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A Formative Evaluation of Early Break's East Lancashire BME Outreach Project

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The following report presents finding from a six-month research project conducted by Rob Ralphs, Paul Gray and Graham Smyth, members of Manchester Metropolitan University's Policy Evaluation and Research Unit (PERU). PERU is a multi-disciplinary team of evaluators, economists, sociologists and criminologists. PERU staff specialise in evaluating policies, programmes and projects, and advising national and local policy-makers on the development of evidence-informed policy and practice.

The primary aim of the report is to provide a formative evaluation of Early Break's East Lancashire BME Outreach Project. The report is underpinned by a focus on learning outcomes from the outreach project. As such, the report serves the dual purpose of firstly helping Early Break to further develop its practice, and secondly, identifying transferable learning points and models of good practice in relation to engaging BME communities in substance use services.

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Executive Summary

This report provides a formative assessment of Early Break's outreach programme for young people of minority ethnic groups in East Lancashire – particularly focused on Pakistani and Bangladeshi young people in Burnley, Brierfield and Nelson. Early Break is a young people's alcohol and drug service who have been undertaking this outreach since 2006.

The target area has a high BME population (ranging from 12 to 20 per cent), a high proportion of which (up to 40 per cent) are young people.

The outreach project is informed by research identifying underrepresentation of people of Asian ethnicity in drug treatment services, taking into account their proportion of the population and extent of known drug use.

Evidence was found of the 'normalisation' of the use of cannabis – if not other substances – for young people in the target area. While the use of other substances, notably alcohol and cocaine were alluded to, the degree of use appears to be lower, though with some indications that levels of alcohol use may be somewhat hidden. Use of cannabis – almost exclusively in the stronger and more harmful form of skunk – is identified both to be increasing and occurring earlier in young peoples' lives.

Research Methodology

The research took place between January and June 2014 and adopted a mixed-methods approach essentially comprising:

- interviews with six of Early Break 's staff, along with detailed observations of the service;
- interviews with eighteen young people who were engaging with the service, and one parent who had received family support from Early Break;
- individual interviews and one focus group with representatives of stakeholder and partner agencies – eighteen individuals in all.
- analysis of the quantitative data routinely collected by the service, using data on those who had accessed the Early Break service between the 1st November 2011 and the 31st October 2013.

Key findings

Both quantitative and qualitative elements of the research confirm a significant increase in numbers of Pakistani and Bangladeshi young people accessing drug services in East Lancashire during the life of the project. The following key elements are identified by research respondents as underpinning this success.

Targeted: a tight area focus: on Pakistani and Bangladeshi young people within a small number of areas within Pendle and Burnley. Identified as preventing the project becoming too thinly spread to be effective and allowing the establishment of a consistent presence.

Visibility: a regular, visible and independent presence out on the streets was viewed as key to gaining the respect and trust of the local community.

Consistency: establishment of a consistent pattern of regular and reliable presence in particular locations at given times. This was complemented by stability of the staff group providing the service. This enabled the service to build up trust and establish relations with young people and wider communities. This consistency also helped establish relationships with key partners who could make referrals.

Trust: Successful engagement has rested on the establishment of trust in the service and an emphasis on confidentiality; both took time to be established but were evident both in interviews and observation of the work of the outreach team. The number of peer referrals to Early Break is testimony to this.

Patience: allowing the time to build this trust and not pursuing targets for given numbers of referrals by given deadlines. While 11 per cent of Early Break's referrals between November 2011 and October 2013 were as a result of outreach work, this process has taken several years to come to fruition.

Flexibility: in terms of where, when and how Early Break's service and staff will see young people is identified as a factor in turning outreach work into referrals to whom services will be delivered. The same applies to a high level of responsiveness, with a wide consensus that referrals are very quickly acted upon.

Child focus: also important to the project's success - service users were viewed as young people and in line with their service ethos, the needs of young people were prioritised above and beyond those of community elders and family members.

School and college links: education establishments are the largest single source of referrals to Early Break, providing 36 per cent for young people of Asian origin and 19 per cent overall between November 2011 and October 2013. Much effort has gone into this, including having workers largely based in schools, fostering links with key school and college based staff (e.g. health and social workers as well as teachers) and outreach workers having a regular pattern of visits to schools and colleges. As well as generating referrals this has the additional benefit of providing a safe, confidential and easily accessible venue for young people to see Early Break staff (being seen to attend community-based facilities would be off-putting for a number of potential service users). Where it has not been possible to build these links, the same level of success has not been enjoyed.

Complementary approaches: presence in schools complemented community based work - it was apparent that the dual presence of Early Break in the local community and education establishments helped consolidate their presence in these communities, which led to a direct increase in referrals.

Alternative therapies: are offered by Early Break, and popular with service users, though their contribution may be overstated, as the indications were that they tended to be provided more on a one-off than regular basis. Some suggestions were made of the potential value of offering a wider range of provision with more use of sporting and other activities.

Referral pattern: looking at referrals to the project between October 2011 and November 2013, a number of features differed as between referrals on Asian and white young people, including referral source, age profile and the extent of contact with Early Break. This raises a number of questions, such as whether such differences might reflect successful outcomes from the outreach project which could be replicated in other communities.

Cultural competence

There are strong indications from all sides of a high level of cultural sensitivity in Early Break's delivery of its services to minority communities, and of the importance of this to the project's success. Their approach has, however, tended to challenge a number of commonly held perceptions about what is needed to work effectively within these communities.

Staff ethnicity: the use of white staff, including in outreach work, was not a barrier to engagement; in fact, the reverse could be true with an Asian worker identifying his ethnic background as potentially more of a barrier than a necessary requirement as his ethnicity appeared to raise some questions about confidentiality for some young people.

Families: demonstrated no reluctance to work with the service, were keen to involve and work alongside Early Break (mothers in particular). The finding was in fact that the involvement of an organisation like Early Break was preferred to internal, community-based interventions because of a desire for confidentiality within the community. Early Break's 'family centred time' model has been helpful in effective working with families from minority communities.

Language: did not emerge as an issue – the primary focus of the initiative is with young people who were born and raised in England.

Mosques and imams: have not been a focus for work in terms of securing referrals etc – and the indications are that no referrals have come via this source, though some contact has been helpful as a source of information, as to where, for example, young people who may be using drugs or drinking alcohol can be found.

Early Break as an organisation

Early Break was found to have a loyal staff group, committed both to the service and its young people-centred ethos.

Service user and partner interviewees were also overwhelmingly positive about the service, with strong indications of the trust and respect with which it is regarded and praise in particular for its speedy level of response to referrals, along with its commitment, flexibility and versatility.

There were also positive remarks about information-sharing in terms e.g. of advice and information about substance use issues and trends as well – for some – as their level of feedback and updates on service user engagement. Some school staff did feel they would benefit from more information – while acknowledging that feedback on individual cases could not be expected, they would be glad of a more general update at regular intervals, such as the end of each term.

It was also identified that the mode of Early Break's provision of a range of e.g. general and trends information via social media etc. is not so accessible to some interested parties such as parents and partner organisations.

Future directions and developments

Post 16's: young people accessing Early Break's services, particularly those from minority communities tend to cluster between the ages of 14 to 16 – for young people of Asian ethnicity this was 80 per cent, compared to half of white participants; 27 per cent of the latter were aged 18 or over. 70 per cent of Asian referrals came from either educational sources or outreach work compared to 24 per cent of white referrals, for whom there was a much wider spread of referral sources. Further thought will be required as to how the older ages can be targeted; it is noted that the confidence of this group in outreach workers is more hard won. One respondent suggested a greater collaboration with adult services around this issue.

Females: remain under-represented as receivers of Early Break's services, particularly in the case of minority groups (15 per cent of Asian service users between November 2011 and October 2013 were female, compared to 36 per cent overall). Early Break consider themselves to be making some progress here, but acknowledge that it requires further attention. The use of female only spaces and more female outreach staff have been identified as possible strategies.

Contact time: a number of respondents indicated they would welcome an increase in available contact time, suggesting more frequent sessions in schools and/or more time dedicated to particular schools.

Risks of growth: as the success of the project generates a higher demand for services and therefore more staff to deliver them, there is the danger of the dilution of some of the features which have brought that success, such as a high consistency in the staff members involved. This is perhaps unavoidable but will require consideration as to how the impact can best be mitigated.

Future target populations: a brief discussion of other hard to reach groups which could be targeted in the project's future work included reference to the Pakistani and Bangladeshi communities in Hyndburn, young people of East European origin and from travelling families and looked after children.

1 Introduction

1.1 Background and context

Early Break is the chosen young person's drug and alcohol service for Bury, Rochdale and East Lancashire, supporting young people up to the age 21. The research and report that follows focuses specifically on a formative assessment of Early Break's East Lancashire BME Outreach Programme. As we outline in section 3, although it is referred to as 'BME Outreach', the outreach team have specifically targeted their efforts and resources at increasing engagement within Asian communities - specifically Pakistani and Bangladeshi young people. This initiative in its current form commenced in September 2006. This outreach work centres on the areas of Burnley, Brierfield, Nelson and Pendle.

Early Break established itself as a young people's alcohol and drug service in 1994, making it one of the country's longest established substance use services for young people. In September 2006, Early Break successfully tendered for the contract to deliver in East Lancashire. Money from the PCT provided the service with the opportunity to provide support for BME young people around substance use in the East Lancashire region, having previously successfully established the *Drug Action for Asian Youth* (DAFAY) outreach model in Bury and Rochdale. The central aim of the outreach project was to engage more BME young people into substance use services. As Fountain (2009) has noted when discussing South Asian communities' engagement with substance use services, a major barrier to drug information, advice and treatment services is a lack of awareness of the range of services that exist, and the help they can offer.

The expansion into East Lancashire represented a growth in service of over one third. The initial East Lancashire team consisted of five staff - a manager and four advocacy workers. In addition, there was some administrative support. The BME outreach work has continually evolved. More recently, *Comic Relief* funding has facilitated a new post for a worker who will follow up after the successful closure of a young person's case. During the course of the research, a successful *Big Lottery* application led to the appointment of an outreach coordinator (a 20 hours per week post) and seven additional part-time (10 hour a week) outreach workers on initial 12-month contracts. At the time of writing the report, these new members of staff were undergoing induction training¹.

1.2 Area profile

According to Lancashire's 2011 census data (Lancashire.gov.uk), BME groups make up 10 per cent of the overall population in Lancashire; the majority being Asian/Asian British. Numerically, this translates into approximately 150,000 people. There are regional variations of course, with the BME population as low as four percent in Lancaster, rising to around 20 per cent in Pendle and Preston. In terms of the areas covered in Early Break's East Lancashire area, in Burnley and Hyndburn the rate was 12 per cent. To translate this into numbers, in Pendle for example, the Asian/Asian British population was almost 17,000 whilst in Burnley the figure for Asian/Asian British was 9,000. Breaking these figures down further by nationality, in Pendle,

¹ Since the evaluation was undertaken, Early Break inform us that this newly recruited team have successfully increased referrals from the previous year by 94%.

the Asian/Asian British group was overwhelmingly Pakistani (15,320) and in Burnley, there were almost 6,000 Pakistani people and just under 2,500 Bangladeshi people.

If we look in more depth at the ward areas within Pendle and Burnley with the highest concentration of ethnic minorities, in Pendle, Whitefield (75 per cent), Walverden (53 per cent), Bradley (51 per cent) and Brierfield (43 per cent) have the highest percentage of BME residents. In Burnley, the ward of Daneshouse and Stoneyholme has the highest concentration of BME residents (82 per cent). This represents a significant increase from the 2001 census data where the percentage of BME residents in Daneshouse with Stoneyholme was just 66 per cent.

What these figures tend to mask of course is the high population of young people who reside in these areas. Children aged 14-years and under make up 30 per cent of the UK BME population, with 40 per cent of Bangladeshis being aged 14-years or under, compared with only 19 per cent of the white British population (see Scott *et al.* 2001). This means that not only do these areas in East Lancashire have high concentration of BME groups; they also have high concentrations of young people from ethnic minorities.

1.3 Substance use in young Asian communities: An overview of the existing knowledge base

There are a limited number of studies that have explicitly explored the substance use of young Asians. More common is analysis of school survey self-report data. One such study, a self-report school-based survey was conducted in 2000-2001 (See Rodham *et al.* 2005). The aim of this study was to establish the prevalence according to gender and ethnicity of drinking, smoking and drug-use in a representative sample of 15 and 16 year olds. The sample consisted of 6020 15- and 16-year-old pupils from 41 schools in England who completed an anonymous self-report survey. In relation to Asian youth, the survey found that Asian females (3.3%) were more likely than their White counterparts (1.2%) to have used opiates, but were significantly less likely to have used cannabis. Asian males (7.3%) were more likely than White males (4.8%) to have used ecstasy. Asians of both genders were less likely to use cannabis in the previous year compared to their White counterparts. The rates of past year usage for Asian youth were 21.5% (males) and 5.5% (females). For white youth, this figure was much higher at 33.5% (males) and 28% (females).

In the mid-2000s, Jayakody *et al.* (2005) conducted a school based survey in East London across a representative sample of 2,789 11 to 14 year olds from 28 secondary schools. They found that Bangladeshi, Indian and Pakistani young people were associated with lower risk of cannabis use. Conversely, the use of glue/gas/solvents was found to be higher amongst these three groups than their white or black adolescents. Bangladeshi females (6.6%) were three times more likely to report the use of glue/gas/solvents than white females in the survey. The research concluded that these findings support perceptions that young people from South Asian ethnicities are at low risk for cannabis and class A drug use (Jayakody *et al.* 2005: 336).

A more qualitative study conducted around the same time was conducted by Patel and Wibberley (2002). The research was conducted across two sites within the Greater Manchester region. As Patel and Wibberley (2002: 51) observed, "*Whilst there is an increasing amount of literature relating to young people's substance misuse in general, there is a paucity of knowledge*

relating to substance (mis)use amongst young people from an ethnic minority background.” Over a decade on from this work, there remains a dearth of research on this group of young people. In relation to the finding of their study, substance use was identified by some participants as a ‘rising problem’ (Patel and Wibberley, 2002: 54-55). The young people who took part in the research claimed that cannabis use cut across ethnic groups and formed part of a more generic and shared youth culture. This finding was in contrast to the research conducted by Parker *et al.* (1998) in the North West of England that found that all forms of substance use by Asian under 16s was lower than amongst the general population.

2 Methodology

2.1 A mixed-methods approach

This research adopted a mixed-methods approach. The research comprised of four distinct strands. Firstly, interviews were conducted with Early Break staff, along with detailed observations of the service. Secondly, interviews were conducted with young people who were engaging with the service. Thirdly, interviews were conducted, and a focus group undertaken, with a wide range of stakeholders and partner agencies. In total, 43 people were interviewed as part of these three strands of work. In an attempt to maintain confidentiality and anonymity, the specific titles of interviewees have been replaced with more generic identifiers e.g. 'School Support Staff' rather than identifying a school and/or an individual's job title. Likewise, Early Break staff are simply listed as 'Early Break Staff 1, 2, 3 etc. rather than by their job titles. The young people interviewed were all school-aged and but rather than state their school, they have been identified by the area they live in. In addition to the obvious ethical rationale of using this method of identification, this decision was made to enable an overview of some of the substance use issues which young people raised by area (see section 6). The fourth and final strand of work was an in-depth analysis of the quantitative data routinely collected by the service. All the research took place between January and June 2014.

2.2 Early Break interviews and service observation

Six interviews were conducted with Early Break's East Lancashire team, including staff involved in management, advocacy, outreach, family work and holistic therapy treatment provision. These staff interviews formed the first stage of the research process and a key purpose of these interviews was to secure a more in-depth understanding of the organisation and the outreach service. In addition, the research team attended Early Break premises, and shadowed the outreach team and advocacy workers as they went about their duties. This element of the research included a number of observations of one-to-one meetings with service users, including the administration of alternative therapies.

2.3 Service user interviews

A further 18 interviews were conducted with young people who were (at the time of interview) all service users. In addition, a single interview was conducted with a parent who had received family support work. The original research framework had set out to conduct a focus group with young people who were non-engagers with the service, but as the report goes on to discuss, the high level of engagement with the service meant that it was not possible within the time-frame to find a suitable group of young people to take part in a focus group around non-engagement.

2.4 Partner agency interviews

Early Break work alongside a range of partners and a further key focus of the research was to ascertain how Early Break is viewed by external partners. Early Break provided an initial list of six partner agency contacts. The research team then used a snowballing technique (that involved asking the original six contacts for suggestions/contacts) to identify other key partners. The partner agencies that were interviewed as part of the research included: youth offending teams; schools; colleges; social work and health care professionals; youth and community workers and other substance use professionals. In total, 18 individuals from partner organisations were spoken to through a mixture of one focus group (with four criminal justice professionals), two interviews with two partner agency staff at the same time, and 10 one-to-one interviews.

2.5 Quantitative data analysis

In addition to the strands outlined above, the research team were given data on those who had accessed the Early Break service between the 1st November 2011 and the 31st October 2013. The data was provided in five separate Excel worksheets: 'Referral Info'; 'Vulnerabilities Start'; 'Events'; 'Discharges All Tiers'; and 'Wheel Outcomes Tier 3'. The first task was to 'clean' all the separate worksheets (e.g. missing data, not applicable responses etc.) before merging all five into a single Excel worksheet, where each participant on the project was represented by a single row. For the 'Events' worksheet, this was a particularly time-consuming process due to each participant having multiple rows. For example, there were nearly 20,000 events (or contacts) listed for less than 900 participants. The Excel worksheet was then exported to SPSS (a quantitative analysis software package) for further 'cleaning' and the creation of new variables (e.g. length of time on the project, percentage of contacts face-to-face, age band etc.). The analysis that was undertaken was primarily univariate. The bivariate analysis that was undertaken was predominantly cross-tabulations between two variables. The cross-tabulations that showed any marked differences between various variables/categories are presented in this report. Where there was no/little difference, the cross-tabulations are not reported.

3 The Early Break BME outreach model, its development and lessons learnt

Whatever they've done seems to be working. In particular, with regards to [the] ratio of BME communities engaging with treatment has significantly increased. And I think that's about the way they've adapted it. ... The feedback that I've been given is very positive.
(Adult Service Provider)

3.1 Introduction

As this report clearly demonstrates, such positive feedback from service users, local communities and partner agencies was characteristic of the research findings. As the quote above succinctly illustrates, Early Break have established a very successful model of BME outreach in East Lancashire that the research has aimed to capture and build upon. Yet this is far from the usual picture painted when discussing substance use services and Asian communities. As Fountain (2009: 5) notes, *"The majority of the [South Asian] drug users who had accessed mainstream drug treatment services rated them poorly, not only because their expectations were unmet, but also because of the perceived lack of cultural and religious competence in the service."* What exactly have Early Break done then that has been so successful? This section sets out to document some of the key ways that the initial outreach work has developed and chronicles the key lessons that Early Break have learnt along the way.

3.2 BME outreach project overview

Ultimately ... those responsible for drug services ... are faced with a decision ... Do they carry on as before, making a few token changes to make existing services more accessible? Or will they set out to engage proactively with [South Asian communities] to promote ownership and involvement at every level of such services? (Fountain, 2009: 7)

In a study conducted for the Youth Justice Board, Britton and Farrant (2008) report that approximately three-quarters of young adults within Chinese, Indian and Pakistani communities were unaware of any community alcohol services available from which they could seek help if their drinking became problematic. More locally, Beynon *et al.*'s analysis of the treatment population of the North West uncovered that Asian people are underrepresented in drug treatment services while those from white, mixed, black and 'other' ethnicities are adequately represented. *"While people of Asian ethnicity account for 3.4% of the population of the North West they accounted for just 1.9% of the drug treatment population."* (Beynon *et al.* 2008: 8). Findings such as this provide the backdrop to Early Break's BME outreach project. The term 'BME' (Black and Minority Ethnic) encompasses many different ethnic groups. The outreach team have ultimately focused on a specific target group and geographical area. The target group has been the Pakistani and Bangladeshi communities and this work has focused on a handful of areas within Pendle and Burnley. As various members of the Early Break service commented, this was an important decision that has served them well.

We understood from day one that if we started going to every area in East Lancs' we'd dilute what we were trying to do. We needed to concentrate on certain specific areas with a high BME population, so that's what we did. (Early Break Staff 3)

The significance of this decision is twofold. Firstly, there is pragmatism in not trying to cover too much ground given the size of the outreach team. However, in keeping with the strong ethos of Early Break, staying focused within a small geographical area means that the organisation can establish a consistent presence.

When we first started ... we walked around the streets; basically . . . every time we were out, we'd walk the same route, get to know the area, get to know the people; they all see us on a regular basis. (Early Break Staff 4)

Talking to community services, community groups in that footprint. Talking to young people that we come across, attending youth clubs, any community events in those areas. That's the process of how we become visible, and being a presence on the streets. (Early Break Staff 3)

Once the outreach team managed to establish themselves within the communities they worked, the process of identification of 'hotspots' became easier and the nature of the outreach has become more targeted. They are responsive to new developments and adapt to new challenges and information on hang-outs where young people are drinking or smoking.

We'll always find out from the local communities if possible if there's any local intel, like, "Oh, they're all going to a park down there and smoking weed," well, we'd all go down and talk to them down there. (Early Break Staff 3)

Being visible was frequently discussed as a central tenet of the outreach strategy. It was noted that the outreach team could have used an outreach van or located themselves within youth and community centres, but being out on the streets was viewed as key to gaining the respect of the local community.

We go out on foot because it's more visible. We have a van if we want but we never generally drive around because no one sees us. I think walking around the areas make us more visible. (Early Break Staff 3)

3.3 More targeted

Developing a more targeted approach was frequently mentioned in the staff interviews. This was often cited as a positive development of the outreach team's work but perhaps something that could have been improved at the beginning of the outreach process. Pre-planning and research into an area and specific 'hotspots' to target was often discussed as essential to effective outreach work.

I think we've developed our outreach model more. We're more targeted, we know the areas better, we're getting better intel' off other people in the community. ... When we first

started, we just went, "We'll go and do a bit of outreach there," and it wasn't as targeted as what we do now. (Early Break Staff 3)

If you go into an area, just do your research. Just try to speak to people who are in the area ... and get feedback off them. ... I mean, you're going to have to speak to the police at some stage to find out some hotspots, council ... and local schools. ... Those are the probably three, four main people that will know what young people are up to in terms of smoking or drinking, or what their social issues are. (Early Break Staff 3)

3.4 ... Less targets

When I first started, I think it was just get out there and get to know the community and let the community get to know us. There was no, "We need 20 referrals." It was, like, "Let's grow this organically and see where it goes and we'll be as responsive as possible to where it's going to go." (Early Break Staff 3)

The above quote raises a frequently discussed point regarding the setting of referral targets. It was often noted by the outreach team that a target-focused model of outreach would have been hugely detrimental to the early stages of their BME outreach work: building up a presence, trust and referral streams takes time, determination and above all, a consistent presence and approach.

It took us a year to establish ourselves within the community and within the youth centres, so people would know us, "Oh yeah, this is so-and-so from Early Break." (Early Break Staff 4)

The Early Break outreach team are now clearly well established and a reasonable percentage of referrals to the service come through this outreach work. For example, the quantitative analysis showed that just over a tenth (11 per cent, n=91) of referrals to the service between the 1st November 2011 and the 31st October 2013 were as a result of outreach work. Added to this, it was common for young people to discuss self-referring to the outreach team, with the analysis showing that seven per cent (n=55) of the service's participants self-referred (*see Appendix*).

Yeah, like, I smoke weed, innit, so then I told [the project worker] and [he] put me through to Early Break and then now I'm working with Julie. (SU15, 15 year old Pakistani Male, Duke Bar)

Yet this was not always the case.

I think after six months we'd probably got one or two referrals, and then from there we just started building them slowly. (Early Break Staff 4)

As the report and sections 3.5, 3.6 and 4.2 in particular go on to discuss, the current success story has been built on the establishment of trust and consistency in practice and service delivery and this process has taken several years to come to fruition.

It was after four years when we hit our threshold of the right amount of referrals that we should be getting in. That's how long it took to really embed the service. (Early Break Staff 1)

The following section further discusses the centrality of consistency to the Early Break model.

3.5 Consistently consistent

In interviews with Early Break staff, and in more informal discussions, the most common message to come through was about consistency, which runs through everything Early Break staff strive to achieve. It was noticeable that in every interview conducted with Early Break staff, the concept of consistency was omnipresent.

It's just about being consistent, to be honest with you, whatever you do. (Early Break Staff 4)

But again, you're going to have to be consistent, wherever you go . . . (Early Break Staff 3)

I think we'd need to be consistent because I think people test us, in many ways, young people will test you in terms of, "how far can I push you?" (Early Break Staff 1)

In practice this often entailed having a consistent presence in a particular place, be it in a school or out on the streets. This was vital, not only to building up trust, but also to generating referrals.

