

Reaching out

**Improving alcohol treatment and support for people
from ethnically and culturally diverse backgrounds**

A guide for services in Wales

April 2023

Background

This booklet was written to stimulate discussion about how to improve the access to, and effectiveness of, alcohol services for people from ethnically and culturally diverse backgrounds.

The Welsh Government has committed to “continuing to sharpen the focus on reducing health inequities” for people from minority ethnic groups, and to making drug and alcohol services “accessible to all people with protected characteristics”.^{i, ii} These policy commitments reflect a growing recognition that there is more we can all do to better meet diverse needs.

This document is not intended to be a definitive guide to “what works” or “what good looks like” in this field. Rather, it offers questions and suggestions for commissioners and providers of services to consider, drawing on the available research and on the experiences of people working in the field and of community members with lived experience.

It was written by members of a working group which began in the English Midlands and expanded to include representatives from across England, Wales and Scotland. A list of some of the organisations and who were involved is included at the end of the document.

This edition of the document is aimed specifically at services in Wales and is available in Welsh and English. If you have any comments or questions about this edition, please contact Andrew Misell, Director for Wales at Alcohol Change UK:

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A note on terminology

Many of the working group’s discussions were about the best words to use. Using appropriate language is important, and the group wanted to ensure that the terms used in this booklet were inclusive and clear. The group settled on the broad term “ethnically and culturally diverse people and communities” to describe the people they wanted services to better engage with. The group recognised that a range of other terms are in current use and that many people and communities have their own preferred ways of describing themselves.

Contents

This guide is divided into three main sections:

- **Section 1** – Principles
- **Section 2** – Planning services
- **Section 3** – Delivering services day-to-day

There is considerable overlap between the ideas in these three sections: good planning will be based on sound principles and will lead to better service delivery; the experience of delivering services will help shape future service planning; and so on.

There is also a section of references and links to resources, and details of some of the organisations who were involved in the development of this booklet.

Section 1 – Principles

The working group agreed on the following principles that services should keep in mind when seeking to engage with ethnically and culturally diverse people and communities:

- Ethnic and cultural diversity includes a **range of beliefs, behaviours and experiences**. These may intersect with other factors such as deprivation, mental health, disability, age, gender, and sexuality. Each individual and community is unique.ⁱⁱⁱ
- Alcohol use is a **multifaceted issue** and occurs not just in the context of individuals. Social and economic environments, family, community, culture and faith can all play their part.
- For all these reasons, there is **no one route** to improving access to alcohol support and treatment for people from ethnically and culturally diverse backgrounds. Different communities will require different approaches.^{iv}
- However, successful approaches are likely to be **trauma-informed, holistic, and person-centred**, with practitioners able and confident to have **open and culturally competent conversations** with service-users about alcohol.
- Work to improve access must be **guided by community members**, working alongside service commissioners and providers. As one community advocate put it, “Nothing about me, without me”.
- Collecting data and feedback will help **build a local evidence base** and shape an understanding of what local good practice might look like.

Section 2 – Planning services

In this section, we’ve set out some of the broad issues for service commissioners and providers to consider. These set the context for **Section 2 – Delivering services day-to-day**.

1. Assess local needs

The first task for service planners is to identify the need for alcohol treatment among local diverse communities; the second is to review whether existing alcohol services are meeting those needs – conducting an honest audit of provision and identifying any gaps.

Defining the local “need” or “demand” for alcohol services is not a simple process, particularly in the case of communities who face cultural barriers to approaching and accessing services – and whose demand for services may, therefore, be very real but not be immediately apparent.

There are a number of data sources that may be helpful when seeking to understand local needs:

- The Public Health Wales Observatory provides data – broken down according to Health Board and local authority area – on alcohol consumption, hospital admissions, and mortality.^v
- The Welsh Government’s annual substance misuse reports summarise treatment data and trends.^{vi}
- Public Health Wales have undertaken data mining of the 2021-22 annual profile of substance misuse.^{vii}
- The Office for National Statistics (ONS) publish statistics on alcohol-specific deaths, although this is not broken down below an all-Wales level.^{viii}
- 2021 Census data on ethnicity and religion – broken down to local authority area across Wales and England – is also available from the ONS.^{ix, x}
- The SAIL Databank, hosted by Swansea University, may offer a means to cross-reference local data on ethnicity, alcohol use and alcohol harm.^{xi}

Service commissioners and providers should work together to review what data they collect and how they use it. Questions to consider include, for example:

- What is the current ethnic mix of the users of each alcohol service, and how does it reflect the local population?
- Are there any groups that do not access local alcohol services (or do not often access them) and do you understand why this is?
- Are there any groups who are referred to services but do not attend, or who attend initially and then don’t return? Again, do you understand why this happens?

