Evaluation of Manchester Drugs and Race Unit's 'Reaching Out' Programme

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Contents

Acknowledgements....3
1. Introducing the Reaching Out programme....4
1.1 Background....4
1.2 Overview....4
2. Methodology....6
2.1 Introduction....6
2.2 Methods....6
2.3 Data analysis....7
2.4 Work programme....7
2.5 Ehical consdierations....9
3. Results....11
3.1 The Commissioner....11
3.2 The Referral Agents....14
3.3 The managersof Participating Community Organsiations....18
3.4 The Beneficiaries....24
4 Discussion....30
4.1 Who took partin the programme....30
4.2 Views about the programme....31
4.3 Things which influenced decisions to take part....36
4.4 What barriers to accessing drug informaiton, support and servcies were identified?....36
4.5 What did beneficairies think they had gained from the trianing?....37
4.6 The telephone helpline....37
4.7 The public relations component....38
4.8 In what ways did people feel the programme might be improved?....39
4.9 Observations and recommendations....41

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1. Introducing the Reaching Out programme

1.1 Background

The original drive for Reaching Out came from evidence which emerged from a number of research studies undertaken by Black and minority ethnic community organisations as part of University of Central Lancashire's (UCLan) Community Engagement Programme. These studies looked into the substance using needs for Black and minority ethnic communities in Manchester around education, prevention and treatment. The research findings identified a distinct lack of knowledge about drugs and alcohol, issues about the availability of related services and also a lack of culturally relevant services in the city to help people from Black and minority ethic communities with substance use related issues.

Manchester Drugs and Race Unit (MDRU) felt that addressing these issues required the development of a specific programme of work. Through Reaching Out they planned to raise the consciousness and build the resilience of people in Black and minority ethnic communities, whilst at the same time equipping them with the skills, knowledge and assertiveness to make better and more informed choices about substance use.

1.2 Overview

Reaching Out is a multi-faceted drugs and alcohol education and awareness project that was first established by the MDRU in 2006/07. Whilst the project's approach may have altered over time, its objectives remain the same. These are to:

- Increase knowledge and awareness of drugs and alcohol related issues among Black and minority ethnic communities
- Assist Black and minority ethnic drug users, their families or carers in accessing relevant treatment and support
- Increase the understanding of Black and minority ethnic drugs users' needs, and those of their families, carers and wider communities, among policymakers, commissioners and service providers

The project has identified the following 8 target populations: Chinese, Pakistani, Bangladeshi, African, Caribbean, Somali, Kurdish and Black and minority ethnic young people.

The project seeks to deliver on its objectives through the development and delivery of the following programmes of work:

- Awareness and education
- Screening and referral
- Support in accessing services
- Confidential telephone helpline
- Public relations campaign

Central to its operation is the recognition that community organisations are often better placed to access specific communities than the MDRU and other service providers. Also that without community involvement, knowledge and practice cannot become embedded into communities and sustained beyond the life of the project.

2. Methodology

2.1 Introduction

This is a brief evaluation which had to be completed within a limited time frame of two months.

The overall aim of the evaluation was to examine MDRU's 'Reaching Out' programme with a view to commenting on the strengths and weaknesses of current approaches and to evaluate the perspectives of participants about the outcomes achieved.

In contrast with previous evaluations (which focussed on processes, procedures and the perspectives of those delivering the programme), this project focussed on the perspectives and views of the Referral Agency managers, Referral Agents and the Beneficiaries (those who received training from Referral Agents).

The project adopted broadly qualitative methods with focus groups, one-to-one semi-structured interviews and questionnaires being the main methods of data collection.

However the evaluation also utilised documentary evidence including MDRU reports, a previous evaluation of the programme and monitoring data.

2.2 Methods

Interviews and Focus-Groups

The commissioner and MDRU staff members were interviewed and the Referral Agents took part in a focus group discussion. These were loosely structured to provide participants with the opportunity to focus upon issues of most interest and concern to them.

Questionnaires

Data from Beneficiaries and Community Organisation Managers was collected using questionnaires. This decision was taken because it was felt to be unfeasible to arrange for the Beneficiaries (those who received training from Referral Agents who totalled 419 individuals) or the managers of the Referral Agencies to attend either focus groups or one-to-one interviews given the resources and time available. The questionnaires were structured in ways which

allowed some opportunity for individuals to contribute their own ideas in their own words. However they also included *'a priori'* measures and constructs about the programme.

2.3 Data Analysis

All material was analysed thematically. Thematic analysis essentially involves looking for themes that emerge within the data set and applying 'codes' to data to facilitate the possibilities of comparison and the development of theory.

2.4 Work Programme

Stage 1: Project initiation

This involved a series of meetings between MDRU staff and UCLan staff. These were used to develop and refine the methodology and agree roles and responsibilities.

During this stage of the work a detailed description of the project and related work streams was produced.

Stage 2: Evaluating the 'Reaching Out' Programme'

Three main groups were recruited as respondents to this phase of the evaluation. These were:

- The managers of the community organisations which operate as referral agencies (n=11 individuals responsible for managing and delivering on the service level agreement with MDRU)

- Referral Agents (Those from the 11 community organisations who were recruited and trained by MDRU n=30); and

- The Beneficiaries (Those – in the target communities – who were trained by the Referral Agents n=419).

- Informal interviews and meetings with Reaching Out staff (n=4) (These are not presented as results but the data have been used within the discussion).

Stage 3: Interview with the commissioner

This stage of the work involved the researcher completing a single one-to-one interview with the service commissioner for Reaching Out.

The interview aimed to elicit views from this individual about elements of MDRU's training and support programme and changes in commissioning practices that have been made as a result of the MDRU programme. The themes explored were loosely structured and the discussion facilitated in a way which provided the commissioner with the maximum possibility to identify, discuss and describe their own issues and concerns.

Stage 4: The Referral Agents

The Referral Agents were invited to attend a focus group discussion. The themes explored were loosely structured and the discussion facilitated in a way which provided people with the maximum possibility to identify, discuss and describe their own issues and concerns. The themes explored included:

- How did participants rate the quality and value of the training they received from MDRU?
- Has the training altered practice?
- Numbers of referrals to drug services made since receiving the training.
- Have any barriers to making referrals to drugs services been removed as a result of the MDRU work?
- Are there barriers that continue?
- Is the focus and emphasis of the MDRU training right for you and your community?
- How might it be altered to make it more useful to your organisation/ the community you work with?

Stage 5: The managers of the community organisations

These 11 individuals were asked to complete a brief self-completion questionnaire which explored their perceptions of the benefits and costs to their organisation of taking part in the Reaching Out programme.

Stage 6: The Beneficiaries

We recruited n=50 Beneficiaries to this research. Each person was asked to complete self-completion questionnaires. This explored similar themes to those set out for the focus groups above.

Stage 7: Final report

This report draws together information from all of the constituent parts of the research.

2.5 Ethical considerations

2.5.1 Consent

Informed consent was gained by ensuring that all possible participants were given either written or verbal information based on the information sheet prior to giving their consent to participation. Information about the study was given or sent to all those identified as possible participants. This information sheet set out:

- The aims of the study and purpose of the interview
- The issues that would be covered
- Consent and the right to refuse
- Confidentiality
- What would happen to the information which was collected

Participants were asked if they had any questions about their involvement in the research before data collection commenced and were asked to sign a written consent at the beginning of the focus group or attached to the questionnaire.

2.5.2 The bounds of confidentiality/ anonymity

All information given during the course of the focus groups or communicated in questionnaires has been treated confidentially with the exception of any information that indicated a serious risk to any persons' health, safety or the safety of other people. This risk did not materialise in this project.

