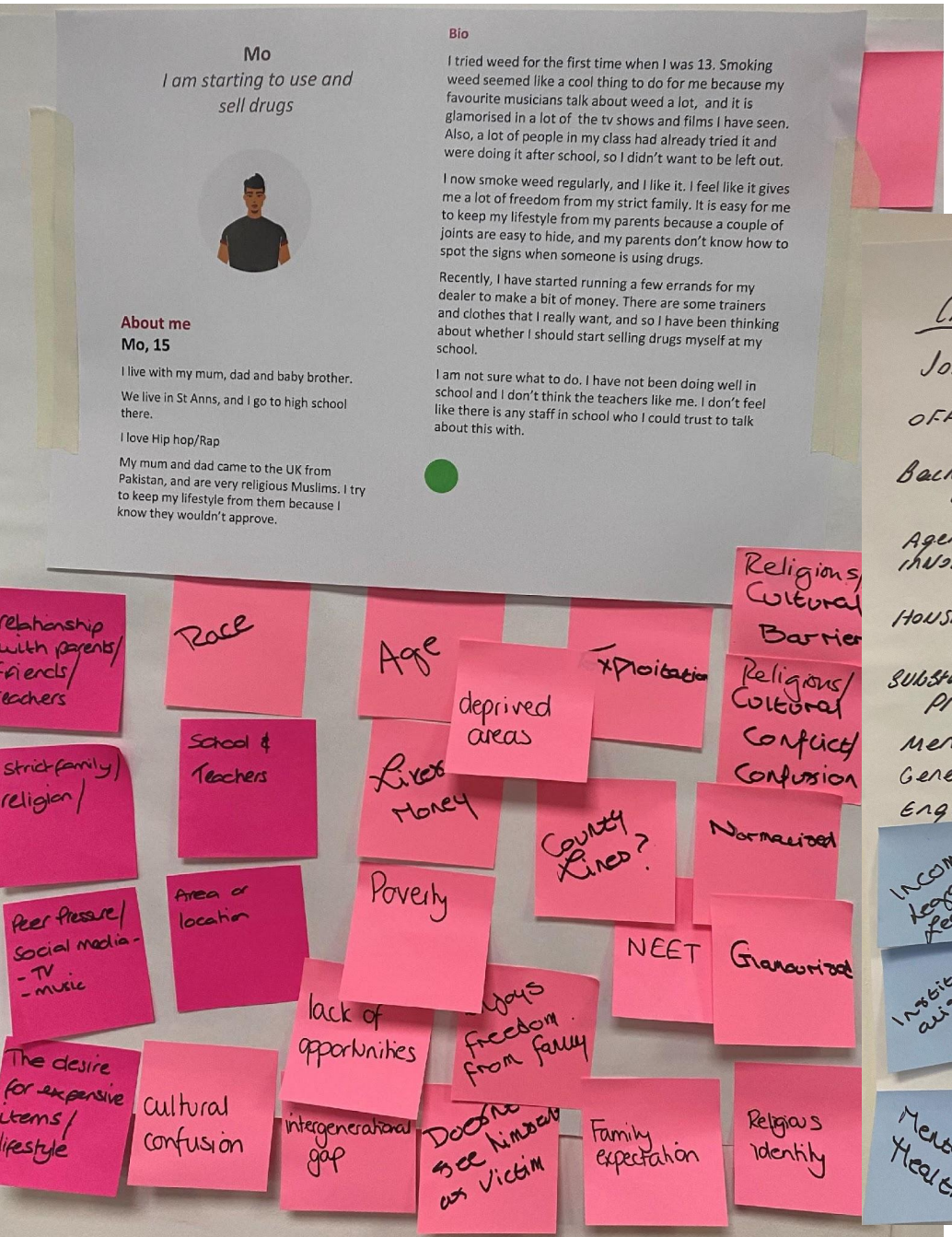


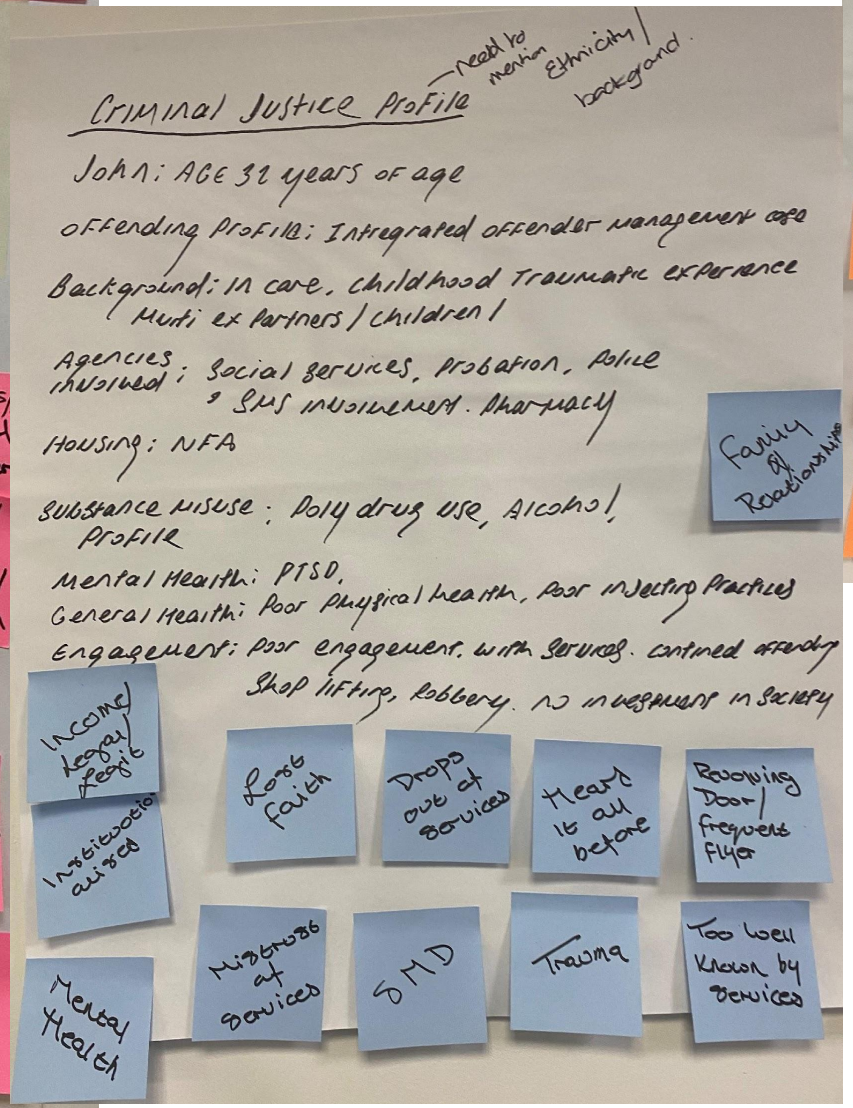


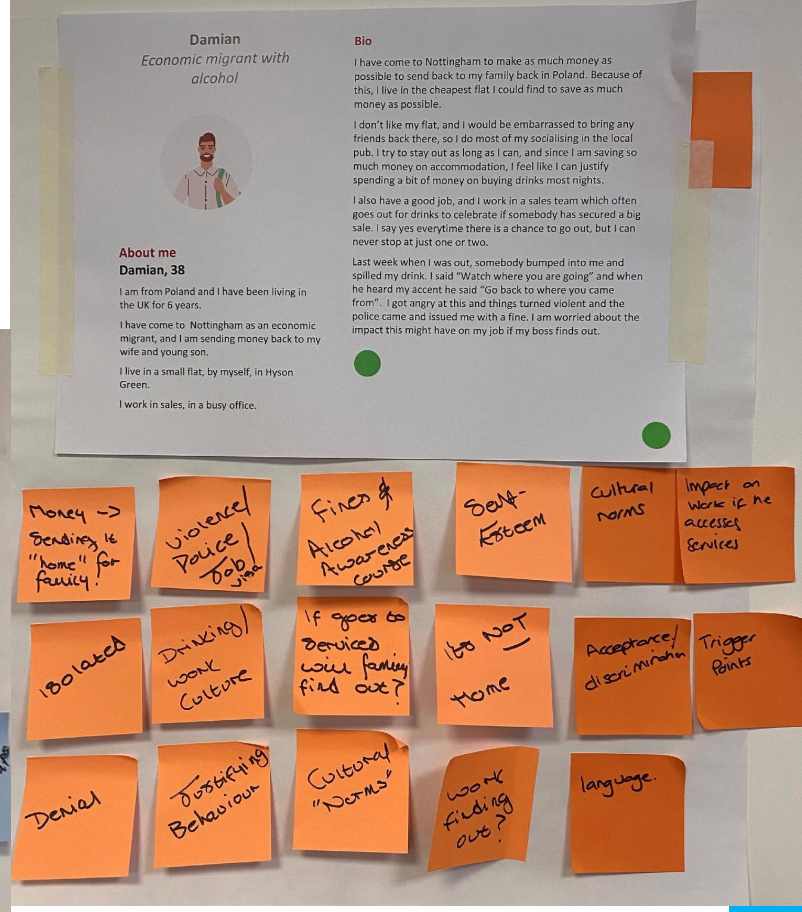


Basis.

The things we see and hear that prevent support







Basis.

Analysing these barriers

- For each Person Profile, the group considered what type of barrier was experienced by asking the following questions:
  - What do we need to accept for now? (Brick walls)
  - What can we change ourselves (now)? (Paper walls)
  - What can we change if we come together with extra effort/focus? (Partition walls)
  - What is stopping us but we can't describe it? (Invisible walls)