We've found the longer we spend in schools, even if we're not getting referrals, we're just developing relationship, talking to teachers, telling them about your service. Keep going back, [and] the more consistently the referrals will come from the school. ... It's just being that presence, being on the radar of the people in the student support. (Early Break Staff 3)

We've had people where we've seen them maybe three, four weeks in a row and then gradually they say, "Oh, could you sign us up?" And that's what it takes. ... Very rarely, we'll get someone who'll say first time round, "Yeah, sign me up". (Early Break Staff 4)

3.6 Relationship building

One of our key selling points is that we can build meaningful relationships with young people. Regardless of what your need is. That's what we can do. (Early Break Staff 1)

Although mindful of the need to be culturally sensitive (see section 4), there was an overarching belief that by establishing a consistent presence, the service could build up trust and establish relations with young people and the wider communities they set out to engage. As section 5 discusses, Early Break staff we encountered were generally content and long servicing members of staff and hence were well-established professionals in the local area.

I'm not from the area but I've been at the school for so many years and I've got to know siblings and cousins and extended families, so they'll see me and they'll say, "Oh, there's [name]." And I'll get to know them. And I think that's been a great help as well. Plus, for [EB

worker] to come into school as well, he's also had the contact with siblings as well, or cousins, and they'll say, "Oh, I used to work with your cousin and I've done this with him, etc, and I've been under Early Break previously." (Early Break Staff 4)

This stability of the workforce has clearly helped in building up trust and rapport with young people and elders in the Pakistani and Bangladeshi communities.

I think when we first started there was a lot of people wary of us walking about, "What are they doing here and what do you want?" basically. [...] and they were like, "Well, what are you guys doing here then? Who are you working for? Oh well, so-and-so used to do it before." And I think you get, sometimes, people trying to be negative with you. . . (Early Break Staff 4)

A consistent presence was also deemed important for establishing relationships with key partners who could make referrals.

I think for schools ... it's getting to know the people in pastoral support, student support, developing relationships with key partners. (Early Break Staff 3)

You can't go and just hand some leaflets in and walk away and think you're going to get some referrals. It's a lot more complex than that. It's about the dynamic of the relationship you make with people who identify referrals. (Early Break Staff 3)

Nonetheless, there was an often-discussed line trodden between working closely with partner agencies and maintaining an independent presence and identity.

And sometimes we'll go to the youth centre and we'll base ourselves there, but we try and do outreach... because I think if we based ourselves in the youth centre, it'd be like, "Well, they're part of it." And then they might not want to talk to us. So we try to be neutral a bit, try not to take sides on that. (Early Break Staff 4)

This was deemed particularly important when working alongside criminal justice agencies such as the police.

But what we never want to do is walk around with the police, or drive around with the police . . . straightaway you're going to get... honestly, like, young people give us a label saying that, "Well, we don't want to say anything to you because you'll go and tell them." (Early Break Staff 4)

3.7 Complementary coexistence

However, having a street based community presence alone is not enough. It is important to complement 'outreach' on the streets and in the community with 'in-reach' within schools and colleges. Having a dual presence on the streets and in the places where young people study adds to the consistent presence and affords Early Break staff the opportunity to connect with young people in a different environment. It was noted during interviews with some partner agencies that females are less visible on the streets than their male peers are. Indeed, Early Break staff also noted this point.

When we have been out on the street-based work, it is, the vast majority are young males, you know, that you are coming into contact with really. But then the second strand of that work has been a lot of focussed outreach in the schools, ... and we are seeing young females start to access the support through the schools. (Early Break Staff 2)

Engagement with young Asian female substance users is often cited as a challenge for services and the 'in-reach' into educational environments is significant in this context.

It was further noted that young people may act differently when in the presence of a group of peers to how they engage with professionals in an educational environment.

Sometimes they'd not talk to us [on the streets], they'd be with a gang, and then I'd see them in schools and then they'd stop talking, and then I'd say, "Do you want a minute with me?" And then that would generate a referral. (Early Break Staff 3)

As we discuss further in the following section, having workers predominantly located in schools is essential.

3.8 School-based workers

As we note in section 4, discourse around the traditionally low levels of Asian communities' engagement with substance use services has centred upon the stigma or shame associated with attending community-based services. To this end, having staff located in educational premises was frequently cited as a key strategic move.

Engaging people within school is a safe place to do it. You know, it's a good place, it's a clever place to be. (Adult Service Provider)

It's great, you get that captive audience really in a school, and maybe for them, there's that space where they can come and see the drug worker. ... It's not maybe as intrusive as a drug worker knocking on the door every week. (Early Break Staff 2)

Because they're in school, ... it's so easy, isn't it? It's easily accessible and ... [because] they've built that relationship with their worker, ... it's just the norm then for them to go. ... Even though they are Asian and Bangladeshi and Pakistani, that stigma is gone. (School based Health Care Worker 2)

In addition to affording a heightened sense of safety and confidentiality, it was regularly noted that if a young person had to travel to Early Break premises, there would in all likelihood be a significant decrease in completed appointments.

I think if you were to say to the majority of these children, "Right, you've to go into Burnley to this address, it's Early Break", I think you'd lose 50 per cent straight away. (School based Health Care Worker 2)

The school-based approach adopted by Early Break certainly appears to be generating referrals. For example, the quantitative analysis showed that just under a fifth (19 per cent, n=158) of referrals to the service between the 1st November 2011 and the 31st October 2013 came from

education establishments. Indeed, this was the largest single source of referrals to the service (*see Appendix*). It was difficult to find any young people who did not engage with the service and our experience supports the following statement:

99% I would say do [engage with Early Break]. (School Student Support 1)

Such high levels of student engagement with the service speaks volumes for the benefits of this type of educational 'in reach' to accompany more traditional forms of street based outreach work in local communities.

3.9 College outreach

As well as their work in schools, Early Break work closely with educational providers such as local colleges, and again, links into educational institutions were regularly cited as a key strategic development of the Early Break BME outreach model, also contributing to Early Break's reputation as a service for flexibility and accessibility. As with schools, being accessible on site was mentioned as vital for young people's willingness and ability to engage with service provision.

With the outreach service for Early Break, we're guaranteeing really that they're going to get a phone call from somebody within 24, 48 hours, and that appointment can be arranged to suit them in a place that they're most comfortable with. But also, in college we can help facilitate that, in that we can remind a student, we can send a text, or we can say, "Don't forget your Early Break appointment today." So I think from that we also recognise there's less non-attendance at appointments. So that must work in the favour of the outreach service recognising when they do come out to college the time is used. (College Student Support 1)

With specific reference to Asian college students, the point was made that for some, attending college provides them with an alibi and hence the space to seek support that they would otherwise be unable to access in a confidential way.

It's that rigid, sometimes, for young [Asian] people, that college is the only thing some of them are allowed to come to, and it's a difficult one really. They may say, "If my parent rings up, we all had to stay late," that sort of thing. So they've said, "The tutor's asked me to come in," but actually the tutor hasn't, it's somebody else they're seeing. ... For some students, they are picked up from college and taken home from college; some students are walked home with family members. (College Student Support 1)

3.10 'Blessed' or naive?

Despite the benefits of school-based workers and college outreach discussed above, there was mixed success in terms of the number of referrals generated from some local schools. One school in particular has, to date, provided very few referrals.

[School name] is a school that we know has got a large young Asian population in the school, but we don't get a lot of referrals from, you know, that's one of those nuts that we are trying to crack, really. (Early Break Staff 1)

This is despite a large target population of young Asians. The school has approximately 850 students, of which, around 80 per cent are Asian, mostly Pakistani, with a small number of Bangladeshis who reside in the Nelson and Brierfield areas. The lack of engagement by this school is at odds with the views expressed by local youth and community workers and young people who were all unanimous and keen to point out that there is a problem with drugs and alcohol in the particular area (Brierfield). They noted that Early Break offer much needed support and advice to young people in the area - support that they would otherwise not receive. Indeed, they positively encouraged Early Break to work in the area.

This raises the question then of why the referrals are not materialising? There appear to be two reasonable explanations. Firstly, it would appear that the absence of Early Break staff co-located within the school inhibits much of the positive relationship-building outlined above. However, a point noted by the student support officer in this school is that there appears to be a wider school policy of not working as closely with outside agencies, rather than an aversion to wanting to acknowledge substance use within the school:

I think it depends on senior leadership and how they view what services they have in the area. We don't tend to have anybody from outside. We do refer to them or have worked with them, but it only seems to be [school name] staff who are based here, which is the way our senior leadership see fit. (School Student Support 4)

Added to this, it is not solely teachers who refer to Early Break. Often a referral or request for an Early Break worker to have a chat with a student is initiated via the school-based, co-located health or social workers. If this particular school has a policy of not housing outside services on site then this in itself will have an impact on referrals to Early Break. However, this is only one part of the equation, as a quote from a member of support staff within the school highlights.

Personally, I've only ever referred one [person to Early Break]. (School Student Support 4)

This single referral over several years from the school staff member who would typically be responsible for such referrals is in stark contrast to a comparable school in Burnley who have a similar ethnic make-up and number of students (950). At the time of interview in late April 2014, this school in Burnley was responsible for 45 referrals to Early Break in the 2013/14 academic year alone. In terms of engaging with the BME target group, this included 15 Pakistani (14 males, one female), 11 Bangladeshi (nine males and two females) and four of mixed-ethnicity (two males, two females). Hence, the second most plausible explanation would be that the school are in denial of a substance use problem, notwithstanding the fact that, as this Early Break worker notes, the local area is well known to have substance use issues.

I mean, we've had a school ... [that have] always said to us there's no drug problem there. But I work with young people [from that school on the street] ... and when they talk, you know they've been smoking cannabis, and they're part of a bigger picture. ... I mean, you go to [area name], they've got a drugs and alcohol problem there big time. (Early Break Staff 3)

The research team focused on trying to elucidate the reasons for this low level of school referrals, given the proximity of the school to an area widely regarded as having substance use

problems. The most plausible explanation to emerge was the unrealistic denial by staff of substance use amongst pupils. For example, during an interview with a staff member at this school it became apparent that there was a belief that substance misuse stopped at the gate.

[The area] has got quite a high drug use in the outside community, and we've done really well in keeping it out of the gates, you know, and that's basically been through an active team of youth workers, an active team of mentors ... so when they land at school, and we are saying, "Listen, this is a drug free zone", we don't tend to find as many incidents. ... We do get cigarettes, but, with anything else, we seem to be quite blessed that we don't really have that big a problem. (School Student Support 4)

There would appear to be a certain level of gullibility around this, as is made clear in the following quotes from staff located in other secondary school provisions.

It's a hard one to call because, to be honest, if we send home everybody that we suspected of being under the influence of something then some days we would be sending home around 50 per cent of our pupils. (School Staff 1)

Staff of other schools in the area also indicated that whilst substance use may not take place within the school grounds, it was not uncommon to hear of students smoking cannabis on the way to school.

I mean, there are kids now who we thought would never take drugs and they come into school and they've been sick and, you know, one of the questions is, "Have you drunk something, or have you taken something?" And they'll say, "Oh, I smoked a bit of weed in the morning." And you get young people want to smoke a bit of what's left over from the weekend, so they think, "Oh well, I'll go to school Monday morning stoned out of my tree." (School Student Support 3)

Indeed, this was supported in the interviews with young people who discussed details of when and where they smoked cannabis.

[INTERVIEWER: So what time of day do you tend to smoke?] *At night; when I get home from school; morning. [INTERVIEWER: So you'd have a spliff before coming to school?] Yeah, yeah standard. (SU8 15 year old Bangladeshi Male, Stoneyholme)*

[INTERVIEWER: So how much were you using at the time you got caught? How often were you smoking and how much?] *We just had it once a day sometimes, but mostly before school, like that. (SU 7 16 year old Bangladeshi Female, Prairie)*

In light of these comments from other secondary schools in the wider area, the Brierfield-based school's view that substance use is not a problem for them appears to be somewhat naïve. Simply assuming that because nobody is found in possession of cannabis, or smoking cannabis on the premises, substance use is not an issue ignores the fact that, if students are smoking cannabis over the weekend and/or on the way to school, the effects of doing so will ultimately impact upon the school (both in terms of attendance and attainment).

3.11 Alternative therapies

One of our selling points [is] we'll say that if you sign up you get a key worker, you've got the chance of getting medical advice or a doctor's help, you've got acupuncture, you've got massage sessions, you've got all these extras. ... You've got that individual time to talk to someone and you get extras as well. (Early Break Staff 3)

Once a young person is referred into Early Break they can access a range of alternative therapies, including acupuncture, back massage, Indian head massage, EST (Electro Stimulation Treatment). The alternative therapies were one of the most positively cited elements of the Early Break service delivery. Partner agencies, service users and Early Break staff were all extremely positive in their discussion of these interventions.

What was good was ... aromatherapy sessions and things like that. ... We did see an impact there, some of the behaviour, much calmer during the rest of the day. That was a very good part of what they did and the students were really keen on doing it. They were really up for it, and we did see an improvement. (School Teaching Staff 1)

Early Break staff who were involved in delivering alternative therapies often noted how receptive to them they found the young people to be. It was often noted how young Asian people were particularly open to massage and acupuncture.

They're really susceptible to holistic therapies. They love it, they absolutely love it. I've been at [secondary school] and they're going, "Can I have more?" ... I was doing acupuncture in this group and they're all there showing off, like they do. Then once we put the pins in and I just went round and massaged their backs, and they're all like, "Ooh," and they're really receptive to it, they really are, whereas some young people aren't, but I always find young ethnic communities are. (Early Break Staff 6)

The clear suggestion here that alternative therapies such as those offered by Early Break appear to be particularly well-received within these ethnic minority communities was anecdotal and is an area that is open for more exploration. Nonetheless, these staff views were supported by Asian service users.

Yeah I've already had acupuncture done once and then [the Early Break worker] talked to me about doing it next week and I said "yeah, sweet". (SU 3 15 year old Pathan Male, Duke Bar)

They [the treatments] are good; it just keeps you calm for a nice while, ... being normal, just calm. (SU 2 15 year old Bangladeshi Male, Duke Bar)

A further benefit of offering alternative therapies is that once a young person is relaxed they may begin to open up and talk more about the underlying issues that may be contributing to their substance use.

Sometimes they will talk about things in the family, you know. Like one young client that I had at [school name], his mum and dad had split up and he was chatting away about that. He was a young Asian man, and he was talking about the stress of it, of his dad hitting his mum and stuff like that. (Early Break Staff 6)

In summary, the alternative therapies were very positively received and appear to form an important pillar of Early Break's service delivery. However, from a combination of informal

discussions, observations and interviews with Asian service users, it appeared that these therapies were often offered as a one-off, when a more sustained treatment intervention could be more beneficial. In addition, it was suggested that although Early Break have traditionally been innovative in their range of treatment modalities – indeed this is a clear strength of their service provision - they could be offering a broader range of opportunities to young people.

As far as I understand it, some of the more successful things they've diverted them into [are] physical activities and certainly things like boxing. ... It seems that people want that. (College Student Support Staff 1)

Grappling, that seems to be the big thing that young people are into at that age, fourteen, sixteen, seventeen. ... And then you've got the martial arts stuff, that's always good to engage, obviously boxing seems to be very popular with young people. I think outward bounds, you know, just going walking, you know, we take groups up to the Lake District. ... It's just doing things like that, and just getting them out just to show them that in your own local area, there's so much to do. You don't have to sit in a den and just smoke, or inject yourself or anything, there's so much life around this area and it all doesn't have to cost the earth. You don't have to be loaded in order to go and have a good time; you can go with your mates. (School Student Support 4)

3.12 Quantitative Analysis: some observations

Some aspects of the quantitative analysis (see Appendix) prompt reflection on how the project has impacted on the nature of referrals to drug services. No firm conclusions can be drawn from the data available to the research team, but it nevertheless offers some food for thought.

Given that the outreach project was predicated on the understanding that young people of Asian origin were under-represented in drug services, and that 70 per cent of Asian young people referred between November 2011 and October 2013 came from educational and outreach sources – the main focus of the project – it would be reasonable to assume that many of these came into service as a result of the project.

Only 24 per cent of white referrals over this period came from these sources, many more of them coming from sources such as the Youth Offending Service, Children and Family Services or were 'looked after' children. This suggests that referrals of white young people were more likely to be triggered by issues in their lives bringing them to the attention of other services. This is likely to reflect, in part at least, relatively low numbers of Asian young people being dealt with by those services (for example only 3 per cent of young offenders in Lancashire in 2001-02 (Lancashire YOT report, cited HMIP, 2004) and 1.85 per cent of looked after children in 2011 (Whatdotheyknow, 2011)), but does at least invite consideration of referral triggers of Asian young people for such agencies. On the other hand, it may also suggest there might be young people in other communities who would benefit from outreach services.

The quantitative analysis also identifies that Asian young people on average were in contact with Early Break for a longer period than their white counterparts, with more and longer face-to-face contacts and with more frequent drug-free outcomes. The higher level of contact is perhaps linked to the fact that many of these young people were being seen within the context of a new and

relatively well resourced flagship project which of its nature would in all likelihood trigger repeated contacts. Such outcomes may (amongst other possibilities) reflect the higher level of input, or possibly that substance and/or other issues were less serious in the first place.

4 Cultural competence: Assumptions, perceptions and realities of working in Asian communities

Young people are young people, whether they are Pakistani, whether they are African, whether they are Chinese, whether they are English; young people's issues are all young people's issues, really, you know. (School Support Worker 4)

4.1 Introduction

There has been a long standing acknowledgement amongst substance use services that when compared to the white population, South Asians are under-represented as recipients of drug information, advice and treatment services. However, the pattern of illicit drug use among South Asians appears little different from that of the general population in terms of the drugs used and the age of users (see Fountain, 2009).

The common perception is that the Asian community in the UK is difficult to engage into substance use services. Indeed, this view has been supported by research that has identified a range of barriers to engagement within these communities. A key piece of research that has been pivotal in establishing support for this perception has been the Department of Health's *Black and Minority Ethnic Drug Misuse Needs Assessment Project* that was conducted throughout England in three phases during 2000-2001, 2004-2005 and 2006. This project employed the Centre for Ethnicity and Health's *Community Engagement Model* to train and support 179 community organisations to conduct the needs assessments (Fountain *et al.* 2007; Winters and Patel, 2003).

One particular publication – Fountain's (2009) *Issues surrounding drug use and drug services among the South Asian communities in England* - provides the central backdrop to the following discussion of the key issues around engaging Early Break's target group into substance use services. This publication collates the findings from 65 separate reports on issues surrounding substance use and substance use services among England's South Asian communities (Bangladeshi, Indian, Pakistani, and Sri Lankan). In total, 10,485 members of these communities provided the data for the reports, 48 of which were concerned solely with South Asians, while the remaining 17 included a substantial proportion of members of these communities in their samples.

Prior to outlining some of the key barriers to engagement it is useful to outline the key messages of Fountain's (2009) report, three of which are particularly pertinent to the research findings discussed in Sections 4, 6 and 7 of this report.

- The overall picture painted by Fountain (2009) is that South Asian communities are struggling to deal with substance use: without sufficient knowledge of the issues; within the traditional immediate family support structure; in isolation from mainstream drug services; and that substance use services are unaware of the particular needs of South Asian

communities, and of how to meet these needs. It is clear that South Asian community members want support and that substance use services want to be supportive, but both lack the capacity to progress these aims.

- The needs of South Asians are, above all, information about substances and substance use services. In addition, their trust in the confidentiality and the cultural competence of substance use services must be built up. Engagement between, and commitment from, local South Asian communities and local substance use service planners, commissioners and providers is essential for progress towards meeting these needs.
- Adaptation and flexibility are required in order that the barriers to South Asians accessing substance use services can begin to be overcome. However, because trust and confidence in substance use services is currently low within these communities, and some of the 'traditional' methods of dealing with substance use will be challenged, increased access by South Asians is unlikely to be an immediate outcome of any changes.

To summarise these key messages from Fountain's (2009) report: South Asian communities want support; their trust in the confidentiality of substance use services needs to be built up if they are to engage with them; this can only be established over time, hence any immediate outcomes are unlikely. In addition, substance use services need to be flexible to overcome any potential barriers to service engagement. As Fountain (2009: 6) pointed out:

The link between the stigma of drug use and a lack of trust in the confidentiality of drug information, advice and treatment services ... cannot be over-emphasised as a barrier to their access by South Asians.

In the context of this evaluation, these are highly relevant findings as the issues of trust, confidentiality and flexibility in service delivery were often mentioned. The following section explores the significance of these findings in relation to Early Break's work in East Lancashire.

4.2 Trust

There's no point you lying to young people, saying to them, "Well, if you sign up you get a PS3," and they sign up and, you know. I think you've got to build that trust with young people. [. . .] because one of the main things he told me was, "When you talk to young people, don't lie to them. Because the moment you lie to one, he's going to tell the other and he'll tell the other, and then you'll get a label like a liar, or a bull-shitter." So I thought, "You know what, I'd rather be honest with the young people and, hopefully, that trust will last longer." And I sort of stuck to that, that advice and that plan. And we've done okay with it, hopefully. (Early Break Staff 4)

It was acknowledged by Early Break staff that developing trust in the communities with which they were trying to engage was paramount to the success of outreach work. This was often held up as a key lesson for the development of outreach work. As this Early Break staff member states:

I think most of it [the outreach work] would be transferrable. ... [You need to] grow it organically and develop trust in those communities, and be consistent, and develop relationships with key players in that community. (Early Break Staff 3)

Whilst the establishment of trust and developing relationships is key to engagement in any type of service, when the focus is drugs then trust becomes even more pertinent. Drug use is a criminal offence and the use of alcohol for under-18s is also prohibited. Indeed, the most commonly used drug - cannabis - is currently classified as a class B drug under the 1971 *Misuse of Drugs Act* and hence possession carries a maximum penalty of up to five years imprisonment for persistent offenders. As such, it is highly unlikely that young people will openly discuss substance use to unknown outreach workers. As noted elsewhere in this report (see Section 6), the geographical areas where the Early Break outreach teams focused their efforts were often linked to drug dealing as well as drug use. The arrival of outreach workers into a tight-knit community is thus guaranteed to be met with initial suspicion, and this was undoubtedly the case in the initial days of the Early Break outreach team's work in East Lancashire.

At first, when me and [the outreach worker] started it, I think a lot of the kids thought we were two drug dealers walking about. But that was quite good because it generated that spark of "who are you?" So there's a lot of suspicion we meet. I mean, I've seen a young person who we'd actually seen on the streets today in a school and he said, "Do you work for the police?" So that's always going to be a concern, yes. People know us now and we work with people's younger brothers or older brothers who say, "Yes, they're alright," so we've developed trust and generated trust by letting them know we don't work for the police and having clear boundaries and a clear confidentiality process that they understand from day one. (Early Break Staff 3)

As alluded to above, any initial suspicion and mistrust has clearly been replaced with high levels of trust in the service. This was something that came through strongly in interviews with community workers in all the areas covered by Early Break's outreach.

They have a strong visible presence, both in the school and in the community, are known and trusted in both, and people will approach them for help. (Community Worker, Stoneyholme).

The key to this is that they make the effort to engage with young people and show they are reliable, so they are trusted. They have made some inroads and got round the fact that this is a taboo subject in the community. (Community Worker, Brierfield)

Young people in Brierfield can be hostile and you need to take time winning their trust. This is key to the success of Early Break because they are reliable, ... they put the time into being present regularly and reliably, forming relationships with young people and delivering on their promises. They are willing to engage in informal work with them such as playing football to build relationships as a springboard for their other work. They attend the youth club regularly and will knock about there spending time with young people. (Community Youth Worker, Brierfield)

The establishment of trusting relationships with the young people they work with was also apparent during the interviews conducted with young Asian service users.

[INTERVIEWER: So you are OK about the school and your family knowing about your drug use?] *Yes, yes because the worker, I trust her innit.* (SU 1 14 year old Pakistani Male, Brierfield)

It's like you're building trust with them innit; that's why after a couple of months I started slowly sort of trusting them innit. (SU15, 15 year old Pakistani Male, Duke Bar)

4.3 Confidentiality

In addition to establishing trust through developing a presence in the local communities and schools and through relationship-building, the Early Break service had to overcome concerns about confidentiality². As noted in the methodology (Section 2), it had initially been intended to speak to young people who had not engaged with Early Break's outreach work in order to ascertain reasons for non-engagement. Whilst we struggled to find such a group, what we did find amongst the service users we spoke to were initial concerns regarding the confidentiality of the service and for some, this led to an early reluctance to engage or even, as this young male outlines below, a decision to temporarily disengage.