All participants were advised of the bounds of confidentiality prior to any focus group, questionnaire, or interview beginning.

2.5.3 Data Protection

This research project complies with the Data Protection Act.

All data collected by UCLan staff has been kept in a locked cupboard in the University, any information held on computer is code protected on start-up.

2.5.4 Complaints

The information sheet provided to participants provided contact details for Eileen Jackson at ISCRI - UCLan. The information sheet explained that Eileen works for ISCRI but is not connected to the research team and that she would take any complaints directly to the Head of Department to investigate and that the complaint would not be passed to the research team.

2.5.5 Specific ethical issues for Referral Agents and Community Organisations

The main ethical concern in this part of the research related to the possibility that criticisms made by Referral Agents of MDRU's work would be included in the report. This would lead to the possibility that MDRU staff might recognise criticisms as belonging to specific individuals or groups and that this may negatively affect future working relationships.

Care has been taken by the research team to ensure that any quotes used cannot be traced to specific individuals or groups. Where necessary details have been removed from specific quotes to remove the possibility that individuals might be identified.

2.5.6 Specific ethical issues for Beneficiaries

The research team were concerned that Beneficiaries may be coerced by Referral Agents to complete questionnaires against their will. Hence a training event was held with Referral Agents prior to recruitment taking place. The research team explained and emphasised that the purpose of the evaluation is to evaluate MDRU's Reaching Out programme and not the work of their organisation directly. Also, that no judgements would be made on the basis of the number of completed questionnaires.

The team were also concerned that completed questionnaires might be seen by either Referral Agents or MDRU staff; and connected to this point that any criticism made by Beneficiaries, of either Referral Agents or MDRU, would be seen. This would lead to the possibility that these specific individuals might receive a poorer service from the community organisation in the future. Hence the information sheet, consent form and envelope were stapled together. The information sheet emphasised that completed questionnaires should be sealed in an envelope and that the set of questionnaires for a single community group should be sealed in a second envelope. The research team made this clear to MDRU staff that in no circumstances must they open any envelopes or look at any completed questionnaires.

3. RESULTS

The results presented in this section are from four strands of work: an interview with the commissioner, a focus group with the Referral Agents, questionnaires completed by the managers of participating community organisations and questionnaires completed by Beneficiaries.

Data have also been collected during many informal meetings with MDRU staff throughout the evaluation. Whilst these have framed and informed the discussion they are not formally written up as results.

3.1 The Commissioner

This section provides a summary of findings from an interview with the Commissioner – Roger Bysouth

3.1.1 Project funding

Roger's wider role is to do with the impact of substance use on communities. Roger is responsible for administering the DAST's community engagement fund. This money comes through the Crime and Disorder Reduction Partnership and has its own funding criteria which overlaps with DAST's concerns about reducing the effects of drugs and alcohol on communities. It is also used to support five other projects:

(1) A project working with young people at risk of substance use and drug supply;
(2) Unaccredited drug and alcohol training for frontline community workers;
(3) Street Pastors;
(4) The Refugee and Migrant Development Association (RAMDA) working around Khat;
(5) A project producing drug and alcohol information for the public.

The common threads in these programmes, and also Reaching Out, are community development, capacity development, providing advice and information and innovation.

3.1.2 What are the main strengths and weakness of the Reaching Out programme?

The initial rationale for the work emerged out of the evidence base from UCLan's Community Engagement Programme's research. Roger expressed the view that

the project seems to have accrued more potential as it has developed. The initial offering was brief and simple, in that it essentially planned to reach out to communities, engage with them, and to recruit and train individuals to take information to their own communities.

In the early phases of the programme individuals were recruited and asked to work independently in their own communities. This years innovation has been to recruit community organisations, set up a Service Level Agreement with them, offer them funding and ask them to send staff to be trained.

The commissioner's perspective on the main benefits was as follows:

- It keeps the skills within the communities and individuals are trained on drug and alcohol issues.

- The fact that community organisations are involved dissipates some of the issues around shame and stigma and demonstrates that there are clear practical things that can be undertaken around drug and alcohol issues. This may reduce concern and suspicion at a community level.

- The model ensures that the skills stay in the community. It is possible that some of those who undertake the training will move on to work in the drug field. This also creates potential benefits for the workforce, which is important even if these have not been brought to fruition as yet.

- The project demonstrates that there is a role for communities in solving their own issues. This is an asset model in which communities draw on specialist external information, advice and support to develop their own resources to handle issues in their own ways.

- The project is part of a larger programme of provision which means that if people want to take the issues they address in the programme further it is possible to do so.

- Finally Roger indicated that:

  One thing we really want to see is that people would begin to come forward for help and the community organisations would have a role in referring them into service. This appears to be beginning but we would like to see it continue.

3.1.3 How is the programme monitored?

Roger emphasised that the funding regime requires evidence for everything. The evidence required is often tacit, such as for example, attendance sheets for events.

When MDRU applies for funding, they are asked to set out how they will spend their budget for each quarter. This also requires that they set their own outputs. MDRU is asked to identify outcomes in relation to Public Service Agreement targets (e.g. reducing crime and reducing drug and alcohol related crime and health ones). The reporting also provides space for narrative descriptions which allow them to describe what happened.

> *We like to see some evidence in relation to impacts they have had.*

MDRU provides feedback from training events; these were described as '*not terribly illuminating'*.

At the point at which the interview took place only one quarters monitoring had been received and much of the activity for the programme had taken place within the next quarter. This said Roger described how a lot of informal – face to face – monitoring has taken place in this period.

3.1.4 How is the project funded?

The money which funds the Reaching Out programme is intended for projects which provide innovative aims or approaches. This is likely to be the only available funding mechanism for Reaching Out in the medium term because DAAT budgets are very constrained at present. This said Roger described the Reaching Out programme as well integrated into the work of MDRU and hence suggested that there is a clear rationale for it being mainstreamed in funding terms.

In the last year the mechanics of funding approval meant that funding could not be approved until July which meant that they could not start running the programme until more than three months into the financial year. This meant that it had to be delivered in 9 months instead of 12. This was especially challenging as MDRU needed to recruit new people to run the programme.

There is less money in the overall funding pot for next year and hence there are likely to be reductions and possibly terminations. This may affect Reaching Out.

3.1.5 Sustainability

Roger was asked to comment on the impact of the funding mechanism on the sustainability of the programme. He observed that some aspects were probably sustainable because even if there were no Reaching Out staff for some months of the year, other staff are still present at MDRU and people from the community organisations which participate know these people quite well. Nonetheless Roger observed that sustainability would certainly be helped by a more long term funding mechanism for Reaching out.

If MDRU is forced to survive on reduced income it will be necessary to think creatively about the use of resources. Continued investment in the development of community expertise, real and sustainable links between communities and drug services and community champions for drug and alcohol issues look like priority concerns.

3.1 6 Links to treatment services

Roger observed that this stream of work may need more emphasis. MDRU is aware that some services may not take them seriously without DAAT support as they are from the voluntary sector. So the DAST has had to work quite carefully on presenting it as a joint approach. It's important because the DAST needs to understand communities better in order that commissioning and treatment structuring processes can be altered. MDRU present a really important mechanism for doing this. As Roger put it:

> *How communities view substance use and what is happening in particular communities around substance use – this knowledge base is vital for services.*

3.2 The Referral Agents

This section presents a summary of findings from a Focus Group with Referral Agents

3.2.1 Why did you take part in the Reaching Out programme?

Most of the answers to this question focussed on awareness that drug and alcohol issues were affecting people in their own community and a desire to take action in relation to this. Some responses made reference to specific groups perceived to be in need, or at risk (e.g. women or young people). Other responses reflected community level concerns emphasising a desire for their organisation to take action at a community level around these issues.

