Race equality review

Background

The National Treatment Agency for Substance Misuse (NTA) as a new special health authority has both specific and general duties under the Race Relations (Amendments) Act 2000. The NTA response to these duties was published on May 1st 2002 in the form of the NTA race equality scheme (henceforth the RES). This document reviews the NTA’s progress within the RES’s first year of operation from May 1st 2002. The RES set out an ambitious programme of work which integrated race equality into NTA core business over a two year period. This document examines progress against commitments made and outlines core tasks from May 2003 to April 2004.

NTA general and specific duties

Develop the race equality scheme 2 (2) A

The NTA has developed its race equality scheme (RES) as agreed. This was presented to the NTA Board on April 25th 2002 and published in May 2002.

Arrangements for assessing and consulting on impact 2 (2) B(i)

Production of new policies and procedures:

- All Board and other major policy papers routinely take into consideration race equality and differential impact on black and minority ethnic (BME) populations e.g. standards and accreditation, the Models of care implementation programme, reducing drug related deaths, implementation of the national drug treatment monitoring system (NDTMS). The NTA is currently establishing more inclusive involvement of users and carers.
- All expert advisory groups and research selection groups invited representation from the Federation of Black and Asian Drug and Alcohol workers (henceforth the Federation) – as the only national professional membership body representing BME interests in drug treatment eg workforce, reducing drug related deaths, residential services etc.
- All programme implementation groups consider the impact of new initiatives in drug treatment for BME population groups e.g. Models of care has two pilots considering integrated care pathways for BME service users; the crack cocaine pilots have specific projects looking at responses for BME service users
- The NTA has set up regional fora for user groups and carer groups. These regional events elect members onto a national forum, which in turn elect observers onto the NTA Board. NTA is encouraging BME service users and carers to participate in regional and national events – working with the Federation and the Community Engagement Project (University of Central Lancashire).

Specifically the NTA gave a commitment to undertake the following actions over 2002/03/04. Our progress to date is:

a) Consultation with the 49 black and minority ethnic groups engaged in the Department of Health needs assessment project has begun.
- The launch of the Community Engagement Project’s needs assessment took place in May 2003: speakers included the NTA chair Baroness Doreen Massey and senior staff attended as delegates.
• In addition, some BME groups within the above project have been included in NTA’s wider work programme e.g. the reducing drug related deaths national steering group.
• Over the next year we will work with the University of Central Lancashire (UCLan) to look at how best to interface with NTA staff.

b) National training needs analysis (TNA)
The NTA training needs analysis was conducted in England from June 2002 to early 2003. Results have been analysed into national and regional reports, which are in the ‘workforce’ section of the NTA website, under ‘programmes’. A summary of results is provided in Appendix 1. We found that:
• The NTA achieved reasonable response rates, which were checked to ensure they are both reliable and representative
• BME staff are under-represented at all levels of drug treatment (practitioners, managers, commissioners and members of local communities are assessors).

c) Assessing local areas needs and commissioning drug treatment
• Models of care was published in 2002. Volume two of Models of care provides evidence-based guidance on drug treatment for clients from BME communities.
• NTA will publish in May 2003 guidance on implementing race equality schemes and the Race Relations Amendment Act. This guidance is integral to the NTA commissioners’ resource pack.
• The NTA annual treatment planning tool was redesigned over summer 2002: new inclusions included drug treatment for BME and other under-represented groups. DATs and joint commissioners were asked to report on progress in Spring 2003.
• All NTA staff received diversity training including training about the NTA RES.
• Local DAT areas must now report quarterly on progress for recruiting and retaining more BME staff at all levels.

d) Standards and accreditation
• NTA Board papers on developing standards and accreditation/inspection functions contained consideration of BME issues.
• Draft NTA standards are out for a three-month consultation. They contain consideration of BME issues and BME consultation responses are being actively sought.
• The forthcoming NTA standards and inspection unit will actively examine race equality and diversity of commissioning and provision against quality standards.

e) Organisational reviews on diversity
• This project was commissioned and is progressing. NTA is discussing a roll-out of the project post in July 2003.

f) Treatment effectiveness with BME groups
• In addition to Models of care the NTA has published a review of the national published and grey literature written by the University of Central Lancashire
• The NTA is also publishing the University of Central Lancashire compilation of 49 local BME needs assessments
• The NTA research strategy has addressed the needs of BME communities and noted the paucity of literature on treatment effectiveness for BME community members.
• The NTA research strategy is being considered by the NTA Board in June 2003, including recommendations concerning building and disseminating the evidence base for drug treatment for BME communities.

