

Helping prisons to meet the drug service needs of Black and minority ethnic prisoners: a practice guide

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Contents

	Page
ACKNOWLEDGEMENTS	4
THE CENTRE FOR ETHNICITY AND HEALTH	5
1 BACKGROUND & REPORT STRUCTURE	6
2 THE STATUTORY DUTY TO PROMOTE RACE EQUALITY: RACE RELATIONS (AMENDMENT) ACT 2000	7
3 CURRENT BARRIERS TO ACCESSING PRISON DRUG SERVICES FOR BLACK AND MINORITY ETHNIC PRISONERS	9
4 TWO APPROACHES TO ADDRESSING THE DRUG SERVICE NEEDS OF BLACK AND MINORITY ETHNIC OFFENDERS	15
5 CORE ACTIONS	27
REFERENCES	29
APPENDIX 1: Executive summary from: Fountain, J. Roy, A. Anitha, S. Davies, K. Bashford, J. Patel, K. (2007) <i>Issues surrounding the delivery of prison drug services in England and Wales, with a focus on Black and minority ethnic prisoners</i> . Preston, Centre for Ethnicity and Health, University of Central Lancashire	30

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The Centre for Ethnicity and Health

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The Centre for Ethnicity and Health is a specialist research and education centre with a focus on the health and social care of diverse groups who experience discrimination and/or disadvantage, including Black and minority ethnic communities, refugees and asylum seekers, offenders, people with disabilities, mental health service users, lesbians, gay men, bisexual and transgendered people, older people, and young people at risk of developing health and social harms. The Centre utilises both qualitative and quantitative research methods in such a way that its work has practical applications and its findings assist in the evaluation and improvement of services and community relations.

The Centre's main current research activities lie in the fields of community engagement and organisational change in the context of equality, drugs, alcohol, crime, mental health, and regeneration. The Centre is also developing an innovative research programme in philosophy, diversity and mental health, with a twin focus on user and citizen centrality and conceptual analysis. In addition, future research will include a focus on Black and minority ethnic elders' needs and usage of services across a range of sectors. The guiding ethos that underpins the Centre's community-based research is that the process is as valuable as the findings, and, to this end, acclaimed models of community engagement and organisational change have been developed.

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1

Background & Report Structure

Drug services in prisons have expanded significantly in recent years. However, evidence suggests (Ramsey, 2003, Fountain et al., 2007) that Black and minority ethnic prisoners may be less likely to access these services for a number of reasons.

This practice guide builds on the research findings from Fountain et al. (2007), and the impetus for its development emerged out of a series of diversity seminars run by the Centre for Ethnicity and Health and NOMS Drug Strategy Unit, culminating in a National Diversity Seminar in February 2006. The guide is intended to provide a resource to support those responsible for the development and delivery of drug treatment services in prisons and to develop approaches which meet the drug treatment needs of Black and minority ethnic prisoners.

Evidence suggests that supporting innovative approaches which include prisoners and staff in identifying problems and creating solutions, is fundamental to meeting the drug treatment needs of Black and minority ethnic prisoners. These approaches can help services to meet the locally defined needs of Black and minority ethnic prisoners, and to develop engagement strategies which identify a clear pathway into treatment and aftercare provision for these prisoner groups.

The guide is structured as follows:

Section 2 discusses the Race Relations (Amendment) Act 2000. This places a duty on public bodies to consider race relations in everything they do, and to develop positive action plans which promote equality of opportunity, good race relations and eliminate unlawful discrimination.

Section 3 draws on work also commissioned by the then Prison Service Drug Strategy Unit - *Issues surrounding the delivery of prison drug services in England and Wales, with a focus on Black and minority ethnic prisoners* (Fountain et al., 2007). Findings from that report include:

- Whilst there are some examples of good practice, on the whole, little consideration has been given to the specific needs of Black and minority ethnic prisoners in the development and delivery of drug services in prisons.
- The ethnicity of prisoners is not consistently monitored across all drug services in prisons.
- Few current or planned services targeting Black and minority ethnic prisoners were identified.
- Training on diversity and cultural competence is inadequate.
- In many prisons there is a lack of strategic lead on diversity.

As a result Black and minority ethnic prisoners are often under-represented as drug service clients. These prisoner groups often see services as run by white people and for white people, identifying a lack of cultural understanding and various forms of direct and indirect discrimination.

Section 4 has two sub sections, each of these draws on practical case examples which highlight how the needs of Black and minority ethnic prisoners have been addressed successfully in individual prisons. It begins by discussing a community engagement project in Bullingdon Prison in which a group of Pakistani prisoners worked alongside officers as part of a project which helped to increase the number of Pakistani prisoners accessing drug services. It goes on to discuss peer support which has been used successfully by a number of prisons to support prisoners and in some cases has increased the number of prisoners from minority ethnic communities accessing prison drug services.

The report concludes with **Section 5**, which identifies a number of core actions which could be used in the process of planning and developing strategies to increase the accessibility of drug services for Black and minority ethnic prisoners.

2

The Statutory Duty to Promote Race Equality: Race Relations (Amendment) Act 2000

The Race Relations (Amendment) Act 2000 (RR(A)A) came into force in April 2001. The amendment both strengthens and extends the scope of the 1976 Race Relations Act. It does this in two ways:

- extends protection against racial discrimination to all public authorities; and
- places an enforceable positive General Duty on listed public authorities.

This General Duty to promote race equality applies to the Prison Service, including those that are privately run. It states that the listed public bodies are required to:

*...have due regard to the need to **eliminate unlawful discrimination** and **promote equality of opportunity** and **good race relations** in carrying out their functions. They will be expected to consider the implications for race relations in everything they do.* (Race Relations (Amendment) Act 2000 Section 71:1)

There are three elements to the Duty which are intended to complement one another:

- *Eliminate unlawful racial discrimination;*
- *Promote equality of opportunity; and*
- *Promote good race relations.*

This section will focus on the positive statutory duty provided by the Race Relations (Amendment) Act 2000. This is because the positive duty is one of the least well understood changes in race legislation. Race equality is part of the government's modernising agenda and as such, its promotion is being placed at the heart of debate about how public services are delivered. This is particularly important to criminal justice organisations where the issues of race and drugs have for a long time been perceived as having particular relevance and public interest.

Public authorities with responsibilities to fulfil the General Duty must demonstrate that they are taking positive action to promote race equality. This is an important distinction because under the previous legislation the onus was on individuals to bring a case that they had been discriminated against, and prove this took place. Now the onus is on organisations to take action to prevent discrimination and to promote equality and good race relations.

The General Duty is an enforceable duty. The Commission for Racial Equality are tasked with the enforcement of the Act and have issued guidance and practice notes on how to meet the requirements (<http://www.cre.gov.uk/>). They also have powers of inspection and can determine whether a public authority is meeting its obligations under the Act.

The arrangements by which an organisation will meet its obligations under the General Duty are to be set out in a Race Equality Scheme (RES). The RES should have a specific action plan that is directed at the core activities of the organisation with clear priorities, timescales for completion and named officers with responsibility for progress and monitoring. The RES is central to an organisation's approach to the positive duty and it should demonstrate that race equality is not an 'add-on' or something that only affects a peripheral number of activities. Instead all an organisation's activities and functions, including the

provision of drug treatment services for example, should be addressed.