- The post-it notes generated for each person profile were added to the relevant wall.
- Using 'walls' as an analogy helped the group recognise if the barrier was occurring because of:
  - Traditions
  - Personal and/or political relationships
  - User demand
  - Policy changes
  - Culture, etc.
- Taking a step back, the group were able to reflect on key themes arising across all of the users

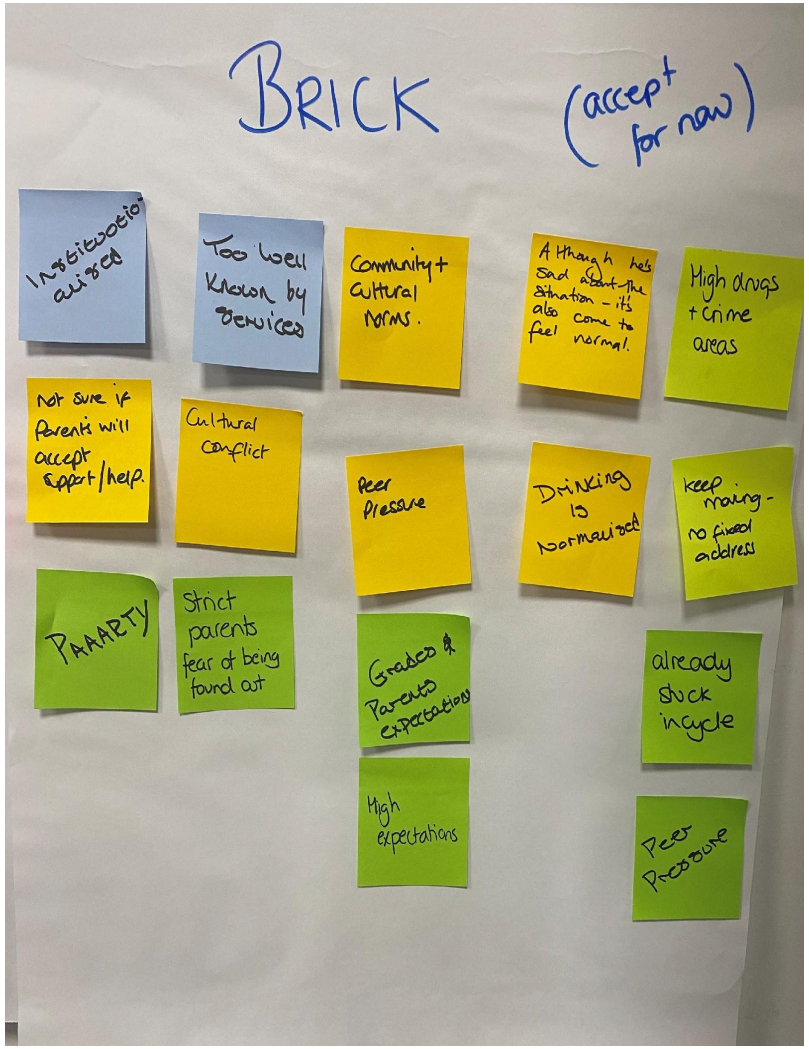
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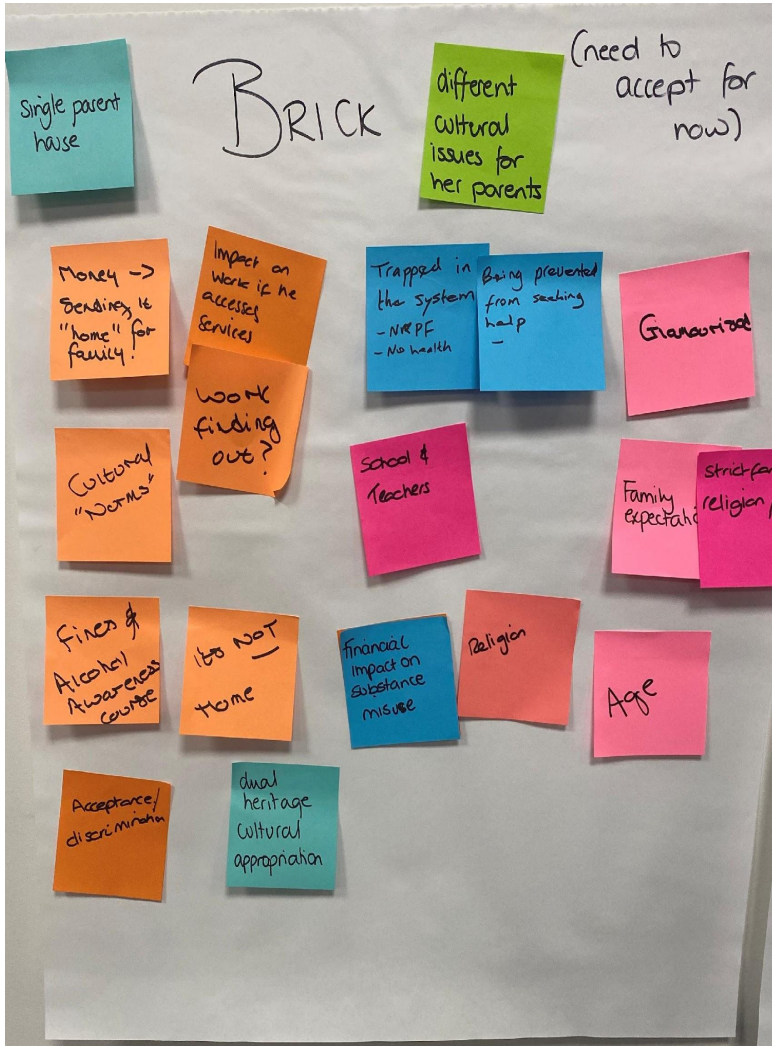
An overview of the Breaking the Shell exercise