Monitoring 2(2)B(ii)

Internal policies and procedures monitoring

NTA workforce recruitment, retention and selection
Specifically the NTA gave a commitment to undertake the following actions over 2002/03/04. Our progress to date is:

a) **Internal NTA policies and procedures**
   - All policies and procedures have been under development and review for the previous year – as a new and expanding organisation.
   - The new NTA Director of Finance has a brief to undertake an audit of all NTA policies and procedures.

b) **Workforce recruitment, retention and development**
   - NTA Board: two out of four independent Board members are from BME communities.
   - The NTA collected information from its first round of recruitment (which finished in April ‘02). Predictably, few BME staff were appointed – with no BME senior managers except one regional manager.
   - Subsequently one BME staff member was appointed on a short term contract into the Quality Directorate, and another BME member of staff was offered a short term secondment on workforce.
   - The second NTA recruitment drive is underway. Subsequently one BME Finance and planning director (and deputy to the chief executive) has been appointed. Another wave of recruitment is underway and will be reviewed accordingly.
   - All NTA staff have received initial race equality and other diversity training.

c) **Monitoring relevant areas of work programme**
   - NTA committed to recording ethnicity at all NTA consultation and other events. This was achieved intermittently and consistency will be improved in 2003/4
   - NTA committed to developing comprehensive evaluation mechanisms that monitor race equality standards for work streams. This has been partially achieved with race equality routinely addressed in quality directorate meetings and supervision sessions, and regional managers monitoring. This will be improved during 2003/04.

Publishing results 2(2)B(iii)
Specifically the NTA gave a commitment to undertake the following actions over 2002/2003/2004. Our progress to date is:

a) publishing an annual review

**Access to information and services 2 (2) B(iv)**

Specifically the NTA gave a commitment to undertake the following actions over 2002/03/04. Our progress to date is:

a) **communications strategy**
   - The NTA communications strategy was commissioned and delivered from an external source. NTA requested additional work be conducted to gain the views of BME organisations: which was undertaken.
   - The annual NTA communication strategy review will taken place in June/July 2003 and will re-examine issues concerning race equality

b) **Literature review**
   - The review document was published May 2003

c) **Workforce projects:**
   - The new national Modern Apprenticeship Scheme is progressing, according to schedule with specific reference to attracting BME apprentices;
   - The NTA leadership and development project will have been delivered to 600 individuals by the end of June 2003. Strategies were employed to specifically attract and retain BME managers and commissioners. The NTA will receive an evaluation of Leadership 1 in July 2003 and we will take corrective action in Leadership 2 if we have not attracted or retained enough BME participants;
Funding for the Federation - in addition to Home Office core funding, the NTA funded the Federation with a post to enable their engagement in the NTA agenda and to specifically enhance their training and development function. This contract is undergoing annual review and corrective or additional action will be taken if required, following review.

d) Guidance for commissioners on the Race Relations Amendment Act.
   • This has been drafted and consulted and will be published in June 2003.

e) NTA research strategy
   • See previous comments

f) Systems for dissemination
   • See previous comments re communications strategy review

g) Reducing drug related deaths
   • Specific capacity building projects were commissioned to enable a variety of BME groups to design and produce materials for their communities to reduce drug related deaths. This project has attached additional money from the Department of Health via the Community Engagement Project and is progressing according to plan.

h) Crack cocaine work
   • Issues concerning race equality have been built into all aspects of the crack cocaine work programme including: BME involvement in the NTA stimulant advisory group; specific consideration of BME issues in the crack handbook and training programme. In addition, the NTA crack pilots will consider race equality in the evaluation design and some of the pilot projects are specifically targeting BME clients.

i) Other
   New work programmes include some areas which need to consider race equality. The NTA will look at setting goals and report on them during the next review. These will include:
   • Criminal justice intervention programme
   • Drug treatment for young people

Training staff

Specifically the NTA gave a commitment to undertake the following actions over 2002/2003/2004. Our progress to date is:

a) Internal
   • The NTA has ensured that all staff have participated in initial training in diversity and race equality. With the new growth in the NTA, all new staff will require this initial training.
   • The NTA will also consider phase two of training and development in race equality.

b) External
   • The NTA commissioned the development of suites of competency based training modules. These were piloted with a range of participants. Some modules are specific to diversity and race equality: in line with DANOS and other national occupational standards. These will be publicly available from June 2003. The NTA will recommend delivery to be consistent with meeting needs identified in the national and regional training needs analysis.