Many people had recognised that their own knowledge base around drug and alcohol issues was poor and hence valued the opportunity to take part in a programme which provided specific training on these issues.

> *To develop my own skills and knowledge around drug and alcohol issues*

> *I wanted to better equip myself with knowledge so I can appropriately signpost people to services.*

A number of people sought to emphasise the fact that they strongly valued the 'asset' model employed in the Reaching Out programme which sees communities as agents capable of contributing to constructing their own solutions, rather than more traditional 'deficit' models which see communities as the sight of problems requiring professional input. This was also felt to be important in relation to the trust the community members would place in the training. Many Referral Agents expressed the view that people would not attend training delivered by 'outsiders' due to fear, suspicion and lack of trust, and also in some cases because of language issues:

> *We are able to translate the material and deliver it in different languages*

Some respondents described how the fact that the programme was headed up by the Black Health Agency (BHA) had given them more trust than if it had been led by Manchester City Council. This trust related to a perception that the BHA is more representative of these communities in its own staffing and also more concerned with representing and addressing the needs of Black and minority ethnic communities, whereas the City Council was perceived as paying lip service to these issues.

3.2.2 Views about the training and support provided by Reaching Out

Many Referral Agents suggested that the learning materials provided by MDRU were of good quality and well structured. A number of people commented positively on the power point presentation which MDRU had provided which they had been able to use in their own training.

Some had also valued the opportunity to develop the skills involved with developing, recruiting and delivering training programmes which the programme had provided. People saw these skills as valuable and transferable and hence applicable to future employment. Many suggested they had gained skills and confidence from delivering training in their own communities.

People also valued MDRU's approachable, helpful staff and suggested that the follow-up support and information which was provided has been greatly appreciated.

However several Referral Agents thought that the initial training, which was delivered in a five day intensive block, was too long.

> *The information needs to be condensed as there is a lot of information to take on in a short space of time*

In fact at least one person who attended the focus group indicated that they had not attended any of this training for this reason. If this is true it is a possible cause for concern in terms of quality control.

It was also clear that some sessions in the initial training had been valued much more highly than others. For example the sessions on Presentation skills, Diversity, screening and referral and the session on drugs delivered by Lifeline were valued most highly. Conversely, the sessions delivered by Eclipse and ADS were valued most poorly. These suggestions, made in the focus group, were also supported by the evaluation forms completed after the events which presented the same picture. Some felt that incorporating trips to treatment services in the initial training may help give these sessions greater relevance and impact.

Overall people valued sessions which provided content which was clear, coherent and appreciably relevant to the programme. Also people valued a learning style which offered a good balance between delivered information and discussion.

3.2.3 What are the barriers to accessing drug services and/or support?

Many discussed low levels of awareness and understanding as at the root of the barriers and problems experienced by some Black and minority ethnic communities in accessing relevant support and services around substance use. People expressed views which suggested that these problems often mean that misinformation predominates in local discussions about substance use.

Many also talked about the continuing problems caused by the stigma of substance use in particular communities which means that many people's problems remain hidden.

> *The family tries to deal with everything by itself but it is not possible.*
>
> *The community which you belong to becomes your moral eye and to always do what is morally right is a heavy burden and responsibility. If you do what is seen as the wrong thing, you can have feelings of not belonging.*

For some awareness of these issues had been an important motivation for participating in the programme. People emphasised the need for a safe space (literal and metaphorical) in which people can talk openly about these issues and get knowledgeable advice.

However, some in this group suggested that drug services have not done enough to reach out to and/or engage with the communities that they work with, nor to revise or develop services in ways which might actively address existing barriers.

3.2.4 Descriptions of the training they had delivered in their own communities

People were asked to describe the training which they had delivered in their own communities in terms of content and style. The responses suggested that communities had, in some cases, adopted quite different approaches in the drug awareness sessions which they have run in their own communities, with some sessions being longer than others and some being more interactive than others. Some indicated that they had worked through the MDRU materials word for word. In some cases people suggested that this approach was particularly difficult for groups which were translating materials as the following quote suggests:

> *When presenting, only half the information is being taken in because we had to translate as we went along.*

People suggested that, in some cases, it would have been beneficial to alter the content for some groups because of the different learning needs of people within and across communities.

> *The information we provide needs to be right for the audience, hence we needed help in tailoring our presentation for our community.*

It appears plausible – though not provable – that some groups have focused more on negative or anti-drug messages and others on increased understanding and harm reduction strategies.

3.2.5 Unexpected problems of taking part in the programme

Many of the referral agents emphasised the time pressures imposed on them in the programme. These had emerged from the way in which the programme is funded.

Much of the funding available for community groups is claimed in relation to time spent by Referral Agents planning and delivering awareness raising sessions. Some suggested that they had not been able to claim back all the time they had spent on these activities.

Many also emphasised an irritation with the amount of paperwork involved in the programme and some saw much of it as unnecessary.

3.2.6 Unexpected benefits to taking part in the programme

A number of Referral Agents suggested that a valuable by-product of the programme had been the opportunity to develop partnerships with other

community organisations. These were mostly informal links in which groups which saw themselves as undertaking similar work and facing similar challenges learned from each others experiences.

3.3 The Managers of Participating Community Organisations

This section presents a summary of findings from questionnaires completed by the managers of community organisations which participated in the programme.

3.3.1 Please describe the elements of the Reaching Out programme that have been most beneficial for your organisation (e.g. training for volunteers, linking in to other community organisations)

Organisation leads mentioned six different issues in response to this question:

i. Training and capacity building for Referral Agents

Responses emphasised that the most popular aspect of the programme was the opportunity for community members to receive training and to take part in a programme which offered developmental opportunities.

Example responses:

Giving individuals the opportunity to update their knowledge and understanding of the effects of drugs and alcohol.

The programme has given volunteers in our community the opportunity to learn more about alcohol and drug misuse and to be trained to deliver alcohol and drug awareness training.

Two people emphasised how the increased capacity meant there was more support available locally for people with drug and alcohol issues.

Example responses:

Our trained members are available 24 hours a day to our community which is much better than having an organisation that is open only during office hours.

Our organisation is making a positive contribution to society.

ii. MDRU support structures

Responses highlighted that people valued the approach of MDRU staff and ongoing support provided throughout the programme.

Example responses:

Ongoing face to face and on call support

The management support and communication received on this programme was superb.

iii. Partnerships with other community organisations

A highly valued by-product of the programme had been the opportunity to develop links with other community organisations. In some cases groups had visited one another and begun to explore ways that they could work together.

Example responses:

We are also now linked in with other organisations delivering similar services.

Linking to other voluntary organisations and visiting them and building partnerships.

iv. Relationships with drug agencies

A small number of people emphasised the value of developing links with drug agencies.

Example response:

Help to have contact to other local drugs and alcohol agencies.

v. Increase awareness in our community of support and services available

A small number of people emphasised the increased awareness of drug and alcohol issues as the main benefit of the programme.

Example response:

It's helped the community to understand the effects of alcohol, drugs including Khat.

3.3.2 Please describe the elements of the Reaching Out programme that have been least useful for your organisation

In response to this question most managers sought to reassert the view that all elements of the programme had been beneficial. Those, whom identified issues, mentioned six things:

i. Financial issues

These responses emphasised shortfalls in income in comparison to time expended on the programme or time delays in receiving money.

Example responses:

The amount of time we have had to put-in in order to deliver the sessions has not been remunerated fairly.

