Basis
changing the change

Nottingham City Council
Stakeholder engagement on drugs and alcohol, August 2022
A summary of our findings

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

The purpose of our event

- 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 subsequent 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 summarises the group's work in achieving these objectives

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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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The flow of our 2-day event

- To meet our objectives, we designed and facilitated a 2-day event to help the group to understand needs, identify barriers and create solutions that reflect the requirements of Nottingham City



Purpose and objectives

We started by sharing the objectives for our event before asking the group ‘how will we know we are successful?’



Analyse barriers

The group worked through 4-key questions - What do we need to accept for now? What can we change now? What can we change if we come together with extra effort/focus? What is stopping us but we can’t describe it?



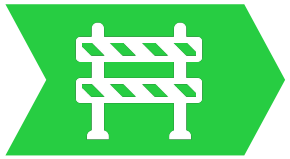
Understanding needs of users

The group read and reflected upon the People Profiles we had created. Answering the questions, ‘Do you recognise these users? Are they people you help? Anything to change or add?’



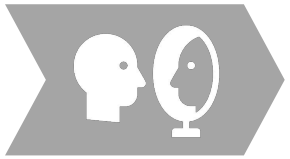
Create solutions

The group worked through these barriers by answering the questions - ‘What is the barrier? Why does it exist? How can we solve it?’



Identify barriers

The group identified barriers for users to access and receive support, and answered the question ‘What was preventing each user from accessing support?



Reflections

The group reflected on the 2 days – how they felt about what they had achieved, and their hopes for the future

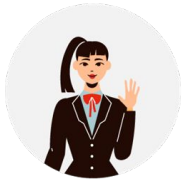
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Understanding those who need our help using People Profiles

- We used People Profiles 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 by using case studies from providers, data from JSNA and examples provided by the group in previous engagement
- They are representative of the users and needs in Nottingham City


Natasha


Mehmet


Natalie


Damian


Danior


Mo


Ajeet


Kamala



John

- For each People Profile we discussed their lives and if the group recognised them as those they help
- We were able to identify their specific barriers and potential solutions
- The People Profiles can be found here - we have added all comments, barriers and solutions to each person

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Analysing barriers to access and support

- Using the barriers identified for each Person Profile, the group sorted through these barriers as a way to start to think about solutions
- We challenged the group to sort the barriers. They sorted them depending on whether it was something that:
  - We need to accept for now? – we call these brick walls
  - We can change now? – we call these paper walls
  - We can change if we come together with extra effort/focus? – we call these partition walls
  - Is stopping us but we can't describe it? – we call these invisible walls
- Using 'walls' as an analogy, the group determined if the barrier was due to:
  - Traditions
  - Personal and/or political relationships
  - User demand
  - Policy changes
  - Culture
- Taking a step back, the group were able to reflect on key themes arising across all of the users

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Key themes from sorting the barriers to access support

Partition

- A partition wall is overcome 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

Paper

- A paper wall can be ripped down now
- Significantly less on this wall than the others
- Key themes:
  - Changing mindsets relating to lifestyles
  - Sharing more information
  - Challenging stigma and bias

Invisible

- An invisible wall is there but can't be touched or described
- 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

Brick

- A brick wall needs to be accepted for now
- Key themes:
  - Family and community expectations
  - Living situations - where they live and the surrounding area
  - Cultural norms and expectations
  - Pressures from peers, families and wider community
  - Other systems and institutions
  - Finances

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Getting to the root cause of these issues

- The group reviewed all the barriers displayed on the walls before taking a literal and figurative step back to identify commonalities and significant differences.
- This allowed them to identify root causes of barriers and identify solutions that can have an immediate impact
- The key root causes of barriers that prevent access to support:
    - Trust – lack of trust in system, services, other support staff and authorities
    - Shame and guilt - fearful of what others will think and how they feel about their own ‘failures’
    - Language - language is a barrier and drives behaviour that puts people off seeking support or staying engaged with support
    - Connection – socially isolated and lonely as well as disconnected from services
    - Lack of early help – for each People Profile there were opportunities to help earlier that were missed

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Most important solutions that start to build trust

- **Trust** sits at the heart of many issues so the group's solutions focused on developing ways to build trust through language, presence in community, anonymous help and earlier intervention
- **Presence in community** – with a network of Community Champions – so that they can raise awareness, talk to people, and be a constant in their community who can demonstrate understanding and empathy
  - To be a trusted person who can put their arm around you and walk you to support
- **Anonymous helpline** - shame and guilt was preventing people from asking for help so offering an anonymous helpline can help overcome this barrier
  - Fearful of what others will think – others within their community, bosses, staff from support services and other service users that they could bump into in waiting rooms. Uncertainty about what this means to their future and prospects within their community or at work
  - Create an anonymous free phone independent virtual call centre – one telephone number answered by multiple organisations offers independent, impartial advice would reduce confusion, ease getting people into that first conversation
- Use **more accessible language** and real-life terms - language is a barrier and drives behaviour that puts people off seeking support or staying engaged with support
  - Move away from medical terms such as referral, treatment, discharge, thresholds and assessments was important. Using more accessible and real-life terms would make it less off putting
  - Cultural and language barriers were a common thread - it is more than translating materials, it is about making provision accessible to people for whom English is not their first language
- More **opportunities for prevention**
  - Start with designing an aftercare support and follow up care as recovering isn't just completing treatment
  - How can we help them not to relapse? What extra support can be provided at potentially triggering times?
  - The Community Champions could offer regular check-ins and additional support at these more challenging times to prevent relapse and help
- **Develop trust amongst support workers**
  - There is the perception that there is a hierarchy of support workers, with those who provide treatment being more valued and have greater skill level than those who don't
  - Developing trust and demonstrating how all support workers bring value allows time-saving changes to be successful, e.g. proportionate assessments and working from assessments completed by others - duplication of work is taking place in part due to this lack of trust

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Our ending

- The overall sense from the group is that this is the start rather than end of their work together to improve drug and alcohol support
- The group identified a long list of ideas to help improve Nottingham's response and these can be found in the story of the engagement (which can be seen here)
- The approach taken in this 2-day event provides a blueprint that can be used for future engagement sessions, and the group really came together to share, learn and design solutions
- A very positive ending to the engagement event

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Thanks for reading

- Any questions please get in touch

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