First, when I went in it was confidential and then they got me to sign papers and that, and I weren't that sure innit. And then I stopped. And then after that, a couple of weeks later, I talked to [the project worker] and he goes "yeah, it's fully confidential" and that. So I thought "yeah, might as well do that". ... If everyone knows it's fully confidential they would probably start coming, more people would start coming. But a lot of people might think their parents might mind or anything like that, innit. So that's why they probably won't come. (SU 3 15 year old Pathan Male, Duke Bar)

In all instances where the issue of confidentiality was raised by service users, concern was focused on the family. It was noted by Early Break staff and partner agencies alike that young people having concerns about their parents finding out about their substance use was of course, not restricted to young Asians. However, there was a perceived stronger emphasis placed on the notions of shame and family honour within the Asian community.

There's a lot more pressure [on Asian young people] in terms of the religion side of things, "How will this be seen?", or "Am I seen to be bringing shame?". (Early Break Staff 2)

The most common one [concern for young Asians] was about parents finding out. That's always been a worry for them, especially some of the females, when we sign them up, even in school, and they'll say, "My mum's going to kill me if she finds out I've been doing this," or, "My dad's going to do this to me." ... The biggest stigma is probably parents finding out, more than anything else ... and again, that comes down to that culture, you know. (Early Break Staff 4)

The sensitivity around engaging with services was noted by several partner agencies and it was stated that this extends beyond the young person's parents finding out. It was often a concern

² Early Break stress that they do not offer absolute confidentiality and always clearly lay out the boundaries of confidentiality to young people, and are clear to those referring about the need for consent, informing parents etc.

for young Asian people that they would be seen engaging with services by a relative of their extended family or a member of the local community.

Some of the Asian students may say, "If I come to your door somebody will see. Somewhere along the line, a friend or a relative will see and they'll ask me, why did you go and see the [job title]?" So even that [the Early Break service] within a college setting ... can be quite discreet, because when they're in here nobody knows. But there's a fear factor sometimes, even in the college setting. (College Student Support Staff 2)

This level of sensitivity around service engagement was even noted to extend to anxieties around being seen to be looking at information about substance use.

We've had courses before where we've done things like alcohol awareness week and we have to be careful if anyone is taking any photographs or anything like that, that we don't show anybody if it's seen as sensitive that they're accessing the information. ... So I think there is a recognition that it can be difficult, but certainly there's a recognition that it's happening and we still need that information. (College Student Support Staff 1)

The sensitivity that exists amongst many young Asian people and the accessing of substance use services enforces the need to have a strong social media presence. As this member of the college student support staff highlighted, for some, even being in possession of information leaflets was deemed inappropriate.

Often they [young Asians] will talk to people on an awareness stall but they won't take written information or leaflets. They can't take that home. (College Student Support Staff 1)

As Section 5.9 highlights, Early Break has established a good reputation for their social media presence with a regularly updated website, twitter account and Facebook page. The above comment illustrates the value in having a diverse model of information sharing and advice whilst simultaneously highlighting the culturally specific challenges presented by outreach work in Asian communities.

4.4 A framework for 'cultural competence'

There have been a range of explanations offered for low levels of service engagement which centre on cultural differences and a lack of 'cultural competence' amongst service providers and commissioners: a number of recommendations have been proposed for how services need to respond. Whilst a handful of studies have called for specialised substance use services for South Asian communities, most research and discussion around increasing service user engagement has called for improved cultural and religious competence by mainstream services. Fountain (2009: 28-31) provides a useful framework for what a model of cultural competence should look like. Here we summarise some of the key issues that treatment services and commissioners are often said to need to understand and address to improve their service provision.

To begin with, it is noted that when discussing working with BME communities or more specifically, (South) Asian communities, there needs to be a clear understanding of diversity within these groups such as differing religious beliefs which may impact on attitudes and use of certain substances. Language is also deemed important, especially when working with first or second generations of immigrant groups. Addressing language differences may include providing service information in different languages and/or employing multi-lingual staff. The make-up of staff teams is a further factor that services are often urged to consider: for some women, there may be a preference for women-only environments; likewise that the ethnic make-up of staff needs to be taken into consideration with suggestions that services should employ staff from these communities in order to ensure more ethnic community engagement. In specific relation to Pakistani and Bangladeshi communities, it has been stressed that cultural differences extend to include the need for the family to be at the heart of the intervention and that services should be sensitive to the fact that fears of a breach of confidentiality are often high. Services and commissioners are additionally advised to consider the appropriateness of existing treatment modalities and the differential impact of services on specific ethnic groups.

Taken together, these barriers to engagement are suggested to account for the traditionally low-levels of service engagement of Pakistani and Bangladeshi substance users. The remainder of this section reflects on the experience of the Early Break outreach service in East Lancashire in relation to these commonly discussed cultural differences that services are commonly perceived to need to address.

4.5 Barriers to engagement

Many of the above points regarding barriers to engagement can be off-putting for services trying to engage with these communities. Indeed, there is an ultimate concern that attempts at intervening can lead to an adverse outcome. It has been noted that family reaction to a young person's drug use may take more extreme forms within the Asian community. Patel and Wibberley (2002) recounted a story of one teenager being thrown out of the family home, with a suggestion from this study being that perhaps an extreme reaction to an individual's drug use is more likely within the Asian community. The most commonly discussed example is the banishment of a substance user to the family's country of origin. Khan *et al.* (2000) have noted that arranged marriages may be included in such responses to substance use.

As Patel and Wibberley (2002: 57) noted, "*while in terms of their drug-related behaviour young Asians may not differ drastically from the general population of young people, in terms of health-care professionals' response to this behaviour, there needs to be a sensitivity to the dual cultural context within which such behaviour occurs. ... Services need to be culturally sensitive.*" However, Britton and Farrant (2008) found that despite the commonly held assumption, actual reports of sending Pakistani people back to Pakistan were very rare. Nevertheless, it remains a constant concern for substance use services, as this Early Break staff member states:

It's not that it hasn't happened, at some point, in terms of young people going to Pakistan and everything. It has. But ultimately I wonder if that is more of a threat, that goes round, and then there is a fear from white middle-class professionals around, "Oh, shit. We don't want this to happen." Ultimately, that then becomes a barrier for the white professional.
(Early Break Staff 1)

These stories about how Asian families deal with substance use problems in this way rather than accessing services were frequently raised in interviews with partner agencies. Yet it soon became apparent when speaking to Early Break staff that they were not put off by this: a 'can-do' and persistent attitude was pivotal in their ultimately successful engagement with Pakistani and Bangladeshi communities. They viewed such concerns as a challenge they were determined to overcome. The following quote typifies this attitude and service ethos:

Let's just push down some of these barriers or test them out. ... Let's test it out, and whilst there is a respect for culture and a respect for different cultures, ultimately we see that they are - young people first, who have a need and we want them to know there is a service there to meet that need. (Early Break Staff 1)

4.6 The ethnicity of staff: Help or hindrance?

This thing about "they won't engage with you because you're not an Asian, you need to be an Asian, you need to know Islam, you need to understand what's going on with them". . . . You don't have to be an Asian, they will [still] engage. It doesn't matter who you are when you go and talk to them. (Early Break Staff 3)

As noted earlier in this section, it is often suggested that services should employ staff from the same cultural background in order to increase levels of service user engagement from minority communities. It is pertinent to note here that the two outreach workers were both male and that one was white British and one was Pakistani. In addition to this, the East Lancashire service was made up of five advocacy workers, a holistic therapist, a family worker and two managers, all of whom were white. This section reflects on the experiences of this outreach team in engaging the local Pakistani and Bangladeshi communities. We begin by further highlighting the Early Break staff's attitude to engaging with these communities.

I used to get a bit frustrated really, with this kind of view, and I heard professionals with this view as well, "Well, Asian young people won't engage in treatment services", and I kind of weren't willing to accept that, really. I thought, "Well, I don't think it's just as blanket as that, that they won't engage". ... There were also views at the time that young people would only engage with other Asian workers, and ... we didn't feel that was the case, we thought it was more around consistency, presence in the area, [and so] just started work, working to break those barriers down. I think with some of the numbers that we see now, that are coming in and accessing the service, who are then spreading the word amongst their own peer group, that actually you can go and access this service, you can get benefits from it, you know, they aren't going to come and tell everybody what you are doing, you know, we work within that, those boundaries. I think that's one of the major successes really, in what we've had in East Lancs. (Early Break Staff 1)

There is also a clearly established perception that engagement rates will increase if substance use services employ staff who are part of the community. The approach that Early Break took here comes back to the confidence of the service and the service ethos as discussed in Section 3. The emphasis on consistency and in building up trusting relationships was clearly viewed as key to winning over young people and their families. For Early Break, this was more important than staff's ethnicity and this view received some support from partner agencies.

I've worked with quite a few Asian males that have accessed the [Early Break] service and don't see that [working with white staff] as a problem. (Criminal Justice 1)

This view was echoed during interviews with young Asians who had accessed Early Break's service. They would often discuss how at ease they felt talking to white workers and often, as described below, they would discuss how they had approached the outreach team and initiated discussion about their substance use.

Well he [white advocacy worker] explained his past first, like, he explained like what he did before, in the past, and he explained it to me and he was like on my level, so I'd understand what he was saying. And from there he told me the dangers of cannabis, weed, what was going on, like that. (SU 2 15 year old Bangladeshi Male, Duke Bar)

It's [the white outreach worker], the way he explains it. He starts talking about your future and then you realise you need to stop it, cut it down slowly otherwise it will mess you up when you're older and mess your career up and you end up wasting all your money and you have nothing left and stuff like that. (SU 4 16 year old Pakistani Male, Brierfield)

The research team observed the outreach team walking around the local communities and it was clear that they had established trusting relationships and that they had an established and respected presence with groups of young people often calling them over. Others would drive past in cars and beep and pull over for a chat. They had clearly become part of the local communities.

Well people from our school, they'll know [Early Break staff], the youth clubs, they'll know as well. And in the community like, surrounding our area, they all know. ... And they [project workers] walk around and they come and see us, and join other members from different schools. (SU 2 15 year old Bangladeshi Male, Duke Bar)

Yet, and in stark contrast to the rhetoric that exists around BME outreach work, the research found that being from the same ethnic background as the service users actually hindered engagement and led to concerns around confidentiality.

I mean, when we first started there's some young people at times who weren't open to me, and they were more open to [the white outreach worker]. So they maybe thought, "Oh, this guy might know my brother or my sister or my cousin," and so they weren't really wanting to be open. (Asian Early Break Outreach Worker)

The worker went on to discuss several examples of when his ethnicity had acted as a barrier to engagement or open discussion of young Asian people's drug use in his presence because of the close-knit nature of the community and fears that he would know a member of the young person's (extended) family.

[INTERVIEWER: So are there any specific challenges that you've faced doing the outreach?] *Like I said before, I think one of the ones is coming from the same culture or the same community, so young people were probably hesitant in talking to me at first, thinking, "This guy knows my family, etc." ... One of the most common questions we always get asked, "Will my parents find out?" (Asian Early Break Outreach Worker)*

4.7 Language barriers and cultural awareness

A further barrier to engagement that has traditionally been discussed has been language. Throughout the six-month research process there was no mention of language barriers during any of the interviews or observations. This can be best understood by the fact that the research has focused on young people. The overwhelming majority were third generation Pakistani and Bangladeshi youth who had been born and raised in England.

It should be made clear here that Early Break were clearly respectful of cultural differences and were culturally competent in many ways. Staff would often talk of their enjoyment in learning about Islam and the history of Pakistan and Bangladesh.

I've always liked learning about Islam. ... I'm quite inquisitive so just getting to know that culture and the sub-cultures within that culture, the Bengalis, the Pathans, the Pakistanis, ... I really enjoyed learning about, but I'd not had any [prior] experience with it. (Early Break Staff 3)

They would also show an awareness and respect of cultural traditions.

I mean you do need to understand some of the cultural significances and differences in terms of, you know, when you walk in and someone offers you food, you should take it. That kind of stuff. You need to know that. (Early Break Staff 1)

However, as the above extracts from interviews with Early Break staff demonstrate, whilst cultural and religious views and practices were acknowledged and respected, first and foremost, service users were viewed as young people and in line with their service ethos, the needs of young people were prioritised above and beyond those of community elders and family members.

I think a lot of the community groups, when I first started, were quite negative around how beneficial our service would be, the community groups that were based in Asian communities and had Asian people running these groups. The biggest resistance was from groups within that community and other Asian workers, which was quite strange. You know, "They [young Asians] don't do it. They won't engage." And it couldn't be further from the truth. What we found is it's all about how you meet someone and how you deliver your message. ... It's simple, really. It's just talking to young people and gaining entry and gaining trust. That's the myth, that they won't talk to you [and yet] they're quite happy to. (Early Break Staff 1)

4.8 Peer referrals

Section 4.2 discussed the significance of trust. There is no better evidence of the establishment of trust in a service than peer referral and the interviews with young Asian service users provided plenty of evidence of this. Significantly, in every such case, the member of Early Break staff who was mentioned was a white outreach and advocacy worker. The following quote from an Asian service user is further testimony to the fact that being a white professional working within the Asian community is not necessary a barrier to engagement.

I introduced them to [the white outreach worker] ... and I'd tell them, like my mates; "Oh, he's a good guy. He won't tell no one," and stuff like that. (SU 2 15 year old Bangladeshi Male, Duke Bar)

In summary, we found that young Asian substance users had no aversion to working with a predominately white service and furthermore, the only Asian worker we interviewed noted that his ethnic background was at times, more of a barrier to engaging young Asians into service than a necessary requirement. We return next to another commonly held perception regarding the alleged reluctance of families to engage with substance use services.

4.9 Family Involvement in addressing members' problems

[My son] had got into some trouble at school and I spoke to [the Early Break worker], and he said, "Listen, we could all get together and we could all explore around why he was doing this and it's out of character" and I thought, "This is what I really, really... I want to do this. This sounds really good for me." So I arranged a meeting with [the family worker]. (Mother of 16 year old Bangladeshi male, Stoneyholme)

My parents initiated help: It was my mum, innit? When I got caught, my mum . . . she wanted to talk to [the Early Break worker], innit? (SU 5 16 year old Bangladeshi Male, Stoneyholme)

Another commonly held misunderstanding when working in Asian communities is that families are keen to deal with substance use themselves and are unwilling to work with services. As the above quotes from a mother and her son clearly illustrate, the experience of Early Break staff was repeatedly recounted to be quite the opposite. There was often discussion during interviews with partner agencies and Early Break staff of what was variously described as a cultural or attitudinal change, typified below by this school student support worker.

The majority of them [Asian parents] probably know, really, that there is an issue [with substance use] but don't always want to accept it. [Yet] we've never had any parent that has rung up and said, "I don't want my daughter or son to see [the Early Break staff]" (School Student Support 1)

Indeed, members of the local communities also picked up on this change, as this Bangladeshi community worker notes.

I think the community has become much more receptive to acknowledging and wanting help with these [substance use] problems in recent years. It's become much more common and open, so harder to deny, and problems visibly need tackling. (Community Worker, Stoneyholme)

This was certainly the experience of Early Break staff when engaging with families, with little in the way of resistance offered by parents. That said, it was often noted that it was the mother who was the main point of contact and who subsequently engaged with the service; something that was not limited to just the Asian parents.

There have been occasions where we might have had to just work with the mum and not the dad, but I could name cases of white British young people where we've worked with just the mum and not the dad as well, so you know... (Early Break Staff 2)

Our limited discussions with parents of service users revealed a positive view of the service provided by Early Break, and there was little evidence to suggest any hostility towards outside agencies working with their children around substance use problems.

[INTERVIEWER: So what are the main things that you get, as a parent, from Early Break?] *I get the support; I get the peace of mind. Eventually he'll be off it [cannabis] with the help of them, eventually, because of the way he's going, I mean he's much better now, and because he gets all the counselling off [the Early Break worker] as well. (Mother of 16 year old Bangladeshi male, Stoneyholme)*

4.10 'Family centred time'

A central component of the Early Break service that has helped to establish stronger working relationships with parents of young Asian substance users has been the development of the 'family centred time' model. Although this was not established specifically for engagement with this target group, it clearly helps in ensuring that parents feel included in the process: it reflects the importance placed on cultural competence and the need to make Asian families feel they are at the heart of the intervention. The development of this model is significant when one considers the findings presented by Fountain (2009: 5) that: 'The centrality of the family in South Asian culture means that family members expect and are expected to be involved in tackling the drug use of a close family member'. Having the option of working alongside Early Break advocacy workers is significant in ensuring that families remain central in the process.

Family centred time consists of eight sessions (although two additional sessions can be added if deemed suitable), usually offered weekly or fortnightly and typically completed over a three or four-month period. The sessions are 90 minutes in length, and are held with the family. The focus is around supporting the young person and addressing his or her substance use, while working on those family dynamics that can help them build resilience and work better as a unit. Family centred time is offered when it emerges in sessions with the advocacy worker that there is something within the family that keeps setting a young person back, or the family seems to be part of their substance use problems. The advocacy worker continues to support the young person through the process at all sessions and continues working with them between the sessions. To date, family centred time has been well received.

[INTERVIEWER: What do you personally get out of this kind of group family session?] *I've learnt a bit more, and I've learnt a bit more about my boy as well. I've been talking a bit, so it really has benefited me. They were talking about the other day, some things I didn't really know. ... I've never thought about stuff like that but yes, it has helped. Knowing a bit more about how to go about it really helps. ... She [the Early Break worker] points it out, all out. She was really nice, saying, "We'll let [son's name] answer that", or something like that, and then I'll know I should have kept quiet so I know what he wants or what's in his mind. (Mother of 16 year old Bangladeshi male, Stoneyholme)*

Moreover, as with the experience regarding the ethnicity of workers, there seems evidence to suggest that contrary to popular perceptions, outside service provision is preferable to community-based intervention.

... that they [Asian families] won't work with outside agencies. I really don't think that's true. I think if we can find a way to meet, then there's a real openness to working with an agency. That's my experience; if we can find the connection in the outreach, we can find a point of contact. I've just had welcoming experiences; because I'm actually going into their home and I've only had, up to now, welcoming experiences. (Early Break Family Worker)

[INTERVIEWER: Do you notice any resistance, amongst Asian family members, to engage or to discuss substance use?] *I think, probably, the opposite. ... I feel like they've actually told me, the families have told me, something different. In terms of, "If we bring this into the [Asian] community, it becomes public knowledge in the community. So, actually, we want to go outside of the community for help". ... [Because] even to go officially, for professional help, within a community, it can become community property. (Early Break Family Worker)*

The desire to keep the community at arm's length was further supported during interviews with parents involved in Early Break's family centred time.

[INTERVIEWER: So you're quite happy with the setting as well?]

Yeah, yeah, because where we go, it costs me a taxi but still I'm out of the community. ... [At first the worker] rang me up saying, "It's just a few streets away," which would just take me one minute to get there, but because it's in the community I didn't want that. So they arranged it ... somewhere else and it's just fine for me. I'd rather travel than be in the community. (Mother of 16 year old Bangladeshi male, Stoneyholme)

4.11 Engaging Asian females into services

Whilst national levels of engagement with Asian substance users have been low per se, a specific problem has been the inability of services to involve females in service provision. One potential solution to this problem has been the call for women only environments (see, for example, Fountain, 2009).

The BME outreach work in East Lancashire has clearly been successful in engaging more young Asians from local Pakistani and Bangladeshi communities into the Early Break service. However, Early Break were keen for the research to probe for information regarding who they still need to engage and where they may need to direct their outreach teams. The quantitative analysis (*see Appendix*) of service users revealed that between the 1st November 2011 and the 31st October 2013, nearly two-thirds (64 per cent, n=528) of referrals were male. A tenth, n=80, of referrals to the project between the 1st November 2011 and the 31st October 2013 were Asian - *see Appendix*). When a cross-tabulation of gender and ethnicity was conducted, it was found that only 15 per cent of Asian service users were female. The lower numbers of females in the service was reflected in the interviews conducted with 18 Asian service users for the research, only two of whom were female. Nonetheless, it was noted that more females are beginning to come through the service at present.

The anecdotal evidence we're getting is a lot more young Asian females have got access and are smoking skunk. So we've got a few, and we're getting a few more all the time and it's one of those snowballs. Once you get a few, you get a few more, you get a few more. So they are generating more, because I'll get one and she'll say, "Oh, can my friend speak to you?" So it generates others. (Early Break Staff 3)

Nevertheless, this was identified on more than one occasion by both Early Break workers and external partners as a demographic that needed to be improved.

In terms of the Pakistani/Bangladeshi, I'm thinking we've seen few young women come through; we've seen more males. ... In terms of the [Asian] families, I think it's been more lads. Well, it's been all lads. I can't think of a girl, at all. (Early Break Staff 5)

I guess there's a question for me of "how come no young Asian women are in there. Is that because most of the Outreach Workers are blokes?" I don't know if that is true or not; I think it might be. (Early Break Staff 5)

Returning back to the suggestion that female only spaces may be needed, this questioning of the make-up of the Outreach team is perhaps something to consider. Whilst as Section 4.6 has clearly demonstrated, the ethnicity of staff was unproblematic; it may be that the employment of female outreach staff permits further engagement with young Asian females. The recent appointment of new outreach workers may offer the opportunity to test this out. In addition, a focus group conducted with criminal justice professionals led to the identification of Asian girls' schools as a potential source of Asian female referrals.

4.12 The significance of religion: Mosques or mums?

In the 2001 Census, 92% of Pakistanis and Bangladeshis in Great Britain described their religion as Muslim (ONS 2003). When services attempt to engage with Muslim communities, the local mosques and imams are often viewed as key starting points, with imams seen to be significant gatekeepers. This traditional view was challenged throughout the research by some partner agencies and most vehemently by Early Break staff. As this local service provider notes, imams and other community leaders might not be the best people to target.

I think the focus needs to be on mums. I think maybe what we've done is focused on the mosques and some of the community leaders, but actually, we're trying to focus on the mums and educate them as well. So, I think it's starting to get better. (Adult Service Provider)

Engagement with families was discussed in more detail earlier in this section (see Sections 4.9 and 4.10). Returning to the mosques as a point of engagement, it was noted by Early Break staff that they could not recall a single referral coming via local imams. This feeling was backed up by the quantitative analysis which showed that, between the 1st November 2011 and the 31st October 2013, no referrals were made to Early Break by imams.

Another piece of work that we never felt had worked was this approach that we have to go through the imams in the area to get access. Now, we have done that, and to be honest, I don't think we have had one referral that has come into service through going down that path. ... It was more around well, "How present are you?", "How visible are we as a service

to this community?" and [the outreach workers] have done that superb job, really, in terms of being out there, walking the street, it's getting to know the groups, building up that trust. I've been out with them [the outreach workers] a couple of times, ... and they [local young people] would be basically going, "How's it going?", ... groups were coming over and introducing themselves. (Early Break Staff 1)

The research team shadowed the outreach team both in the local communities where they were engaged in street outreach and in schools and as noted above, young people would regularly shout hello and come over and chat to the outreach team and cars would beep horns and pull over and talk to the outreach team. Likewise, they clearly had a well-established presence in schools with many students saying hello and engaging Early Break staff in conversation as they walked along corridors in-between lessons.

Yet despite the mosques providing little in the way of direct referrals into service, they were positively discussed by the outreach team as a valuable source of information for where the local hangouts are for young people who may be using drugs or drinking alcohol.

[INTERVIEWER: And do you get many referrals through the Mosques?] *No, not from the Mosques, but they will always guide us in terms of, like I said to you, hotspots. (Early Break Staff 3)*

4.13 Cultural changes

So far, we have discussed cultural changes that relate to an emergent acknowledgement and openness of substance use amongst the Pakistani and Bangladeshi communities. In addition to this significant attitudinal change, we now turn our attention to a range of other changes raised by interview respondents.

A lot of the young people as well, ... they're really identifying more with black American culture than they do with their own culture. ... They've got derogatory names for people from back home, manglees and freshies, you know. "I'm not marrying a freshie, no way, man." So, you know, they are disengaged from their culture back home. And I've heard, "They stink. I'm not..." And it's proper, like, if it was a white person saying it, it would be really racist. (Early Break Staff 3)

When I was a young lad, there weren't many broken families from Asian communities; there weren't many single mums or single dads. Whereas, come 2014 you've got single mums, fathers who are taking drugs, drinking alcohol, sons who are growing up, daughters who are growing up thinking, "Well, dad used to do it, or dad does it, so if he does it we can do it." (Early Break Staff 4)

That's the difference between when I was born to now, because there's a lot of broken culture. They'll use religion when it suits them and they won't use religion when it doesn't. (School Student Support Staff 2)

Substance use among the South Asian population is perceived to be increasing among young people, including females. Substance use among young South Asians (particularly those born in

the UK) is alleged to result from the communities becoming 'more westernised' as their adherence to traditional South Asian culture weakens, especially in relation to the preservation of family respect and abiding by religious principles (Fountain, 2009: 5). This notion of Asian youth becoming 'westernised' arose in several interviews with Early Break staff and partner agencies. For some, becoming more westernised was in itself an explanation for increased cannabis use.