Post-it notes are colour coded to each user



Brick walls – accept for now

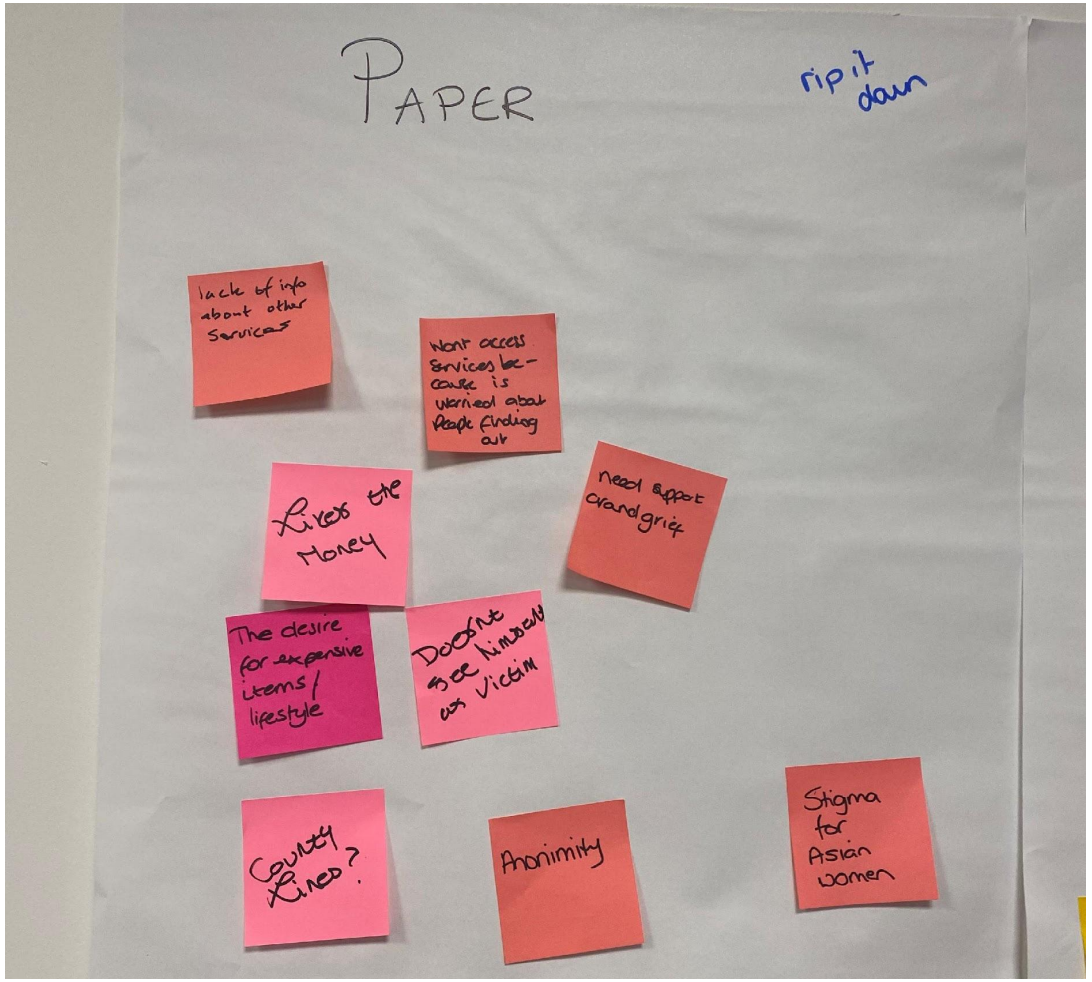


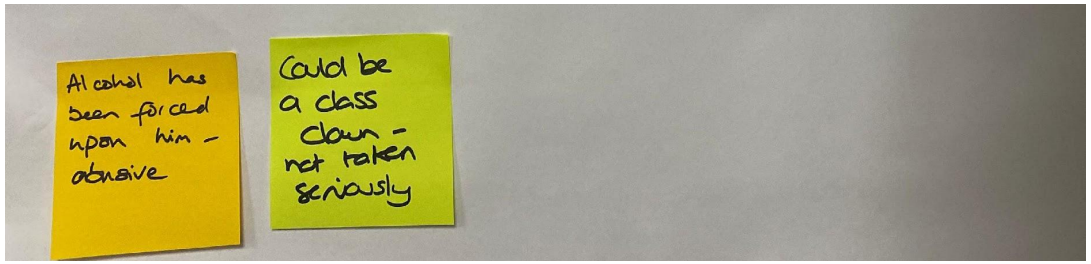


- Brick Wall - what we need to accept for now?
- Key themes:
  - Family and community expectations
  - Living situations – where they live and the area around them
  - Cultural norms and expectations
  - Pressures from peers, family and wider community
  - Other systems and institutions
  - Finances

Basis.