It is also important to consult with diverse community groups in order to understand local needs.

2. Work with community organisations to co-design and co-deliver services

Whilst substance use services have considerable expertise and experience in their own field, they may lack confidence and competence in engaging with ethnically and culturally

diverse people and communities. Agencies that are rooted in diverse communities can provide a wealth of information for developing culturally appropriate alcohol services. In designing and commissioning alcohol services, it may be worth looking at models of dual delivery between substance use services and smaller community services specialising in cultural needs (but not necessarily substance use). This can be a means to support more people into alcohol treatment, and also to establish community initiatives to raise awareness of alcohol harm and intervene early to prevent harm.

Joint working can take the form of joint training for staff, joint provision of support, and joint planning sessions to create local solutions. Previous research has shown that it is important for “services and approaches [to be] developed with the community from the start, rather than using community members as a sounding board for the appropriateness of existing service provision and approaches”.^{xii}

It may also be beneficial to develop pathways to culturally appropriate alcohol recovery groups and services in your area – both groups focussed on alcohol issues (such as culturally specific AA groups) and more general community groups that will help people gain confidence and skills and undertake purposeful activities.

3. Consider the location of services

There are two factors to consider, and to balance, when seeking to make services accessible to diverse communities. There are advantages to services being where people live, but some people may be reluctant to be seen accessing alcohol support in their neighbourhood.

One possible solution to this dilemma is to locate alcohol support in venues such as community centres but to do this discreetly, as part of a broader health and wellbeing offer. As one study with Punjabi people noted, “there was general agreement that services need to be locally situated but not be obvious alcohol services”. This technique has been described as “camouflaging” alcohol services.^{xiii}

4. Build cultural competence

Cultural competence has been defined as “the ability to view the world through the lens of other people – in all their diversity” and as “the ability...to effectively deliver healthcare services that meet the social, cultural and linguistic needs of service users”.^{xiv, xv} It requires appropriate training for staff, and knowledge of the local population, and may also require practitioners and organisations to reflect on their own values and beliefs. Services will need to be staffed appropriately to meet the needs of the local population and this may mean seeking to recruit staff from particular communities and/or with particular language skills. Research into drug and alcohol support in Nottingham, for example, found that “services with staff that reflect the cultures, backgrounds and experiences of service users can have a deeper and more sensitive understanding of the lived realities of those they aim to support”.^{xvi}

One model for increasing the cultural competence of an organisation is to develop a programme of peer support with people from particular communities. As the Skills Consortium have noted, “motivated by personal experience, [peer supporters] bring skills and real-world know-how, flexibility and dedication...and a high level of empathy with clients and colleagues”.^{xvii}

All this needs to be policy-driven and monitored. Commissioners should be asking providers to state what local needs they have identified and how they will make their services accessible to people from different cultural and religious backgrounds. Services may wish to consider setting minimum standards for staff cultural competence, based on specific local needs.

5. Consider the needs of family members

Research by Adfam indicates that more than 5 million people in the UK – around 1 in 10 adults – are currently dealing with the negative impacts of a friend or family’s problem with alcohol, drugs, or gambling.^{xviii}

All alcohol services should consider arrangements for working with family members, both in their own right and as the immediate social network of many people who are receiving alcohol treatment.^{xix} Some communities will place a greater emphasis on family than others, and there may be real benefits from involving the family in treatment, but this must be a decision for individual service users.

Although written primarily for services in England, Adfam’s 2022 guidelines on planning and providing services for families and carers affected by someone else’s substance use may provide some useful points to consider.^{xx}

6. Build in evaluation and data collection

In order to understand whether levels of access to services, and treatment outcomes, vary between different ethnic and religious groups, services will need to collect data on these characteristics and analyse it; and resources for this kind of evaluation should be part of any funding packages for alcohol services.^{xxi} Alongside this kind of routine data collection, it may also be beneficial to collect qualitative feedback from service users. CGL in Birmingham, for example, have conducted a survey of the experiences of their service by people who may have experienced stigma or racism.