They're more westernised, aren't they, now? Yeah, there's a lot of young Asian community, young people, who are on cannabis. (Early Break Staff 6)

Others noted that the local areas themselves were suffering from multiple forms of social and economic deprivation.

Burnley at the moment is a very deprived community; the life chances for people at the moment seem hugely reduced for employment. We've got students who are feeling higher education is not going to be for them because they can't contemplate the debt from the fees. That's hugely changed, hasn't it, and a lot of young people are wanting to work an apprenticeship if they can, but they're just not as available. ... So some young people are in quite grim situations, really, and they would see the use of cannabis as an everyday occurrence; they wouldn't see the harm in it, I suppose. (College Student Support Worker 1)

High levels of social and economic deprivation are often cited when attempting to explain substance misuse and as Seddon has noted, ". . . the underlying processes linking problem drug use with disadvantage have started to take a stronger hold, leading to some minority ethnic communities 'catching up' with their white counterparts in terms of drug-taking" (Seddon, 2006: 690). The levels of substance use we go on to document in section 6 may be partially understood in relation to these factors.

5 Organisation Assessment

If we lost Early Break, who would we refer to then for these young people? ... Where would they get the support from? We need Early Break because there isn't another drug and alcohol service in this area other than Early Break. I wouldn't know where to go, as a professional. (School based Health Care Worker 2)

5.1 Introduction

This section of the report provides an overview of how Early Break is viewed as an organisation. In doing so, it covers both the internal views derived from staff interviews, and the external view that was obtained from the 37 interviews with service users and partner agencies. The section begins with the internal view, before moving on to look at how Early Break is viewed externally.

5.2 Staff loyalty, satisfaction and pride in service delivery

One of the clear things that stood out to the research team is that Early Break is a very confident and proud service. The workforce clearly buys in to the ethos and mission statement of the charity and this was evident throughout the research process. An overwhelming sense of staff loyalty, satisfaction and commitment was evident in both the informal and formal discussions we had with every member of staff we encountered. This was evident throughout the research process. Initial background research and reading of the Early Break website led us to the bold statement that: *"Early Break believes that our best and most valued resource is our work force and expectations on their abilities to deliver an exceptional service to young people are high"*. Through a series of interviews and observations with staff it was evident Early Break staff feel respected. The long service records of staff are further testimony that staff feel valued and fulfilled. There was a clear sense of pride in service delivery and loyalty to the organisation.

[The service] really is the best drugs service for young people. It is. It's good. And that's not because they're paying my wages, because if I didn't believe in something, I'd be trying to get out. (Early Break Staff 3)

I think we've got a fantastic service for what we do, definitely. The best that I've seen for young people and probably the best definitely in this side of the country. (Early Break Staff 3)

The pride and confidence that staff have in the organisation can be traced back to its infrastructure and young person-centred ethos.

Prior to coming [to work at Early Break], I did my homework. ... I asked before coming, "What are your trustees like? What's the management structure like?" I rang up the

workers beforehand and said, "Tell me about your service", and just hearing them speak about the service, you can tell the kind of passion, commitment and everything else, and ultimately, young people are what our service is about. ... That for me, fits massively. Is that different from other young people's services? I don't know. I've not worked in all of them, but for me, that's different from all the places I've worked previously. (Early Break Staff 1)

Equally striking was the consistency of the message and ethos coming across from staff. A real sense of passion and commitment to the young people with whom they work shone through.

I think Early Break has got a really person-centred approach and we always try have that at the core. ... That's a really strong message. (Early Break Staff 3)

We're all quite passionate and quite motivated to do well, ... for ourselves and the young people, and I think that drives it forward. (Early Break Staff 3)

One example of this young person-centred approach in action is the fact that when appointing new members of staff, Early Break invites young people who use the service to be part of the interview process. Several of the young people and partner agencies we interviewed mentioned this as a positive process.

We send our students out on the staff interviews at Early Break, and that's worked really well. ... The worker would come and pick them up in the morning, [and] they'd go and do the staff interviews... I think they [Early Break] like to get the student perspective on whether they think they'll be good with the students really, which is good. (School Student Support 1)

5.3 Staff ownership and responsibility

Early Break is a very reflexive organisation that is always looking to improve as a service and they have created an environment where staff clearly feel that they can contribute to the development of the organisation. Staff were passionate about the service and wanted to continually improve and develop.

I'd like to know why we're not getting the referrals that I know we should be getting. ... It's trying to figure out what we could do differently. (Early Break Staff 3)

This was discussed by staff on several occasions as a major strength of the organisation.

I think it's the service ethos and the opportunity to learn, and the opportunity to learn from mistakes or learn new ways of working, different ways of working. ... When I first started it wasn't, "You've got to do this, you've got to do that. And if you don't hit 20 referrals in the next, we'll have to get you in." It was about, "Let's grow this and let's reflect all the time and see what we're doing right, what we're doing wrong." And that's not me, that's the whole organisation. (Early Break Staff 3)

The research team asked staff to reflect on how the organisation compares with other services they have worked for and the following response was typical of the positive comparisons that were drawn.

When you work for another agency ... you go in, you do their paper work and you go out again. When you work with Early Break, you're part of the process. It's very, very different. You wouldn't know that I was a sessional worker. ... I feel like I've been able to contribute, massively, to the development of the model because I'm on the ground with families and hearing what they're saying. I get to feed that back in the management steering group. ... So, it's massively collaborative. ... I mean, I feel I'm committed and conscientious in all the places that I work, but I definitely have a different feel towards Early Break because I feel part of Early Break. I don't just feel like an outsider coming in, delivering and coming back out again. (Early Break Staff 5)

Alongside the constant identification of the service ethos as a key reason why they are dedicated to the organisation, several of the Early Break staff we interviewed highlighted the long-service leave as an additional indication of the value placed on the workforce. Unusually, long-service leave is classed as only three years in service and is rewarded with a month's paid leave.

Such was the level of staff positivity and enthusiasm that radiated from the Early Break staff that it would be difficult for anybody involved with the service to miss this and a number of partner agencies made remarks to this effect.

I can only give positives of what [a member of Early Break staff] says when he comes in. I mean, when they have such good attendance, I think it's for three years, they get a month off. That's some intense incentive to keep you going to work, isn't it? That's why they [staff] are staying! They're looked after, they're supported. And the caseloads are monitored. As we say they're having to bring more workers in. I know you've asked for negatives and I've given you positives, because ... I can't see any negatives. (School based Health Care Worker 2)

5.4 External view

We now turn our attention to the way Early Break was regarded externally. The data presented here draws on the 37 interviews with service users and partner agencies. Section 4 sets out a range of commonly held perceptions around barriers to engagement within South Asian communities such the Pakistani and Bangladeshi communities that Early Break have sought to engage in to their service. In terms of the view encountered from the 19 interviews with service users, there was no indication of such barriers. On the contrary, the feedback about Early Break as an organisation through to discussion of the individual advocacy and outreach workers was overwhelmingly positive. Early Break was viewed as a very accessible service. This is significant when taking into consideration the oft-cited research conducted by Pearson and Patel who found that, 'Drug services were often seen by minority groups as remote and inaccessible - run by white people for white people' (Pearson and Patel, 1998: 202). The following exchange between two young Bangladeshi teenagers is illustrative of how Early Break is viewed.

What they're doing well... the sessions they provide, they give out leaflets and stuff, saying, "There's holidays coming up when you can come here when you need, and you can call this number as well if you want to come in," and stuff like that. And they tell us about different things we can ... (SU 7 16 year old Bangladeshi Female, Prairie)

And it's things like, he [the worker] gives his number out as well, so we can contact him when we're not at school. (SU 6 15 year old Bangladeshi Female, Barden)

So it's not just at the school we can contact him, it's out of school as well. (SU 7 16 year old Bangladeshi Female, Prairie)

In section 4 of this report we consider the discourse on engaging the Asian community into services. As we elaborate in more detail there, much has been made in the literature of the need for culturally aligned services and the deployment of staff from similar ethnic backgrounds to the targeted service user group. All of the advocacy workers, management and staff delivering family-centred time and holistic therapies encountered by the research team were white. Despite this, the feedback from Asian service users on individual staff was again extremely positive with many young people stating they felt a connection with their advocacy worker.

His [the Early Break advocacy worker's] tone is so much different; he's got a technique that no one else has got. [INTERVIEWER: In what way? Can you give me any examples?] Like, he'll get to you, like, explain to you, like, put you in a situation that you've already been in or he's already been in and then you know what he's on about. (SU 2 15 year old Bangladeshi Male, Duke Bar)

They don't judge you and give you, like help you nicely innit, in a good way, not in a bad way, like they talk to you on the level. (SU 1 14 year old Pakistani Male, Brierfield)

These above quotes illustrate that strong, empathetic relationships can be built between services and the Asian communities that are built on trust and understanding. As noted in Section 4.2, the establishment of trusting relationships is central to successful engagement with ethnic minority communities and young people more generally. We now turn our attention to the way in which Early Break is viewed by the individuals and organisations with whom they work in partnership.

5.5 Service reputation

Part of our business plan is around let's maintain what we've currently got and grow what we've currently got in the areas we have. Because that gives us the quality and our service reputation which is good. (Early Break Staff 1)

We have already highlighted that Early Break as an organisation comes across as a very confident service and that Early Break staff appear proud to work for the charity. The research team were particularly keen to explore how this confident internal view compared to the opinions and experiences of external partner agencies, and to this end we ultimately conducted three times the agreed number of interviews with partners (e.g. 18 instead of six). One motivation for over-delivering on this element of the research is that Early Break had commissioned a critical appraisal of their BME outreach project and despite placing a strong emphasis on partners to be critical, the feedback from partners was extremely positive. In other

words, if we had stopped at six we would have had very little in the way of constructive feedback and service development. The following quotes illustrate the good reputation that Early Break has established in the area.

But I think they do an amazing service. Like everybody else, they've got limited resources and they're pulled all ways ... but for us as an organisation it works well. (College Student Support Staff 1)

I think what they do is very good. ... Everything they do, they think about and they deliver it very well. (School based Health Care Worker 1)

I think they do a brilliant job in helping young people. ... Young people, they really give good feedback about Early Break. (Community Worker 2)

5.6 Responsiveness

A particular aspect of the Early Break service that was repeatedly praised in interviews with partners was their level of responsiveness. Referring back to their website, Early Break state: *"When a young person is referred in to Early Break they are allocated to a worker and the worker will make contact with them within 24 hours of the referral being received. At Early Break there isn't a waiting list"*. This bold statement holds true and the speed that referrals were dealt with was held up as a major plus point, and was often noted to be in sharp contrast with other services' levels of responsiveness.

The whole Early Break referral process is quick and responsive, and that's what young people need. Where in our other services they may be waiting a few weeks, [with Early Break] we can guarantee that ... I will follow up those students and say, "Have you spoken to Early Break?" and [they will say] "Yes". And that for young people, when they're asking for support they need it there and then. (College Student Support 2)

You can refer one day and I bet they [Early Break] ring up within 24 hours and they can say, "Can I come in and see so-and-so?" And I think that gives you the confidence that they're out there and they're going to come in as quickly as they can. A lot of these at [school name] get put on a general waiting list and it can be six months and it's just ridiculous. (School Student Support 2)

In other jobs I've had where you've been fighting for support, literally, it's been soul destroying. But here, you're all coming from the same page and all you need to do is email Early Break or whatever, and straightaway you get a response. (Criminal Justice 1)

5.7 A flexible and versatile service

Alongside the responsiveness of the organisation, the other aspect of Early Break that was consistently commented upon was their flexibility and versatility as a service. This was particularly discussed in relation to where they are willing to see service users.

[INTERVIEWER: Can you work with them within those communities, or do they always have to come here?] *We work with them [young people] where they want, we'll say, "Where do you want to meet?" and we'll respond to that. If they want to meet at a café or here or at school or at a community centre, we'll meet them there. Wherever they feel comfortable, really.* (Early Break Staff 3)

What they [Early Break] have done is they've taken the support to where it's needed, and it's something that we need to do more of here as well. (Adult Service Provider)

A further example of the flexibility and dedication of staff was their willingness to commence work early in order to not disrupt students' timetables, or adapt to the needs of a specific situation.

One of my main problems is getting students out of lessons for the meetings because we're all so target-driven now, we struggle. For some Year 11 students for example they've got to be seen before first lesson. They [the workers] will all say "we'll come in for half-eight", you see, for registration. You know, they're kind of quite adaptable really in that respect, so it's worked well. (School Student Support 1)

We had a group of girls only a couple of weeks ago and I'd known that one weekend they were all quite vulnerable on the park, all having a drink, so I said, "Is this a group situation that we need to identify?" and [EB worker] did it as a group. It's also being versatile as well, isn't it? (School based Health Care Worker 2)

5.8 A supportive organisation

This flexibility and willingness to go the extra mile was also noted by a number of partner agencies. A recurring comment was the willingness of Early Break staff to attend partnership events that took place at weekends. In this respect, Early Break clearly has a strong reputation as a very supportive organisation.

They've also supported us at quite a lot of our health events, so they're regular attenders at things like Fresher's Fair at the beginning of the year, any health events, we do health weeks, alcohol awareness week, anything related they will come along. (College Student Support 1)

We used to go to a few schools and ... Early Break was always there with a stand, you know, promoting the services to young people. (Criminal Justice 3)

I mean, one of the things that we did was we did a link [event] between the three communities [in the area], so the indigenous English community, the Asian community and also the East European. And Early Break were invited and they actually put a stand up, and that's a really good way of engaging with the members of the community. They are very, you know, proactive in getting involved. ... Because sometimes you find that if you refer someone to a service, they will happily take them on. But when you want that service to come in their own time, ... some of these events are weekends, ... you want them to come

to your premises and set up a stall, ... some organisations won't do that. (School Student Support 4)

5.9 Information sharing

The subject of information sharing was often discussed in interviews with partners. Whilst this was often very positive, there were a small number of partners who suggested that this is one of the areas that Early Break could improve. This section begins with the positive feedback we received in relation to Early Breaks information sharing. It was stated by many partners in education, criminal justice and health that Early Break are extremely good at providing information and answering questions around substance use. Interviewees often commented that they would feel able to give them a call and receive advice.

I think the good thing about Early Break is that they educate the staff as well; you can always go to them for your questions. (Criminal Justice 3)

Early Break are also viewed favourably in terms of keeping partner organisations informed and updated on service developments, and through this inclusivity and engagement, they have established a strong presence in the East Lancashire region.

They [Early Break] will invite us along to presentations of where they're up to and what they've done. It's that sort of thing where they can explain their successes really. (College Student Support Staff 1)

Early Break's social media presence was also held up as a model of good practice in the way that it makes information around substance use accessible to both service users and partners.

They've all heard of Early Break, it's quite well-publicised, but we also direct them to the website. ... The website is really young people-friendly so we can bring it up and say, "This is what Early Break can offer, this is what they do." So that's been positive, really. Very positive. (College Student Support 1)

They [Early Break] are pretty on the ball. ... Really great with social media and things that are really attractive for young people. I know because when I'm on Twitter, things are coming through all the time, even at weekends. [For example] something happened this weekend and you [a young person] need to talk to somebody. The amount of people that'll wake up the next morning with all those regrets. You know, and they [Early Break] are quite brave and courageous with what they send out, which I think is positive. (Adult Service Provider)

As can be seen, Early Break have established a strong reputation for being an outward facing organisation that are an accessible resource for both professionals and young people seeking advice around substance use. We now turn our attention to information sharing regarding updates and feedback to partners about who they are working with and what they are doing with service users.

Early Break's information sharing was often discussed in a positive light. In particular, they were viewed as an important conduit for partner agencies working on child sexual exploitation cases.

He [the Early Break worker] has been out, he's observed young people that are putting themselves at risk. ... It's that sharing of information that then opened our early intervention work with that family or it's taken it to statutory. It's [the workers] being out there, ... on the street, identifying these young people who need that support. (School based Health Care Worker 1)

More generally, their level of feedback and updates on service user engagement was positively commented on by a broad range of partners.

They do liaise back with us, with the young people's permission, so we know where they're up to, so that works really well. (College Student Support 1)

There is a good flow of information between our service and Early Break, and we get to find out how things have worked out with referrals. (Youth and Community Worker 1)

They're good at ... keeping care workers up-to-date. I have recently been off for a few weeks and I've come back and I've got quite a few email updates on the progress of the cases that they've seen. (Criminal Justice 1)

Despite these positive comments, a small number of school staff suggested that information sharing was one area where there was room for improvement, although it was recognised that to some extent, this had to be considered in light of the constraints that result from service user confidentiality agreements. School staff acknowledged that detailed individual information about levels of substance use and substances used was not possible, but two schools suggested a more general update at regular intervals, such as the end of each term, would be beneficial.

We do chat and have informal discussions and chats about who's doing what, [but] it would be nice to have more of a formal one where we look at the students and look and see, have they moved on, do they still need, you know? Or are there any other services they need on top of it? It would be nice to get that kind of follow-through. (School Teaching Staff 2)

I suppose the only frustrating thing I would say is that we don't get any feedback, but I understand why. Perhaps it would be good for them at some point to give us some figures, at the end of a term or something, so we get that information. How much information they keep, I don't know, but it might be useful for us to say, "Right, yeah, they've seen them for so long" [or] "We've worked with 50 people". And to give you the details, like "X amount had cannabis use." That would be kind of useful. (School Student Support 1)

More information sharing to parents, as well as partners, was also an issue that was highlighted. This could simply be, for example, the provision of some basic drugs education to parents, along with updates on new substance trends in the area. Although this kind of information was often circulated via Early Break's social media outlets, the need to target parents was an issue that was mentioned in several interviews with partner agencies.

6 A profile of substance use in the East Lancashire Asian communities: The normalisation of cannabis use?

6.1 Introduction

This section of the report provides a discussion of the substance use that was identified amongst the Asian communities engaged with by Early Break. It firstly looks at levels of alcohol use before moving on to focus on the use of cannabis. A discussion around the normalisation (see Parker *et al.*, 1998) of cannabis is followed by an area-by-area profile of cannabis use.

6.2 Hidden alcohol use

Bradby (2007) conducted 47 interviews with young people aged 16 to 26 of Pakistani and Indian origin concerning how they discuss their use of alcohol (and tobacco) - or abstinence - in relation to their religious and cultural traditions. She claimed that 'Alcohol is so forbidden, so 'haram' under Islam, that even passing someone a glass of wine was said by one Muslim woman to be unacceptable' (Bradby, 2007: 662). It was also asserted that 'respectable Asian' women did not drink, as a woman thought to be a drinker was dishonoured and her morality called into question. Taking alcohol would amount to forfeiting one's claim to being Muslim; for non-Muslim men, however, there was greater leeway to experiment with alcohol without jeopardising a religious or ethnic identity. Bradby concluded that, whilst young people in her study recognised that their individual rights were being curtailed, many conformed nonetheless. Indeed, Best *et al.* (2006) found in their study of 2,078 school pupils aged 14 to 16 years in London that 65 per cent of Asian children reported having never drunk alcohol (in comparison to 27 per cent of white children).

In line with these studies, the quantitative analysis for this research (see *Appendix*) found that the vast majority of Asian participants (88 per cent, n=70) had a problem with just drugs at referral, compared to around half (51 per cent, n=352) of white participants. Indeed, only three per cent (n=2) of Asian participants had a problem with just alcohol, as compared to nearly a fifth (18 per cent, n=124) of white participants. And only a tenth (n=78) of Asian referrals had a problem with drugs and alcohol, compared to nearly a third (31 per cent, n=210) of white participants.

Notwithstanding these findings, it was claimed by partners and Early Break staff that alcohol use is prevalent amongst young Asian people in the communities in which they work. Perhaps the disparity in the findings is a result of the 'forbidden' nature of alcohol reported by Brady (2007). As evidenced in the quotes below, this could impact on whether or not a young person discloses their alcohol use at referral.

There's a lot of young Pakistani people who are using alcohol but the other [white] young people will be more open about their alcohol levels of use. They [Pakistanis] probably wouldn't admit to it but we know it's happening [in the Pakistani community]. (College Student Support Staff)

I think that particularly we have quite a high [level of use], locally, in the Pakistani community, and particularly around alcohol. That might be difficult for a young person to disclose, that they're having a problem with alcohol, and then to move it on into a service they would be very anxious, probably, around confidentiality. (College Student Support Staff 1)

I mean, the thing is with alcohol, you know, it's haram. So they are a bit sensitive around that. They not likely to say, "Oh, yes, I'm drinking alcohol," within five minutes of meeting you. That comes out in later sessions because they've been brought up, "Don't touch alcohol; it's haram." (Early Break Staff 3)

Although the 'forbidden' nature of alcohol appears to be a factor when it comes to young people disclosing their alcohol use, there seems to be no such inhibitions when it comes to disclosing cannabis use. For many of the young people engaging with the project, their primary issue at referral was drugs rather than alcohol. As mentioned above, the vast majority of Asian participants (88 per cent, n=70) had a problem with just drugs at referral, compared to around half (51 per cent, n=352) of white participants (see *Appendix*). Furthermore, the use of drugs, in particular cannabis, seems to be more 'acceptable' to the point that it's now 'massive' (School Student Support 1) in the Asian communities in which the project works.

6.3 Normalisation of cannabis

The people that I've worked with, the [Asian] lads themselves, maybe can validate cannabis more than they can alcohol. And cannabis seems to me ... to be the thing that is more of a regular thing. (Criminal Justice 2)

They [Asian young people] are more comfortable within themselves, I guess, smoking that joint rather than they would be with the alcohol. (Criminal Justice 2)

What we see in the, with the BME groups that we are working with is that real kind of heavy cannabis use. Alcohol use is certainly there as well, but it's, you know, the cannabis use, and a lot of what [the Early Break worker] reports back as well ... is that these young people haven't got any friends that don't use [cannabis]. ... It seems that the pressure to use and the availability of the cannabis, as well, is huge for them. (Early Break Staff 2)

In the mid-1990s, Howard Parker and colleagues at the University of Manchester developed two enduring concepts. One was the ACCE profile (alcohol, cannabis, cocaine and ecstasy) which they argued was the predominant substances of choice amongst young people in the UK (Parker *et al.*, 1998). The other, which will be discussed here in relation to the local Asian community, is the concept of normalisation. By the end of the 1990s, increasing numbers of social scientists, policy makers and other social commentators suggested that drug use had become a relatively common form of behaviour among young people who accept it as a 'normal' part of their lives. A number of other research projects offered varying degrees of support for this concept (see Pearson, 2002 on adult cocaine users; Hammersley *et al.*, 2003 on young offenders; and Duff's, 2003 Australian research that suggests evidence of normalisation amongst young people in Australia).

Nonetheless, others challenged this view (see Shiner and Newburn, 1997; 1999) as exaggerating the levels of drug use, claiming that only cannabis could be viewed as normalised. Shildrick (2002) developed the thesis further as she argued that normalisation had only occurred within specific settings or distinguishable groups e.g. clubbers or university students. In response to these challenges, Parker *et al.* (2002) refined their concept and discussed the 'normalisation of sensible recreational drug use' and acknowledged that the concept was most strongly supported in relation to cannabis use. The revised work identified five key dimensions of normalisation: availability/access; drug trying rates; usage rates; accommodating attitudes to 'sensible' recreational drug use especially by non-users; and degree of cultural accommodation of illegal drug use.

Despite this body of research and discourse around the concept of normalisation, there has been little in the way of discussion of ethnicity. This can be partly explained by the sample. In Parker *et al.*'s original *North West of England Longitudinal Survey*, the numbers of ethnic minority students was low and in subsequent sweeps, attrition rates were disproportionately higher amongst ethnic minorities. Yet almost 20 years on since the concept was applied to substance use, there has been little further analysis or discussion of normalisation and ethnicity. With this in mind, in this section we begin to present a case that cannabis has become normalised within these Pakistani and Bangladeshi communities.

If we return to Parker *et al.*'s (2002) five key dimensions of normalisation, the scale of this piece of research prohibits a focus on 'accommodating attitudes of non-users'. Nonetheless, we can begin to discuss in more depth 'access and availability', 'drug usage rates' and 'cultural accommodation' in relation to cannabis and the Pakistani and Bangladeshi communities in question.

6.4 Cannabis availability and access

As noted above, a key dimension of the normalisation thesis is the increased levels of availability and the view from early Break staff and professionals working in these areas firmly supported the view that cannabis use was widely available for purchase.

It's quicker for them to get a ten bag delivered than a pizza. "I can get a ten bag delivered in five minutes, a pizza will take twenty minutes", and they all say that. (Early Break Staff 3)

The use and accessibility of cannabis was also viewed as increasing in recent years by many of the service users we interviewed.