Paper walls – tear them down

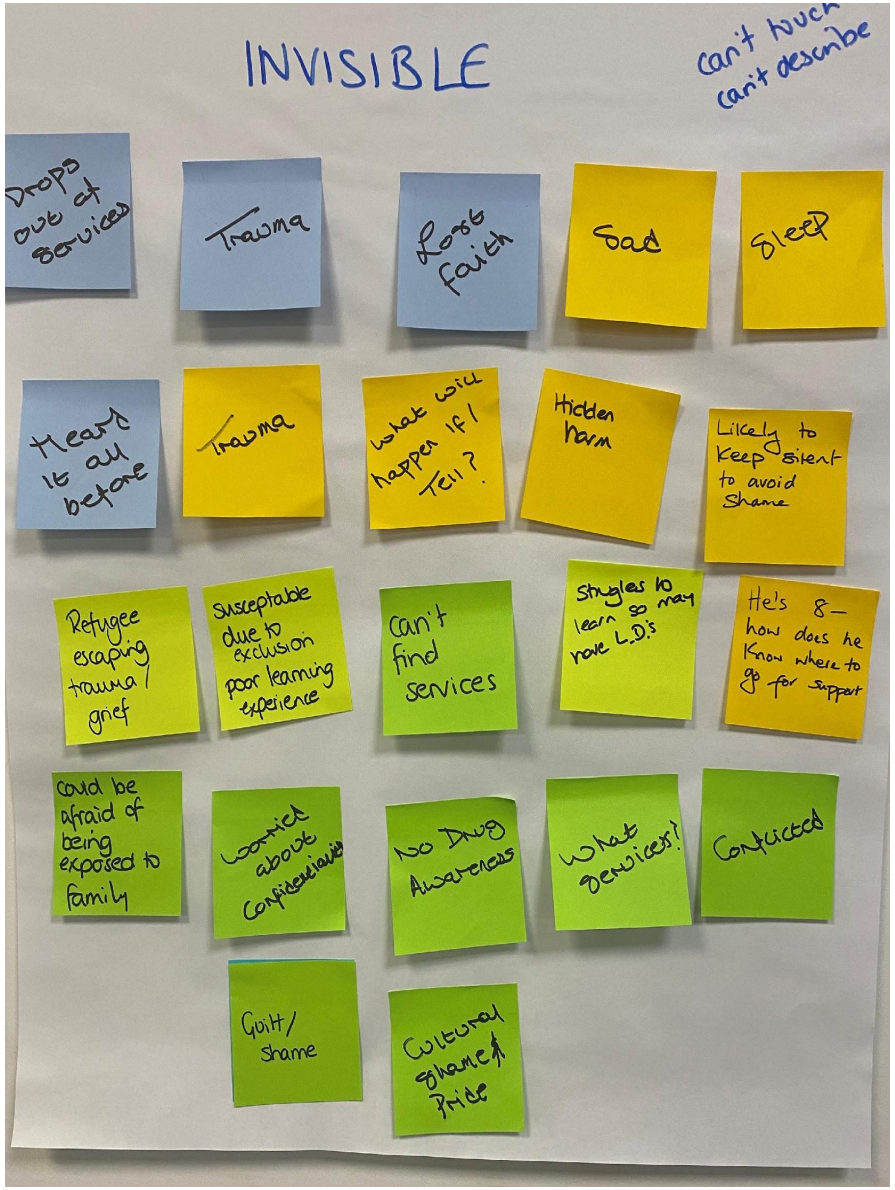


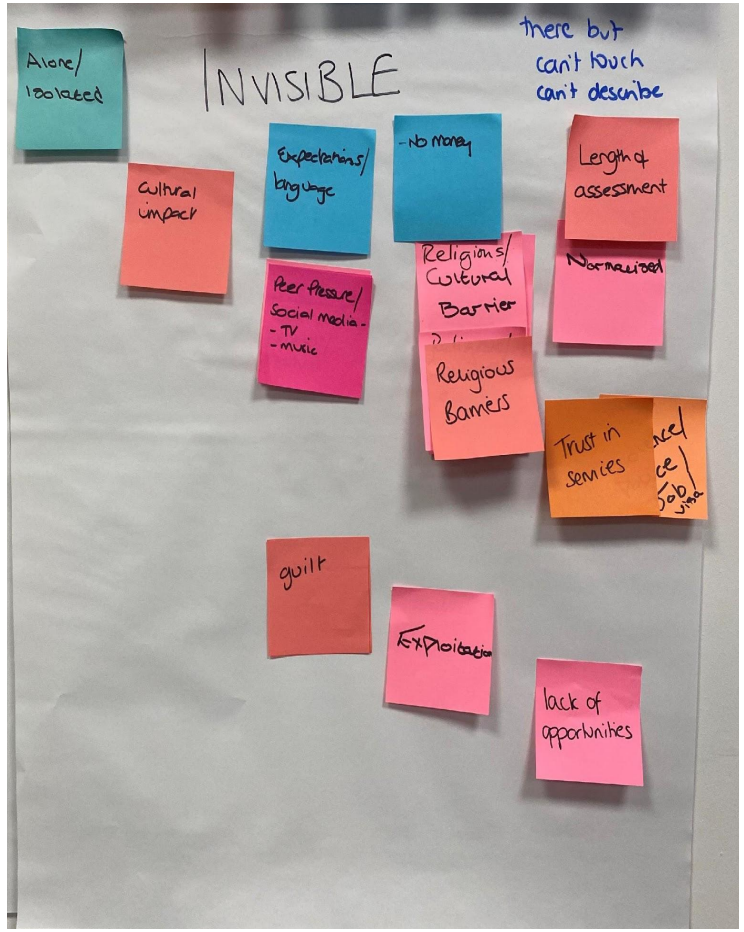


- Paper walls - what can we rip down now?
- Significantly less on this wall than the others
- Key themes:
  - Changing mindsets relating to lifestyles
  - Sharing more information
  - Challenging stigma and bias

Basis.

Invisible walls – intangible barriers

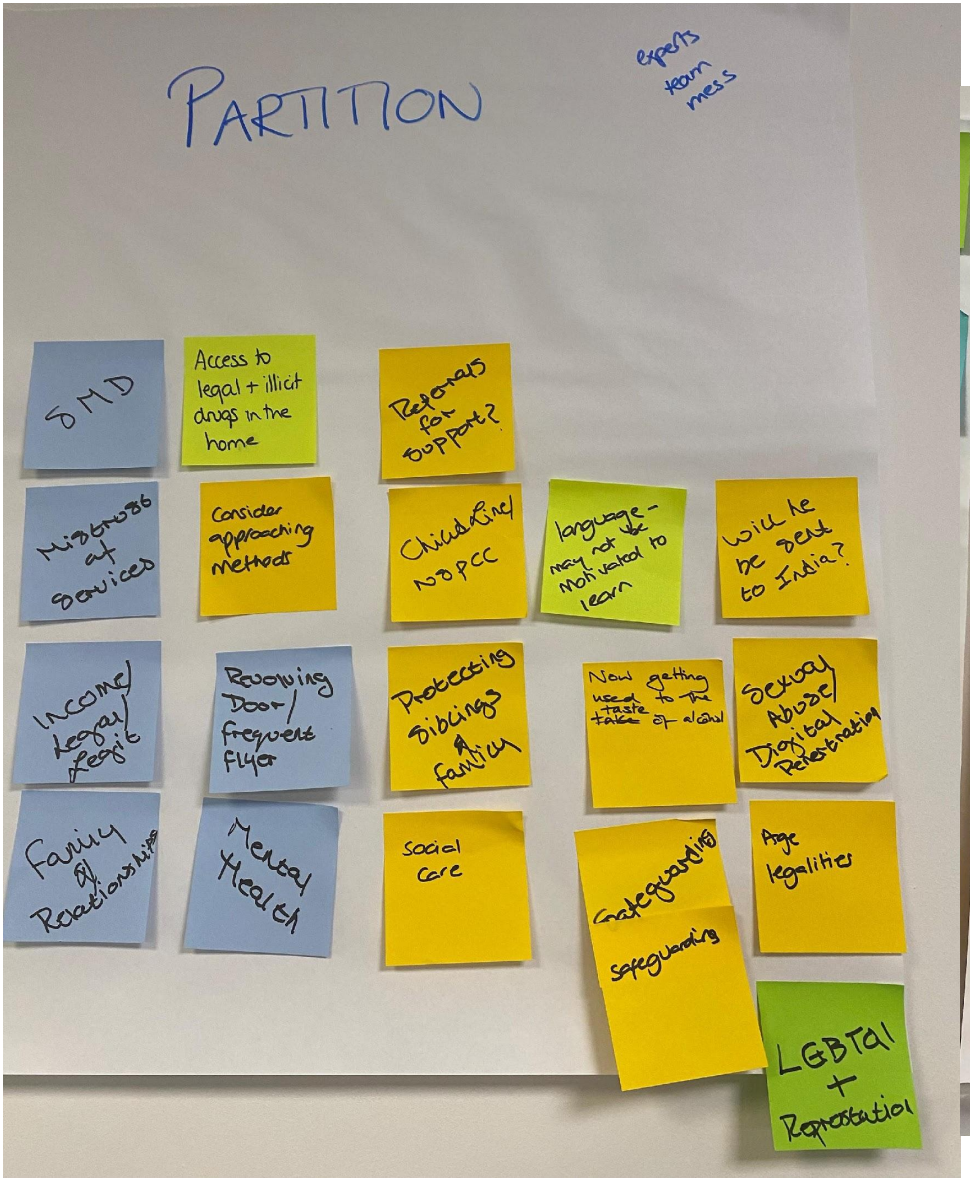




- Invisible Wall - It's there but I can't touch it or describe it
- Key themes:
  - Lasting effect of trauma and how it manifests
  - Tackling guilt and shame
  - Building trust and confidence in services
  - Social isolation, loneliness and exploitation

Basis.