Examples of how an organisation might meet its positive duties:

Eliminate unlawful discrimination

Unlawful discrimination is defined under the Race Relations Act 1976 as involving both direct and indirect discrimination in employment and the provision of goods and services. The elimination of unlawful discrimination in employment practices will involve having fair and transparent recruitment and selection policies and ensuring staff are not discriminated against in promotion and access to training opportunities.

Failure to ensure equal access to goods and services would constitute unlawful discrimination. For example, prison drug treatment services may appear to be open to all prisoners but in practice there are barriers to access by members of some Black and minority ethnic communities.

Promote equality of opportunity

In order to promote equality of opportunity it is necessary to ensure that adequate monitoring systems are in place so that managers and service providers know if any particular groups are failing to benefit equally from a given service or function. For example, if monitoring indicated that some Black and minority ethnic groups had higher drop-out rates from treatment this would indicate that they were failing to have an equal opportunity to succeed. Active promotion of equal opportunity means taking positive steps to address issues that are identified. This requires a pro-active management approach and may include activities such as:

- ensuring information is available in different languages and media;
- taking account of religious and cultural needs in assessments; and
- actively consulting with Black and minority ethnic groups to ensure their needs and problems are understood.

Promote good race relations

The promotion of good race relations is the least well understood aspect of the General Duty. The CRE (<<http://www.cre.gov.uk/duty/grr/index.html>>) states that:

The government's aim in introducing the Duty to promote race equality was to improve public services for everyone... This means public authorities can only be performing satisfactorily if they are meeting the race equality Duty... Good race relations will mean different things in different circumstances... we recommend that you adopt a strategic approach to promoting good race relations...

Adopting a strategic approach to good race relations will involve a number of activities, for example providing effective leadership through contact and engagement with community groups and ensuring staff are adequately supported and resourced to undertake activities that will maximise good relations. Promoting good race relations may also require recognition of the fact that where numbers of people from Black and minority ethnic groups are small they may be more vulnerable to racism. There may also be historical tensions between certain groups that require particular sensitivity or management. The engagement of community groups in services is a good example of promoting race relations.

Addressing all the three elements of the General Duty is required by law and forms the foundation of an organisation's Race Equality Scheme. This guide has been developed with the General Duty in mind and as such will help to ensure that drug treatment services contribute to fulfilment of the organisation's duties under the legislation.

3

Current Barriers to Accessing Prison Drug Services for Black and Minority Ethnic Prisoners

Introduction

Increasing the number of offenders who access and benefit from drug treatment services has become a major focus for policy makers.

The requirements of the RR(A)A 2000 stipulate that all public bodies must take positive action to eliminate unlawful discrimination and to promote equality of opportunity and good race relations. These should be core principles which underpin the delivery of all services.

However, the World Health Organisation (WHO, 2001) in its influential report *Prisons, Drugs and Society*, has identified that prisoners from minority ethnic communities may face major barriers in accessing drug treatment services in prisons. Perhaps in response to such concerns, Prison Service Order 3630 (section 3.10) requires CARATS to acknowledge and respond in positive and practical ways to the diverse needs of the different elements of the prison population. The issues laid out in the WHO report and the focus set out in PSO 3630 emphasise that those responsible for planning and delivering prison drug services need to take explicit action to meet the drug treatment needs of diverse elements of the prison system including those of Black and minority ethnic prisoners.

Research commissioned by the Prison Service and conducted by Fountain et al. (2007) - which this section draws upon (see appendix 1 for the executive summary) - identifies that, whilst there are some examples of good practice, overall, little consideration has been given to the specific needs of Black and minority ethnic prisoners in the development and delivery of prison drug services.

The result is that Black and minority ethnic prisoners are often under-represented as drug service clients. Many report a reticence to approach drug services due to the lack of Black and minority ethnic staff delivering drug services and fears of experiencing a lack of cultural understanding and various forms of racism. In short, as identified previously, many Black and minority ethnic prisoners see these services as run by white people for white people.

The remainder of this section identifies some of the main barriers for Black and minority ethnic prisoners to accessing drug treatment services in prisons. It highlights that whilst some barriers are caused by differences in patterns of drug use and attitudes to drug use amongst Black and minority ethnic prisoners, these issues are exacerbated by the way drug services in prisons are currently structured and delivered. The barriers discussed are as follows:

- Issues around stigma
- Issues around confidentiality
- Issues around staffing
- Inadequate diversity training
- The dual roles of prison officers who are also drug workers
- Issues around privacy
- Issues around aftercare support

Barriers to accessing prison drug services for black and minority ethnic prisoners

1. Issues around stigma

Fountain et al. (2007) found that stigma and embarrassment were the reasons most frequently offered by prison officers and drug workers to explain why some prisoners do not access drug services in prison (see also Swann and James, 1998).

Stigma describes a characteristic or behaviour that labels its bearer as different from 'normal' people and attracts social sanctions. The term captures a combination of feelings such as shame, blame, secrecy and low self-esteem, which are perceived by the stigmatised and their associates and also indicate society's judgement of them. Of course, what is 'normal' behaviour varies according to the 'society' in which it occurs, so, for example, the stigma attached to certain behaviour in prisons may be exaggerated or understated in the community, or behaviour that is stigmatised by some ethnic groups may be seen as normal by others.

Fountain et al. (2007) found different groups of prisoners had different attitudes to stigma. Very few female prisoners reported concerns about the stigma, of either drug use or help seeking. However, younger prisoners were more likely to report a stigma attached to the use of drugs excepting cannabis. Cope (2000 p.359), from a study of male young offenders, reported that '*appearances in the very masculine environment of prison are vital*'. The findings of Fountain et al. (2007) support this; the reluctance to seek help for drug use was seen to affect male prisoners particularly, and especially young males, who, prison officers, drug workers, and IMB members reported, wished to maintain an appearance of invulnerability.

However, as also reported by Borrill et al. (2003), the stigma surrounding the use of heroin was expressed most strongly and most often by Black and minority ethnic inmates, particularly those who identified as 'Black'. although crack cocaine use attracts less stigma amongst them:

I didn't want anyone to know I was using smack [heroin] - it's dirty. My friends have all taken crack but...But I felt ashamed taking smack. It's the way I was brought up - 'smackheads are dirty and they're thieves.' (Mixed race - Black Jamaican and White English)

Many of the Black lads may not want to admit to using heroin - even crack use is a problem, but admitting to heroin use will be a complete loss of face. There is a lot of posturing here - they don't want to be seen as weak in front of each other. (Civilian CARATS worker)

Many of the participants in the study conducted by Fountain et al. (2007) reported that the cultural and religious stigma attached to drug use by some Black and minority ethnic communities may act as a barrier to prisoners from these communities acknowledging their drug use and seeking help. For some male prisoners, fear of their family or their community discovering their drug use was an important factor in preventing them from accessing drug services, and whilst it is not clear that this is an issue that solely affects Black and minority ethnic prisoners, it was raised only by them.

The importance of this to some communities can be explained using the South Asian community as an example. In this community, the role of family and kinship ties is often strong; hence individuals are

defined, at least in part, by their role and position within a wider network of kinship ties and family relationships. Therefore, any failing can be perceived as being a failure of the collective, rather than just of the individual (Fountain et al. 2007). Given this, the stigma of an individual's drug use may be felt amongst the family, a wider network of associates, or indeed the whole community, who experience the loss of status or the social sanctions that stigma attracts as shame and dishonour (Wanigaratne, 2003).