The delays in re-imbursing the expenses incurred by the community organisations in delivering the drug and alcohol awareness sessions strained the organisation's resources.

ii. Sustainability

Some emphasised that the funding structure limited the possibility of some elements of the programme (e.g. referral and handholding) getting going and also the sustainability of the programme.

Example response:

Our organisation needs to have a lasting "legacy" linked to the Reaching out programme – so that the work can carry on when the funding has ceased. At present that will not be possible.

iii. Paperwork

These responses emphasised how time consuming the paperwork involved in the programme was, some of which was seen as being unnecessary.

Example response:

I have found the amount of paper work involved has not been very useful. It's been very time consuming and not worth the amount of money it pays.

iv. Confidentiality

One person raised the issue of the photographic evidence, required by MDRU, that training sessions had been delivered. This person saw this as unhelpful for some people who were concerned about stigma and confidentiality.

Example response:

Insisting that referral agents take photographic evidence of the sessions delivered has been a big issue for our service users and other individuals who are stigmatised. There should be arrangements [for people] to opt out if they do not want their photographs taken.

v. Training

One person mentioned the initial training suggesting this was too long and could have been structured differently.

Example response:

The training was too intense and took a lot of time organisational time, which is an issue for short staffed organisations or those relying on volunteers. The timing between the training and delivery of the sessions was too short.

vi. The evaluation

One person criticised the timing and structure of the evaluation.

Example response:

The external evaluation was also rushed/hurriedly done – there was not enough time and notice given to the referral agents to ensure that participants complete the evaluation questionnaires in time.

3.3.3 If you could change one thing about the programme what would it be?

In response to this question managers mentioned six things:

i. Timescales for delivery

In relation to the main things people would like to change, the timescales for delivery was the most regularly mentioned.

Example responses:

The schedule of the project could have been better if more planning and consideration had been given rather than just rushing into things e.g. try to complete the project in such as short time.

Run the sessions over a longer period of time and focus more on drugs and alcohol in detail.

ii. Resources for organisations

Some people felt that it would be beneficial if the programme could provide more resources for organisations.

Example response:

Our organisation needs a projector and computer and screen in order to deliver the sessions in the future. These will be withdrawn once the project is over and the work cannot carry on!

iii. Paper work

As above, reducing paper work was a concern for several people.

Example response:

The Paperwork was far too great and very time consuming.

A lot of paperwork was required and this had not been explained before the project started. Would appreciate if less paperwork given.

iv. Financial issues

People reported similar concerns about financial issues as were reported under 5.2.

Example response:

Timely processing of finances to refund the community organisations that have delivered the drug and alcohol sessions will help support the organisations financially. The refunds should be processed on a monthly basis or per session delivered. This will ensure that organisations are not struggling financially as this can de-motivate many from undertaking similar work in the future.

v. Training

Example responses:

The training did not prepare people to deliver the sessions.

To make the training longer, spread out the delivery of the sessions over a longer period of time and involve more community groups than were recruited. Also if Reaching Out could collaborate with the Police to come in and update on drug and alcohol related issues within BME communities and what is on the ground for those specific communities.

vi. Engaging faith group leaders

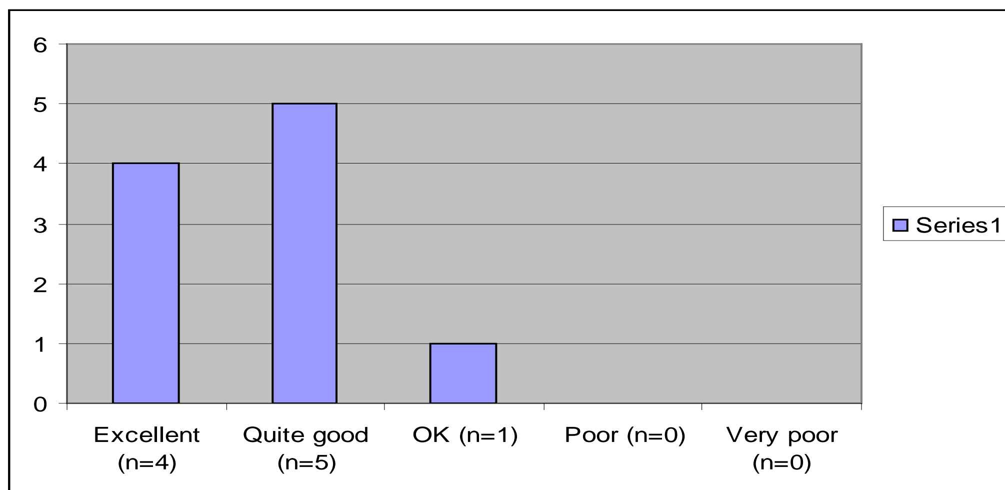
Example response:

There should be more representation from the Faith Group leaders (Muslim or Christian) to be part of the training so they use their links with their communities to address ignorance, stigma and taboo associated with religious and cultural barriers around drug and alcohol issues. These Faith Group Leaders have a lot of influence over their congregations especially within the BME communities. Their involvement and engagement would help create more and lasting impact through their influence.

3.3.4 Please rate your overall satisfaction with the Reaching Out programme

Reponses indicated that the vast majority rated their overall satisfaction as either excellent or quite good. No one rated it poor or very poor.

Figure 1 – Ratings of overall satisfaction with the Reaching Out programme



3.3.5 Use the space below to make any additional comments that you feel are relevant:

Four additional points were made which hadn't already been mentioned elsewhere:

i. Annual delivery

We would like the opportunity to deliver this programme once a year.

ii. Credit to the BHA for developing this initiative

I thought the project is really good and needed. I particularly appreciate the fact that BHA has taken the initiative to develop this project. I think their team has been great at supporting our organisation in setting up the project.

iii. Include ex-drug and alcohol users in training and support

We should have talks from ex-drugs and alcohol abusers – or be allowed to visit facilities where these people are being treated.

We should be able to interact with current users – to get an insight into their lifestyles – again to drive the message home.

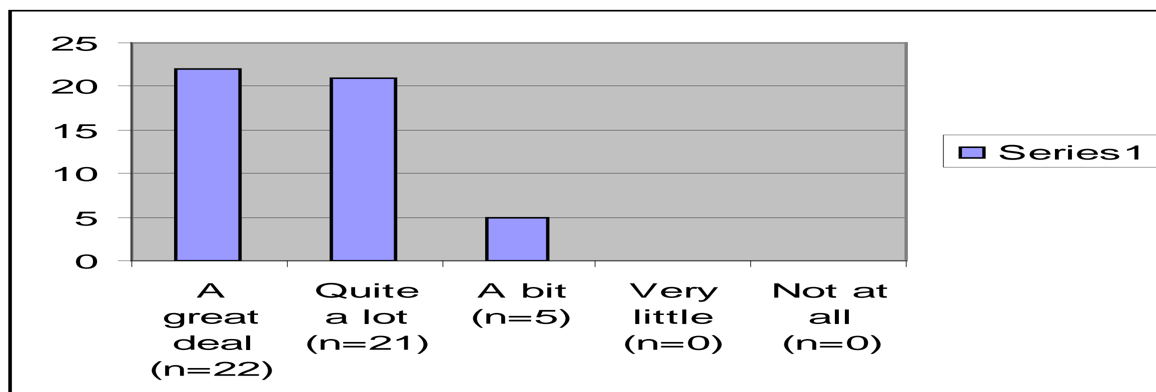
3.4 The Beneficiaries

This section presents a summary of findings from Beneficiary questionnaires

3.4.1 To what extent did the training you received increase your knowledge and understanding of drugs and alcohol issues?