Partition walls – with effort, expertise we can take it down

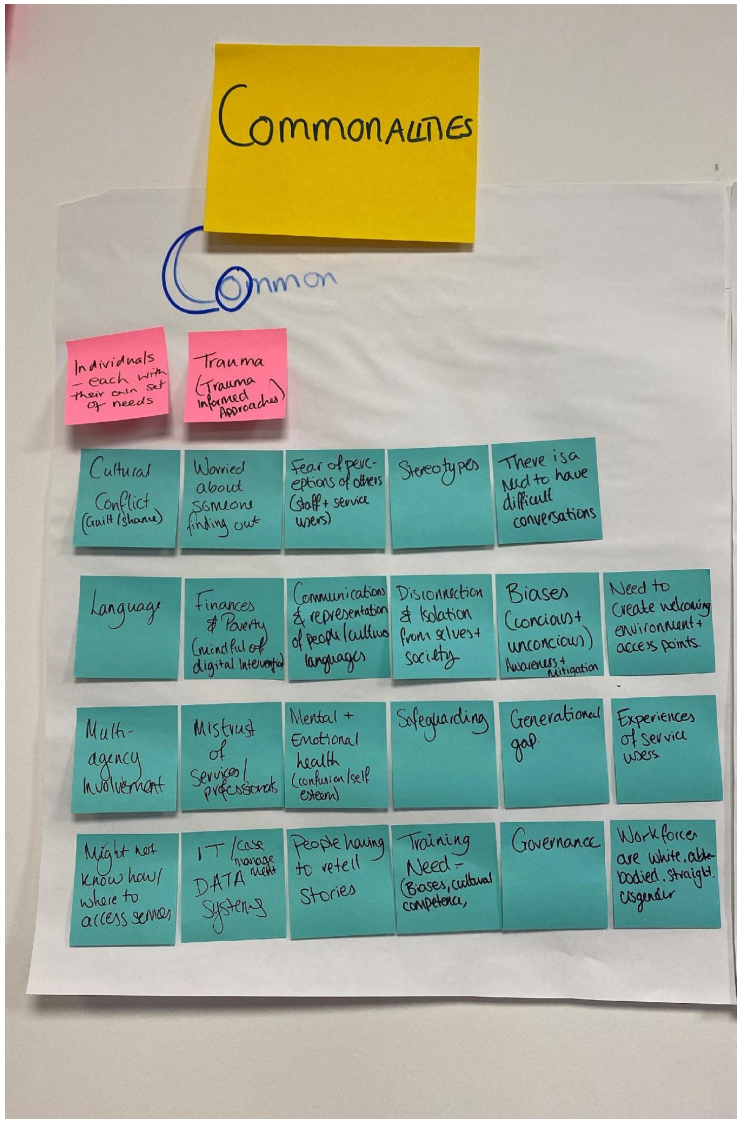




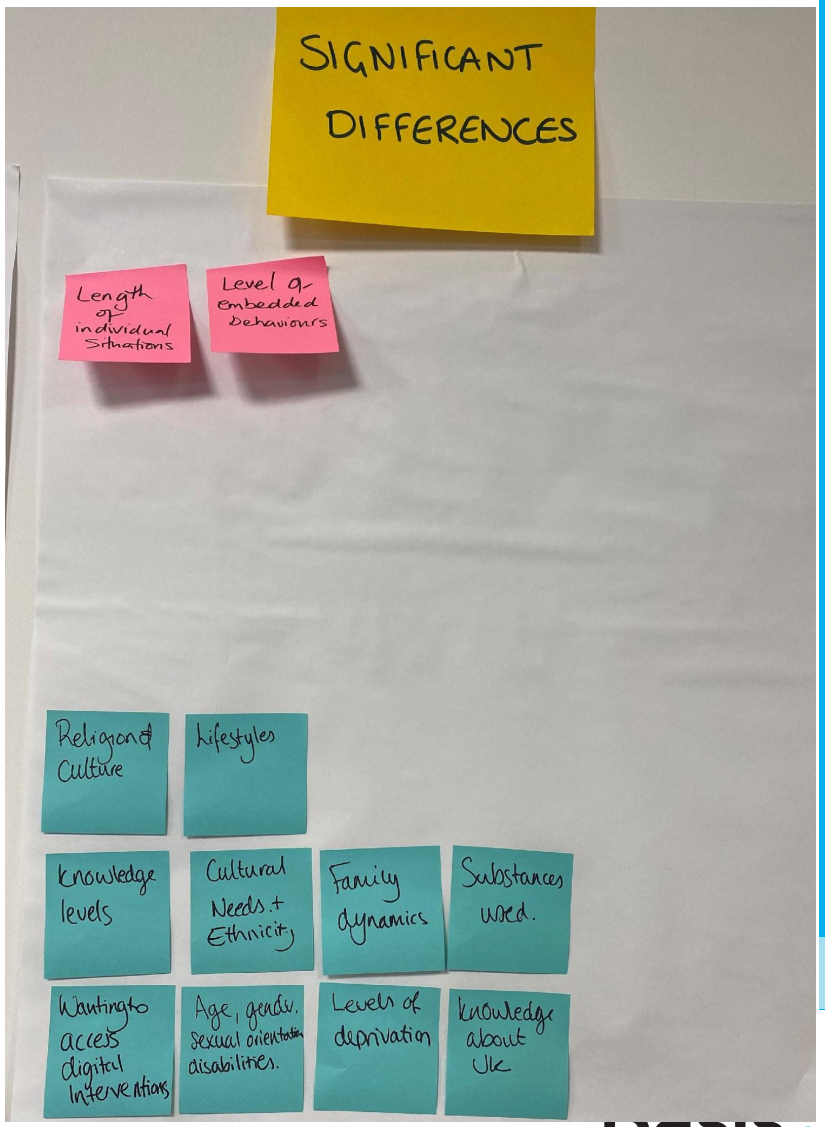
- Partition Wall - if experts and groups join forces, we can overcome these barriers
- Key themes:
  - More joined up approaches for person and family
  - Start tackling root causes as well as behaviours (e.g. loneliness and isolation, PTSD, etc)
  - Changes to how we talk, work and behave
  - Design of our support services

Basis.