2. Issues around confidentiality

In the study conducted by Fountain et al. (2007), evidence from both officer and civilian drug workers suggested that poor respect for confidentiality, especially amongst wing officers, limited the trust some prisoners had in drug treatment services and hence the likelihood of them accessing support. Maintaining the confidentiality of drug service clients in a prison setting raises different issues from those encountered in the community. However, the lack of respect for confidentiality, exacerbated by a lack of suitable environments in which to deliver drug services privately, and the fear of reprisals from prison officers if identified as a drug user, operated as a barrier to drug service access by prisoners.

Abdulrahim (1994) and Perera, Power and Gibson (1993) maintain that confidentiality is an issue which differentiates Black and minority ethnic drug users from their white counterparts. These studies emphasise that Black and minority ethnic drug users are more concerned about confidentiality than white drug users, and will not approach services unless they are certain that confidentiality will be maintained. Wanigaratne et al. (2003) stress that additional attention should be paid to confidentiality in meeting the needs of Black and minority ethnic drug users, and that this may include explaining exactly what confidentiality means in the prison context and exactly who will have access to information provided.

Fountain et al. (2007) found the issue of confidentiality was raised as a concern by many prisoners from all ethnic groups, however it had additional implications for prisoners from Black and minority ethnic communities and was mentioned by them much more frequently. The stigma associated with use of some drugs by some Black and minority ethnic communities meant that drug-using prisoners from those communities attached particular importance to the context in which drug services were delivered. They specifically valued privacy, as this enabled them to hide their drug use from other prisoners, including members of their own communities. Fears that confidentiality would be breached led to concerns that they would be shunned by some other prisoners of their ethnic group. For some, the concerns over maintaining these relationships outweighed the possible benefits of approaching drug services.

Prisons, by definition, are small confined communities and both prisoners and staff generally recognised that maintaining confidentiality is not always easy. However, the following quote from a CARATS worker described how some officers announced a call from a CARATS worker to a prisoner:

We phone the wing [to contact prisoners] and the wing officers shout out CARATS for you so everyone knows. (Prison officer - CARATS worker)

Thoughtless practices such as the one above appeared to be common in some prisons. Although it is likely that a prisoner is unable to keep their contact with drug services secret, such public announcements demonstrate a poor regard and a lack of respect for prisoners by staff.

3. Issues around staffing

Fountain et al. (2007) found many prisoners and staff felt that the predominantly white constitution of drug service teams could operate as a barrier to some people accessing drug services.

Many BME [Black and minority ethnic] prisoners often feel it is a white service run by white people for white prisoners... (Prison officer - drug worker)

Very few Black women on my caseload, so I don't know [the reasons they don't come forward for services]. We definitely need to have Black and minority ethnic women delivering services. (Civilian CARATS worker)

Although NOMS should continue to prioritise increasing the number of Black and minority ethnic staff delivering drug services, this is not akin to saying the Prison Service should engage in ethnic matching. Although some Black and minority ethnic prisoners definitely wanted to see a non-white drug worker, many were not concerned specifically about the ethnicity of their worker. However, ethnically diverse teams communicate an implicit message that services are for **all** prisoners.

The ratio of Black and minority ethnic prisoners to staff varies significantly by prison establishment and region. There are still many prisons in the UK which have significant populations of Black and minority ethnic prisoners and few Black and minority prisons officers and drug workers in particular. Recruiting diverse staff teams does present greater challenges in some areas of the country; however there are a number of strategies that can be successful in recruiting more diverse teams.

For example, Fountain et al. (2007) identified one example of diversity being addressed strategically in relation to staffing. In this case the CARAT manager had taken a strategic lead on diversity issues. This meant that diversity was considered as an aspect of recruitment, in supervision, in discussing and challenging practice, in training and in staff meetings. This structure provided staff with regular opportunities to discuss the issues of diversity emerging within their current work. Staff learnt from each other's work and hence staff from all ethnic groups felt more capable of meeting the needs of Black and minority ethnic prisoners in their current practice.

It has made a difference, the reason I know why. Because some Black prisoners have been coming here for years and have never until recently been prepared to admit they had a problem. (Civilian CARAT worker - Black Caribbean)

4. Inadequate diversity training

Fountain et al. (2007) found that in the majority of prisons visited, some sort of diversity training was taking place. Most staff had received this either as an aspect of their initial training or as an annual event. The vast majority of prison service staff communicated a commitment to delivering a good service to the diverse prison population; however they often felt the diversity training they had received had not helped them to take this commitment forward. Many staff criticised the quality of the diversity training delivered in prisons, some also highlighted that it tended to be handled as a discrete exercise, which also diminished its relevance to day-to-day work. Many staff indicated that training was often cancelled, sometimes at short notice suggesting it is a low priority.

The Commission for Racial Equality (Biddle and Pavey, 1995) reports that prison officers highlight their own lack of cultural awareness, and emphasise this as a priority training need. Many of the white drug workers interviewed by Fountain et al. (2007) recognised that their own understanding of diversity issues, including those around ethnicity, was limited and indicated they would be keen to access more relevant training.

The result of the observations is that diversity issues impacting upon staff's work had seldom been actively or specifically addressed. Wanigaratne et al. (2003 p.49) examined diversity training in the context of drug services; the findings stress that *'Instead of looking at race and culture as a separate issue in training, every topic in substance misuse should be looked at from a racial and cultural point of view'*. Sangster et al. (2002) usefully point out that white workers have an important part to play in culturally competent drug services. The various pieces of evidence highlight that relevant, good quality diversity training, although insufficient in isolation, is a vital aspect of developing drug services which attend to diverse needs.

5. The dual roles of prison officer drug workers

Fountain et al. (2007) found officers had often been transferred into drug work with little or no relevant training or experience, and were expected to learn on the job. They also seldom had ring-fenced responsibilities and were regularly called away to attend to other operational priorities, often at short notice.

Prison officer drug workers found they were simultaneously responsible for security and for supporting prisoners for whom they were drug workers. This dual role sometimes left them in invidious positions. For example, in a few rare cases officer drug workers had been assigned to conduct cell searches of prisoners for whom they were drug workers. This dual role was identified as a barrier by prisoners, civilian drug workers and officers themselves.

Clearly these issues affect accessibility to services for all ethnic groups groups. However, responses from many prisoners and staff within this research suggested the nature of this dual role had the potential to exacerbate existing tensions between Black and minority ethnic prisoners and officers in a way that harmed relations.

You [Black and minority ethnic prisoners] have to work out who to ask for things from, you learn who not to ask. The system should be working with you, not against you. (Ex-prisoner, mixed race - Pakistani and white)

Given the concerns expressed by Black and minority ethnic prisoners and the positive duties required by the RR(A)A 2000 - to **promote equality of opportunity** and **good race relations**, - it may be sensible for the Prison Service to consider ring-fencing the roles of prison officers who are drug workers.