Responses indicate that the vast majority of Beneficiaries which took part in the evaluation (n=50) suggested they had learnt either a great deal (n=22) or quite a lot (n=21) from the training. Two who completed questionnaires did not answer this question.

Figure 2 – Rating of increased knowledge and awareness of drug and alcohol issues



3.4.2 Please describe the main things that you learnt from the training

The largest number of responses to this question (n=29) focused on increased knowledge and awareness of drugs. These responses indicated that people had learnt more about the different classes of drugs, drug effects, drug laws, the ways people take drugs and support available for people with drug problems.

Example responses:

I learnt a lot about drugs which I was not aware of before. Also seeing drugs for real was quite good.

All the different drugs and their effects. The warning signs that people might be having problems.

The variety of drugs and the different ways people take them.

If they need help where they can go.

Drug classes, laws and effects.

The second largest number of responses (n=17) focused on the dangers and problems related to drugs. There was no specific pattern to these responses, but some seemed to communicate inaccurate ideas and stereotypes.

Example responses:

I have learnt about the dangers that one can have with the influence of drugs.

That there is more than one drug and once you take them they are addictive.

The main drugs and how dangerous they are.

Drugs are harmful. Too much drinking is dangerous. Fools have drugs and drink alcohol uncontrollably.

A small number of responses (n=3) focused on BME specific information

Example response:

I learnt about the situation in the BME community.

One response focused on harm reduction

The potential problems with drugs and alcohol and how to minimise their effects.

3.4.3 Please describe anything that was not covered by the training that would have been useful to you

Only nine of the fifty respondents answered this question. Four of these gave responses which indicated that more time would have been useful.

Example responses:

The training was quite fast and I would have liked a video on the issues.

There was not enough time to cover some issues.

The other five responses were as follows:

I would have liked more information about forms of support for Asian people where language is an issue.

Drug laws in people's home countries.

I'd like to know how rehabilitation programmes work.

Effects of drugs.

Price of drugs.

3.4.4 What do you see as the main drug and alcohol issues affecting your community?

The largest number of responses (n=15) to this question described how drugs and alcohol cause harms to families and communities.

Example responses:

Alcohol and drugs cause family break-up

Family breakdown and domestic violence

Bad things are happening in the community and people who are addicted to drugs and alcohol are to blame

The second largest number of responses (n=10) to this question focused on issues related to crime.

Example responses:

Turning to crime to feed a habit.

Violence, crime, disturbance and burglaries.

A lot of violence on the street at night caused by alcohol.

The third largest group (n=4) identified issues related to stigma and hidden problems.

Example responses:

There is not much seen, it is behind closed doors.

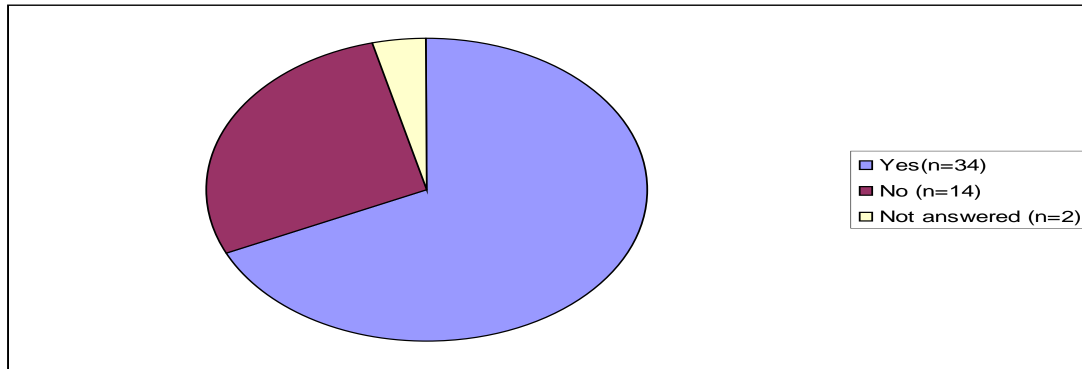
Stigma, lack of acknowledgement from elders, lack of knowledge that drugs and alcohol issues affect our community.

Other responses described issues related to young people and lack of role models (n=2); limited opportunities for young people (n=2); gangs (n=2); issues related to specific drugs (n=2); and health related impacts (n=1).

3.4.5 Do you think that your community experiences specific barriers to accessing drug and alcohol support or services?

The majority answered yes to this question.

Figure 3 - Barriers to accessing drug and alcohol support or services (Yes/No)



3.4.6 What do you see as the main barriers to accessing support and services in relation to drug and alcohol issues that are affecting your community?

The largest number of responses (n=11) to this question focused on language issues as the main barrier to accessing support.

Example response:

Language is the main barrier to accessing support, because many users have language problems.

The second largest number of responses (n=8) to this question focused on cultural issues and differences. Other responses focused on cultural attitudes and differences (n=4); lack of relevant services and/or lack of promotion at a community level (n=4); hidden problems (n=1); and peer pressure (n=1).

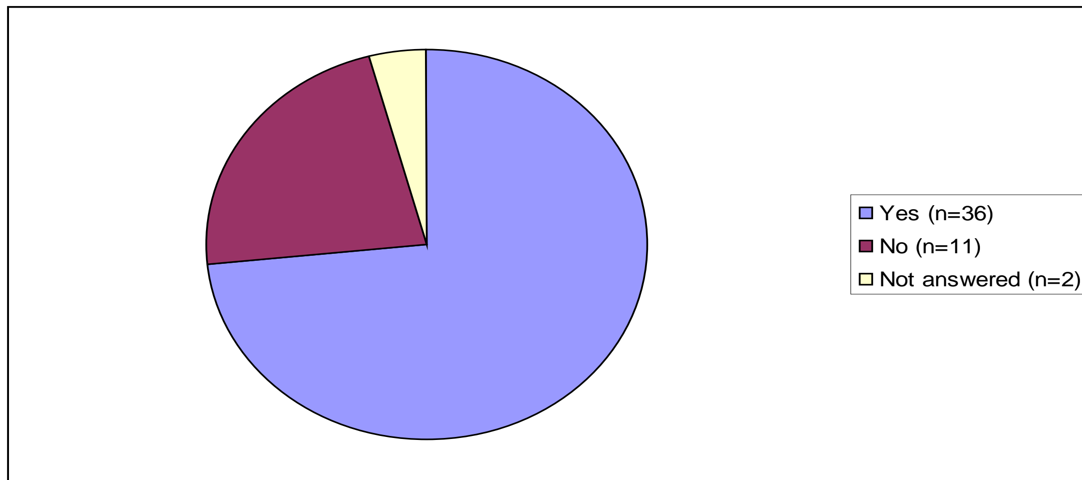
3.4.7 As you feel there are no specific barriers, do you feel there is a need for a training programme such as the one you have undertaken?

Thirteen of the sixteen people who answered this question said yes. Explanations focused on a continued need to raise awareness in some communities about drugs, alcohol and available support structures.

3.4.8 Is this the first time you have received any training about drug and alcohol issues?

The majority of people answered yes to this question,

Figure 4 – First time training (Yes/No)



3.4.9 If someone you work with appeared to need support or services in relation to their alcohol and/or drug use, would you be prepared to support them to access information, advice or treatment?

The largest number of those who answered yes to this question (n=17) indicated that they would direct people to MDRU (including the BME helpline). The second largest group (n=12) indicated that they would direct people to the community organisation from which they received the training. Three people indicated they would direct people straight to services, two to the GP, two to the internet and one to social workers.