Commonalities and significant differences



- The group reviewed all the barriers displayed on the walls
- They took a literal and figurative step back to identify commonalities amongst all the barriers
- They then considered the significant differences between these barriers
- This thinking proved really valuable when designing solutions - where do we need to consider the individual, and where might solutions work for all?
- The next slide shows these in detail



In more detail

Commonalities	Significant differences
▪ Trauma ▪ Individuals each with own set of needs ▪ Cultural conflict (guilt/shame) ▪ Worried about someone finding out ▪ Fear of perceptions of others (staff and service users) ▪ There is a need to have difficult conversations ▪ Mental and emotional health (confusion/self esteem) ▪ Communication and representation of people/cultural ▪ Disconnection and isolation from selves and society ▪ Biases (unconscious and conscious) ▪ Need to create welcoming environment and access points ▪ Mental and emotional health (confusion/self esteem) ▪ Multi-agency involvement ▪ Mistrust of services/ professionals ▪ Finances and poverty ▪ Experiences of service users ▪ People having to retell stories ▪ Might not know how/where to access services ▪ Training need - biases, cultural competence ▪ Might not know how/where to access service ▪ Governance ▪ Workforce are white, able bodied, straight, cisgender ▪ Safeguarding ▪ Stereotypes ▪ Generational gap ▪ Language	▪ Length of individual situations ▪ Level of embedded behaviours ▪ Religion and culture ▪ Lifestyles ▪ Knowledge levels ▪ Cultural needs and ethnicity ▪ Family dynamics ▪ Substances used ▪ Wanting to access digital interventions ▪ Age, gender, sexual orientation and disabilities ▪ Levels of deprivation ▪ Knowledge about UK

Basis

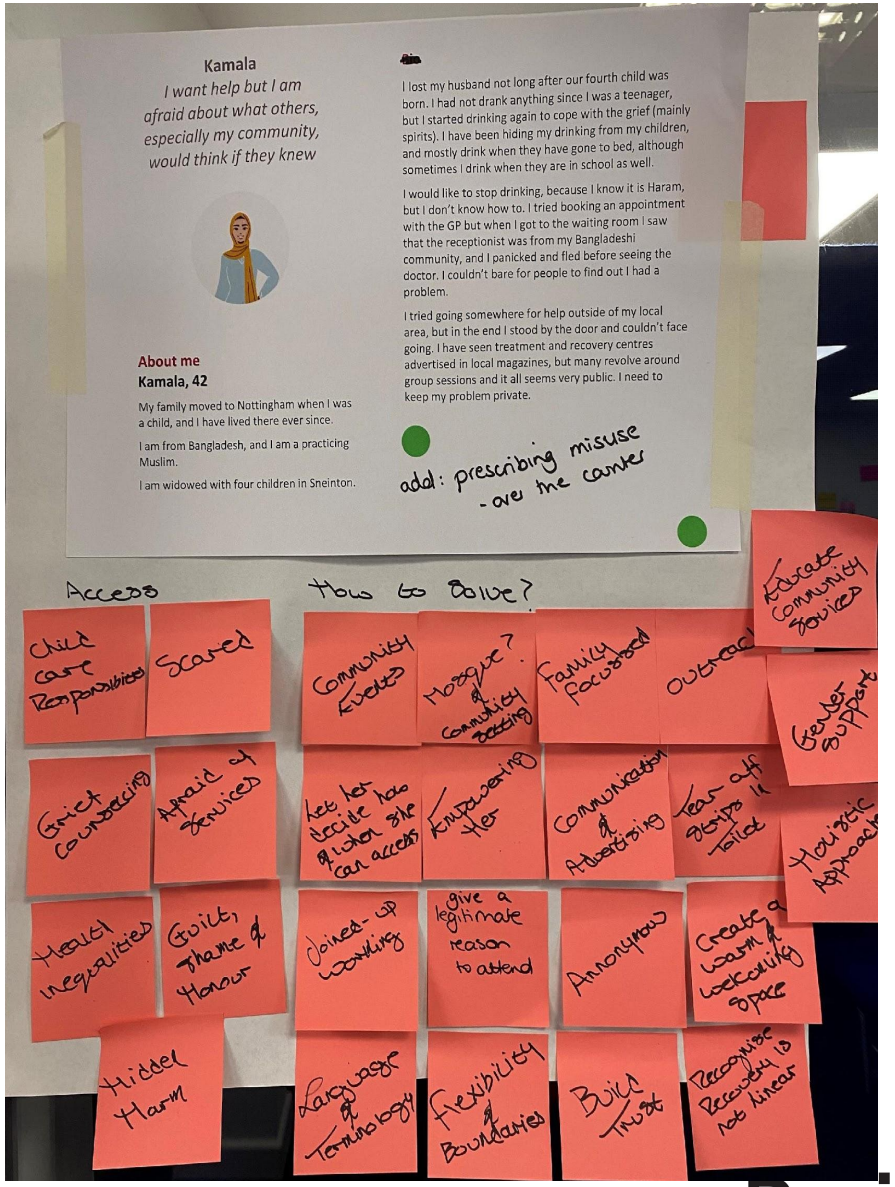
Identifying solutions - how can we remove these barriers

Basis.

Overcoming barriers for each People Profile

The group got busy thinking about how they could overcome the barriers for each People Profile by:

- Thinking about how to get to the underlying root cause of the barriers and developing ideas
- Focusing in on smoothing the route to access support – what can be different?
- Giving legitimate reasons to be where the help is located
- Anonymising, making safe, connecting most commonly used words
- Discussing the value of online/digital world – can it be more than just an information tool? Scope for online real interventions
- Treating their grief and trauma alongside substance use (treat cause, not symptoms)
- Finding fun, engaging and developmental activities that can act as an alternative
- Determining the biases and approaches from support services that act as a barrier



Basis

Summary of solutions

- Updated People Profiles can be found here - we have added all comments, barriers and solutions to each person
- We've highlight some of the conversations, comments and questions from the group to help those not in the room to understand more about the lives of those in need

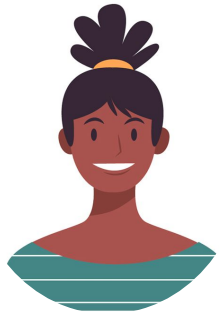


John

Focused on how his journey is not linear - no-one's recovery is, so his support should reflect this and use tools that help us plan for this.

Don't overwhelm with multiple services - find most appropriate and commit longer term.

Fix what he considers to be the most important issue, not what the professional thinks.



Natasha

Support her bereavement, dissociation and trauma alongside her substance use so that you are treating the cause not the symptom.

Role of school is critical - there is lots that they can offer, yet schools often take a more punitive approach - this is the opposite of what she needs.

Basis.

Damian, Kamala and Mehmet



Damian

Improve online communications, especially targeting those whose work involves socialising (such as sales sector). Offer guidance to employees and employers. What can employers do to keep their staff safe|? Include information on recognising his loneliness by sharing stories of others who are living and working overseas to give their families a better life.



Kamala

Fear of her issues becoming public is blocking accessing help, so give her legitimate reasons to seek help - e.g. family focused events, torn off phone numbers in toilets/baby changing rooms, anonymity, flexibility and build trust.



Mehmet

Street outreach - get out and meet him where he lives his life. Take a gentle approach such as Soup Runs where you start by meeting immediate need of hot nutritious food.

CJ service to drug treatment to training.

Trauma informed approach is key.

Basis.

Ajeet and Mo



Ajeet

Enable him to use his voice and design videos/digital and other messages that explain the situation in a way he can understand.

Think of community wide education and awareness of the impacts of alcohol - when does the fun stop?



Mo

Focus on offering alternative ways to have fun e.g. Baby People (a hip hop school) where he can learn and grow.

Educate parents on early signs of drug use via their mosques.

Pastoral care from his school is key yet schools often take a more punitive approach.

Basis.