6. Issues around privacy

Prison overcrowding leads to competing demands for resources and space and these impact on the delivery of drug services. The issue of finding suitable environments for undertaking drugs work was raised by prison officers, drug workers, and prisoners in all of the prisons visited during the study conducted by Fountain et al. (2007). Comments reported in the study focussed particularly on the difficulties of finding somewhere appropriate for 1:1 sessions:

The problem we sometimes have is finding somewhere suitable, private and confidential, because you can't do some of those sessions on the landing... (Civilian CARATS worker)

However there were also many examples of ill considered practice such as the one described below:

When they come to you, half the time they talk to you through the door, they don't even open the door...They are civilian workers so they don't have keys for the doors...You don't exactly feel like opening up in front of your pad[cell]mate. (Mixed race - Black Jamaican and white British)

These are not the types of practice that are likely to support widening access to prisons' drug services, the Prison Service should prioritise providing appropriate space for the delivery of drugs work, especially given the concerns of Black and minority ethnic prisoners around stigma.

7. Issues around aftercare support

Ramsay (2003) highlights that good quality aftercare - both in prison and on release - is vital to the success of prison drug services.

Fountain et al. (2007) identified that prisoners experiencing problems accessing community drug services on release from prison was one of the most commonly raised issues by the participants of the study. Some Black and minority ethnic prisoners, who accessed and benefited from prison drug services, were still reticent about being referred onto drug services in their home communities, concerned they may be seen, by family or friends, attending a drug service.

Problems appeared to be particularly acute for Black and minority ethnic ex-prisoners because of issues surrounding stigma, particularly in relation to approaching services in the community; poorly-developed relationships between CARATS and drug services in communities into which prisoners are released; and poor understanding of the issues within communities themselves.

This has implications not just for community services and CARATS but also for the Drug Interventions Programme (DIP). DIP aims to break the cycle of drugs-crime-prison by intervening and facilitating referrals into treatment at all stages of the criminal justice process.

The University of Central Lancashire Community Engagement Programme includes projects funded by the Home Office (DIP) and the Prison Service Drug Strategy Unit to address the needs of Black and minority ethnic offenders. In 2004-5 the Drug Strategy Unit funded five community engagement projects and in 2005-6 DIP community engagement projects have been supported in ten intensive Criminal Justice Intervention Team (CJIT) areas. These projects have provided the basis for the development of new ways of:

- Engaging members of Black and minority ethnic communities in the local workforce and in the planning agenda;
- Improving and sustaining the drug service engagement of offenders from Black and minority ethnic communities;
- Enabling the development of drug services that are sensitive to, and meet the needs of Black and minority ethnic communities; and
- Producing drug service needs assessments that include consideration of families and carers, drug users and ex-users, and community members from local Black and minority ethnic communities.

4

Two Approaches to Addressing the Drug Service Needs of Black and Minority Ethnic Offenders

Introduction

The previous section identified a number of potential barriers to Black and minority ethnic prisoners' access to drug services. It is recognised that many of the issues also have resonance to all prisoner groups. This is particularly the case because ethnicity is only one aspect of the heterogeneous social identities of individual prisoners, and other issues such as gender, religion, sexuality, class and age may also affect the accessibility of services. Ethnicity is also merely one aspect of the diversity concerns of those who provide prison drug services. Nonetheless this research identified that these issues particularly affected prisoners from Black and minority ethnic populations. For these groups, the issues were less likely to be reported as irritations about accessing prison drug services and more likely to be reported as barriers to access. Taken together, the findings presented in the previous section about prison drug services across England and Wales highlighted that, overall, little consideration has been given to the specific needs of these prisoner groups in the development and delivery of prison drug services. Prisons who do not address this issue may find they are in contravention of the General Duty under the RR(A)A 2000.

However, this section highlights that there are a number of simple actions prisons can institute to help address this. Two approaches that have been applied locally to facilitate a better understanding of the drug service needs of Black and minority ethnic prisoners and to develop better support for these prisoner groups are:

- **Developing community engagement projects**
- **Using peer led support**

4.1 Developing a Community Engagement Project in Prison

Introduction

Responding to national policy and legislation, early attempts to consult communities and engage them in decision making processes often took the form of needs assessments by researchers who were external to the community or relied on the opinions of the perceived 'leaders' of the communities. Subsequent understanding has challenged these processes that *do not involve the communities whose needs are being assessed, beyond using members as interviewees* and are conducted by a researcher who 'parachutes' into the community, *then disappears to produce a report and academic papers [that create] no long-term impact* (Fountain, Khurana and Underwood, 2004 p.66).

Within some communities there may be a lack of awareness about a range of health and social care issues and services; and stigma and denial about a range of issues including substance use. Community engagement maintains that commissioners have a responsibility to develop services to meet these needs.

However, it takes as its starting point the premise that it is the community itself that has the greatest ability to reach its own members. It also recognises that those perceived as ‘community leaders’ do not necessarily speak for the community. Hence, community engagement aims to create an environment where communities, commissioners and other agencies can share their knowledge and work together to address an issue of mutual concern.

Rather than employing external people to conduct research, this approach involves forming a relationship with a relevant ‘host’ organisation to help them to recruit a team of researchers from the community and provide accredited training to support the work. A support worker from the University provides ongoing support and mentoring but leaves decisions about the research focus to the community researchers who are overseen by a steering group. This approach allows research to be conducted according to community priorities. Training is provided to build the capacity of the community researchers, alongside help with the management of the project and quality assurance.

The community engagement model is a useful tool for prisons to address local identified diversity priorities, including those around ethnicity. Conducting a community engagement project requires prisoners and prison officers to work alongside one another; this provides a series of legitimate opportunities for these groups to articulate their concerns and to work co-operatively, generating solutions based on a sound understanding of local diversity issues. This provides one useful means by which prisons can ensure they deliver on the Positive Duty under the RR(A)A.

A community engagement project is broken down into four main phases of activity:

Phase 1: recruitment and planning

Phase 2: conducting the research

Phase 3: writing the report

Phase 4: reflecting on outcomes and ensuring sustainability

This section draws specifically on a project completed as part of the University of Central Lancashire (UCLan) Community Engagement Programme funded by the Home Office-DIP to address the needs of Black and minority ethnic offenders. This case example highlights how community engagement has been used in one prison. It begins by describing the motivation for establishing the project, going on to describe the four main phases of activity, before reflecting on the outcomes achieved.

CASE EXAMPLE

Name of the project:	Asian Service in Alcohol and Narcotics (ASIAN).
Location:	Bullingdon Prison, Oxfordshire.

The motivation for this community engagement project

Four main factors led to this project being established:

- (i) Reading DIP had identified problems around engaging with the Pakistani community in Reading. However they knew, from police evidence, that this group were over-represented in the criminal justice system as a result of drug-related crime.
- (ii) Reading User Forum - *a team of users and ex-users in Reading who represent the views of users on treatment provision and related issues* - had found it difficult to recruit user representatives from the Pakistani community.
- (iii) Low numbers of Pakistani prisoners were accessing the drug treatment services within the DIP end-to-end system including those available in Bullingdon Prison. *(The end-to-end system is a joined up process to support, treat and help offenders at all points in the criminal justice process, from arrest through sentence, to resettlement and beyond. It is designed to be a cohesive system which ensures individuals do not 'fall through the gaps' between the agencies that make up the criminal justice system).*
- (iv) Ex-users, ex-offenders and prisoners from the Pakistani community in Reading identified barriers to treatment access around equality, diversity and the cultural competency of drug treatment workers.

Phase 1: recruitment and planning

The main activities in phase one include: to recruit prisoners as community researchers, the support worker to establish contact with all key individuals, all parties to discuss and agree roles and responsibilities, protocols and boundaries and to set specific aims for the project, provide relevant training to support the work and establish a steering group.