Annette Dale-Perera
May 2003
Appendix 1: National training needs analysis results

Summary

This research was conducted by Cranfield University 2002/2003. It provided reliable demographic profiles of the drug treatment sector. The research was conducted in London initially – which piloted the methodology utilised. The research included individual training needs analysis (for practitioners, managers and commissioners) and organisational human resource development surveys. Results were significantly different in London compared to the rest of England and are therefore presented separately. However BME staff were generally under-represented in drug treatment when compared to local area socio-demographic profiles. Subsequently, a series of recommendations were made by Cranfield University on how to address this under representation.

National results (excluding London)

National profiles excluding London

The huge majority of workers came from a white background with a total of 92% of practitioners and 96.1% of managers. There was also a majority of females in the sector with 66.1% of practitioners and 59.8% of managers. The age profiles also indicate a relatively mature workforce with less than 18% of practitioners aged 30 or below. An obvious conclusion is that the sector needs to attract more people from ethnic minorities, more men, and possibly more young people.

The questionnaire also enabled practitioners to indicate their ethnic background. The following table presents the ethnic distribution for practitioners.

Table 1: Ethnic distribution for practitioners respondents.


<table>
<thead>
<tr>
<th>Valid</th>
<th>Asian or Asian</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Bangladesh Asian or Asian)</td>
<td>17</td>
<td>.8</td>
</tr>
<tr>
<td></td>
<td>(Indian Asian or Asian)</td>
<td>15</td>
<td>.7</td>
</tr>
<tr>
<td></td>
<td>(Pakistan Asian)</td>
<td>11</td>
<td>.5</td>
</tr>
<tr>
<td></td>
<td>(Black or Black)</td>
<td>11</td>
<td>.5</td>
</tr>
<tr>
<td></td>
<td>(African) Black or Black)</td>
<td>30</td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td>(Caribbea) Black)</td>
<td>10</td>
<td>.5</td>
</tr>
<tr>
<td></td>
<td>(Mixed White and African Mixed White and)</td>
<td>7</td>
<td>.3</td>
</tr>
<tr>
<td></td>
<td>(Caribbea Mixed White and)</td>
<td>20</td>
<td>.9</td>
</tr>
<tr>
<td></td>
<td>(Caribbea Mixed White and)</td>
<td>5</td>
<td>.2</td>
</tr>
<tr>
<td></td>
<td>(Caribbea Mixed White and)</td>
<td>18</td>
<td>.8</td>
</tr>
<tr>
<td></td>
<td>(Caribbea White)</td>
<td>1878</td>
<td>86.3</td>
</tr>
<tr>
<td></td>
<td>(Caribbea White)</td>
<td>48</td>
<td>2.2</td>
</tr>
<tr>
<td></td>
<td>(Caribbea White)</td>
<td>85</td>
<td>3.9</td>
</tr>
<tr>
<td></td>
<td>(Caribbea Other ethnic)</td>
<td>16</td>
<td>.7</td>
</tr>
<tr>
<td></td>
<td>(Caribbea Total)</td>
<td>2175</td>
<td>100.0</td>
</tr>
<tr>
<td>Missin</td>
<td>Syste</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2186</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It can be seen that the practitioner workforce in England outside London is predominantly from a white background with over 92% of the sample. 2.4% indicate a black background and 2.2% indicate an Asian background.
Table 2: Ethnic profile of managers

The table above shows the ethnic profile of the manager sample. It can be seen that 96.1% are from a white background, 0.6% from an Asian background and 1.1% from a black background.

Table 3: Ethnicity distribution of commissioners

It can be seen from table 6.4.2 that 95.5% of the respondent commissioners are of white background.

Table 4: Ethnicity distribution of community care assessors
As with other worker groups almost all of respondents (98.3%) indicated a white ethnic background.

**Wider diversity issues**

Some interviewees widened the concept of diversity to include social background. There appears to be an image, true or not, that much of the sector is middle class. It is beyond the scope of the current research to comment on this, however it is a concern that should be examined more closely if diversity in the sector is concerned to match workforce profiles with user and community profiles. Furthermore, some interviewees noted that sexuality was also a factor that should be considered when discussing what diversity really means.

**Organisational survey results**

Diversity was recognised at an organisational level. Approximately two thirds of organisations say they monitor their selection processes for bias (though how well they do this varies considerably as few record worker demographics as a profile). Main methods given for encouraging diversity is reported as advertising (37.1%) and equal opportunities policies in selection (97.5% claimed to have one though only 27.2% cited it as a method).