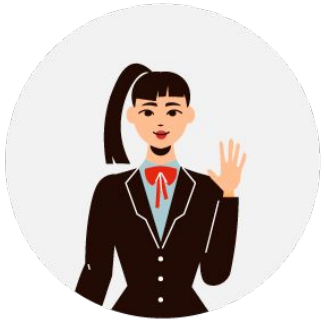
Danior and Natalie



Danior

Use technology as an intervention for Danior, that is age appropriate and designed for those who are new to UK/don't interact with our normal support systems.

Raise awareness with school around drug and alcohol especially as Danior would have missed the education that UK children receive in primary school about keeping healthy.



Natalie

Digital or online support focused on how to keep yourself safe at university (similar to Boogie Safe at Nottingham).

Welfare Services at university are key to offering her support - can we link community groups with uni to help overseas or students from ethnic groups?

Basis.

Changing our support systems

Basis.

Solutions

- Taking a step back, the group reflected on the broader system, focusing on 2 areas:
  - Access
  - Delivery approach and design
- Working together in small groups, the group used their understanding of the solutions for each person profile, together with their expertise and knowledge, to begin describing what was needed for the future
- Key questions asked were:
  - How do we get people to the first conversation?
  - What must be in place for access and support to happen?
  - When should support start?
  - How do we share the information?
- What does is need to look like? What does it need to sound like? What does it need to feel like?

What does it look like (structure)

Create a visible digital presence

Scan for more info

Text me

Call me

Book a call

Create an anonymous free-to-phone independent virtual call centre – one telephone number answered by multiple organisations

Are you worried about someone? Do you need help?

Tear off phone strips

Link people into services

Services

Services

Services

Services

Services

Network of Community Champions

Outreach Practitioners

Basis.

Different roles



Community Champions that:

- Share – stories of their own and others
- Teach – families on how to look for early signs of potential issues
- Act – to bring people to care/support, put their arm around people and walk them into care
- Recruit - more Community Champions, drawn from communities
- Develop - their skills and support structures around them, including supervision



Outreach practitioners that:

- Listen – to needs and guide into further support
- Manage – support for the user
- Mentor - info, advice and guidance to Community Champions
- Intervene – deliver interventions then and there



Virtual call centre that:

- Listens – go at the callers pace, anonymous,
- Understands – needs and guide into further support
- Provides – info, advice and guidance to families, users and community groups
- Hands Over – confidence, trust, what info do you need to share
- Is there one in existence that can be expanded? Or several that can be pulled together?

Basis.

Key topics of discussion: aftercare and role of schools

What does aftercare look like?

- Move away from ‘discharge’ to aftercare
- What does this look like?
- Some discussion on an aftercare support process for when people are stable but still at risk of triggers or relapses
  - Regular check-ins every few months
  - Reach out at known trigger dates
  - Use Community Champions to provide aftercare and spot early signs of regression

Work with schools

- Build more links with schools, their pastoral care and after school clubs
- More mentoring via sport and activities
- Identify and develop ways to support older children at risk of exclusion

Basis.

What does it feel like?

What does it feel like to those receiving and delivering services, as well as stakeholders seeking help for friends, family and community? This is important to the design of future provision

- Person centred (Humanistic) – not medical or treatment orientated
- Short meaningful conversations to understand needs
  - Not a multi-paged assessments that are repeated by each new service
- Trust data shared with you by others
  - Not repeated
- Risks are shared, discussed and actively managed
  - Not feared
- Lived experience is valued, and invest in ways that involves those with it

Asked for help

Peer first

- Stripped back assessments
- Focus on developing skills (not knowledge)

Trust assessments

- Completed by others

Presence close to homes using champions

Basis.

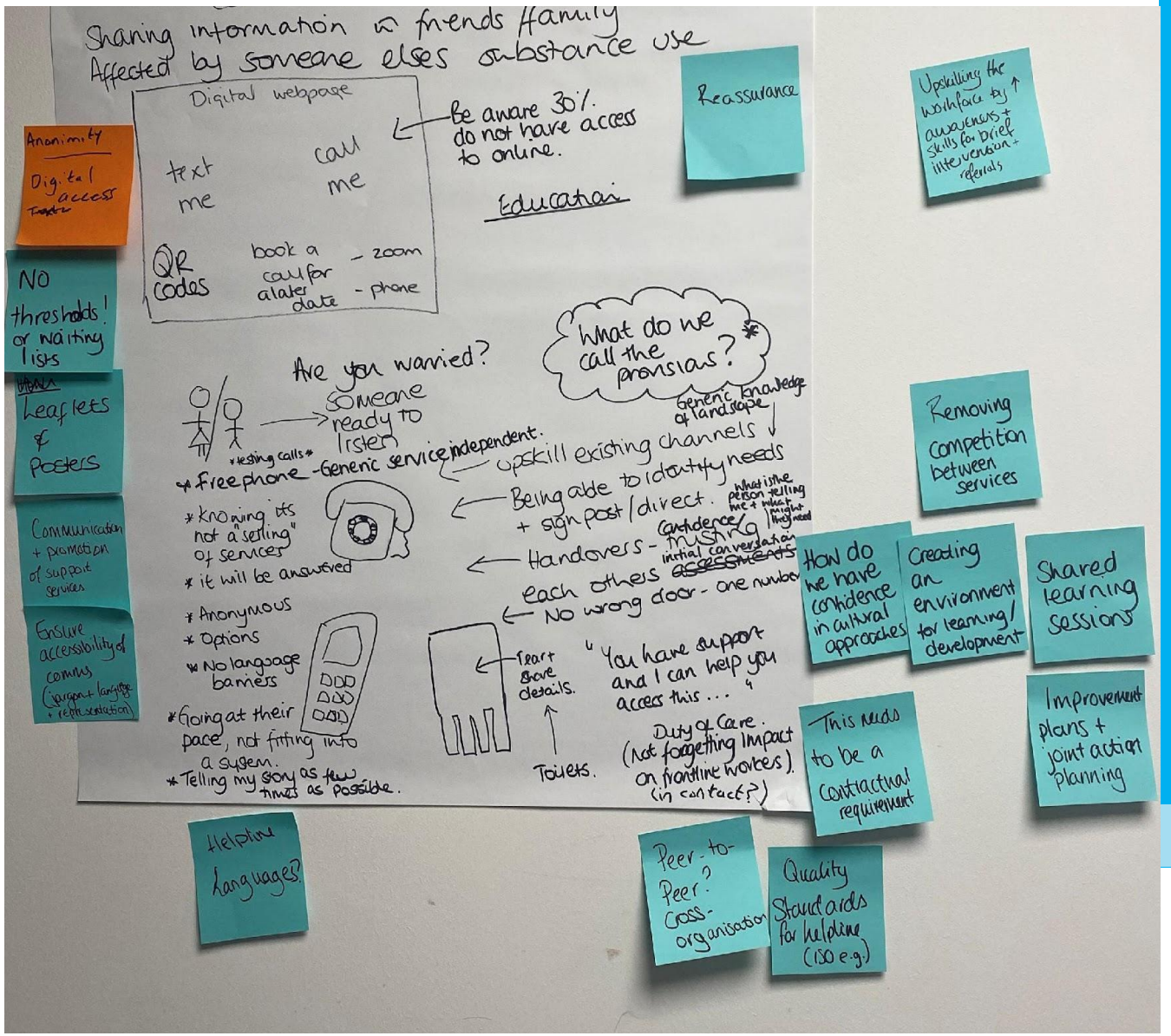
What does it sound like?