It's easy to gain access ... because like everyone's smoking, even the people younger than me as well, they're smoking it. People older than me, they just supply it, just like that. ... You just walk around the block and see someone there and just go ask him, he'll give it to you. [INTERVIEWER: And has it changed much in the last kind of five years or so since you started smoking?] It's everywhere, it's increasing. The number of people who are smoking weed, it's increasing. (SU 2 15 year old Bangladeshi Male, Duke Bar)

The increased availability of cannabis in these communities was attributed to the fact that much of it was locally produced.

The thing is with these little mill towns, there's loads of people growing it, you know, there's loads and loads of people renting factories, renting houses. When we were on outreach, you could smell it. (Early Break Staff 3)

Before moving on to look at cultural accommodation, it is worth noting that the findings from this research support Parker *et al.*'s (2002) conclusion that the concept of normalisation is most strongly supported in relation to cannabis use. Although the substance use reported in these communities is largely in keeping with the ACCE profile put forward by Parker *et al.* (1998), cannabis was the most predominantly used drug, with only some evidence of cocaine use, and nothing in the way of ecstasy or other 'dance drugs'.

6.5 Cultural accommodation

Another key dimension of the normalisation thesis is the idea of 'cultural accommodation' whereby the use of cannabis becomes culturally accepted. Patel and Wibberley (2002) suggest that on the evidence of their findings, cannabis use was on a par with the general population yet they also observed that there was some suggestion that the reluctance to admit the problem exists and hence it was left unaddressed. Similarly, Kalunta-Crumpton (2006) noted that there is a tendency in Asian communities to deny that there is a drug problem within their midst. Our findings suggest that cannabis use was now widely acknowledged amongst the Asian communities in East Lancashire. As this local member of the Asian community remarked:

Like cannabis is not seen as a drug any more, it's just as, "Oh, I'm having a spliff – big deal." (Youth and Community Worker, Brierfield)

Cannabis usage rates were often recounted by both professionals and young Asians alike to be at levels of 50 percent or higher amongst young Pakistani and Bangladeshi communities.

I mean, we've got, I think, 950 kids in our school and if somebody came to me and said, "How many of them smoke cannabis?" I would probably say, "More than half." (School Student Support Staff 1)

To put this claim in to some kind of context, approximately four-fifths of the young people in the school in question are Asian.

Furthermore, it is not only cannabis *use* but also cannabis *dealing* that appears to be no longer stigmatised.

The anecdotal evidence I get off young people, [is that] there's a lot more, especially in the Asian community, young people selling drugs at school than there's ever been. ... Before in that community, if anyone was doing something like that, the whole community would know about it and they'd be stigmatised, and that doesn't go on now. (Early Break Staff 3)

Most of the young kids that I see, the Asian young, like, fifteen, sixteen, they won't be trying at school. ... Their hopes and aspirations have all subtly changed and a lot of them want to be drug dealers, and they'll tell you ... "I'm not trying at school because I'm going to be a millionaire by the time I'm eighteen." So there is a change in the dynamics of that community from when I was at school when a lot of Asians wanted to be doctors. ... I feel like the community values have subtly changed. ... They'll talk about it. They'll say, "Yes, we

want to be a shotter [drug dealer]" and it's like a really common theme. (Early Break Staff 3)

6.6 Early onset of cannabis use

Alongside the view that cannabis use is becoming increasingly 'normalised' amongst young Pakistani and Bangladeshi youth, it was frequently reported that young people were using cannabis at an earlier age. This viewpoint was articulated in several partner interviews.

[They're] certainly getting younger, especially in the Asian community. ... That didn't use to be the case. ... [We're] even looking at eleven, twelve, thirteen-year-olds [now], whereas before, you would not hear of a young person, especially Asian, under the age of fourteen, you know. So that certainly has changed. (Youth and Community Worker, Brierfield)

They're getting younger, that's the issue. ... It used to be probably Year 10 or 11s mainly. Now it's Year 8s, 8s in particular at the moment. (School Student Support 1)

The assessment by partners that the onset of cannabis use was getting earlier was supported in interviews with Early Break service users. It was common for service users to discuss smoking large amounts of skunk at an early age.

[INTERVIEWER: So when did you first start smoking cannabis?] *When I was in Year 7, ... about two, three £10 bags a day.* [INTERVIEWER: So how many spliffs would you have a day?] *About six, seven.* (SU 2 15 year old Bangladeshi Male, Duke Bar)

Although cannabis is widely considered to be a safe drug taken for its pleasurable effects of relaxation and euphoria, there are several specific adverse effects of its use, particularly at a young age. Research has found that adolescents are more vulnerable to the adverse effects of cannabis because of their stage of mental development. For example, Rubino and Parolaro (2008) concluded that heavy cannabis consumption in adolescence may induce subtle changes in the adult brain circuits ending in altered emotional and cognitive performance. In addition, Shapiro and Buckley-Hunter (2010) found evidence to suggest that, along with other harms, cannabis is a significant risk factor in the aetiology of psychosis. There is now a large body of evidence to show that cannabis use does indeed play a causal role in the aetiology of some psychotic illnesses, including schizophrenia. Although cannabis use is clearly not a sufficient risk factor on its own - as not all schizophrenic patients have used cannabis and the majority of cannabis users do not develop schizophrenia - it is clear from studies of psychosis that some individuals are more vulnerable to its effects than others, and that greater degree of cannabis exposure, and young age of first use, amplify the harmful effects (Casadio *et al.*, 2011). These potential adverse effects are even more marked when one considers the strain of cannabis that is prevalent in East Lancashire.

6.7 An overview of current cannabis usage in the East Lancashire Asian communities

Before giving a profile of substance use in three areas of East Lancashire - Brierfield, Duke Bar and Stoneyholme - it is important to note that it is a particular strain of cannabis that young

people are using in East Lancashire: skunk. Given the concerns expressed in recent years regarding the higher levels of potency associated with skunk - Rubino and Parolaro (2008) found skunk contained 25 times more THC than the cannabis resin sold a decade earlier - and the increased potential for more detrimental health effects (compared to other forms of cannabis with lower levels of THC), this is significant point to note.

Young people are predominantly using skunk and for them, this is just standard cannabis, it's all they know. For example, Lemon Haze. There's a one called Dynamite Haze now, and Blue Cheese. (Early Break Staff 3)

The experienced views of Early Break staff was backed-up during interviews with young people, with all of them citing that they smoked skunk. Indeed, for several, they only knew of skunk and discussed having no knowledge of lesser strength forms of cannabis (such as pollen, Thai or Jamaican cannabis).

[INTERVIEWER: So what do you smoke?] *Skunk innit? Two to three spliffs a day. (SU 12 15 year old Bangladeshi Male, Stoneyholme)*

6.7.1 Brierfield's substance use profile

We begin our review of the main BME outreach areas with a discussion of the Brierfield area. In Section 3.8 of this report we discussed the noticeable failure of referrals to materialise from the main secondary school that serves this area. A local youth worker described cannabis as the main drug used in Brierfield, but also identified some usage of cocaine. He also noted 'a lot of drinking of alcohol.' He also went on to discuss how many young people with whom he has worked have progressed from cannabis usage to cannabis dealing. The discussion of cocaine and other class A substances such as crack cocaine and heroin was also discussed by a member of staff at the local secondary school.

Cannabis obviously is always the main one, but we tend to find that there is a lot of crack [cocaine] about in this area [Brierfield and Nelson]. ... You tend to find English girls mainly getting involved in the drinking, and English boys, and you get the young Asian men on, you know, smoking cannabis. That's really what you tend to find, and just, you know, heroin, crack, seems to be like a disease round here. (School Student Support 4)

There was also discussion around a growing use of alcohol in this community.

We used to have smaller groups of Asians drinking; now we have larger groups of young lads drinking. [INTERVIEWER: Are we talking about males and females, or is mainly males that are smoking?] You do get females as well, not as many, but yes, you certainly get Asian females drinking and smoking drugs. (Youth and Community Worker, Brierfield)

The interviews conducted with young people from the Brierfield area broadly supported these accounts, with cannabis being described as the main drug of choice followed by an acknowledgement of both alcohol and cocaine use amongst their peers.

[INTERVIEWER: What about your friends and peer group in your area, what things are they using?] *Some might smoke weed, some might drink but I don't know innit, it's down to*

them. What can I say? Some take cocaine; some drink alcohol; some smoke weed ... there's loads of different drugs around now. ... The main thing people have is cannabis and some people like a drink. (SU 1 14 year old Pakistani Male, Brierfield)

[INTERVIEWER: So are there any other kinds of issues in terms of your community around drug use or alcohol use that Early Break should be aware of in terms of developing their services?] *Just cannabis, one or two people may be seen on the streets drunk in the area but drink isn't really a problem. (SU 4 16 year old Pakistani Male, Brierfield)*

As we go on to discuss in Section 7 of this report, the use of cocaine in the Asian communities we focused upon forms one of a number of areas of future concern that the research team identified.

6.7.2 Duke Bar's substance use profile

We now turn our attention to the Duke Bar area of Burnley. In contrast to Brierfield and Stoneyholme, the area of Duke Bar was never specifically discussed during interviews with Early Break staff or other professionals we interviewed. However, several young people we interviewed lived in this area of Burnley, hence the focus on Duke Bar here. In keeping with the above discussion of substance use in Brierfield, the three most prominent substances discussed were cannabis, alcohol and to a much lesser extent, cocaine.

Yeah. Other people use alcohol and some of my mates use alcohol and stuff but I don't, I just smoke cannabis like on occasion. (SU 2 15 year old Bangladeshi Male, Duke Bar)

[INTERVIEWER: So what would you say was the main problems then?] *Cannabis and then alcohol and that's it. (SU 14 16 year old Bangladeshi Male, Duke Bar)*

There was one mention of heroin use but both cocaine and heroin use was associated with older teenagers and adults.

The older lot, they take, most of them like sniff cocaine and stuff. And yeah, cannabis, heroin, stuff like that, because they're older. (SU 14 16 year old Bangladeshi Male, Duke Bar)

However, by far the most frequently discussed substance was cannabis with numerous young service users citing high levels of cannabis amongst their peer groups.

[INTERVIEWER: So how many of your friends smoke weed?] *More or less all of them.*

[INTERVIEWER: So in terms of your community, ... what's the percentage of young people your age who are smoking?] *About 70 per cent. [INTERVIEWER: And is that about the same amongst males and females?] Yeah, a lot of females are smoking around here, yeah, a lot. And they go into town and drink and that. (SU 3 15 year old Pathan Male, Duke Bar)*

[INTERVIEWER: And in terms of your peer group or community, how much of a problem do you think drug use is, or cannabis use is?] *It's a big problem. If it was on a scale of one to ten, I'd say about seven, eight out of ten [of my peers] smoke weed. (SU 14 16 year old Bangladeshi Male, Duke Bar)*

[INTERVIEWER: So say out of young people round about your age, what percentage of them would you say are smoking cannabis?] *About 80 [per cent].* [INTERVIEWER: And is there a difference between males and females?] *No.* (SU 2 15 year old Bangladeshi Male, Duke Bar)

To summarise the current substance use situation amongst young Asians in the Duke Bar, it would seem that once again, there is strong support for the normalisation of cannabis use with high levels of reported usage amongst peer groups.

6.7.3 Stoneyholme's substance use profile

Stoneyholme was the only area where the use of paan was discussed, although it was only mentioned by one professional and none of the young people.

We've had quite a bit of paan, chewing paan, in the Stoneyholme area, which is highly populated with Bangladeshi families, high levels there. We've just got a leaflet through, actually, with the effects of [paan], it's really good. We're using that, but it's very, it's a cultural thing; it's quite a hard nut to crack. (School based Health Care Worker 1)

Heroin use and dealing was also discussed as a concern by one mother we interviewed.

I don't think it's alcohol, maybe like that, but not much, it's mainly drugs, and I think it's obviously they start off from weed, and eventually I think it gets to heroin, 'cause there's a few dealers here, on this estate, and it's mainly Asian people I see coming [to buy heroin]. I mean, they're a bit older, like my age. ... [But] there's a few in my boy's age group ... doing it so they're too young, but they've already started. (Mother of 16 year old Bangladeshi male, Stoneyholme)

Notwithstanding the above quotes, the picture obtained from the partner agencies interviewed was that the main problems they encountered in Stoneyholme were cannabis and cocaine, with alcohol present but to a lesser extent. It was noted that cannabis use was more of an issue for school-aged young people, whilst cocaine use tended to be a concern for older young people. This view was supported during interviews with service users who resided in the Stoneyholme area.

[INTERVIEWER: In terms of your friends, ... what's the main things that they use?] *It's mainly cannabis and alcohol.* [INTERVIEWER: And are there any other drugs that people use, or any kind of trends, changes in recent years?] *Yeah, they're taking, I've got a few mates that sniff cocaine.* [INTERVIEWER: And are they the same kind of age?] *Yeah, they're the same kind of age as me.* (SU8 15 year old Bangladeshi Male, Stoneyholme)

7 Future directions and developments of the current outreach model and service provision

I mean, I've phoned up a couple on the [research team's contact] list who've not [referred] and I've just said, "Be honest," because I'd like to learn why they don't refer. If I could do something differently to get them on board, I think we'd all be prepared to do that and I think that's the good thing about Early Break. (Early Break Staff 3)

The above quote provides one of many examples observed throughout the six month research process of the willingness of Early Break staff to take on board criticism and to provide the best service for young people that they can. It is this strong sense of reflective practice and desire to keep improving as a service that underpins the current research project. Here we turn our attention to other areas for improvement that were identified by external partners and service users.

7.1 How can the service be improved?

Research interviews with all parties included a request for their ideas on improving the service. While, as will be apparent from the report so far, respondents were overwhelmingly positive. Typically, when asked for suggestions to improve the service, the partner agencies and service users would only have positive comments to add. Nonetheless, some thoughts for improvement of the Early Break service were put forward which are outlined below.

7.1.1 Personal Presentation

The research team's pursuit of areas to improve what is clearly an extremely well regarded service (see section 5) led to some relatively minor or trivial criticisms to emerge. One such example, and possibly unrepresentative point made only in one school, concerned the way that Early Break staff dress when in school. This came up in one conversation with two members of staff, who did not appear to take the same view on it, as follows:

[INTERVIEWER (on areas to improve): So how do Early Break compare. Do they stand up to statutory agencies? Do they come across as a professional organisation?]

SSS1: *Yeah. I think so, yeah. I can't fault their professionalism. Sometimes I look at their attire when they're in school but maybe that's just a thing about me anyway. But whether that's part of it, that they think they can be dressed down, though sometimes I would say they're probably a little but scruffy in relation to other staff who come over the doorstep, but whether that's part of it...*

SSS2: *But when you look at counselling, sometimes you want that appearance.*

SSS1: *Yeah, exactly, yes. Or you won't be able to...*

SSS2: *You don't want to have that formality, so it might be deliberate.*

SSS1: *It might be, yes. It's just me. I'm a fuddy-duddy, aren't I? I do have a thing about staff dress, don't I? (School Student Support 1 and 2)*

7.1.2 Increased contact

A number of respondents, both partners and beneficiaries indicated that they would welcome more input from Early Break, notably an increase in their current levels of contact time. This view came from a third of the 18 young people interviewed, who tended to suggest twice weekly appointments and one member of school staff, who would welcome more school presence, 'or if somebody was just dedicated and stayed for a morning, maybe, like he did before.' The subject of staff allocation to schools and service users is discussed further in section 7.1.4 below. The same school staff member added:

And maybe give staff a bit of advice, sort of training for staff on what to look out for on that side. Because we are not all 100% certain on what's going on and so maybe a bit of advice for us. Or give us a bit of a chat on what they do talk about and what they do. Because they have some leaflets and things, don't they? They have a case where they show the different types of drugs, that sort of stuff, maybe... Because we say to the kids, "We want to refer you to Early Break." "Don't know what it is." You try to tell them a bit about it, but if you knew a bit more about it... if we could give a bit more of an overview of it, it might help. Might get more people taking it up.

Clearly, any attempt to provide more contact time would be limited by Early Break's capacity to provide this, and should not, for example, be at the expense of the speedy response to referrals, which they have been able to provide. Current levels of contact tended to be weekly appointments and the suggestion of twice-weekly appointments may not be viable. The request from school staff for more of an overview of what the service delivers and dedicated workers is more feasible, and is discussed later in the section.

7.1.3 Nature of contact time

A couple of young people also indicated that they would like to see Early Break make more use of sport such as 'five-a-side footie', or in one case art within the contact they offer. The suggestion that Early Break could develop more activities was also discussed during two partner interviews. One Early Break staff member we interviewed also highlighted the termination of the boxing sessions as a loss. It was also noted that whilst they enjoyed the range of alternative therapies provided (see section 3.11), they would prefer a course of treatments rather than one-off or 'taster sessions'. In summary, there would seem a desire for Early Break to develop their services beyond one-to-one advocacy sessions. Again, this may not be feasible and risks diluting the current service which as mentioned, has been established so far on a very focused model.

7.1.4 Allocation of workers to schools: Less is more?

Two of the educational establishments noted that Early Break had become a victim of its own success, reflected in the demand for a higher level of provision. It was also observed that increased referrals coming through their place of study had resulted in four of five different advocacy workers working on their premises and this made keeping track of the overall picture increasingly different. These observations connect back to the earlier comments presented by school staff in section 5.9 regarding the utility of a termly report, which outlines how many students are engaged with the service, which Early Break advocacy worker is assigned to them and so forth.

Continuing the conveyed desire of some schools for more information, a few of the educational partners we interviewed expressed their lack of understanding of the outreach work and allocation of service users to advocacy workers.

Outreach side – I perhaps don't know enough about their outreach. But when they come in to see a client they haven't got time for a lot of discussion, they're coming to see a client. [. . .] I don't know how they allocate their workers. We have a host of female/male, we have workers that come in from another heritage, so I presume they look at matching up in the best way. I think there is a sensitivity to how difficult that might be. (College Student Support 1)

I don't know if the students are allocated on an area, I don't know how they work on that. [Early Break worker] seems to say, "Well, so-and-so's doing this one," . . . Because we have different, . . . there is four or five [Early Break workers in the school]. Sometimes maybe, they've already been given an Early Break worker before they even came to school, so it's just knowing how they allocate. . . and maybe, sometimes, having a dedicated worker coming in would be quite good. (School Staff 2)

There would appear to be some utility in providing a clearer understanding to partners on how advocacy workers are allocated and an explanation of why dedicated workers are not allocated together with an overview of the service and what is offered to young people. There were mixed messages regarding this information with some partner interviews stating that Early Break was excellent in keeping them updated and outlining what they offer and as outlined above, others appearing less informed.

7.1.5 Increased engagement with post-16s

The indications are that while the 'complementary co-existence' (section 3.7) of school and community work has been successful in engaging school age young people, this falls off after the school years, albeit that it is continued to some degree through Early Break's input to colleges. Young people who access the service tend to cluster between the ages of 14 to 16. Indeed, the quantitative analysis showed that, between the 1st November 2011 and the 31st October 2013, just over half (54 per cent, n=451) of referrals to the project were aged between 14 and 16 (with the most popular age of referrals being 15, 23 per cent, n=193). This is particularly the case with Asian young people, amongst whom 80 per cent were in that age bracket, compared to half of white participants; 27 per cent of the latter were aged 18 or over.

As identified at 3.12, 70 per cent of Asian referrals came from either educational sources or outreach work (see Appendix) compared to 24 per cent of white referrals, for whom there was a much wider spread of referral sources. The indications are that this illustrates the success enjoyed by the project in bringing in referrals of Asian young people, but also that further thought may need to be given to ways of adding more post-16's to these numbers.

The possibility of this was identified in some of our partner interviews:

In school, I think the thing is that because they're in school they're safer and it's confidential, so a lot of these young boys... I have a young boy in my case log, we know he smokes cannabis, he sees [EB worker], but when his mum comes in, "Don't mention that!" . . . they don't want their families to know, but they're happy to talk to [EB worker]. So yes, while we've got them in school we've got that control, haven't we? To be able to monitor what's going on. But it's when they leave school, there's nobody picking it up when they

leave school or that continuity that they need to then access Inspire as they get older. This is where it's as though there are no drug and alcohol issues in the Pakistani/Bangladeshi [communities] in Burnley, but there is! We know there is, but they just won't access that service. (School based Health Care Worker 2)

I'm not sure what happens in that transition period, from sixteen to eighteen when they could access Inspire. Because they've left school, . . . but it's just how accessible Early Break are once they're not coming into school. (School based Health Care Worker)

This need was acknowledged during interviews with Early Break staff:

I've seen a pattern, really, where young people are working with us through the school ages and then when they leave school, they are exiting the service. They're kind of like doing that as, that's the fact, "well, I've left school, now, I don't need the service now." That will be something that would be interesting to dig down into as well. Is that what's happening and then I suppose we would have to look into, "okay, well what do we need to think about now, then, in terms of keeping young people in service". (Early Break Staff 1)

I mean we've got some good ambassadors for the service in the colleges, who will kind of contact us if needs be and refer people in, but yeah, that might be part of the direction as well, is maybe we need to shift our attention a little bit and focus on some of that college intervention. (Early Break Staff 2)

Despite positive talk of Early Break as a service by college staff and a seemingly good relationship and established referral process, two Early Break staff discussed a lack of referrals through colleges.

[INTERVIEWER: Do you have any links with the colleges or ever get referrals from that field?] *Not from [college name], to be honest with you, no, and not [college name] as well. Again, it's just, if we speak to them we'll tell them that, you know, if you've got young people you think might need help, then by all means contact Early Break and the referral forms are there, we can speak to one of the key workers. And they can speak to the young person as well. (Early Break Staff 4)*

We've had people sometimes that we've known in, say, school and then move on to college, and then they've had maybe friends who want to sign up. But I think we've only had a few from [college name]. (Early Break Staff 2)

Building on existing college-based work might have something to offer here, as indicated by the following interviewee, but is unlikely to be the whole answer:

We have a whole range of students, some of whom have had a difficult journey in education and have come back onto access courses. And perhaps there's an element of some of those young people who've really felt rejected by education and then coming along to something else, there is quite a lot of access to Early Break from that cohort of students. And now students are being asked to stay longer in education, there's a big push to keep them in longer, and for some of them it's a difficult one and they, not always wanting to be here,

they're more likely to be the hard-to-reach. So if we can keep them in college and address the substance misuse, we're working together, aren't we? (College Student Support Staff 1)

A crunch point is perhaps identified here,

I suppose a lot of the street based outreach would be, is aimed at kind of accessing these young people and the older ones. There's older ones going to the youth clubs, but yeah, the older ages, it's trying to get those young people out and about. . . . So, I'd say, like when I've been out with [EB worker], with the older groups, they seem to be a bit more suspicious, a bit more kind of, but I suppose that comes with what activities that we are involved in, and so, "I don't want them hanging round us". So, that's what's part of the initiative, to get the older people, is that we are not just going to concentrate on schools; we are going to be out and about in the community, and be seen in that way, really. (Early Break Staff 2)

It was noted that whilst accessing the post-16 cohort via colleges is an obvious way forward, there remain a significant number of young people who do not attend further education and hence will be harder to engage and this group present a challenge to the current model of outreach which appears to be heavily reliant on educational establishments for referrals.

I'm not sure what happens in that transition period, from sixteen to eighteen when they could access Inspire. Because they've left school, . . . but it's just how accessible Early Break are once they're not coming into school. That would be interesting; to check your figures, what you're dealing with in school, and then once they've left school, how many continue that service. I'm not sure whether [EB worker] goes in to college. I'm not sure whether that is continued into college. If it is, then a lot of students will, but there is a lot of student who don't access it. They go to college, but then they don't continue with the courses, because we have a lot of Pakistani and Bangladeshis that when you go they're not doing anything, they're NEET. (School based Health Care Worker)

One potential way of making more inroads into the post-16 cohort is to utilise ex-service users as champions of the Early Break service in their communities. The longevity of the outreach project has resulted in a significant number of young people who have gone through the service and had positive experiences and outcomes. These young people are now in their late-teens and one would expect they may have a positive effect in helping to engage other post-16s into service.

. . . we've been doing it a while, we have seen those young people kind of leave school and become, in some cases, figureheads in their own community, are older and that now, as well, and I think that's helpful because you get a lot of the younger kids really looking up to them, and they are saying, 'they're alright, Early Break, you can go to them if you want'. It's helpful in that way, and I think that's may be part of the reason that we are seeing so many young people. (Early Break Staff 2)

There might also be scope for building more referrals in the post-16 age group by doing more with other agencies around the transition from young people's services to those for young adults. Some partner agencies drew comparison with the success that Early Break has had in

engaging the local Asian communities into service and the lower levels of engagement that the adult service provision have managed to achieve.