The support worker's role is multi faceted; it includes regular visits to the project to provide academic advice, personal development planning, mentoring and structured support and guidance, through a series of face-to-face meetings and additional telephone support. Meetings are primarily used to discuss and monitor progress, set key project milestones and provide feedback on completed work. The support worker also facilitates any partnership working and organises and helps to deliver the training necessary to build the capacity of the community researchers and members of the host organisation to undertake the research project.

With guidance from the UCLan support worker around appropriate methods of engagement, a volunteer from Reading User Forum managed to make contact with a key representative of the target community. This individual was an ex-drug user and ex-offender who had established contacts with many drug-using prisoners and offenders from the Pakistani community in Reading. This person was well placed to help recruit relevant community researchers to the project. The support worker worked alongside this key community contact, staff from Bullingdon Prison and Reading DIP to recruit other individuals to the project.

A steering group was formed at the beginning of the project; this included key people within the DIP, the police, probation, prisons, the treatment sector, support worker from UCLan and some potential community researchers from the Pakistani community.

The steering group is there to support the work of the community researchers. This group can ensure the long-term sustainability of the project's outcomes by ensuring there is a mechanism for picking up the findings and recommendations identified by the research; and supporting the ongoing career development of community researchers. The steering group also ensures that the work undertaken by the group sits with local priorities.

Later the steering group was embedded within the DIP board; this strategic approach ensured that equality and diversity work was a central aspect of the DIP agenda, helping the organisation to meet its positive duties under the RR(A)A 2000.

An initial meeting was held with staff and prisoners at Bullingdon Prison to discuss the aims and objectives of the project and to discuss roles, responsibilities and boundaries. It was important to establish at this stage that the individuals involved were: (a) representative of the target community for the project, (b) able to attend all training, (c) committed to the aims of the project and able to benefit from it.

Prisoners were recruited as community researchers and were offered payment to conduct a needs assessment. The prisoners were given accredited training in research methods and regular workshops to help them design research tools (e.g. questionnaires).

The prisoners and staff set three specific aims for the project:

- (i) To develop a better understanding of the drug service needs of the Pakistani community;
- (ii) To increase the cultural literacy of prison staff, including drug workers; and
- (iii) To increase the number of Pakistani prisoners engaging with and benefiting from drug services in prison and in the community.

Phase 2: conducting the research

The main activities in phase two include: ongoing meetings between the support worker, the community researchers, prison officers and the steering group, developing research tools, completing interviews and questionnaires.

Running a community engagement project in prison relies on the explicit support of the prison governor and officers, in this case this support was central to the success of this project. The governor supported the project from the outset, and appointed an officer to work alongside the prisoners throughout the work. As one example the support of the officer was essential to ensuring prisoners could gain access to other prisoners during data collection and ensuring prisoners had time and resources to conduct data analysis and write the final report.

The UCLan support worker convened a series of regular meetings with prisoners and the officer throughout the project. These meetings focussed on the progress of the work addressing any current problems or barriers and agreeing targets to be met by the next meeting.

The support worker also organised the training workshops which provided prisoners with the understandings necessary to carry out the research project, the topics covered within these included: drugs and drug effects, providing an understanding of the DIP end to end treatment system and training in social research methods.

The project did encounter some difficulties, these were mainly due to prisoners being moved to other prisons, released or placed on home detention curfew. Most notably, on this project, a small number of participants were identified as involved in the supply of drugs in the prison and moved at short notice. Despite this setback officers maintained a commitment to the project and other prisoners were recruited to continue the work.

With ongoing advice and guidance from their support worker and the steering group, the prisoners designed their own research tools and conducted the research themselves.

Phase 3: writing the report

The main activity in phase three was producing a final report with key recommendations.

With input from the support worker the prisoners wrote the final report. This report described the process of undertaking the project, reflected on the key challenges and the key achievement and outcomes; finally the report made a number of key recommendations. These included:

- (i) The report identified a need for a specific forum for drug users from the South Asian population to support their specific throughcare and aftercare needs. This forum should be independent, but should receive support from Reading User Forum (an established user group). This forum has been established and is discussed further below under outcomes.
- (ii) The report identified a need to increase the recruitment and training of drug workers from the South Asian community in both prison and community drug services.
- (iii) The report identified a need to increase the level of drug awareness in the South Asian community through the drug awareness workshops, both in prison and in the community, to address aspects of stigma which relate to limited knowledge and understanding.
- (iv) The report identified that many Pakistani drug users had not been referred to treatment at the point of arrest, several cited racism and discriminatory treatment by police officers as reasons for this. The reports identified a need to address any discriminatory treatment by the police in order to increase the number of referrals into drug services from Pakistani drug users at the point of arrest.
- (v) The report identified that the needs of the Pakistani drug users, ex-users, families and carers are not currently represented within DIP as a part of the review, assessment and planning of both existing and new drug services. It highlighted addressing this lack of representation as a priority.

Phase 4: reflecting on outcomes and ensuring sustainability

The main activities in phase four include: implementing recommendations, reflecting on the outcomes achieved and ensuring the sustainability changes.

This community engagement project has resulted in the following outcomes in Bullingdon Prison:

Increasing understanding and reducing racial tensions between staff and prisoners

New lines of communication have developed between staff and prisoners. Traditionally there were tensions between Pakistani prisoners and prison staff in Bullingdon, due to feelings of institutional racism and, religious intolerance. This project has allowed Pakistani prisoners and other minority ethnic groups to articulate their needs clearly within a constructive project with specific aims and objectives. The research project has identified a number of key recommendations which the staff group is committed to acting on, hence prisoners have more confidence that their needs are being taken seriously.

Increasing understanding of drug treatment and reducing stigma

'Behzti' is a Punjabi and Urdu term that can mean dishonour; however to these prisoners it meant the stigma and shame attached to drug use. Many Pakistani prisoners had tried to conceal the fact they were in prison for drug offences from their families and friends because of what they termed 'behzti in the community'. Prisoners felt this often existed because of limited understanding about drugs and drug services. Hence prisoners had often told people in the community they were away on an 'extended holiday' in Pakistan when they were actually in prison. The project helped create a supportive peer group; the positive atmosphere within this group helped the prisoners to discuss these things in a more open way and take on new information. In particular, the specific workshops provided on drugs and drug effects and drug treatment services in the criminal justice system, provided valuable information and understanding; these helped to build the confidence of prisoners in the drug treatment sector, helping to reduce previous suspicions.

Developing peer led support in prison and on release

Peer mentoring can help prisoners to overcome barriers by offering culturally appropriate support. As a result of the community engagement programme the prisoners have formed a peer support group called ASIAN. This group will provide practical and emotional support to this group of prisoners, both in prison and in the community on release. One Pakistani prisoner recently told his family about his drug use and prison sentence for the first time, which he viewed as a vital element of his own move on journey.

Building the capacity of prisoners

Pakistani prisoners have been supported to undertake a community engagement research project, which has included undertaking training, designing research tools, undertaking research interviews, analysing data and writing a final report. One prisoner reflected:

I have been dealing drugs since the age of 13 and I am now 28... Once I leave prison I would like to use the qualification and experience from this project to get a job helping young people.
(Pakistani prisoner)

By providing prisoners with new knowledge the project has demystified the treatment system giving prisoners a sound understanding of what is available (e.g. housing, aftercare, education, employment). Members of the peer support group, formed as a result of the project, have been invited onto the DIP board; their understanding of the treatment system has helped them to articulate the needs of Pakistani drug users more effectively within this and other professional forums and also to signpost their peers into drug services.