- Change to language
  - Eliminate medical language – no use of ‘referrals’, ‘discharge’, ‘triage’, ‘assessment’
  - Normal everyday words in multiple languages
  - More than professional translation
- Cultural competence is a 24/7 mindset not a 1-day course
  - Develop practitioners ability to understand and interact effectively with people from other cultures
- Shared stories, lived experience and community knowledge is valued and praised
- Teach, mentor and coach approaches when working together

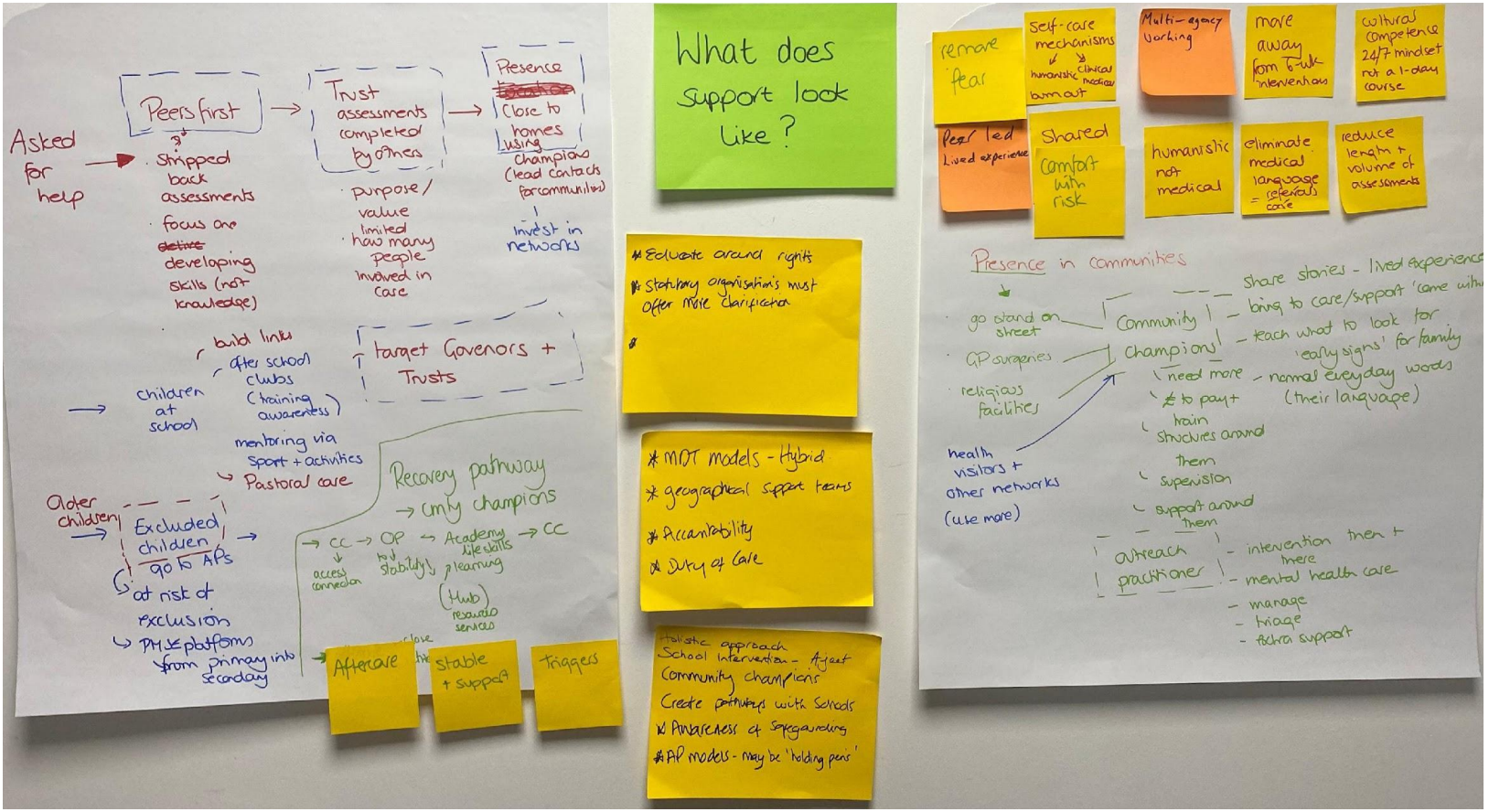
Basis.

Access: How do we get people to the first conversation?

- What might work?
  - No wrong door - ‘There is support and I can help you’
  - One telephone number answered by multiple organisations who assess, share and direct to the right service
  - Different ways to advertise that number - tear and share in bathrooms, taxi adverts, etc
- What do we need to have in place?
  - Someone ready to listen
  - Understanding from the user that it is not a ‘selling’ service
  - Anonymity
  - No language barriers
  - Works at the pace of the user, not the system
  - Telling my story as few times as possible
  - Trust in organisations’ assessments
  - Robust well-being practices for colleagues including peer-to-peer support
  - Upskilling across existing support systems
  - Ability to identify needs, signpost and refer as required
  - Clear handovers not handoffs
  - Generic knowledge of all services
  - No competition between services
  - Shared learning



What does support look like?



- Support: What does this look like? What might work?
  - All inclusive approach with multiple agencies/organisations working together
  - Partnership model of working with geographical support leads
  - Early prevention work in schools and communities
  - Community Champions (presence in community)
  - Person-centred (humanistic) not medical approach
  - Outreach practitioners
- What do we need to have in place?
  - Accountability and responsibility
  - Care for both users and colleagues
  - Safeguarding awareness
  - Alignment with other partners including schools
  - Peer lead experience
  - Cultural competence
  - No medical jargon

Basis.

Real time Retrospective

Basis.

Real time retrospective



- Throughout the 2 days, the group captured any moments that stood out for them (ah-ha!), any questions arising, and their thoughts and feelings and added these to a timeline. Below is a record of our real-time retrospective.

Ah-ha

What a lovely room
Information sharing (medical records) in China
Wider services to be invited (e.g. NWC, POW)
Use an intelligence based approach
Case studies are prevention based
Going to people/to the community - more home visits
Discovering SMD
Conspiracy of optimism
Discovering who Bac-In are and where they are based
We need to leave here positive
Having a shared understanding
Realising we can create a 'wish list'

Questions?

Tension between national & local gov. policy
Who and how can we share with?
Where are the gaps in knowledge?
Understanding education
Lived experience
How do I know people get drugs?
Hidden harm?
Data - drill down further?
Communication - misleading/ confusing - how to overcome this?
Personal budgets
Differences between religion & culture
Career users?

Thoughts & feelings

Hope it keeps us cool
Thoughts about the hub - model/locality
Policies in schools - no drug policies
Consider gaps in data/ intelligence
Language barriers - alcohol
Brain tired
Flexible & adaptable model
Feels like a case discussion not commissioning review
Communities & shame
Movement in the room gives energy
Include custody reports & sentencing
burnout
Access to communities
Todays exercise does not feel like what it says outside the building
No co-production. Deflecting from real issues and having difficult conversations
Lack of representation from ethnic minorities
coerced/coercion rather than choice
Change from crime to health perspective
Voluntary services - taking away volunteers
Small numbers participating
Preaching to the converted - we already know the service users and barriers
Open and honest conversations with families
Captured connections
Educational health promotion
Joint responsibility from client & services

Thanks for reading

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Basis.