Interviews suggested that some organisations were more successful in this area than others. One potentially fruitful method required more active targeting of potential recruits from the local community and user groups. Initial contact through limited volunteer time is gradually nurtured into more time and then part-time work.

### Table 5: Organisational monitoring for bias in selection

<table>
<thead>
<tr>
<th>Providers who monitor selection processes for systematic bias</th>
<th>n</th>
<th>Statutory (%)</th>
<th>Voluntary (%)</th>
<th>Private (%)</th>
<th>Overall (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>294</td>
<td>69.6</td>
<td>66.0</td>
<td>59.1</td>
<td>66.3</td>
</tr>
<tr>
<td>Gender</td>
<td>294</td>
<td>69.9</td>
<td>64.5</td>
<td>63.6</td>
<td>66.0</td>
</tr>
<tr>
<td>Age</td>
<td>293</td>
<td>66.1</td>
<td>58.1</td>
<td>59.1</td>
<td>60.8</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>296</td>
<td>71.9</td>
<td>66.0</td>
<td>59.1</td>
<td>67.2</td>
</tr>
</tbody>
</table>

Table 5 shows the percentage of providers (for each organisation type and overall) who monitor their selection processes for systematic bias in terms of race, gender, age and ethnicity. It can be seen that approximately two thirds of organisations monitor selection processes for systematic bias in terms of race, gender, age and ethnicity. Statutory organisations are slightly more likely to do this than voluntary or private organisations.

### Table 6: Main methods organisations reported encouraging diversity

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**Table 5: Organisational monitoring for bias in selection**

<table>
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</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Statutory (%)</th>
<th>Voluntary (%)</th>
<th>Private (%)</th>
<th>Overall (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>202</td>
<td>30.7</td>
<td>43.5</td>
<td>22.2</td>
<td>37.1</td>
</tr>
<tr>
<td>EOP</td>
<td>202</td>
<td>40.0</td>
<td>20.9</td>
<td>0.0</td>
<td>27.2</td>
</tr>
<tr>
<td>Training</td>
<td>202</td>
<td>12.0</td>
<td>8.7</td>
<td>22.2</td>
<td>10.9</td>
</tr>
<tr>
<td>Skill based recruitment</td>
<td>202</td>
<td>9.3</td>
<td>7.8</td>
<td>11.1</td>
<td>8.4</td>
</tr>
<tr>
<td>Targeted posts</td>
<td>202</td>
<td>1.3</td>
<td>7.8</td>
<td>0.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Other</td>
<td>202</td>
<td>6.7</td>
<td>11.3</td>
<td>44.4</td>
<td>11.4</td>
</tr>
</tbody>
</table>

Table 6 shows the primary methods by which organisations encourage diversity within their workforce. Most organisations encourage diversity through advertising (37.1%) or an equal opportunities policy (27.2%). Statutory organisations are more likely to rely on their equal opportunities policy, while voluntary organisations are more likely to use advertising. Nearly a quarter (22.2%) of private organisations encourage diversity through some form of training.

**London Results**

The London training needs analysis covered the same four groups of workers i.e. practitioners, managers, commissioners and community care assessors together with organisational surveys. Overall 1,048 responses were received and these were deemed to be representative.

Table 7: The ethnic profiles of London respondents were as follows:

<table>
<thead>
<tr>
<th></th>
<th>Practitioners</th>
<th>Managers</th>
<th>Commissioners</th>
<th>CC Assessors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>5%</td>
<td>8%</td>
<td>-</td>
<td>11.5%</td>
</tr>
<tr>
<td>Black</td>
<td>15%</td>
<td>11%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>White</td>
<td>70%</td>
<td>75%</td>
<td>100%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Results indicate that while 20% of practitioners were from BME communities, this percentage fell to 15% of managers and no commissioners were from BME communities. The percentage of community care assessors (normally located within social service departments was 11.5%.

**Conclusions**

This research indicates that as the sector expands it will be necessary to attract people to make the workforce more diverse than it is presently is. This will not be easily addressed and proactive programmes will have to be put in place to achieve this.

It is also apparent from the data that people from minority ethnic backgrounds and women find it more difficult to progress to management within the sector. It is clearly important that the sector is perceived as one that offers everyone equal opportunity to progress regardless of background.
Recommendations

- The NTA should instigate a programme of work that seeks to define exactly what diversity means for the sector and to explore proactive ways in which it can be achieved.
- The sector should be encouraged to record demographics as a profile.
- The NTA should provide diversity training as a priority.
- The NTA should examine the reasons why some worker groups find it more difficult to progress to management roles.