Building the capacity of staff

Prison officers and other staff have worked alongside the prisoners throughout the work; they have developed new understanding about equality and diversity and now feel more confident in supporting Pakistani prisoners. As one staff member observed:

The ethnic mix of researchers and the breadth of information available allowed me to develop personal skills, abilities and gave me a much deeper understanding of cultural issues. Every prison should have a project like this. (Drugs services manager, Bullingdon Prison)

Increasing the number of Pakistani prisoners engaging with and benefiting from drug services

Several Pakistani prisoners have become peer mentors through the community engagement project; the drug services manager has identified this as a key factor in increasing the number of prisoners from this population engaging with treatment services in prison. Ten Pakistani prisoners recently began the RAPT 12-Step programme in Bullingdon. The Pakistani prisoners within the community engagement project have identified the faith and abstinence based elements of this particular programme as key factors in helping them engage with and benefit from it.

4.2 Using Peer Support in Prisons

Introduction

This section begins by drawing on four specific pieces of evidence; two recent Home Office reports (Home Office 2005, 2006) which together examine practice in 29 peer support schemes, *a good practice guide for prisoner peer support* (undated) developed by Her Majesty's Prison Service and finally the practice experience of three peer support schemes working with drug users both in prison and at the point of release. The section begins by outlining how peer support might be employed to help prison drug services work more effectively with drug-using prisoners and ex-prisoners from Black and minority ethnic communities; it then goes on to describe two example peer support schemes.

The value of peer support

Peer support is a key factor in the move on journeys of many drug users both in prison and in the community. Some of the positive contributions of peer support are as follows:

Peers actively go out and make contact with other users:

Prisoner peers will actively go out to talk to other drug users to publicise the support available, using

established networks of drug users. These individuals are well known by other users within their communities and hence operate as trusted messengers, able to access people and talk to them and to develop trust in the support services available.

Peers refer others into treatment:

Officers co-ordinating one peer support scheme in the high security estate - Prisoner Advice Drug Service - have identified that, it has provided prisoners with the important opportunity to assess drug services and to obtain assistance with referrals without the need to approach staff:

...this system works well. Prisoners refer others that wouldn't approach alone. (Prison officer - drug worker in Fountain et al., 2007)

Peers promote the availability of other forms of support to people in treatment:

Peer led schemes can operate as a hub or focus point; because of the trust users have in them, they can refer people at various stages of move on journeys into relevant sources of support. By developing champions it becomes possible to involve users in the aftercare process, asking them about the types of support they need and looking at how it might be made available.

Peers can liaise with family members and offer support:

Issues around stigma can leave drug users from Black and minority ethnic communities feeling isolated from friends and families. Peer support schemes can liaise with families helping to reduce stigma and anxiety, whilst providing support for parents and carers which increases family support for users.

Peer support can help prisons meet positive duties under the RR(A)A 2000:

Research conducted by Fountain et al. (2007) has also identified that Black and minority ethnic prisoners may rely on peers as sources of information to a greater extent than white prisoners. Hence developing peer support schemes capable of supporting prisoners from minority ethnic communities may have specific value in helping the Prison Service 'promote equality of opportunity' and 'good race relations', thus helping it to meet its positive duties under the RR(A)A 2000.

One ex-prisoner who contributed to a recent piece of research (Home Office, 2006) made the following observation about the value of peer led support in sustaining move on journeys:

You know it was like, you've stopped doing whatever you was doing [using drugs and offending], now what are you going to do? So I became involved and very quickly I became more and more, you know, sort of driven... This is like a sort of bridge, it's a safe place and you've got your peers. Because you're in that bubble of treatment and then it's like, 'oh bloody hell', you know this is the real world now what do I do? It's quite a scary place to be. So it's just sort of, get here, and get focussed on what you really want to do. (Ex-prisoner - peer led project)

Using peer support in prisons for Black and minority ethnic drug users

Most prisons in England and Wales already have a Samaritan supported 'Listener' project; Listeners provide confidential emotional support to other prisoners. However the HMP document, '*A good practice guide for prisoner peer support*', emphasises that in some establishments there are significant benefits and scope for running another peer led scheme side by side with the Listener's scheme. A recent Home Office

report (2006) supports this position, identifying that supporting innovation is fundamental to producing the appropriate and varied models of peer led support which are essential to meet local diversity needs including those around ethnicity.

Nonetheless, addressing the needs of Black and minority ethnic drug users is not only about setting up new groups focussed on the needs of specific communities; whilst this will be necessary in some circumstances, it is incumbent on people responsible for existing forms of peer support to look at changes that can be made to make this provision more inclusive.

It is also important to emphasise that there are at least two approaches to instituting peer support for Black and minority ethnic drug users in prison: developing peer support schemes in prison capable of supporting Black and minority ethnic drug users, and commissioning community based peer led schemes which already support Black and minority ethnic drug users in the community to provide support in prison. This section will discuss each of these approaches in turn.

The HM Prison Service guide suggests that when planning the development of a peer support scheme in a prison, a small enthusiastic working group should be appointed to plan its principles. This working party should include at least two prisoners, prison staff, a manager, a Samaritan and staff from other disciplines as appropriate. It is also good practice for some members of this working group to visit a prison with an established scheme in order to share good practice.

Further advice is provided by the Home Office (2005) guide, *Developing Peer Led Support for Individuals leaving Substance Misuse Treatment*; this identifies a number of principles that should be considered in setting up and sustaining peer support projects. Although it is based on the experience of community-based projects, several of the principles are relevant to setting up peer support in prisons. These include:

- The need for an equal balance of two sets of champions:
 - a) ex-users as catalysts of projects and key to the type of support provided; and
 - b) professional champions and organisations, key to their ongoing development;
- The need to develop appropriate operational policies; and
- The need to appoint specific individuals to support the management of the project.

The example of ASIAN - described in 4.1 above - highlights that developing peer support schemes in prisons requires the direct involvement of a professional champion. A prison based peer support project, relies on peer supporters being allowed some freedom of movement, and can also involve prisoners taking names and confidential information from other prisoners. In some cases peer supporters with freedom of movement may be put under pressure by other prisoners to ferry items (such as drugs) covertly around the prison. Hence there is a need for the involvement of a relevant professional champion and also for clear operational policies to support and gate-keep the work. The peer supporters in ASIAN found that the active support and involvement of a prison officer greatly helped the implementation of the project.

The HM Prison Service guide highlights a number of requirements that must be complied with in the selection of prisoner peer advisors. Although these are likely to differ in different prisons, they include: agreed security clearance/risk assessment, suitability criteria, selection and training procedures, induction

periods and the requirement for a signed contract. The Prison Service also has a written commitment to recruiting ethnically diverse peer supporters. Some established peer support schemes working in prisons (e.g. St Giles Trust which recruits prisoners who deliver advice and guidance to other prisoners on housing issues) employ paid staff to provide ongoing support and training to prisoners delivering peer support and advice. These staff members work closely with prison officers when recruiting prisoners to the scheme, which helps in managing security concerns.