4. DISCUSSION

4.1 Who took part in the programme?

The community organisations

Eleven community organisations took part in the programme, as follows:

- Regenesis2
- Support 4 Progress
- The Roby
- Saheli
- Inspired Sisters
- RAMDA
- Arlaadi
- Chinese health Information Centre (CHIC)
- Arise
- Ugandan Community in Greater Manchester (UCOMM)
- Asylum Support Housing Advice (ASHA)

Characteristics of beneficiaries

At the point at which this report was completed 419 Beneficiaries had attended awareness raising sessions. 64% were female and 46% male. The vast majority who answered the question on sexuality indicated they were heterosexual. Fifty four (13%) indicated that they had a disability.

Figure 5 - Number of Beneficiaries Trained by Ethnic Origin

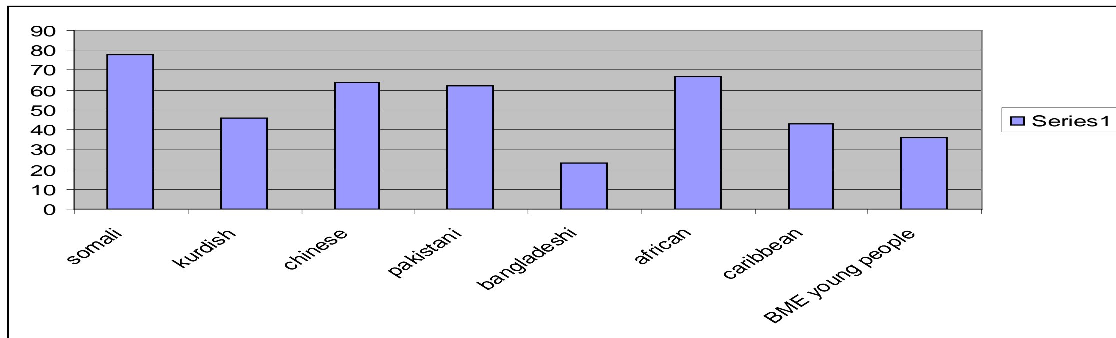
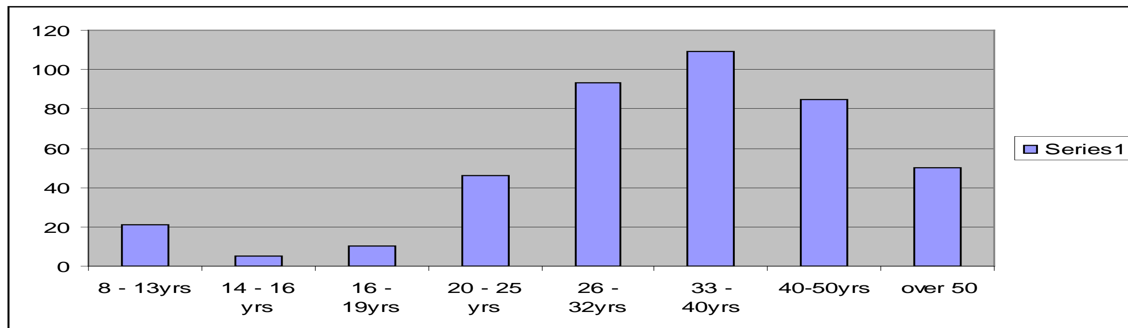


Figure 6 - Number of Beneficiaries Trained by Age



4.2 Views about the programme

Almost universally, people who contributed to this evaluation – those being the commissioner, MDRU staff, representatives from the Referral Agencies and the Beneficiaries - suggested they feel that this programme is innovative, worthwhile and valuable.

A number of people sought to emphasise the fact that they strongly valued the 'asset' model employed in the Reaching Out programme which sees communities as agents capable of contributing to constructing their own solutions, rather than more traditional 'deficit' models which see communities as the sight of problems requiring professional input.

Many Referral Agents suggested that the learning materials provided were of good quality and well structured. People also valued MDRU's approachable, helpful staff and suggested that the follow-up support and information which was provided has been greatly appreciated.

Some respondents expressed concerns relating to the funding of the programme. These concerns were raised on two levels. The first related to the way in which Reaching Out has been funded as a whole. The funding for the programme was not approved until several months into the financial year. This meant that the programme had to be delivered in about nine months rather than twelve. This has added pressure to MDRU and the participating organisations in terms of delivering the work programme. The short-term funding arrangements and shortened time frame for delivering the programme are felt to limit the possibility of this programme developing its full potential and in particular of delivering elements of the programme beyond awareness raising and education.

The second related to the level of funding that Referral Agents themselves received for participating in the programme. Some Referral Agents felt that the financial support was insufficient, and a few suggested they had spent hours in developing, planning and promoting their education and awareness sessions and had not been able to claim back all this time. Not all Referral Agents shared this view however.

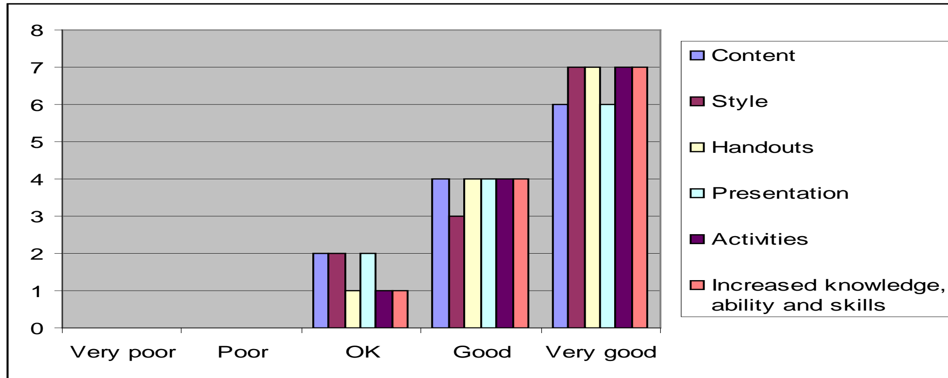
A number of Referral Agents suggested that a valuable by-product of the programme had been the opportunity to develop partnerships with other community organisations. These were mostly informal links in which groups which saw themselves as undertaking similar work and facing similar challenges learned from each others experiences.

Many had gained skills and confidence from delivering training in their own communities.

However several Referral Agents thought that the initial training, which was delivered in a five day intensive block, was too long. It was also clear that some sessions in the initial training were valued much more highly than others, as the following data from the evaluations suggest:

Manchester Drug Services: Group Facilitation

Figure 7 - Numbers of Referral Agents and ratings of training session



Some comments people made:

Brilliant – good presentation skills

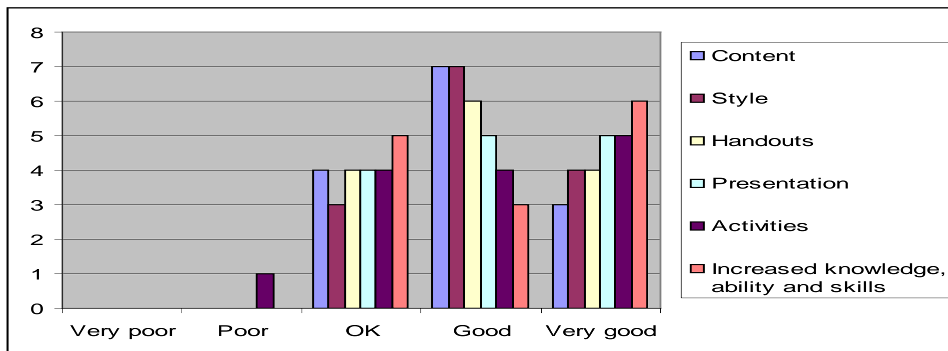
Really good knowledge and skills

Very good handouts

Learnt new techniques

Health and Safety, handholding and training manual session

Figure 8 - Numbers of Referral Agents and ratings of training session



Some comments people made:

