Promoting equality & diversity

In practice, the NTA equality & diversity strategy means that we are committed to a rolling work programme of work across the organisation. Figure 2 illustrates internal and external NTA work on equality & diversity. This cross-cutting work can be described in seven key themes: better monitoring and intelligence, ongoing treatment planning, conducting annual improvement reviews with partners, developing guidance and toolkits, carrying out targeted research, developing workforce initiatives and undertaking diversity work within the NTA.

Figure 2: Overview of NTA action on equality and diversity

1. Better monitoring and intelligence

Analysing the best available data to look for any differential impact in drug treatment for diverse treatment populations is central to all NTA action on equality and diversity. Every year the NTA analyses a range of data sources from the National Drug Treatment Monitoring System (NDTMS), NTA service user satisfaction surveys and other sources such as local treatment plans to look for differential impact on drug treatment for diverse treatment populations. Following this annual diversity screening exercise, results are presented and discussed at the NTA Board who may make recommendations for action. We also consult with relevant stakeholder groups (e.g. Bme and gender groups) on data and they may recommend action to take. The results of the annual diversity screening exercise are then published (in line with the publication schedule of national NDTMS data report).

The NTA use the data and recommendations to inform the next NTA annual Business Plan – which will have specific action to address inequality found and promote good practice.

Responding to diverse needs of the all sections of the treatment population is integral to the success of the drug treatment and NDTMS data helps facilitate this process.
Improvements in NDTMS data since 2003 provided the NTA, commissioners and drug treatment providers with more accurate and reliable data on race, ethnicity and gender. This brought in its trail better opportunities to engage with the diversity agenda in a more strategic way than has been possible previously. Working in partnership with the substance misuse field the NTA regional teams review this data to inform local treatment planning work.

2. Local drug partnership treatment planning

The 2008 drug strategy outlines the NTA’s delivery assurance role. Part of this is to encourage local partnerships to have an annual process of assessing local needs and gaps, treatment planning to meet needs and review in a continuing cycle of improvement. The NTA has placed considerable emphasis on regular and accurate needs assessment and provides NDTMS data relating to access, retention, and completion of treatment by demographic status, including ethnicity to help facilitate this.

Every year, local drug partnerships produce treatment plans that are negotiated with and approved by the NTA, together with regional partners. These plans outline how the partnerships aim to commission and performance manage drug treatment services for adults in their areas using central and local sources of funding. The NTA expects local partnerships’ treatment plans to articulate how the drug treatment services they commission will meet the diverse needs of the population they serve. The finalised treatment plan is used by the NTA to monitor progress against local, regional and national drug treatment priorities in quarterly review meetings with local partnerships. This mechanism also acts as a report mechanism for any equality and diversity specific issues which arise locally.

To support this process the NTA produces treatment planning guidance in support of this process. The 2007 needs assessment guidance encouraged local partnerships to pay particular attention to the needs of BME drug misusers. It states that "Partnerships should consider how far they can further analyse whether different groups such as women, BME groups, criminal justice referrals, prison releases etc. fare better or worse within the drug treatment system – and consider how far this is linked to the availability or accessibility of relevant services. Geographical mapping of treatment data is also a useful exercise mapped against other indicators of need (for example deprivation). Regional NDTMS teams and public health observatories can assist with providing this data to partnerships."

Some local areas and regions commission work to look specifically at needs of particular population groups. For example in 2007, the London regional team commissioned research to identify need and signpost appropriate responses to increasing numbers of A2* and A8** nationals being seen in local drug treatment systems. A number of London partnerships and drug treatment providers had requested that the issues be investigated. The resultant report, ‘Beyond Boundaries’ looked at impact of this emergent client group on London’s substance misuse services. One of the outcomes of the report was that NDTMS was adapted and began to record clients’ country of birth. Further investigation is being conducted into A2 & A8 client experience of local treatment systems where service provision to non-residents varies from partnership to partnership.

* The term A2 nationals refers to people from Bulgaria and Romania, accession countries that joined the European Union on the 1st January 2007

** The term A8 nationals refers to people from Poland, Lithuania, Estonia, Latvia, Slovenia, Slovakia, Hungary and the Czech Republic, accession countries that joined the European Union in May 2004.

Conducting annual improvement or service review with Healthcare Commission and other partners
The focus of NTA Standards and Inspections Teams’ work in recent years has been a partnership with the Healthcare Commission (HCC) to deliver a series of joint improvement or service reviews of drug treatment. The focus of the 2007/8 review, which is supported and fully endorsed by the Commission for Social Care Improvement (CSCI), is diversity and Tier 4 (in-patient treatment and residential rehabilitation). Diversity was selected as a priority as a result of the NTA equality & diversity strategy and in order to build on race equality work done by HCC in 2006/07.

The rationale for selecting diversity as an area of focus was based on evidence that suggested that:

- there was a lack of knowledge about the nature and extent of drug use amongst the UK’s Black and minority ethnic groups
- diverse populations are not homogenous
- primary drug use is a more important determinant of treatment success than ethnicity or gender
- women generally do better than men in drug treatment with regard retention and completion
- the differential impact of drug treatment on different diverse populations is generally unknown.