... a lot of it is hidden. So, yes, the children we're identifying and we know the parents are [substance misusers], but when we get to the parents' support ... they're at very low levels; with the [adult services] ... BME engagement is very, very low. ... I go and know the dads are alcoholics and they go to Pakistan for a time and come back, but they never source [adult services]. (School based Health Care Worker 2)

7.1.6 Increased partnership working with adult service providers

As this post-16 educational worker noted, the 16 to 19 year old age group appear to be falling between services.

The 16 to 19s get a bit of a raw deal; they sit between services and often the paediatric side's finished and the adult hasn't really picked up. And there's a number of difficulties they encounter as young people; they're not high threshold for social care interventions, they often say, "Well, we've got some resources for managing, but they're homelessness ones." (College Student Support Worker)

The targeted BME outreach has been pivotal in increasing engagement and referrals into service and whilst the focus is on engaging young Asian substance users, it was noted that there is untapped potential for Early Break and Inspire to work more collaboratively which may result in increased engagement with adult BME substance users.

There's two areas that I would improve if I could. The first thing would be about, a whole family approach, because we get zero referrals from Early Break where possibly they're picking up a child's substance misuse, or a young person's substance misuse, and then they're identifying that the parent has also got an issue. Now, whether that's because they've never picked up on anybody which I don't really believe. Because, when I talk to people within the schools, the social workers, what they find is it might be the young person that's using, but they're getting it off their older brother, or their uncle, or sometimes their dads, or their mums or whatever. ... I think the other thing is; feeding into the Hidden Harm work that we're doing, and it's something that I started a couple of years ago and I've really tried to get buy-in. So, that would be something that I would like more input from Early Break per se, but not necessarily just this worker, but other than that, no. They're doing some really good work. (Adult Service Provider)

7.2 Transferable Learning Points

There are a number of useful learning outcomes that have been identified in the report regarding Early Break's models of outreach that are generalisable to other outreach projects. The following section outlines what has emerged as good practice.

7.2.1 Consistency and persistence in service approach

Don't expect miracles, you know, about getting referrals. I mean, I know we've got some new people starting and I think one point I'll probably get across, if I get asked to talk or something, I'll say, "It can take up to a year to get a referral, so don't think just because somebody's told you to say 'x', 'y' and 'z' that you're guaranteed referrals. Every individual has different needs. (Early Break Staff 4)

I think my advice to anyone who's going to be joining Early Break or any organisation of outreach, and trying to get referrals, "Don't lie to young people, don't bullshit them, and if a referral doesn't come, it doesn't come. (Early Break Staff 4)

7.2.2 One leg in, one leg out ... 'Inreach' as Outreach

Whilst a central tenet of the outreach model involved maintaining a visible presence on the streets of the local communities, this alone is not sufficient. What was pivotal to the success of the outreach model was the combining of traditional street outreach with what we refer to as 'inreach' in schools and other educational establishments. To summarise Early Break's educational outreach discussed in section 3, the utility of having staff co-located within schools was clearly evidenced. The high levels of referrals this model generated provide strong evidence for this. It was noticeable that one school in particular had a fully integrated model of partner agencies being co-located on site and as the research uncovered, this clearly led to better information sharing, faster referral processes and mutually beneficial sharing of information. There was clear demonstration that Early Break also feedback to partner agencies around concerns such as child sexual exploitation.

Yes, [EB worker], as I say, he's can be speaking to a young person and then he'll come and say, "I've just had so-and-so in, I'm a bit concerned about that." So then I'll look up if we've had any involvement. It's about that communication; sharing that information that sometimes can be missed. If [EB worker] was sat in an office in Burnley and I was sat in my office, we might not even communicate about that same family but being on the same level, he can just pass that comment. Or, I can say, "I'm dealing with this family, can you just check about this" it could be a parent, or another sibling that's not in this school. That works as well. (School based Health Care Worker 2)

The polar opposite of this model was a school that opted for no outside agencies to be located on the school premises. In terms of Early Break referrals, the contrast was stark with only one referral in four years compared to 45 in the current academic year in the school where Early Break had managed to co-locate its advocacy workers. It would appear that having a range of partners co-located in schools, promotes improved identification of other issues around mental and physical health and child welfare. This would seem to offer a strong multi-agency partnership model. The co-location of a number of professionals is part of the local authorities' two-year pilot scheme and appears to be a success. As this health care professional outlines here.

I'm the social worker in the school. It was a pilot scheme; putting a social worker in a school to see how that went, which was two years ago. It's been a success at the moment, and partly why it's been such a success is because of the agencies that come into the school, that can work with me and we can build a hub for ourselves. So, when we're at a meeting, if

I see that there's a need of a child with drug and alcohol issues, I know straight away, "Oh, [EB worker], Early Break!" That referral is done that day, so the process is a lot quicker and the response is a lot quicker, because [EB worker] is in school a couple of times a week and children are seen within that week of it being identified, that that's an open need. That's what we've found, working with other people coming in to the school, like the school nurse, the police, and then there's other agencies that we work with in the local community. (School based Health Care Worker 2)

7.2.3 Planning

A lesson for any moves into new areas, which was identified by one Early Break worker, was to undertake more research and planning for work in the area before starting:

I think I'd try and be a bit more targeted at first, try and be... because I think for the first six months, we were walking about and not reflecting back and debriefing as well as we could have around where we're going and what... because we were walking and not really understanding what we were walking... So I think I'd do a bit more pre-planning and a bit more focussed around the goals, who we're going to see, and a bit more planning around that. (Early Break Staff 3)

7.2.4 Targeted and feasible outreach

It was illustrated in section 4.2 that an important factor in Early Break's successful BME outreach model was the establishment of trust. Early Break staff were unanimous in their views that trust can only be created through building up a visible and consistent presence. It was clear that for Early Break as a service, the quality of service is prioritised over quantity and it was deemed a far better option to deliver their service to a high standard in a small geographical area rather than spreading themselves too thinly by trying to cover a larger area of the East Lancashire region.

7.2.5 Consistency and faith in service delivery

It was often noted how the initial outreach work generated little in the way of referrals for the first year (see sections 3.3 and 3.4). The key message that came across was that staff need to be persistent and believe in the service model. Sections 3 and 5 clearly portray the faith and commitment of the Early Break team in the service model and ethos. It was frequently noted that engaging with minority groups or communities is not something that will happen overnight and trust must be established before targets can be reached. Trust is much less tangible to measure than key performance indicators yet sections 4 and 5 of this report have clearly indicated the levels of trust and engagement that the outreach team and other members of the Early Break team (e.g. advocacy workers, management, family support and alternative therapists) have managed to establish.

In these present times of short-term funding, targets and key performance indicators it is increasingly challenging to persist with a model that is not immediately producing results but faith in the outreach model coupled with the determination and persistence of staff has

eventually come to fruition here. As this Early Break worker notes, maintaining a consistency service presence eventually reaped rewards.

I think having the courage to be consistent [. . .] Being consistent is a massive tick. So people knowing your face, for anybody in terms of building meaningful relationships, that's important. [. . .] Well, since [EB worker] and [EB worker], there's been no change, at all for over four years. That's been the key thing. So, being consistent in the areas ... because the results weren't coming through, they weren't coming through, and I'm getting pressure around why aren't these results coming through? And I'm trying to say, "We need to be consistent. Bear with us. Bear with us. It will pay through in the end" and it did. But, we were fortunate that it was at a time when money was abundant. Nowadays, they wouldn't go for that because if you don't get a result in six months you're screwed, in terms of payments by result, or whatever. But, being consistent and having the courage to be consistent. But just be pro-active and really encourage your workers to go... [EB worker] and [EB worker], they were on the streets, they were seeing it and they would say, "This is happening. This is what I'm thinking" . . . They built up that relationship. They were seen. They are part of the furniture now in terms of that area, by really just meeting young people and maybe some of the youth and community services. Not the community leaders, always the young people saw them and you could transpose that into an area where it's predominantly white. It would be same thing, yes, so that's, I think, important definitely. (Early Break Staff 1)

7.3 Focus for future outreach

It is clear from the number of current referrals generated that the targeted outreach in local Pakistani and Bangladeshi communities has been successful. The research team has sought to identify future target populations that the recently expanded outreach team may wish to target. The following section provides some suggestions for future prioritisation based on the research findings.

7.3.1 Future target populations

Early Break has an established Diversity Action Plan and aim to provide a service that serves the needs of *all* young people in their catchment area. To this end, the research team sought to uncover any other distinct minority groups that Early Break should be trying to engage with through an expansion of their outreach work (in addition to the already mentioned further development of existing work to reach more girls and young people over the age of 16).

There is some scope for building on the success on engagement within Asian communities. In section 6 we presented the findings on high levels of cannabis use and suggest a normalisation of cannabis within the Pakistani and Bangladeshi communities. With this in mind, we suggest that the Hyndburn area would be a logical area to expand the outreach model. The 2011 census data reveals that both Burnley and Hyndburn had Asian/Asian British populations of 9,000; just over one in ten local people in each. The area has over 10,000 residents classed as BME and in addition to the large Pakistani community (7,500 compared to 6,000 in Burnley) there is a growing Eastern European and travelling community. This is significant as in terms of distinct

BME communities, the travelling community and the growing Eastern European community were discussed as potential communities to expand the outreach into by partner agencies and Early Break staff.

Although we are saying it's BME work, it is predominately south Asian groups that we are engaging with. We are hoping to start engaging more say with travelling communities, Hyndburn's got quite a large travelling community, Eastern European, you know, so we do want to try and expand that to be more around diversity. (Early Break Staff 2)

What do I see as the existing challenge? In terms of diversity and you're being truly diverse in the work, the existing challenge is, for me, the travelling community, you know, engaging young people from there. Eastern European, trying to engage those young people. I'd like to see us go a bit more down LGBT groups of young people, I think there's a lot more that we can do, but a lot of the focus has been on, mainly because of the population and the need of the area, but it has been on that south Asian client group, really. Ongoing challenges will be what they have always been at the minute. Just around breaking down those barriers, accessing treatment, family involvement where we can, and I suppose young females, to try and get the momentum going with the. (Early Break Staff 1)

Looked after children were also suggested as a 'hard to reach' group who might usefully be targeted. They were viewed as more likely to engage in substance use whilst conversely being less likely to be aware of local service provision. The quantitative analysis showed that, between the 1st November 2011 and the 31st October 2013, five per cent (n=43) of referrals to the project were looked after children, and nine per cent (n=76) were from Children and Family services.

I think there should be more outreach, going out to, whether it's mental health, Early Break, whatever, reaching out to Looked After children. Because they might be the ones as well who are more likely to sell, far more, I don't know. [. . .] And those young people wouldn't even know of the services available either, would they? Because they're out of area. They don't know what's available on the doorstep. (Criminal Justice workers 2 and 3)

7.3.2 Identified and emerging trends in substance use

In their analysis of a Lancashire Drug and Alcohol Action Team funded research project into emerging drug trends in the Lancashire region, Measham *et al.*'s (2011) report found that in four Lancashire towns and cities (including Burnley city centre) 'bubble' a cheap white unknown 'legal high' powder was being consumed widely. However, the sample was almost exclusively white (99%) with only six people in Preston identified as 'mixed race'. No participants in the research self-identified as being black, Asian or from any other ethnic group (see Measham *et al.* 2011:10). On our research, there was no evidence to support this in the Asian communities or more broadly in the Early Break service client group. As this Early Break worker notes, there appeared to be little appetite for the use of these new psychoactive substances:

We see spikes and we see drops and then we see spikes, like we've seen a spike with methadone and then it went down. It comes and goes. Not with the BME community, . . . because they don't really buy into that. . . . "We're not touching that. We don't know what it is." (Early Break Staff 3)

As we discussed in section 6, the profile of substance use in the East Lancashire Asian communities is currently dominated by the use of skunk strains of cannabis that are both widely available and used in the areas that Early Break have targeted for their BME outreach work. Other than skunk, we documented some evidence of the use of alcohol and a further suggestion that the use of (crack) cocaine and heroin is present. We also observed a distinct absence of the use of substances such as ecstasy, ketamine and hallucinogenic substances. We conclude that the immediate concerns firmly centre on the high levels of skunk strains of cannabis and concerns that onset is emerging at an earlier age. There is enough evidence to suggest that cocaine and alcohol use amongst young Asians needs to be monitored.

In addition, one partner agency interviewee suggested that in tandem with cannabis use, substance use services in the area should pay attention to the use of steroids.

Steroids. That is going to be massive. And I think that links in really, a lot with diabetes within the BME communities, and the damage that steroids can do. With regards to the patterns of eating that can become a little bit – well, you know, they eat in massive amounts don't they, for a period of time and the steroids on top of that. I think we need to be careful with steroids. [. . .] young Asian males, quite often, slim physique, you know, use steroids to build themselves up. So I would say we need to be looking at that, and also young women and possibly drinking and what that looks like. I think it's quite hidden. But I'm under no illusion that it's going on. [. . .] I would hope that that's where they're starting to look at steroid use and it's known as 'bigger X' here, and that that's something – I think that's going to become a bigger problem. We've seen a massive increase in that, and what comes with that is also injecting. [. . .] And I think it starts at that young age, sixteen, seventeen years old, last year at school, going into college. . . . I think what feeds into that then is cocaine use. Because then it fits into the clubbing scene, sometimes working on the doors. . . (Adult Service Provider)

It should be noted here that the use of steroids was never mentioned by any young people or youth and community workers during the research and hence was not discussed in the area profiles presented in section 6. Nevertheless, as discussed above, the potential health implications, including the risk of blood borne viruses through the practice of injecting, we believe, warrants a mention here as something to monitor.

7.4 Service expansion and staffing changes

As noted throughout this report, Early Break is a focused organisation which has been careful not to develop too quickly or to try and cover too many areas. They have built their reputation through focusing on providing a quality service with a strong and consistent organisational ethos. As section 5 has documented, Early Break have a long service incentive whereby staff employed for three years receive four weeks paid long service leave. The continuity this provides coupled with the targeted approach to service delivery is noteworthy. However,

during the process of the research, an additional six members of staff were appointed which represents a significant increase. Further changes to the make-up of the East Lancashire team have included the loss of the Operations Manager and the change in role of two other key members of the East Lancashire team. As highlighted, one of these two staff, has been pivotal to the success of the BME outreach. As this partner agency observes:

If [EB worker] wasn't here it would be a major loss but he is working on, training other people up. (School Student Support 1)

As section 3 highlighted, building up trust and having a consistent presence is pivotal to the success of this type of outreach work and these significant changes to staffing may take time to bed in.

Not only will young people and communities have to adjust to new faces and the loss of key players who have demonstrated passion and determination for the outreach work to succeed, Early Break staff themselves will have to adjust and build up relationships with new staff.

There's never been an emphasis on, "Oh well, [EB worker]'s done this and [EB worker]'s done this." It's always been us, you know, "We've done this." It's never been an 'I'. And I think if I have to work with somebody new, it's going to be about building that trust. (Early Break Staff 3)

That said, Early Break's previous track record of recruiting highly motivated staff and the clear and consistent message that has shone through would suggest that with their training, any new appointments should continue to deliver the high levels of service to which young people and the (BME) communities with whom Early Break work have become accustomed.

7.5 Conclusions

"The continual improvement and responsiveness of drug services to the South Asian communities is a long-term process, and should be given local strategic consideration rather than being treated as an 'add-on' to services' core activities"(Fountain, 2009:7).

Patel and Wibberley (2002:57) end their paper by noting that some concrete examples of good practice would have provided a suitable conclusion, but had not found any such examples. They conclude, ". . . the authors would welcome contact from child health professionals who have examples of good practice in working with ethnic minority children in relation to substance (mis)use, with the aim of building up a collection of case studies to inform work in this area." The research findings would suggest that the Early Break's East Lancashire BME Outreach Project is one such example of good practice in this field.

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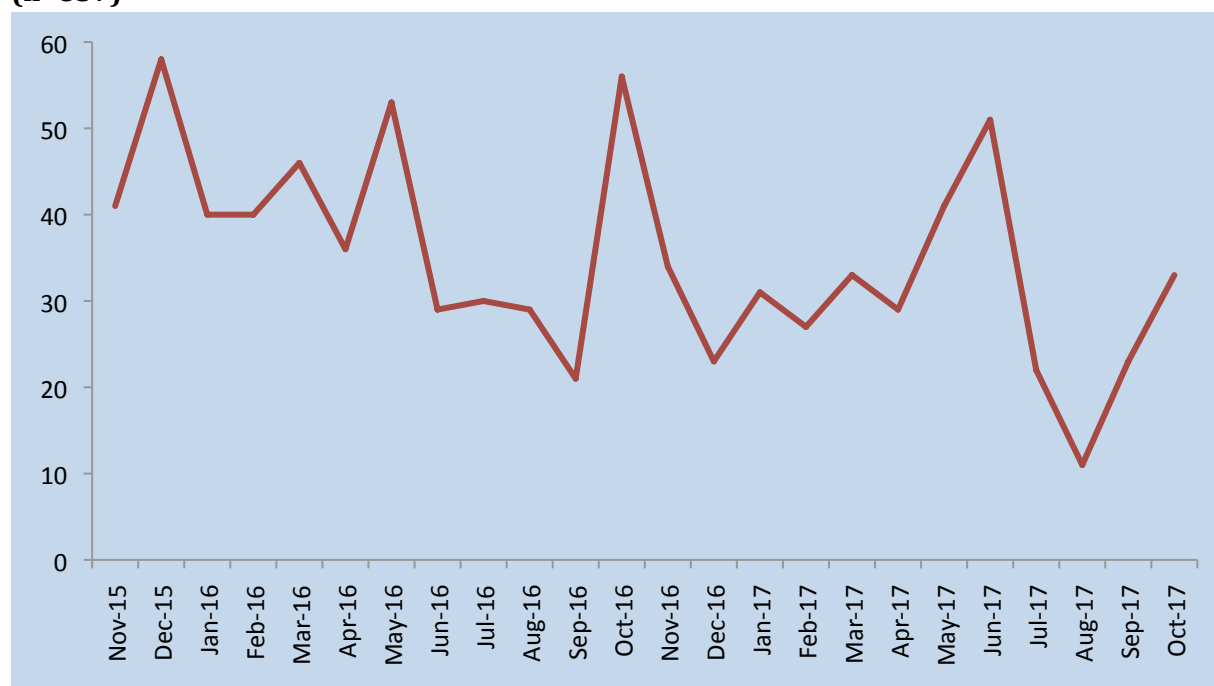
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9. Appendix - quantitative analysis

9.1 Profile of the people with whom the project works

Over the two years between the 1st November 2011 and the 31st October 2013, the project worked with 837 individuals. Figure 1 shows the number of referrals to the project. The average number of referrals each month was 35. As can be seen, the highest number of referrals was 58 in December 2011, and the lowest number was in August 2013 when just 11 people were referred. Bearing in mind that a proportion of the project's referrals come from schools etc., this low could be explained by school summer holidays.

Figure 1: Number of referrals to the project between November 2011 and October 2013 (n=837)



Nearly two-thirds of referrals to the project (64 per cent, n=538) were male. In terms of ethnicity, as shown in Table 1 overleaf, over four-fifths (82 per cent, n=686) of referrals were classed as White, while a tenth (n=80) were classed as Asian (Bangladeshi n=21, Pakistani n=47, and Asian Other n=12). A cross-tabulation between ethnicity and gender showed that a slightly higher percentage of males were Asian (13 per cent, n=68) as compared to females (four per cent, n=12).

Although the age of referrals to the project ranged from nine years old to 25 years old, over half (54 per cent, n=451) were 14 to 16 years old (see Table 2 overleaf). Just over a quarter (26 per cent, n=220) were aged 17 to 18, and just over a tenth (11 per cent, n=94) were aged over 18.

Table 1: Ethnicity of referrals to the project

Ethnicity	Frequency	Percent
White	686	82
Asian	80	10
Mixed	24	3
Black	2	0*
Other	1	0*
Missing	44	5
<i>Total</i>	<i>837</i>	<i>100</i>

* = less than 0.5 per cent

Table 2: Age of participants when referred to the project

Age	Frequency	Percent
13 and under	68	8
14	102	12
15	193	23
16	156	19
17	119	14
18	101	12
Over 18	94	11
Missing	3	0*
<i>Total</i>	<i>837</i>	<i>100</i>

* = less than 0.5 per cent

A cross-tabulation between *gender and age* showed no real differences between the genders apart from those aged 16 (23 per cent, n=68 were females, compared to 16 per cent, n=88 of males) and those aged 18 (seven per cent, n=22 were females, compared to 15 per cent, n=79 of males).

Interestingly, a cross-tabulation between *ethnicity and age* showed that while four-fifths of Asian participants were aged 14 to 16 (age 14 - 19 per cent, n=15; age 15 - 41 per cent, n=33; and age 16 - 20 per cent, n=16), only a half of White participants were aged 14 to 16 (age 14 - 11 per cent, n=74; age 15 - 21 per cent n=143; and age 16 - 18 per cent n=126). Indeed, just over a quarter of White participants (27 per cent) were aged 18 or over (age 18 - 14 per cent, n=94; Over 18 - 13 per cent, n=86).

The biggest source of referrals to the project was 'universal education' sources who made up just under a fifth (19 per cent, n=158) of referrals to the project (see Table 3 overleaf). Just over a tenth (12 per cent, n=99) came from the youth offending services, while one in ten referrals (n=84) came from crime prevention programmes such as YISPs and YIPs.

Although a cross-tabulation between *gender and referral source* showed no real differences between males and females and where they were referred from, a cross-tabulation between *ethnicity and referral source* showed a number of interesting differences. For example, over a third (36 per cent, n=29) of Asian participants were referred from 'universal education' sources,

compared to less than a fifth (16 per cent, n=109) of White participants. In addition, just over a third (34 per cent, n=27) of Asian participants were referred as a result of outreach work, compared to less than a tenth (eight per cent, n=56) of White participants. In contrast, only one Asian participant was referred by Children and Family Services compared to a tenth (n=70) of White participants.

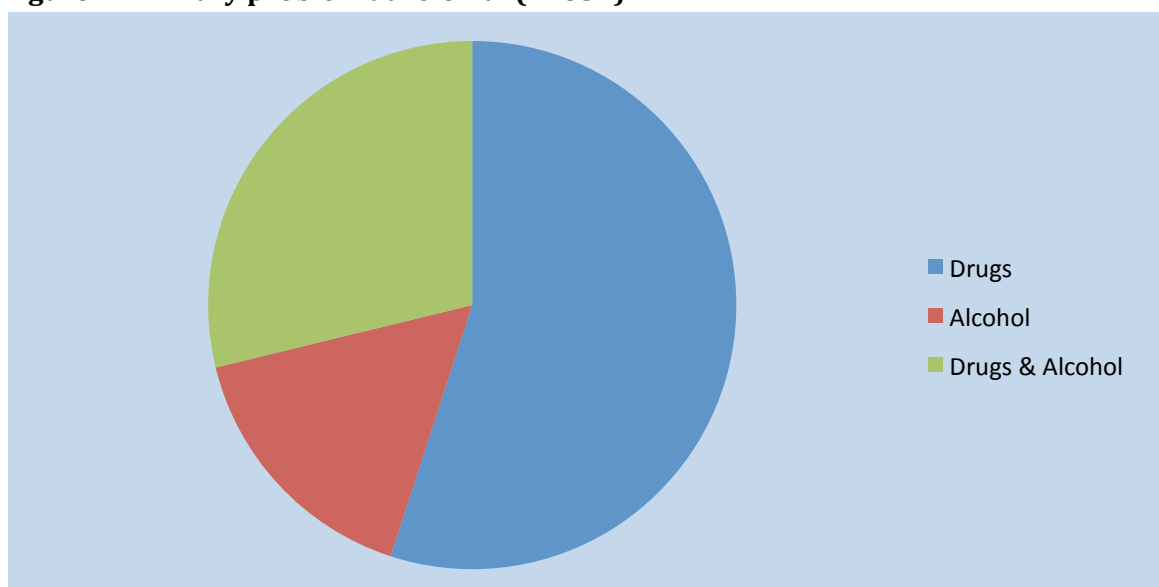
Table 3: Referral source

Source	Frequency	Percent
Universal Education	158	19
YOT/YOS	99	12
Outreach	91	11
Crime Prevention	84	10
Children & Family Services	76	9
Self	55	7
YP Housing Provider	51	6
Relative	47	6
CLA – Child Looked After	43	5
Other	133	15
<i>Total</i>	<i>837</i>	<i>100</i>

As perhaps expected, a cross-tabulation between *age and referral source* showed younger participants were more likely to be referred by 'universal education' sources (38 per cent, n=26 of those aged 13 and under; 36 per cent, n=37 of those aged 14; and 27 per cent, n=52 of those aged 15), while older participants were more likely to be referred by youth offending services (25 per cent, n=30 of those aged 17, and 36 per cent, n=36 of those aged 18), referred by a young person's housing provider (20 per cent, n=19 of those aged over 18), or self-referred (19 per cent, n=18 of those aged over 18).