Section 3 – Delivering services day-to-day

1. Create a culture of openness and learning

No one can know about all cultures, faiths and traditions; but we can all be open to learning and questioning. Organisations can help this happen by creating a culture of openness and mutual respect: enabling staff to talk about diverse needs and how to meet

them. All of us can show humility when we get things wrong, and learn what we could do differently. We can share our successes and failures with colleagues, so we can learn from each other.

2. Support flexibility in approaches

As part of a culture of learning, organisations can encourage and support workers to be flexible in order to meet cultural needs: changing working practices in order to make services more relevant and accessible.^{xxii}

3. Be aware of cultural and religious norms around alcohol

It's worth taking time to learn about different communities' cultural and religious norms around alcohol and how these may vary according to sex and age. Avoid assuming that people from one community will all have the same ideas about alcohol as each other – make sure you understand each person's beliefs and needs. Be aware that:

- There may be tensions between different norms and beliefs within communities, e.g. the Sikh prohibition on alcohol sometimes clashes with Punjabi ideas about alcohol and hospitality
- People may strongly believe in abstinence from alcohol but also experience alcohol problems.^{xxiii, xxiv}

4. Don't be afraid to ask questions

It's OK to make sensitive enquiries about someone's culture and religious beliefs, and to do that early on. For example, specific questions you could ask include:

- Do you have an active faith or religion?
- If so, how might your faith help to reach your goals around your drinking?
- Are there any aspects of your faith that feel difficult for you – maybe make you worried or ashamed?
- What might it be useful for me to understand about your beliefs when I'm supporting you?

5. Think about practicalities

There are practical steps that services can take to reflect the culture and beliefs of the people they're working with, such as providing suitable foods, having a space for prayer on-site, and being aware of religious events and practices (such as prayer times and periods of fasting).

6. Be aware of local support options

Ensure that staff are aware of the range of local health and social care agencies that offer support to ethnically and culturally diverse people and communities, so that you can refer people on appropriately. These agencies may not have a specific focus on alcohol issues but may be able to support people to improve their health and build their confidence. Try to get to know these agencies and understand what they offer.

7. Reach out

There are many reasons why someone might not approach alcohol treatment services. There is a growing recognition that services need to reach out to people, rather than waiting for them to show up. When undertaking outreach to ethnically and culturally diverse people and communities, that outreach needs to be culturally competent, which means service may have to spend time getting to know a community, before discussing alcohol issues with them. Working with peer outreach workers – people from the community, with lived experience of alcohol issues – may help ease the process.^{xxv}

8. Be clear about confidentiality

Confidentiality is important for everyone, but research has underlined how it can be particularly important to people from minority ethnic communities, for whom stigma from the family, community and wider society can be a barrier to accessing services.^{xxvi, xxvii} It's important to make clear to service users that all information they share will be kept confidential (unless services identify a safeguarding risk).

References and resources

ⁱ Welsh Government (2022) *Anti-racist Wales action plan*, online, available at: <https://www.gov.wales/anti-racist-wales-action-plan>

ⁱⁱ Welsh Government (2021) *Substance misuse delivery plan 2019-2022: Revised in response to COVID-19*, online, available at: <https://www.gov.wales/substance-misuse-delivery-plan-2019-2022-0>

ⁱⁱⁱ Gleeson, H. et al. (2019) *Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities*, online, available at: <https://alcoholchange.org.uk/publication/rapid-evidence-review-drinking-problems-and-interventions-in-black-and-minority-ethnic-communities>

^{iv} *ibid.*

^v Public Health Wales (2019) *Alcohol in Wales*, online, available at: <https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/alcohol-in-wales-2019/>

^{vi} Welsh Government (2022) *Substance misuse annual reports*, online, available at: <https://www.gov.wales/substance-misuse-annual-reports>

^{vii} Public Health Wales (2022) *Data mining Wales: The annual profile for substance misuse 2021-22*, online, available at: <https://phw.nhs.wales/news/new-data-depicts-a-complex-picture-of-substance-misuse-in-wales/>