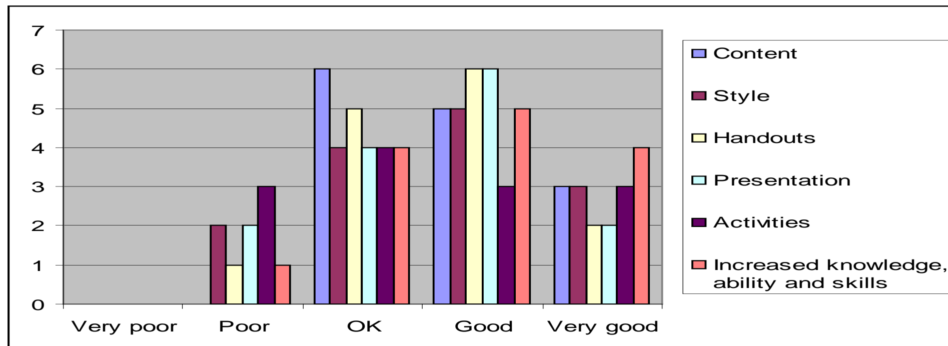
Good balance of activity and information

Session excellent – got all of us involved

All really interesting and lively

Lifeline training

Figure 9 - Numbers of Referral Agents and ratings of training session:



Some comments people made:

I am really pleased, I enjoyed this

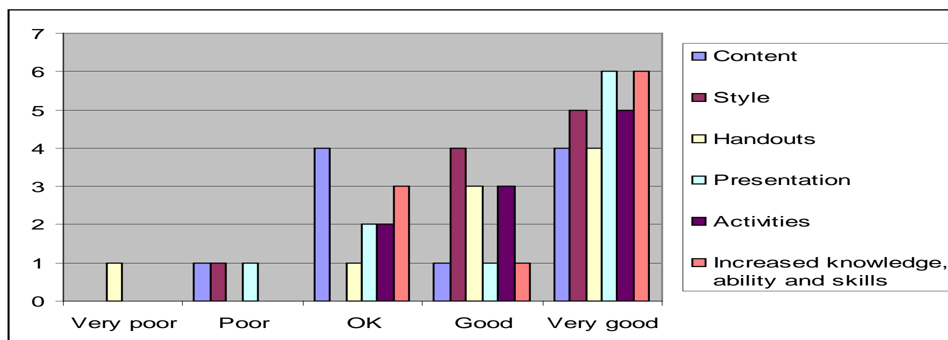
Overall presentation was really good

More group discussion would be good

Need real case scenarios

Equality and Diversity training

Figure 10 - Numbers of Referral Agents and ratings of training session):



Some comments people made:

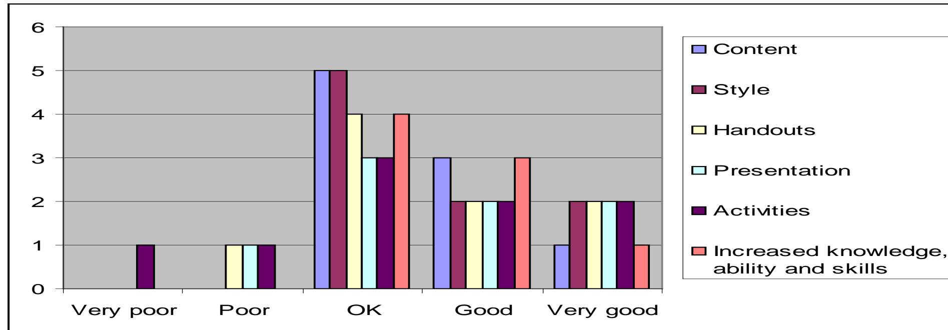
Trainer was brilliant, very interactive

Facilitation style was good

I wouldn't change anything

Screening and referral training

Figure 11 - Numbers of Referral Agents and ratings of training session



Some comments people made:

It was very well structured

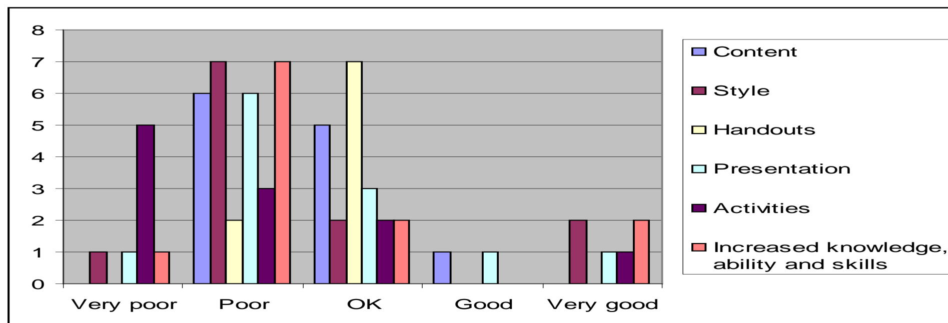
Session was good

Better time management needed

Exercise trying out the tools would have been good

Eclypse and ADS training

Figure 12 - Numbers of Referral Agents and ratings of training session



Some comments people made:

Fairly good

Better facilitation needed

It's been a long week – so towards the end of it I was getting mentally drained

4.3 Things which influenced decisions to take part

Referral Agents were motivated to take part for a number of reasons which included:

(i) To raise awareness of substance using issues in their own community;

(ii) To develop personal knowledge around substance use and skills in developing and delivering training, and promoting and recruiting to events; and

(iii) Because they valued and believed in the Reaching Out programme model.

Some community organisations voiced the opinion that the fact that the programme is run by The Black Health Agency improves the levels of trust from some Black and minority ethnic community organisations.

4.4 What barriers to accessing drug information, support and services were identified?

Many discussed low levels of awareness and understanding as at the root of the barriers and problems experienced by some Black and minority ethnic communities in accessing relevant support and services around substance use. People expressed views which suggested that these problems often mean that misinformation predominates in local discussions about substance use.

Many also talked about the continuing problems caused by the stigma of substance use in particular communities which means that many people's problems remain hidden.

However, some also suggested that drug services have not done enough to reach out to and/or engage with the communities that they work with, nor to revise or develop services in ways which might actively address existing barriers.

Overall the issues identified suggest that the wider focus of MDRU on addressing inequality issues at community, service delivery and commissioning levels simultaneously is the right one.

4.5 What did Beneficiaries think they had gained from the training they received?

Seventy five percent of those who received training from the community organisations (and who took part in this evaluation) indicated it was the first time they had received any training about drug and alcohol issues.

Nearly all of those who received training from community organisations (and who took part in this evaluation) expressed the view that they had learned either a great deal or quite a lot as a result of the training.

Things that people commonly identified that they had learned included:
increased awareness of substance use issues, the value of seeing replica drugs, the dangers of substance use and the effects of substance use on families and relationships and an improved awareness of services structures and modalities.

More than a third of the beneficiaries who contributed to this evaluation suggested that they had passed information on to friends and family members, or talked to them about substance using issues as a result of the training. Several also suggested that they had altered their own substance using behaviour as a result of the training. Finally, a small number identified that after taking part in the awareness raising sessions they had realised they needed and wanted further training on substance use.

Two Beneficiaries gave responses which indicated that they had come away from training sessions with the view that drug users were to blame for problems in their communities. Whilst this is a concern, it is possible that these individuals may already have held these views and that they did not accurately reflect what was delivered in the sessions.