For over half of the project's participants (55 per cent, n=460), the primary problem at referral was just drugs (see Figure 2 below). For over a quarter (29 per cent, n=241), the primary problem was drugs and alcohol, and for the remaining 16 per cent (n=136) it was just alcohol.

Figure 2: Primary problem at referral (n=837)



Interestingly, a cross-tabulation between *ethnicity and primary problem at first referral* showed that the vast majority of Asian participants (88 per cent, n=70) had a problem with *just drugs*, compared to around half (51 per cent, n=352) of White participants. Only three per cent (n=2) of Asian participants had a problem with just alcohol, as compared to nearly a fifth (18 per cent, n=124) of White participants. And only a tenth (n=78) of Asian referrals had a problem with *drugs and alcohol*, compared to nearly a third (31 per cent, n=210) of White participants.

A cross-tabulation between *age and primary problem at first referral* showed that while the percentage who had a problem with just alcohol fluctuated at around 15/16 per cent, the percentage who had a problem with just drugs decreased as participants got older (*from 62 per cent, n=43 of those aged 13 and under, to 47 per cent, n=44 of those aged over 18*). This was because it appeared that as participants got older they started to use *drugs and alcohol* more, rather than just drugs (*from 19 per cent, n=13 of those aged 13 and under, to 35 per cent, n=33 of those over 18*).

In relation to *gender and primary problem at first referral*, a cross-tabulation showed that less than a tenth (*eight per cent, n=43*) of males had a problem with just alcohol, as compared to nearly a third (*31 per cent, n=93*) of females. In contrast, two thirds of males (*67 per cent, n=361*) had a problem with just drugs, compared to a third (n=99) of females. Over a third (*36 per cent, n=107*) of females had a problem with *drugs and alcohol*, as compared to a quarter (n=134) of males.

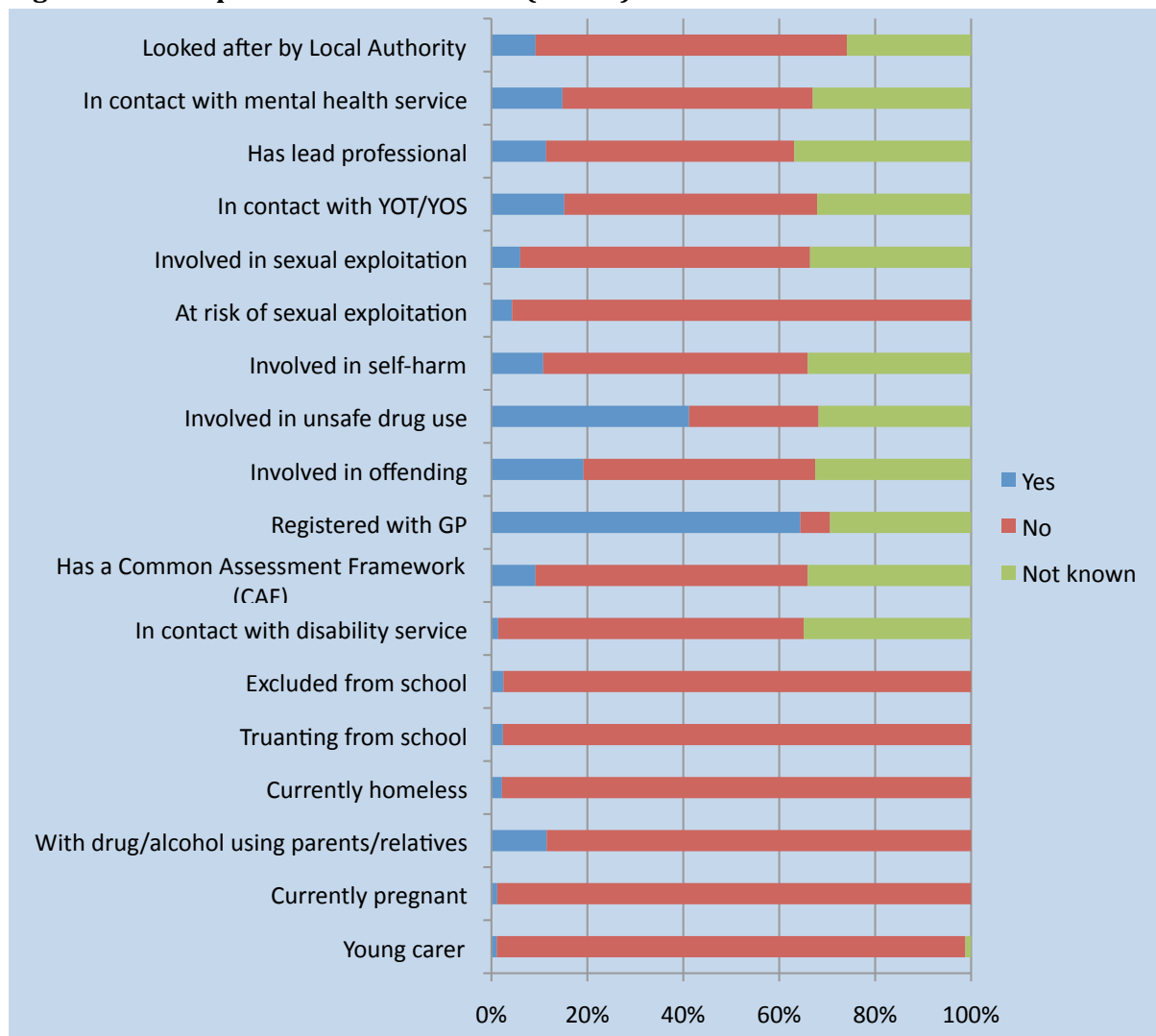
Notwithstanding the instances where the status was not known, as shown in Figure 3 overleaf, apart from being registered with a GP (*64 per cent, n=539*), participants were most likely to be involved in unsafe drug use (*41 per cent, n=345*) or involved in offending (*19 per cent, n=161*) when they were referred to the project. Fifteen per cent were in contact with the youth offending services (n=127) and mental health services (n=124).

Cross-tabulations between gender, ethnicity and age, and participants' status at referral found a number of interesting differences. For example, a cross-tabulation between:

- *ethnicity and looked after by Local Authority* showed that while just over a tenth (11 per cent, n=75) of White participants were looked after young people, no Asian participants were.
- *gender and has lead professional* showed that 16 per cent (n=47) of females did have a lead professional as compared to nine per cent (n=48) of males.
- *gender and in contact with mental health service* showed that while a fifth (n=59) of females were in contact with a mental health service, only 12 per cent (n=65) of males were.
- *ethnicity and in contact with mental health service* showed that 18 per cent (n=120) of White participants were in contact with a mental health service, compared to no Asian participants.
- *gender and in contact with YOT/YOS* showed that nearly a fifth (19 per cent, n=100) of males were in contact with the youth offending service, compared to nine per cent (n=27) of females.
- *age and in contact with YOT/YOS* showed nearly a third (32 per cent, n=38) of those aged 17 and (31 per cent, n=31) of those aged 18 were in contact with the youth offending service.

- *gender and involved in sexual exploitation* showed that 14 per cent ($n=43$) of females were involved, compared to just one per cent ($n=7$) of males.

Figure 3: Participants' status at referral (n=837)



- *gender and at risk of sexual exploitation* showed that 12 per cent ($n=35$) of females were at risk, compared to only 0.2 per cent ($n=1$) of males.
- *ethnicity and at risk of sexual exploitation* showed: 5% ($n=31$) White participants were at risk of SE, compared to no Asian participants.
- *gender and involved in self-harm* showed that nearly a fifth (18 per cent, $n=55$) of females were involved in self-harm, compared to under a tenth (seven per cent, $n=35$) of males.
- *ethnicity involved in self-harm* showed over a tenth (12 per cent, $n=84$) of White participants were involved in self-harming, compared to just one per cent ($n=1$) of Asian participants.
- *age and involved in self-harm* showed that 15 per cent ($n=14$) of those aged over 18 were involved in self-harming.
- *age and involved in unsafe drug use* showed the percentage of those involved in unsafe drug use increased with age, from 30 per cent ($n=21$) of those aged 13 and under, to just over half (51 per cent, $n=48$) of those aged over 18.

- *gender and involved in offending* showed that nearly a quarter (24 per cent, $n=127$) of males were involved in offending, compared to 11 per cent ($n=34$) of females.
- *age and involved in offending* showed no difference except those aged 13 and under were less likely to have been involved in offending (13 per cent, $n=9$).
- *gender and has a CAF* showed that females (12 per cent, $n=37$) were more slightly likely to have a CAF than males (seven per cent, $n=40$).
- *ethnicity and has a CAF* showed that a tenth ($n=71$) of White participants had a CAF, compared to just three per cent ($n=2$) of Asian participants.
- *age and has a CAF* showed that as participants got older (at first referral) they were less likely to have a CAF, ranging from 12 per cent ($n=8$) of those aged 13 and under, to five per cent ($n=5$) of those aged over 18.
- *age and currently homeless* showed that older participants were much more likely to be homeless when referred: seven per cent ($n=8$) of those aged 17, and nine per cent ($n=8$) of those aged over 18. Only one per cent ($n=1$) of those aged 18 was homeless.
- *ethnicity and currently pregnant* showed that the vast majority (90 per cent, $n=9$) of those who were pregnant when referred were classed as White, compared to none of the Asian participants.

Table 4 below shows that nearly three-quarters (72 per cent, $n=605$) of referrals to the project were living with parents or relatives at the time of their referral. A further four per cent ($n=36$) were living independently in settled accommodation. Although just over a tenth (11 per cent, $n=93$) were living in supported housing, a further six per cent ($n=55$) were living in either unsettled accommodation ($n=27$) or had no fixed abode ($n=28$).

A cross-tabulation between *ethnicity and accommodation status* showed that nearly all of the Asian participants (95 per cent, $n=76$) were living with parents/relatives when they were referred to the project, compared to 68 per cent ($n=469$) of White participants. Over a tenth (13 per cent, $n=90$) of White participants were living in supported housing at the time of their referral. As perhaps expected, a cross-tabulation between *age and accommodation status* showed that as (predominantly White) participants got older, the proportion living with parents/relatives decreased from 91 per cent ($n=63$) of those aged 13 and under, to 42 per cent ($n=40$) of those aged over 18.

Table 4: Accommodation status at referral

Accommodation status	Frequency	Percent
Living with parents/relatives	605	72
Living in supported housing	93	11
Living independently - settled accommodation	36	4
Living independently - no fixed abode	28	3
Living independently - unsettled accommodation	27	3
Young person in secure care	1	0*
Missing	47	6
<i>Total</i>	<i>837</i>	<i>100</i>

* = less than 0.5 per cent

Over half (56 per cent, $n=471$) of the referrals to the project were in some form of education (mainstream, $n=383$; alternative, $n=88$) when they were referred (see Table 5 overleaf). A further

six per cent ($n=47$) were in some form of employment ($n=16$) or training ($n=31$). Just over a tenth (11 per cent, $n=95$) were classed as 'NEET'.

Table 5: Employment status at referral

Employment status	Frequency	Percent
Mainstream education	383	45
Alternative education	88	11
Regular employment	16	2
Apprenticeship or training	31	4
Not in education, training or employment (NEET)	95	11
Other	17	2
Missing	207	25
<i>Total</i>	<i>837</i>	<i>100</i>

* = less than 0.5 per cent

A cross-tabulation between *ethnicity and employment status* showed that nearly two thirds (66 per cent, $n=53$) of Asian participants were in mainstream education as compared to 42 per cent ($n=291$) of White participants. Fourteen per cent ($n=93$) of White participants were classed as NEET, compared to only one per cent ($n=1$) of Asian participants.

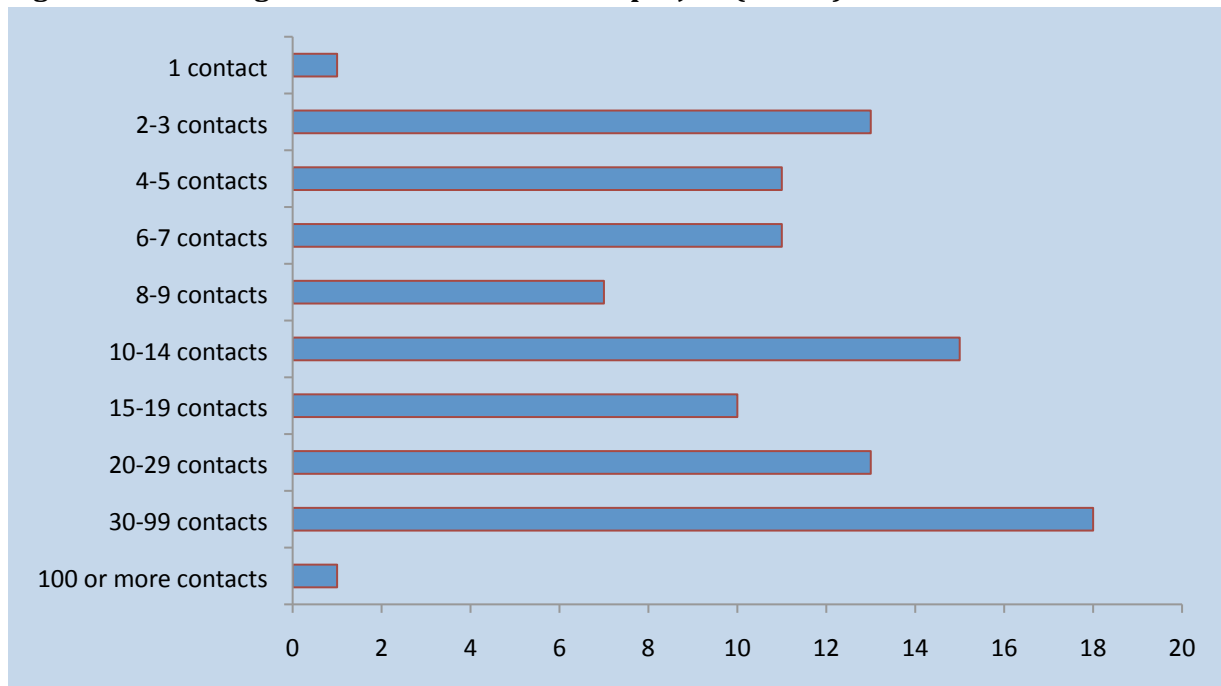
9.2 Profile of what the project does

In total there was information provided on 19,729 'events' or contacts. Just under half of these events (48 per cent, $n=9,413$) were classed as 'face-to-face sessions' with project staff. Just over a quarter (26 per cent, $n=5,088$) were classed as 'quick contacts'; 11 per cent ($n=2,304$) were classed as 'attempted contacts'; a tenth ($n=1,909$) were 'alternative therapy sessions at East Lancs'; and a further four per cent ($n=848$) were classed as 'non face-to-face sessions'. The remaining one per cent of events included: missing data ($n=104$); 'TOP Assessment' ($n=33$); 'alternative therapy sessions at Rochdale' ($n=15$); 'alternative therapy sessions at Bury' ($n=4$); 'needle exchange' ($n=3$); 'care plan review' ($n=3$); and 'care plan start' ($n=3$). The five main categories encompassed a range of different types of contact.

- 'Face-to-face sessions' with project staff ($n=9,413$) included: 'one-to-one sessions' (69 per cent, $n=6,521$); 'assessment' (16 per cent, $n=1,461$); and 'home visit' (four per cent, $n=358$).
- 'Quick contacts' ($n=2,304$) included: 'telephone call/text' (69 per cent, $n=3,525$); 'contact with other agency' (24 per cent, $n=1,204$); and 'letter/email' (four per cent, $n=206$).
- 'Attempted contacts' ($n=2,304$) included: 'telephone call/text' (59 per cent, $n=1,361$); 'home visit' (17 per cent, $n=399$); 'one-to-one session' (12 per cent, $n=271$); and 'contact with another agency' (10 per cent, $n=229$).
- 'Alternative therapy sessions at East Lancs' ($n=1,909$) included: 'massage' (31 per cent, $n=596$); 'acupressure' (18 per cent, $n=353$); 'acupuncture' (18 per cent, $n=350$); 'Indian head massage' (15 per cent, $n=289$); and 'aromatherapy' (13 per cent, $n=245$).
- 'Non face-to-face sessions' ($n=848$) included: 'telephone call/text' (45 per cent, $n=377$); 'letter/email' (22 per cent, $n=182$); and 'contact with other agency' (19 per cent, $n=162$). It is clear that there appears to be some overlap with the 'Quick contacts' category in terms of the type of events.

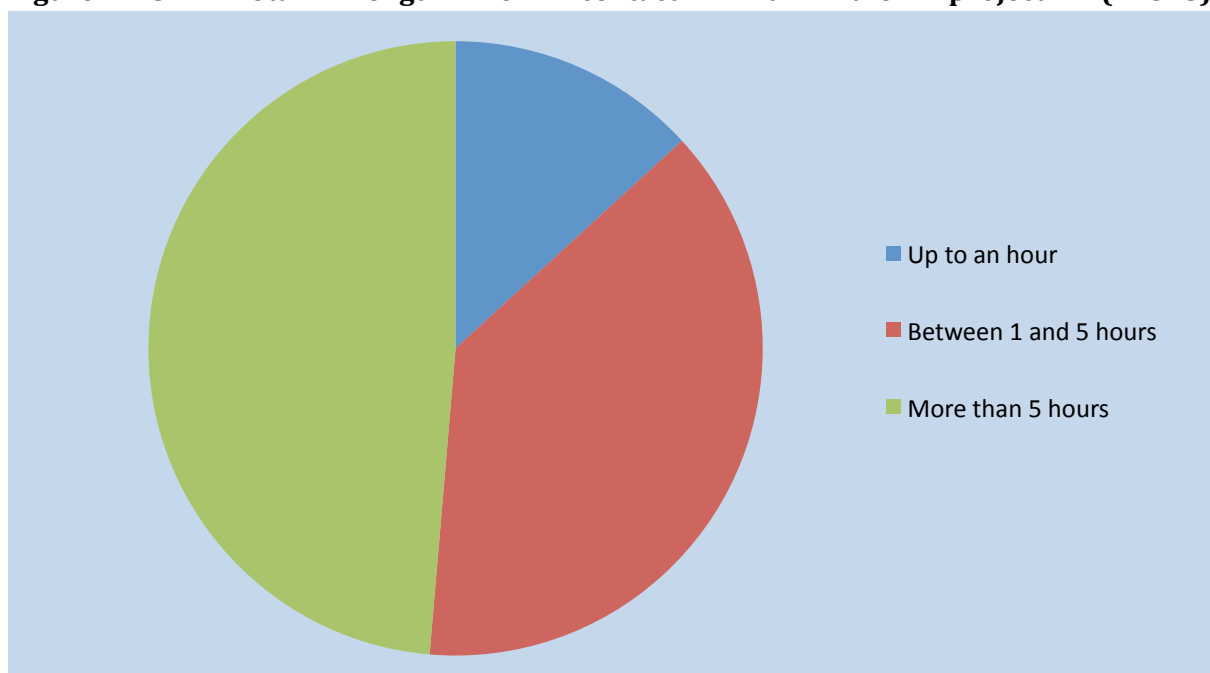
When it comes to the total number of contacts participants had with the project, as of the 31st October 2013, while only one per cent ($n=13$) of participants had only one contact with the project, a similar amount (*one per cent, $n=12$*) had more than 100 contacts with the project (see *Figure 4 below*). Indeed, one participant had 359 contacts with the project. Around two fifths (*42 per cent, $n=345$*) had between two and nine contacts with the project, while a quarter ($n=202$) had between 10 and 19 contacts.

Figure 4: Percentage of total contacts with the project (n=828)



As contacts can vary in their length, Figure 5 below shows the *total* length of contact people had with the project as of the 31st October 2013.

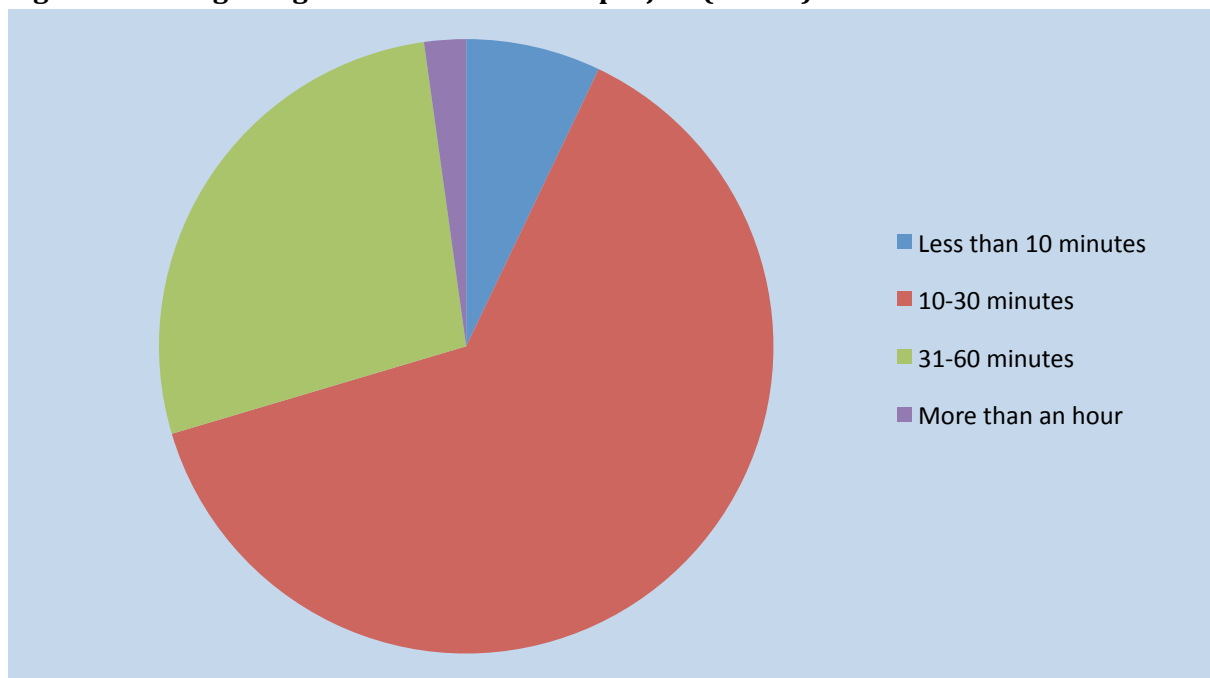
Figure 5: Total length of contact with the project (n=828)



As can be seen, while just over a tenth (13 per cent, $n=109$) of participants had only had a total of up to one hour of contact (of one kind or another) with the project, nearly half (49 per cent, $n=403$) had had a total of more than five hours contact with the project. The smallest total amount of contact that any of the project's participants had was just 10 minutes, while the longest amount of contact was over 94 hours for one participant.

In terms of the *average* contact length, Figure 6 below shows that over three fifths (63 per cent, $n=524$) had an average contact length of between 10 and 30 minutes, and over a quarter (27 per cent, $n=227$) had an average contact length of between 31 and 60 minutes. Seven per cent ($n=59$) had an average contact length of less than 10 minutes and for two per cent ($n=18$) of participants, the average length of their contacts with the project was more than an hour. Average contact length ranged from two minutes to 105 minutes for one participant.