Between November 2006 and March 2008, the NTA Standards and Inspections team carried out a detailed programme of preparatory work necessary before the start of data collection on the 2007/8 review. This work involved:

- detailed consultation with the field to produce a draft diversity assessment framework
- piloting the draft diversity assessment framework before putting the revised assessment framework out for consultation
- final version of the assessment framework was subject to scrutiny and ratification from key external partners including: Healthcare Commission (HCC), Department of Health (DH), Commission for social care and inspection CSCI and Review of Central Returns (ROCR)

The diversity section of the 2007/8 review scored the commissioners and providers of local substance misuse treatment services against different criteria. This included progress made in implementing a suite of diversity legislation (including the Race Relations Amendment Act, 2000 and Disability Discrimination Act 2005). It also required detailed local responses about how local needs assessments, treatment planning and treatment delivery identified and responded to the needs of the diverse populations they served, including Bme communities.

By focusing on diversity, the review will add extra impetus to addressing negative differential impact experienced by Bme groups and other minority client groups within the drug misuse treatment system. Action Plans will be required to improve performance in those partnerships areas that score poorly against the assessment framework described above. Given the positive impact that previous joint service reviews have had in other areas of drug treatment the NTA is hopeful that the outcome of this review on diversity will have a real part to play in improving even further the access to drug treatment for all drug users.

Read more about Standards and inspection.

3. Developing guidance and toolkits
The NTA is committed to ensuring that our processes ensure that all of our guidance takes into account equality and diversity issues. Some examples of this include:

_Treatment planning guidance_

In support of this ongoing treatment planning work, the NTA regional directorate published _Supplementary guidance on diversity legislation_ in August 2007 as part of the 2007/08 suite of treatment planning guidance produced by for commissioners and local partnerships.

*Diversity Assessment Package (DAP)*

Produced by the NTA and the Centre for Ethnicity & Health at the University of Central Lancashire (UCLAN) the Diversity Assessment Package (DAP) is a CD-rom product containing self-assessment tool and guidance on equality and diversity for the drug misuse treatment field. DAP was produced so organisations could systematically assess their capability of addressing equality and diversity and assist with compliance on relevant legislation. It has two key elements:

- Audit and self assessment tool including
  - Detailed guidance
  - Action planning tools, and
  - Case studies illustrating practice examples;

DAP is currently being updated with a view for re-launch in autumn 2008.

4. **Carrying out targeted research**

The availability of more sophisticated NDTMS data, attempts to illustrate the scope and scale of Bme drug treatment need remain challenging. In order to improve our understanding of drug treatment need within diverse communities the NTA also, on occasion, commissions additional research or review work to improve knowledge around the treatment need and experience of treatment for diverse groups, details of which are listed below:

**NTA user satisfaction surveys**

All the NTA user satisfaction surveys have complimented the NTA / Healthcare Commission joint service reviews of drug treatment services in their respective years. The 2007 NTA user satisfaction survey focused on diversity and tier 4 issues. Results are expected to be published later on in June 2008.

Published in August 2007, the 2006 NTA user satisfaction survey analysed 8,765 completed questionnaires to investigate what kind of experience clients from different communities had from of substance misuse treatment. Analysis showed that when asked about satisfaction with treatment, there were no group differences reported by gender, ethnicity or age.

Data from each of the three NTA user satisfaction surveys (2005, 2006 & 2007) was looked at in order to see whether there was a different experience of drug treatment by gender, ethnicity, age and drug of choice. Over the three years, the vast majority of those replying to the survey were satisfied with the treatment they received and reported feeling respected.

The results of the user surveys are used each year as part of the annual improvement review scoring of local drug partnerships and services.

**UCLAN diversity reports**

Based on work undertaken in their community engagement projects, the University of Central Lancashire’s (UCLAN) have been commissioned by the NTA to produce a suite of good practice guidance and research papers looking at the needs of Black
and minority ethnic communities in relation to drugs. Two research papers investigating the treatment need and experience of the Black African and Black Caribbean communities will be published in June 2008. Other similar papers are expected to follow.

*Experience of women in drug treatment*

The NTA has published a suite of research about the experience of treatment of both women and sex workers.

- Women in drug treatment services
- The impact of violence and abuse on engagement and retention rates for women in substance use treatment
- The impact of treatment on female drug-using sex workers.

*Developing workforce initiatives*

The continuing growth in the capacity and effectiveness of the adult drug treatment system cannot be sustained without ongoing development of the workforce engaged in the commissioning, management and delivery of it. Workforce development issues are primarily the responsibility of employers and professional representative bodies in the drug treatment sector. The recent role of the NTA in this area has focused on ongoing monitoring of the make-up of the drug treatment workforce, staff competency rating contribute to scores in the NTA/HC reviews and guidance. The results of scrutiny and reviews are shared with local partnerships in delivery assurance meetings with the local partnerships. In addition, to this there have been a number of NTA led initiatives over recent years to enhance the awareness of diversity issues within the drug treatment workforce, these include:

- NTA commissioned training needs assessment with specific reference to gender and ethnicity
- Bme apprenticeships
- Leadership training targeting Bme managers
- Diversity elements in published Drug and Alcohol National Occupational Standards (DANOS – May 2002) which established a competency based framework for practitioners, managers and commissioners working within the substance sector

5. **Internal NTA processes and duties**

In accordance with our equality and diversity strategy the NTA:

- Aims to record diversity for all attendees of NTA sponsored events
- Human resources issue a standard equal opportunities form with every NTA job pack and review the returns
- Ensure that all consultations concerning NTA publications and other outputs are targeted to include diverse groups
- Continue to put all NTA staff through diversity training

This section is under review and will be updated July 2008.

6. **Other equality and diversity work**
Since 2002, the NTA has contributed to other government departments’ action on equality and diversity. This includes work with the following partners:

- Department for Environment, Food and Rural Affairs (DEFRA) - rurality
- Office of the Deputy Prime Minister (ODPM), now known as Communities and Local Government - social depravation
- Home Office - Drugs Interventions Programme.