^{viii} Office of National Statistics (2022) *Alcohol-specific deaths in the UK: registered in 2021*, online, available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/alcohol-specificdeathsintheuk/2021registrations>

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- ^x Office of National Statistics (2022) *Religion, England and Wales: Census 2021*, online, available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/bulletins/religionenglandandwales/census2021>
- ^{xi} See: <https://saildatabank.com/>
- ^{xii} Galvani, S. et al. (2013) *Developing a community alcohol support package: An exploratory study with a Punjabi Sikh community*, online, available at: <https://uobrep.openrepository.com/bitstream/handle/10547/603551/CASP-Final-Report-December-2013.pdf>
- ^{xiii} *ibid.*
- ^{xiv} See: <https://www.kcl.ac.uk/cultural-competency>
- ^{xv} Diverse Cymru (undated) *Barriers and issues for people from Black, Asian and Minority Ethnic backgrounds accessing mental health services*, online, available at: <https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/mental-health/outcome-measures/optimal-environment/equality-and-diversity-awareness-booklet/>
- ^{xvi} BAC-IN (2019) *Culture, connection and belonging: A study of addiction and recovery in Nottingham's BAME community*, online, available at: https://www.bac-in.org/files/ugd/d4e610_c11ea7ccd6cb42f59ec524564cec581b.pdf
- ^{xvii} Skills Consortium (undated) *Peer support toolkit*, online, available at: https://www.drugsandalcohol.ie/23293/1/Skills_Consortium_Peer_Support_Kit_Final.pdf0.pdf
- ^{xviii} Adfam (2021) *Overlooked: Why we should be doing more to support families and friends affected by someone else's drinking, drug use or gambling*, online, available at: <https://adfam.org.uk/files/Overlooked.pdf>
- ^{xix} Galvani, S. and Guru, S. (2020) *Supporting Punjabi people with alcohol problems: Guidance on setting up a specialist project*, online, available at: <https://www.mmu.ac.uk/media/mmuacuk/content/documents/rcass/Supporting-Punjabi-people-with-alcohol-problems-June-2020.pdf>
- ^{xx} Adfam (2022) *Guidelines for applying Quality Standards to the commissioning and provision of services for families and carers affected by someone else's substance use*, online, available at: <https://adfam.org.uk/wp-content/uploads/2022/10/Guidelines-for-applying-Quality-Standards-to-the-provision-of-family-services.pdf>
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- ^{xxiii} *op. cit.* Galvani, S. et al. (2013).
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- ^{xxv} *op. cit.* Gleeson, H. et al. (2019)
- ^{xxvi} *ibid.*
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Some of the organisations involved in the development of this booklet



Adferiad brings together the talents and experience of long-established and leading Welsh charities – CAIS, Hafal and WCADA – to meet the needs of our most vulnerable with a single, unified and comprehensive approach.



Alcohol Change UK works towards five key changes: improved knowledge about alcohol, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment.



BAC-IN is a specialist drug and alcohol recovery service working with individuals, families and carers from Black, South Asian and Minority Ethnic communities.



Drug and Alcohol Service

Birmingham

CGL's mission is to help people change the direction of their lives, grow as individuals, and live life to its full potential.



Pathways to Recovery

KIKIT is a BME specialist drug and alcohol support service that provides a range of services to meet the needs of vulnerable people.



**NO MORE
PRETENDING**

No More Pretending supports Punjabi families who are struggling with alcohol use and are seeking help for themselves or a loved one.



Office for Health Improvement & Disparities

OHID is part of the Department of Health and Social Care for England and is focussed on improving the nation's health, and on levelling up health disparities to break the link between background and the prospects for a healthy life.



Race Equality First aims to provide support, advice, leadership and an influential voice for people who face discrimination, harassment, hate crime and disadvantage.



SHAAP aims to provide an authoritative medical voice on the impact of alcohol on the health of the people of Scotland, and to campaign for action to reduce this harm.



The **Substance Use and Associated Behaviours (SUAB)** researchers at **Manchester Metropolitan University** are a multi-disciplinary team working collaboratively to highlight the reality and complexity of substance use for individuals, families, communities and the wider public.