Figure 6: Average length of contact with the project (n=828)



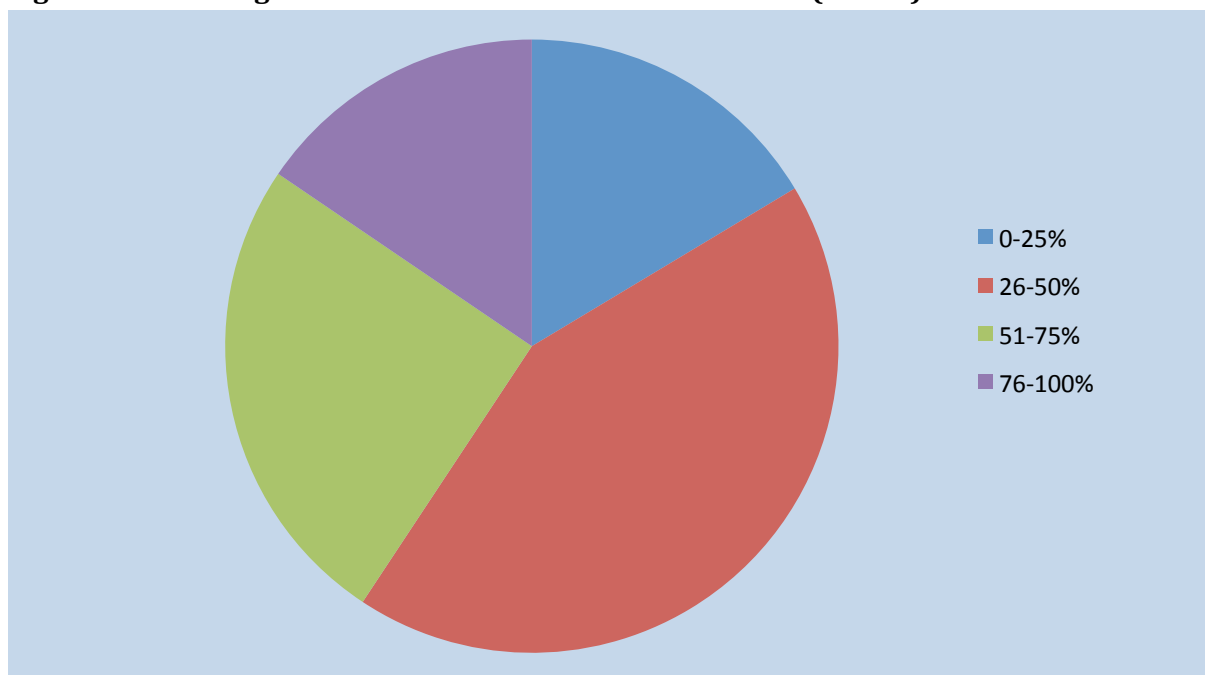
A cross-tabulation between *ethnicity and average contact length* appeared to show that the Asian participants had longer contacts than the White participants. The cross-tabulation showed that seven per cent ($n=50$) of White participants had an average contact time of less than 10 minutes, compared to just one per cent ($n=1$) of Asian participants. In relation to the longer average contact times it was found that two thirds ($n=451$) of White participants had an average contact time of 10-30 minutes, compared to 44 per cent ($n=35$) of Asian participants. And only a quarter ($n=167$) of White participants had an average contact time of 31-60 minutes, compared to over half (53 per cent, $n=42$) of Asian participants.

Whether or not it is related to a participant's level of 'need', a cross-tabulation between *age and average contact length* showed, not unexpectedly, that as participants got older, their average contact time seemed to decrease. For example, only four per cent ($n=3$) of those 13 and under had an average contact of less than 10 minutes compared to 15 per cent ($n=14$) of those over 18.

Conversely, 35 per cent ($n=24$) of those 13 and under had an average contact length of 31-60 minutes, compared to less than a fifth (19 per cent, $n=17$) of those aged over 18.

When it comes to looking at what percentage/proportion of a participant's total contact with the project was undertaken face-to-face (*this includes 'face-to-face sessions', 'quick contacts', and 'alternative therapy sessions at East Lancs'*), it can be seen that over two fifths (43 per cent, $n=355$) had between 26 and 50 per cent of their contacts face-to-face with project staff (see *Figure 7 below*). A quarter ($n=209$) had between 51 and 75 per cent of their contacts face-to-face, and sixteen per cent ($n=128$) had between 76 and 100 per cent of their contacts face-to-face. Sixteen per cent ($n=136$) also had between zero and 25 per cent of their contacts face-to-face.

Figure 7: Percentage of total contacts that were face-to-face ($n=828$)



Interestingly, a cross-tabulation between *ethnicity and the percentage of total contacts face-to-face* showed that nearly half (46 per cent, $n=33$) of Asian participants had between 76 and 100 per cent of their contacts face-to-face with project staff, compared to just 12 per cent ($n=78$) of White participants. Furthermore, where nearly half (46 per cent, $n=313$) of White participants had between 26 and 50% of their contacts face-to-face, only around a quarter (24 per cent, $n=19$) of Asian participants did.

Furthermore, a cross-tabulation between *age and the percentage of total contacts face-to-face* showed that as participants got older, the percentage of their total contacts with the project that were face-to-face seemed to decrease. For example, 22 per cent ($n=15$) of those 13 and under had between 76 and 100 per cent of their contacts face-to-face, compared to just eight per cent ($n=8$) of those over 18. Conversely, 12 per cent ($n=8$) of those 13 and under had between zero and 25 per cent of their contacts face-to-face, compared to nearly a quarter (23 per cent, $n=21$) of those over 18.

9.3 Profile of what the project achieves

Out of the 837 participants that the project worked with between 1st November 2011 and the 31st October 2013, 102 were still actively involved with the project at the end of October. Of the 735 participants that were no longer working with the project, Table 6 below shows that over half (55 per cent, $n=404$) completed their treatment. Just over two fifths (22 per cent, $n=161$) did not complete their treatment, and for the remaining 23 per cent ($n=170$) their treatment, for one reason or another, did not commence. If, however, the focus shifts to just those participants who were assessed as being National Treatment Agency (NTA) tier level 3 when they were discharged ($n=279$ - see Table 9 below), Table 7 below shows that nearly three-quarters (72 per cent, $n=200$) completed their treatment.

Table 6: Discharge outcome for all participants

Outcome	Frequency	Percent
Treatment completed – drug free	210	29
Treatment completed – occasional user	194	26
Incomplete – dropped out	118	16
Incomplete – transferred	43	6
Young person refused intervention	103	14
Inappropriate referral	21	3
Young person not contactable	32	4
Other	14	2
<i>Total</i>	<i>735</i>	<i>100</i>

Table 7: Discharge outcome for only NTA Tier 3 participants

Outcome	Frequency	Percent
Treatment completed – drug free	81	29
Treatment completed – occasional user	119	43
Incomplete – dropped out	63	22
Other	16	6
<i>Total</i>	<i>279</i>	<i>100</i>

A cross-tabulation between *gender and discharge outcome* for all the participants showed that over a third (35 per cent, $n=91$) of females completed the treatment drug free, compared to a quarter ($n=119$) males. Related to this, 21 per cent ($n=54$) of females completed the treatment and remained as occasional users, compared to 29 per cent ($n=140$) of males.

A cross-tabulation between *ethnicity and discharge outcome* for all the participants showed that nearly two-fifths (39 per cent, $n=25$) of Asian participants completed the treatment drug free, compared to 27 per cent ($n=164$) of White participants. Perhaps unexpectedly, 34 per cent ($n=22$) of Asian participants completed the treatment and remained as occasional users, compared to 27 per cent ($n=161$) of White participants. In terms of not completing treatment, 17 per cent ($n=104$) of White participants dropped out, compared to 13 per cent ($n=8$) of Asian participants, and 15 per cent ($n=89$) of White participants refused the intervention, compared to just six per cent ($n=4$) of Asian participants

A cross-tabulation between *age and discharge outcome* for all the participants showed that as participants got older there was no real difference in whether or not they completed the

treatment and remained as occasional users. However, in contrast, as participants got older they were less likely to complete treatment drug free, ranging from 44 per cent ($n=25$) of those 13 and under to 31 per cent ($n=42$) of those aged 16, compared to 17 per cent ($n=19$) of those aged 17 to 16 per cent ($n=13$) of those aged over 18. In addition, as participants got older they were more likely to drop out (*ranging from 11 per cent, $n=6$ of those 13 and under to 14 per cent, $n=19$ of those aged 16, compared to 19 per cent, $n=21$ of those aged 17 to 24 per cent, $n=20$ of those aged over 18*), or to refuse the intervention in the first place (*just two per cent, $n=1$ of those aged 13 and under refused intervention; 11 per cent, $n=6$ of aged 14 to 14 per cent, $n=19$ of those aged 16; 20 per cent, $n=23$ of those aged 17 to 24 per cent, $n=20$ of those aged over 18*).

When looking at the primary problem at referral and discharge outcome, a cross-tabulation showed that those whose primary problem was just alcohol were more likely to complete treatment drug free (*41 per cent, $n=50$*), than those whose problem was just drugs (*27 per cent, $n=107$*) or alcohol *and* drugs (*25 per cent, $n=53$*). Although those whose primary problem was alcohol *and* drugs were more likely to drop out (*22 per cent, $n=46$*), than those whose problem was just drugs (*nine per cent, $n=11$*) or just alcohol (*15 per cent, $n=61$*), they were *less* likely to refuse intervention (*nine per cent, $n=20$*), than those whose problem was just drugs (*16 per cent, $n=64$*) or alcohol (*16 per cent, $n=19$*).

A cross-tabulation between *total length of contact and discharge outcome* for all the participants showed that, as perhaps expected, those who had more contact were more likely to complete treatment drug free: 31 per cent ($n=91$) of those who had between 1 and 5 hours of contact, and 30 per cent ($n=101$) of those who had over 5 hours of contact completed drug free, compared to 18 per cent ($n=18$) of those who had under an hour's contact. Similarly, those who had more contact were more likely to complete treatment but remain as occasional users: 22 per cent ($n=64$) of those who had between 1 and 5 hours of contact, and 38 per cent ($n=127$) of those who had over 5 hours of contact completed as occasional users, compared to just three per cent ($n=3$) of those who had under an hour's contact. Somewhat surprisingly perhaps, those who had more contact were also more likely to drop out: 14 per cent ($n=42$) of those who had between 1 and 5 hours of contact, and a fifth ($n=66$) of those who had over 5 hours of contact dropped out, compared to six per cent ($n=6$) of those who had under an hour's contact. This finding could be explained by level of need, whereby those with the highest needs (and thus more likely to drop out) are more likely to be engaged with more intensely by the project, hence the higher levels of contact.

Related to this, a cross-tabulation between *average contact length and discharge outcome* for all the participants showed that those who had a higher average contact length were more likely to complete treatment drug free. For example, 27 per cent ($n=126$) of those who had an average of between 10 and 30 minutes contact, 35 per cent ($n=65$) of those who had an average of between 31 and 60 minutes contact, and 77 per cent ($n=10$) of those who had an average of over an hour's contact completed drug free, compared to just six per cent ($n=3$) of those who had an average contact length of less than 10 minutes. The same applies to those who completed treatment as occasional users. Those who had a higher average contact length were more likely to complete treatment as occasional users: 26 per cent ($n=125$) of those who had an average of between 10 and 30 minutes contact, and 35 per cent ($n=65$) of those who had an average of

between 31 and 60 minutes contact, compared to just six per cent ($n=3$) of those who had an average contact length of less than 10 minutes.

A cross-tabulation between *percentage of contacts face-to-face and discharge outcome* for all the participants showed that, as expected, those who had a higher percentage of their contacts face-to-face with project staff were more likely to complete treatment drug free: 28 per cent ($n=88$) of those who had 26-50% of their contacts face-to-face, 33 per cent ($n=62$) of those who had 51-75%, and 43 per cent ($n=43$) of those who had 76-100% completed drug free, compared to 14 per cent ($n=17$) of those who had 0-25% of their contact face-to-face. This highlights the importance of face-to-face contact with project staff in terms of participants 'successfully' completing their treatment.

Similarly, those who had a higher percentage of their contacts face-to-face with project staff were more likely to complete treatment as occasional users: 24 per cent ($n=77$) of those who had 26-50% of their contacts face-to-face, 36 per cent ($n=69$) of those who had 51-75%, and 32 per cent ($n=32$) of those who had 76-100% completed drug free, compared to 13 per cent ($n=16$) of those who had 0-25% of their contact face-to-face. This again highlights the importance of face-to-face contact with project staff in terms of participants completing their treatment. Indeed, only seven per cent ($n=7$) of those who had 76-100% of their contact face-to-face dropped out, compared to 15 per cent ($n=19$) of those who had 0-25%, 20 per cent ($n=63$) of those who had 26-50%, and 13 per cent ($n=25$) of those who had 51-75% of their contacts face-to-face.

Of the 735 participants who were no longer working with the project at the end of October 2013, the date of discharge from the project was given for 699 participants. Table 8 below shows that nearly two thirds of participants (*63 per cent, $n=442$*) were involved with the project for between 31 and 180 days. Four per cent ($n=30$) of participants were involved with the project for more than a year, and the longest anyone was involved with the project was 673 days.

Table 8: Total time spent with the project

Time	Frequency	Percent
Less than a week	14	2
7 to 30 days	84	12
31 to 90 days	243	35
91 to 180 days	199	29
181 to 365 days	129	19
More than a year	30	4
<i>Total</i>	699	100

Interestingly, a cross-tabulation between *ethnicity and time on the project* showed that Asian participants spent longer on the project than White participants. It is not known whether this was a result of having higher levels of need, related perhaps to the fact that nearly nine tenths of Asian participants had drugs, as opposed to alcohol, as their primary problem at referral. The cross-tabulation showed that while 22 per cent ($n=13$) of Asian participants spent between 31 and 90 days on the project compared to 37 per cent ($n=211$) of White participants, nearly a

third (32 per cent, n=19) of Asian participants spent 181-365 days on the project, compared to 17 per cent (n=100) of White participants.

As perhaps expected, a cross-tabulation between *age and time on the project* showed as participants got older they appeared to spend less time on the project. For example, 44 per cent (n=24) of those 13 and under spent less than 90 days with the project, compared to 55 per cent (n=43) of those aged over 18. In contrast, 18 per cent (n=14) of those aged over 18 spent more than 180 days on the project, compared to around a third (32 per cent, n=17) of aged 13 and under.

A cross-tabulation between *average contact length and time on the project* showed that the higher the average contact length, the longer the time spent on the project. Whether this was a result of relationships built with project staff over time (hence the longer contacts) or level of need (where those with the highest need have longer contacts) is not clear. The data simply shows that 26 per cent (n=13) of those who had up to an average contact time of less than 10 minutes spent between seven and 30 days on the project, compared to 12 per cent (n=53) of those who had up to an average contact time of 10-30 minutes, eight per cent (n=14) of those who had up to an average contact time of 31-60 minutes, and 17 per cent (n=2) of those who had up to an average contact time of over an hour. In contrast, only 14 per cent (n=7) of those who had up to an average contact time of less than 10 minutes spent more than 90 days on the project, compared to 52 per cent (n=233) of those who had up to an average contact time of 10-30 minutes, 61 per cent (n=109) of those who had up to an average contact time of 31-60 minutes, and 67 per cent (n=8) of those who had up to an average contact time of over an hour.

A cross-tabulation between *percentage of contacts face-to-face and time on the project* showed that the higher the percentage of contacts that were face-to-face, the longer the time spent on the project. As mentioned above, whether this was a result of relationships built with project staff over time (hence the higher percentage of face-to-face contacts) or level of need (where those with the highest need spend longer on the project and need the face-to-face work) is not clear. The data simply shows that 70 per cent (n=75) of those who had less 0-25% of their contacts face-to-face, spent less than 90 days on the project, compared to 36 per cent (n=35) of those who had 76-100% of their contacts face-to-face. In contrast, only eight per cent (n=9) of those who had 0-25% of their contacts face-to-face, spent more than 180 days on the project, compared to 35 per cent (n=34) of those who had 76-100% of their contacts face-to-face.

Of the 699 participants for whom a discharge date was known, 680 had information on their National Treatment Agency (NTA) tier level at discharge. As shown in Table 9 below, a fifth of participants (n=139) were assessed as tier level 1 when they were discharged, just under two fifths (39 per cent, n=262) were assessed as level 2, and the remainder (41 per cent, n=279) as level 3.

Table 9: NTA tier level at discharge

Tier level	Frequency	Percent
1	139	20
2	262	39
3	279	41
<i>Total</i>	<i>608</i>	<i>100</i>

A cross-tabulation between *ethnicity and NTA level* showed that just over a quarter (27 per cent, $n=15$) of Asian participants were at level 2 when they were discharged, compared to 41 per cent ($n=229$) of White participants. Just under three fifths (59 per cent, $n=33$) of Asian participants were at Level 3 when they were discharged, compared to 41 per cent ($n=232$) of White participants. This could be a result of the fact that 88 per cent of Asian participants had a primary problem at referral of drugs, and only two per cent had a problem of just alcohol. Indeed, a cross-tabulation between *primary problem and NTA level* showed that 47 per cent ($n=54$) of those whose primary problem was just alcohol were discharged at level 2, compared to 38 per cent ($n=138$) of those whose problem was drugs and 35 per cent ($n=70$) of those whose problem was drugs and alcohol. Furthermore, 35 per cent ($n=40$) of those whose primary problem was just alcohol were discharged at level 3, compared to 40 per cent ($n=147$) of those whose problem was drugs and 46 per cent ($n=92$) of those whose problem was drugs and alcohol.

Although potentially related to levels of need, a cross-tabulation between *total number of contacts and NTA level* showed, unsurprisingly, that the higher the number of contacts with the project, the higher the NTA level on discharge. For example, all of those who had only 1 contact ($n=10$) and all of those ($n=88$) who had 2-3 contacts with the project were discharged at level 1 or 2. In contrast, 84 per cent ($n=94$) of those who had 30-99 contacts and 78 per cent ($n=7$) of those who had 100 or more contacts were discharged at level 3.

Similarly, a cross-tabulation between *total length of contact and NTA level* showed, again unsurprisingly, that the higher the total length of contact with the project, the higher the discharge level. For example, all ($n=98$) of those who had up to an hour's total contact time with the project were discharged at level 1 or 2. In contrast, 74 per cent ($n=233$) of those who had more than 5 hours total contact were discharged at level 3.

Again, in line with the findings above, and similarly related to levels of need, a cross-tabulation between *percentage of contacts face-to-face and NTA level* showed that the higher the percentage of contacts that were face-to-face, the higher the NTA level at discharge. For example, 86 per cent ($n=97$) of those who had less 0-25% of their contacts face-to-face, were discharged at level 1 or 2, compared to 53 per cent ($n=49$) of those who had 76-100% of their contacts face-to-face. In contrast, only 14 per cent ($n=16$) of those who had less 0-25% of their contacts face-to-face were discharged at level 3, compared to 47 per cent ($n=43$) of those who had 76-100% of their contacts face-to-face.

Of the 279 participants who were discharged at NTA level 3, 186 (or 67 per cent) completed an Assessment Wheel. The Assessment Wheel is completed by a participant when they are referred to the project, and again when they are discharged. Only those who are assessed as being at NTA level 3 when they are discharged complete a wheel. Although the wheel looks at a wide range of factors (for example, mental health, or family and leisure time), for the purposes of this study, the analysis will concentrate on 'My drug use' and 'My alcohol use'. A lower score on either of these two factors when discharged indicates a 'reduction/improvement' in the factor.

Figure 8 overleaf shows that, of those 186 who completed the wheel, 74 per cent ($n=137$) assessed their drug use as being less than when they started with the project. For a fifth ($n=37$) there was no change, while for six per cent ($n=13$) their drug use had become worse.

A cross-tabulation between *primary problem at referral and change in 'My drug use'* showed that over four fifths (83 per cent, $n=80$) of those whose primary problem was just drugs assessed their drug use as lower when they were discharged. Similarly, 76 per cent ($n=44$) of those whose problem was drugs and alcohol assessed their drug use as lower.

A cross-tabulation between *percentage of contacts face-to-face and change in 'My drug use'* showed that the higher the percentage of contacts that were face-to-face, the greater the likelihood that the participant would assess their drug use as lower. For example, only 13 per cent ($n=1$) of those who had less 0-25% of their contacts face-to-face assessed their drug use as lower upon discharge, compared to 74 per cent ($n=52$) of those who had 26-50%, 75 per cent ($n=58$) of those 51-75%, and 81 per cent ($n=26$) of those 76-100% of their contacts face-to-face. In contrast, 75 per cent ($n=6$) of those who had less 0-25% of their contacts face-to-face assessed their drug use as no different upon discharge, compared to 16 per cent ($n=11$) of those who had 26-50%, a fifth ($n=15$) of those 51-75%, and 16 per cent ($n=5$) of those 76-100% of their contacts face-to-face.

Figure 8: Assessment wheel - 'My Drug Use'

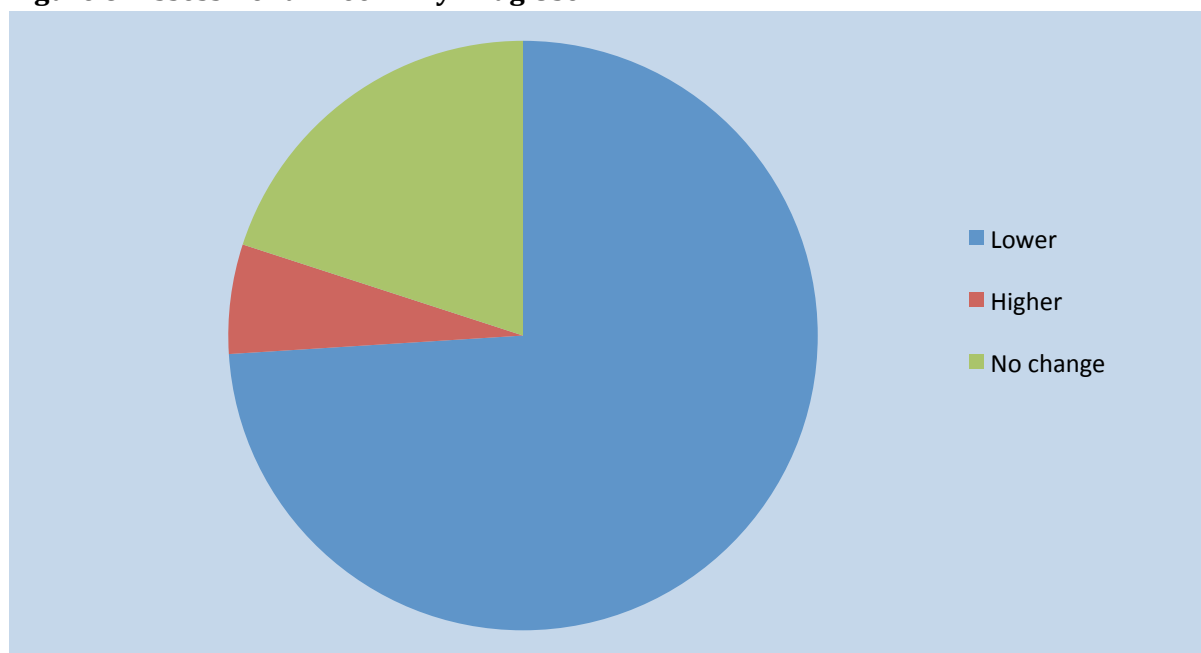


Figure 9: Assessment wheel - 'My Alcohol Use'

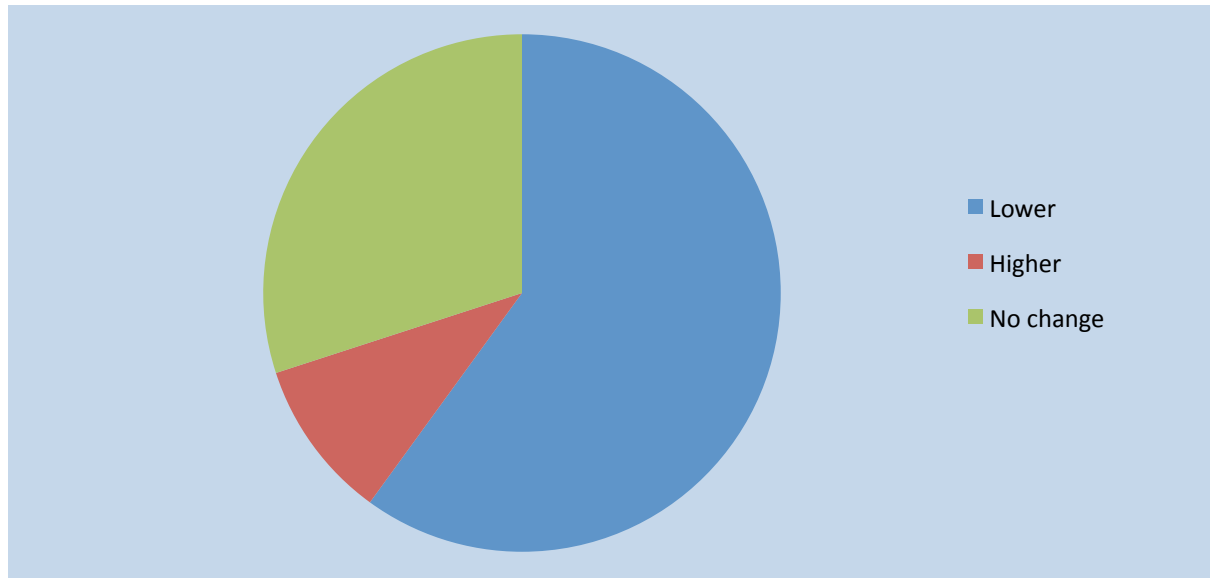


Figure 9 above shows that, of those 186 who completed the form, three fifths ($n=111$) assessed their alcohol use as being less than when they started with the project. For 30 per cent of the 186 there was no claimed change in alcohol use, while for a tenth ($n=19$) their alcohol use had become higher.

As with 'My drug use' above, a cross-tabulation between *primary problem at referral and change in 'My alcohol use'* showed that the vast majority (91 per cent, $n=29$) of those whose primary problem was just alcohol assessed their alcohol use as lower when they were discharged. Similarly, 74 per cent ($n=43$) of those whose problem was drugs and alcohol assessed their alcohol use as lower.