There are many peer support schemes that already work with prisoners at the point of release, including those that run sessions as part of DIP. With appropriate support and guidance from staff within the DAAT and prisons, schemes such as these may also be capable of delivering support to serving prisoners. As the example of ASIAN highlights, with the appropriate involvement of a professional champion, relevant protocols can be developed to facilitate workable peer support schemes in prisons.

BUBIC and BAC-IN - described below - are both community-based peer support schemes. Each of these projects started as a small group of users, who had often felt excluded in other drug service settings, and began meeting regularly to support each other. Professional champions have supported the development of peer champions in these schemes, developing the self-confidence and self-esteem of key individuals, and providing relevant and ongoing support, supervision and training. Each of these schemes works closely with the local DAAT and runs sessions as part of DIP; however neither is currently working in prisons, this clearly represents an untapped resource.

There are challenges to developing working protocols for peer supporters from the community to deliver support in prison. In particular these relate to developing mutually agreeable working protocols for peer supporters to gain access to prisons to offer support. However these are not unassailable, the following actions may support the implementation of working protocols:

- The governor with the lead responsibility for drug services should make contact with the local DAAT-DIP to establish contact with any relevant peer support projects.
- The governor with the lead responsibility for drug services should meet with the DIP manager and representatives from the group to develop a pathway into prison. This pathway should include an agreed set of protocols for allowing peer supporters access to the prison (e.g. whether by open visit, shadowing CARATS staff or entering in the same way as other professional staff).
- Members of peer support groups should understand that prisons are likely to consider both unspent convictions and the nature of convictions in deciding whether to allow peer supporters access to prisons and what type of access to allow.
- The governor, the DIP manager and the peer group representatives should agree a timescale after which the initial working protocol will be reviewed. At this stage changes to protocols (e.g. around the type of access granted) may be considered.
- The governor should act as an advocate for the peer support group within the prison.
- Where there is a need for targeted peer support for specific groups which are currently unmet by existing community or prison based peer support schemes, the prison governor with lead responsibility for drug services should work co-operatively with the local DAAT-DIP and user group to develop new forms of support. ASIAN is a good case example which demonstrates how this can be achieved by co-operative working.

Two Illustrative Examples

There are currently very few peer led schemes in prison designed to support the specific drug service needs of Black and minority ethnic prisoners. Perhaps the best example is ASIAN, described in section 4.1 above which developed out of a community engagement project. However this section describes two different peer support schemes which are working with drug-using prisoners and ex-prisoners from Black and minority ethnic communities. These two example schemes were each developed by ex-users in the community; they each work in partnership with DIP. BUBIC, BAC-IN and ASIAN collectively highlight the value to prison drug service providers of supporting and working alongside peer led support schemes in meeting their positive duties under the RR(A)A 2000. In some cases prisons will be able to draw on the experience and expertise of established community-based peer support schemes such as BUBIC and BAC-IN; in other cases it will be necessary to modify existing forms of support to widen accessibility or develop targeted forms of support such as ASIAN.

Each case example below describes: the main activities of the project, how it is funded, the support provided by professional champions and some of the key achievements.

Project name: **BUBIC (Bringing Unity Back into the Community)**
Area: **Haringey, London**

BUBIC provides personal peer support to ensure the emotional stability of drug and alcohol users. It works in partnership with the other voluntary and statutory agencies to reduce crack cocaine use in Haringey and beyond. The members, who are volunteers, act as mentors; these volunteers provide advice, guidance and support to drug and alcohol users; specific support is available to women. BUBIC has managed to make contact with many users - including those from Black and minority ethnic populations - that other local services have previously found difficult to engage; it had over 1344 contacts with users and ex-users in the second half of 2005.

The work is funded through the DAAT and New Deal for Communities. A key professional stakeholder from the Drug and Alcohol Service Haringey has been key to supporting and developing the peer champions at various stages of its development, helping to ensure the sustainability of the project.

BUBIC was asked by the DAAT to deliver sessions as part of DIP, because of its track record of making contact with Black and minority ethnic drug users; it currently runs one session per week which is available to any DIP client.

BUBIC won a number of community awards for its work; including the Community Safety Peace Week Award 2005, for the best crime reduction initiative. The Metropolitan Police Service identified the work of BUBIC as crucial in developing a cross-partnership strategy focussed on the aims of the drugs strategy, including reducing crime.

The project visited two local prisons with colleagues from Cocaine Anonymous and Alcoholics Anonymous; it has also met with the CARATS team in one local prison to discuss its work.

However, it currently has no ongoing programme of support in any local prison, but is keen to develop one. The key professional champion who supports the work of BUBIC is attempting to develop a partnership between the DAAT, the PCT and the prison drug service providers, in order to reduce the current barriers caused by different working cultures and facilitate the possibility of BUBIC delivering an ongoing programme in prison which will complement the work it currently delivers at all the other stages of the criminal justice process.

Project name: **BAC-IN (Black and Asian Cultural Identification of Narcotics)**
Area: **Nottingham (County and City)**

BAC-IN was formed out of a need identified by Black and minority ethnic users in recovery or seeking recovery to have their own forum. The forum acknowledges and works within the peer group's cultural, traditional, religious and spiritual values.

It was started in 2003 by four ex-users, as a self-help support group. In 2004, the project started work in Nottinghamshire supporting Black and minority ethnic communities and prisoners serving sentences and on release. BAC-IN aims to support the cultural needs of Black and minority ethnic drug and alcohol users, including specific sessions for women. They aim to empower members within these communities, providing culturally appropriate help and advice to address their drug and alcohol problems.

BAC-IN is funded by two local DAATs; continuing support of a number of key stakeholders from the DAAT and other independent organisations has been important to supporting the development and sustainability of BAC-IN throughout its development.

BAC-IN currently provides community-based aftercare support for people leaving prison. BAC-IN also has a representative on the DIP management board; the Prison Service Area Drug Co-ordinator is also on this board.

The DAAT-DIP has supported BAC-IN in developing plans to support serving prisoners in local prisons. This work has encountered some problems; mainly due to the unspent convictions of some of those wishing to provide support in prisons. Although these would not prevent the people providing support in the context of open visits, BAC-IN wished to enter the prison in the same way as other professional groups. Although these issues have not yet been resolved, the DAAT commissioner and DIP manager are providing support to BAC-IN in liaising with local prison governors around this issue to reach a mutual agreement on a working protocol.

5

Core Actions

The Prison Service has already instituted legislation and has developed approaches which include identifying recruitment targets and instituting a diversity training programme. However, as evidenced in section 3, in many prisons to date, these approaches have achieved limited results in positively influencing the accessibility of drug services for Black and minority ethnic prisoners.

The examples of ASIAN, BUBIC and BAC-IN described in section 4 are examples of positive action. Adopting these approaches requires that those responsible for the delivery of prison drug services are honest about the limits in their understanding of the needs of different prisoner groups. **Community engagement projects** and **peer support programmes** each provide a means to involve prisoners in developing new understandings around diverse needs and identifying and working towards solutions. Operating either sort of scheme requires that prisoners and staff work co-operatively, each approach provides regular purposive forums in which prisoners and staff can express their views, develop new understandings and have a stake in solutions.

The list below offers a series of actions that may be useful to those responsible for the delivery of prison drug services in taking this agenda forward.