4.6 The telephone helpline

In the last twelve months MDRU has developed a telephone helpline designed to provide advice and support to drug users from Black and minority ethnic communities. It is anticipated that the people who will approach this helpline are those who might feel uncomfortable accessing other – more generic – forms of support. The activity undertaken so far in relation to this stream of work includes:

- Training all MDRU staff to answer calls, undertake initial screening and make onward referrals.
- Developing a pro-forma which allows staff to take contemporaneous notes during conversations.

- Training staff in the use of these
- Developing a publicity strategy for the helpline
- Launching the helpline

At the time the interviews were conducted a total of five calls had been received to the helpline. The initial indications emerging from these calls are that people are likely to contact the helpline with a range of different issues. Further marketing may be required to raise awareness of the service.

4.7 The public relations component

The staff respondents indicated that the public relations component of Reaching Out has always been regarded as integral to its original stated ambitions. They view this as an aspect of the work which needs to be continuously built upon throughout the project's life. The awareness sessions are a necessary part of this, but are seen as insufficient in isolation as they can only reach the participants who attend them.

With this in mind, the project sees other elements of the public relations activity as a vital way of engaging the wider Black and minority ethnic community to raise awareness of MDRU's workstreams. In previous years responsibility for this type of activity largely involved sessional workers identifying local media outlets through which the project could convey its message into it's target communities. Sessional workers did this in addition to delivering the awareness sessions which was difficult given that they were only employed for one day per week. This meant that for many the public relations activity often took second place in their priorities. An evaluation of the project undertaken in 2007 consulted sessional staff on this aspect of their role and found that this was one of the areas they found most challenging. Given the circumstances described above and that none of them had either previous experience in this area or were provided with any prior training to support them in delivering this aspect of their work, this is perhaps unsurprising.

The evaluation recommended MDRU should commission the services of an external PR company, a recommendation which was taken to the DAST. The DAST felt that wider benefits might develop if the activity were retained in house and instead recommended the employment of a part-time PR Officer.

In the last twelve months of the project all groups were given training around marketing. The PR Officer has also developed a database of media contacts. The MDRU staff suggest that a number of useful relationships have been

established with the BME media. A number of media interviews were completed on local community radio stations and at the close of the project requests were still being received for the project to appear on local radio and satellite TV stations.

Other aspects of the campaign included articles being published in various press outlets providing exposure to the work of project. The project has also developed an e-newsletter and a complete range of publicity materials including leaflets, posters, business cards and presentations.

One aspect of the PR component was less successful. This involved a press release put out by the project which was later considered to be potentially damaging. This example demonstrates the need for MDRU to ensure that messages communicated to the public are clear and consistent and agreed by the projects commissioners before they go live. However the PR Officer described how this incident had led to her losing confidence and being less clear about the delivery of this role.

Future activity on PR should seek to clarify the role and support the individual undertaking it.

4.8 In what ways did people feel the programme might be improved?

People often talk about Black and minority ethnic communities or use the abbreviation BME as if it describes a recognisable group of people. The responses of Referral Agents, managers and beneficiaries suggest that the different communities taking part in the programme are diverse and different. Whilst it is apparent that there are some similarities in the issues and challenges facing particular communities, people who contributed to the evaluation described facing quite different challenges around substance use which relate to the reality that substance using patterns and behaviours vary significantly across population groups. Whilst some were most concerned about issues related to young people, including alcohol use and/or involvement in drug supply, others were concerned about different issues including, for example, Khat use or the denial of substance use by older community members.

It also seems that communities have, in some cases, adopted quite different approaches in the drug awareness sessions which they have run in their own communities, with some sessions being longer than others and some being more interactive than others. It appears plausible – though not provable – that some groups have focused more on negative or anti-drug messages and others on increased understanding and harm reduction strategies.

If this interpretation is true it raises some interesting dilemmas for a programme such as Reaching Out, including to what extent MDRU may want to quality control the sessions that communities deliver and to what extent it may be beneficial to support communities in developing programmes which are more tailored and applicable to the issues and challenges they currently face. Whilst community agency and autonomy are values that are important to preserve in a programme such as this, it is also vital that the Reaching Out programme ensures sessions run by Referral Agents promote understanding and seek to reduce stigma and stereotypes.

It is clear that the central principles of the model are sound and that improvements made on the basis of previous evaluations (e.g. recruiting community organisations and developing Service Level Agreements with them) have significantly improved the delivery of the programme. It is also clear that long standing problems imposed by the funding mechanism (e.g. that the programme had to be delivered in about six months rather than twelve this year) persist and continue to cause operational difficulties for MDRU and participating organisations.

It is clear that the education and awareness raising elements of the programme have seen much more activity than elements such as screening and referral, supporting into services and the telephone helpline. This is perhaps not surprising. At the time at which the evaluation took place the education and awareness raising sessions were still being completed and the programme was approaching its end point in terms of funding. Intuitively one would expect referrals and handholding into services to emerge at some point after the awareness raising activity had taken place. It is too early to be clear about the extent to which these things will happen, although a small number of referrals have been made and a few calls to the helpline received.

The Beneficiaries who completed questionnaires were all asked the question: If someone you work with appeared to need support or services in relation to their alcohol and/or drug use, would you be prepared to support them to access information, advice or treatment? Virtually all of them said they would, with MDRU (including the helpline) and the community organisation that provided the training being the most commonly identified places that they would direct people for help. This, at the very least, suggests that those who received training in their own communities had come away with awareness of relevant sources of support.

4.9 Observations and recommendations

On the basis of this evaluation we would make the following observations and recommendations:

- It is clear that the Reaching Out programme complements MDRU's other activities and that it is well integrated into the core business of the organisation.

- The funding mechanism appears to impose a number of limitations on the programme. The staff who deliver the programme change on an annual basis and new staff are required to deliver a complex and multi-faceted programme in a short time frame. These issues limit the possibility that the programme will deliver its full potential. Specifically they might limit the likelihood of the screening and referral and handholding into services elements being fully developed.

- MDRU could consider reducing the length of the initial training to 2-3 days. This shortened training schedule could focus on providing essential information about drugs, drug effects, drug laws, equality and diversity, skills development and screening and referral, all of which people valued highly.

- It may be beneficial to edit some of the learning materials (for Referral Agents and Beneficiaries) so that people are not trying to accommodate too much information in a short space of time. Relevant information could be supported with practical case examples which set substance use in a social context and describe ways in which people are using drugs today. These case examples may help Referral Agents and Beneficiaries to grasp important issues more clearly and provide avenues for conversation. Could the issue of quality standards, core information (essential/optional), feedback from communities and the development of training at different lengths be seen as ways of overcoming some of the issues described?

- The concerns above are also relevant to the training delivered by Referral Agents. Some indicated that they felt they were trying to deliver too much material in a short space of time, some of which they did not entirely understand.

- The programme should consider adding some additional support sessions in which groups can get input on tailoring their own training events and materials in ways which are most relevant to the issues faced in their own communities. These sessions could be used to develop condensed information and presentations which people will use in their own training sessions.

- Some of the more detailed information currently provided could be placed in a reference volume, which would include descriptions and guidance about lots of different drugs in a well-organised format.

- It may be necessary to create greater clarity about the roles of Reaching Out workers. Many of the Referral Agents hadn't appreciated that there was a Public Relations Worker as part of the team and had assumed the two staff were co-workers adopting with similar roles. The Public Relations worker had themselves questioned their role on occasion.

- The initial indications emerging from the telephone helpline suggest that people are likely to make contact in relation to a range of different issues. Further marketing may be required to raise awareness of the service.

- Future activity on PR should seek to clarify the role and support the individual undertaking it.