Core actions to support strategic planning

LEADERSHIP

- Ensure the diversity agenda is owned and driven by the governor.
- Ensure a **senior** member of staff in the prison has been appointed as a diversity champion, this persons role should include supporting and providing assistance to all prisoner groups and widening access.
- Identify specific diverse needs that are a priority in this prison. Develop a plan which sets specific targets which will be performance managed to evidence that they are being met.

ASSESS AND CONSULT

- Ensure that mechanisms are in place for consulting with all prisoner groups about drug services.
- Ensure a diversity monitoring system is in place which collects, analyses and monitors data for ethnically diverse groups within all drug services.
- Where there is currently a limited understanding of the needs of particular diverse groups, initiate relevant prisoner led needs assessments.
- Support the development of relevant peer support schemes and ensure that they address the needs of both visible and less visible minority groups within the prison.

- Develop a simple monitoring system to assess the profile of those who access drug services including peer support.
- Use these data to establish needs that may not be met by current forms of support.
- Consider how current forms of support may be modified to address unmet needs by, for example, changing what is offered and how. If necessary consider developing new targeted peer support schemes.

SUPPORT AND MONITORING

- Appoint a specific member of prison staff to work alongside the peer support schemes/projects and to support prisoners conducting needs assessment.
- Identify specific resources (financial and/or human) to support current peer led schemes and to develop both current and new approaches/projects.
- Follow the NOMS Drug Strategy Unit Diversity Toolkit, *Making Equality Real*. (First stage available early 2007 and to be completed Summer 2007).
- Ensure that relevant training and supervision is available for those delivering peer led support.

ISSUES FOR THE DRUG INTERVENTIONS PROGRAMME

- Ensure that there are robust links from CARATS services to CJIT and other community based treatment and aftercare services.
- Where possible purchase support for the throughcare and aftercare needs of Black and minority ethnic prisoners by establishing links with support schemes that already exist.

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Appendix 1

Executive summary from:

Fountain, J. Roy, A. Anitha, S. Davies, K. Bashford, J. Patel, K. (2007) *Issues surrounding the delivery of prison drug services in England and Wales, with a focus on Black and minority ethnic prisoners*. Preston, Centre for Ethnicity and Health, University of Central Lancashire

Drug services in prisons in England and Wales are provided by a combination of external drug service providers, prison healthcare staff, prison officers, and probation staff.

The latest statistics available at the time of the study showed that there were over 70,000 prisoners in England and Wales. Around one quarter of them were members of Black and minority ethnic communities, and the proportion in each prison ranged from 4% - 67%.

Other than civilian drug workers, many of those working in prisons have a limited knowledge of drugs and drug services.

Information on prison drug services is generally given to prisoners at induction sessions, but may not be assimilated nor acted upon at that time, as inductees may be preoccupied with other concerns, and reluctant to reveal immediately to staff and other prisoners that they have a drug problem.

Black and minority ethnic prisoners may rely on peers as sources of information about drugs and drug services to a greater extent than white prisoners.

Some of those working in prison drug services - particularly prison officers - have received insufficient training for this work.

Positive aspects of prison officers' involvement in drug service delivery were reported, such as increased appreciation of these services by other officers. However, prison officers who also work as drug workers are regularly redeployed to other operational commitments, and prisoners are suspicious of their dual roles. There is some tension between civilian drug workers and prison officers around the health-focussed aims of drug services and the secure custody focus of the Prison Service.

It was perceived that the introduction of CARATS (Counselling, Assessment, Referral, Advice and Throughcare Services) has achieved a significant and positive impact upon prison drug services, but that there is a high demand for these services and insufficient resources to meet it. Therefore, heroin users are reported to be prioritised because they are perceived as the most problematic drug users.

Waiting times and a lack of transparency in the application process for drug services discourage many prisoners from accessing them. Where those perceived to be queue-jumpers are predominantly white, the opinion that drug services discriminate against Black and minority ethnic prisoners is reinforced.

Waiting times of several days to be tested for eligibility for detoxification services mean that some heroin and cocaine users return negative drug tests and are therefore not entitled to them.

Drug detoxification and the prescription of medication to ease withdrawal symptoms is usually managed by a prison's healthcare department, but, in some prisons, there is a poor professional relationship between this department and CARATS, which negatively impacts on the provision of drug services.

Some prisoners are perceived to access drug services not because they want to address their drug use, but to enhance their parole application, take advantage of the better facilities and privileges on drug-free wings, or simply to get out of their cells and talk to someone.

Drug testing is perceived as contributing to a change from cannabis to heroin use by prisoners, because cannabis can be detected in the body for 28 days and heroin for only two or three days.

Prisoners who have English language and literacy problems are disadvantaged in terms of accessing drug services. For example, they find it particularly difficult to recall information given at induction, and the selection criteria for participants for some types of rehabilitation programmes require certain levels of literacy and fluency in English.

The lack of respect for confidentiality, the lack of suitable environments in which to deliver drug services privately, and prisoners' fears of negative reprisals from prison officers if they are known to be using drugs are reported to be major barriers to prison drug services.

Another major barrier, especially for young males, is the stigma attached to the use of drugs (other than cannabis, and especially heroin and crack cocaine) and to help-seeking. In the macho environment of male prisons, drug users and help-seekers can be bullied and blackmailed. The cultural and religious stigma attached to drug use by some Black and minority ethnic communities means that fear of family and community discovering their drug use prevents some prisoners from these communities accessing drug services.

Effective throughcare - drug services provided from an individual's first contact with the criminal justice system until after their release - is crucial to sustaining any achievements made by drug users in prisons, but prison drug services have found it extremely difficult to deliver throughcare, especially in facilitating post-release support in the community. There is a lack of co-operation between some prisons and community drug services, and where it exists, is not always unproblematic due to, for example, funding issues, or because a prisoner's home is in a different part of the country from the prison.

Newly-released prisoners are vulnerable to a return to drug use, and may also have to deal with a lack of accommodation, employment, and, particularly in the case of those from some Black and minority ethnic communities, problems reintegrating with their family and community, because of the double stigma of having been in prison and of using drugs.

There are some examples of good practice, but overall, little consideration has been given to the specific needs of Black and minority ethnic prisoners in the development and delivery of prison drug services: the ethnicity of clients is not consistently monitored across all drug services; there are few current and planned drug services targeting Black and minority ethnic prisoners; training on diversity and cultural competence is inadequate; and there is lack of strategic lead on ethnic diversity.

The result is that Black and minority ethnic prisoners are under-represented as prison drug service clients. They are reticent to approach drug services due to fears of experiencing a lack of cultural understanding, overt and institutional racism, and because of the lack of Black and minority ethnic staff (both in the Prison Service in general and in prison drug services specifically). In short, many Black and minority ethnic prisoners see these services as run by white people for white people.

This report demonstrates that whilst there are aspects of prison drug services that require development for their users and potential users, there are clearly differential impacts for Black and minority ethnic prisoners. In effect, this report constitutes a race equality impact assessment as required by the Race Relations (Amendment) Act 2000. To remedy the differential impacts it identifies, the authors recommend the adoption of a whole systems approach to prison drug service development that will directly result in sustainable improvements for Black and minority ethnic prisoners. This approach is necessary because actions are required at national, area, and local levels, and, to be successful, these must be supported by a robust infrastructure for the performance management of race equality.

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