

**DRUG INTERVENTIONS PROGRAMME**

**Race Equality and Diversity Action Plan**

**September 2006**

**Version 2**

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## **1. Introduction**

1.1 The Race Equality and Diversity Action Plan (the Plan) has been written to:

- ensure that the Drug Interventions Programme (DIP) meets its statutory duty in regards to race equality and diversity,
- support the aims of the Home Office Race Equality Scheme to promote race equality and eliminate discrimination,
- help drive up overall performance on the ground and to identify and assist areas that are performing less well.

1.2 DIP is committed to driving this strategy forward and to ensuring that all communities are served equally and effectively. Now that DIP has matured it is the time to go beyond just looking at the numbers entering treatment. We need to ensure that DIP is engaging with all those who need its services.

1.3 DIP and the NTA have more robust data and are gaining a greater understanding of diversity issues across the Programme. This data will be used to support the delivery of the Plan and to ensure that it increases the accessibility of appropriate treatment and support to all.

### **Relevant Legislation**

1.4 As a key Government Department in terms of race relations and diversity we must ensure that we meet our statutory duties. The Race Relations (Amendment) Act 2000 and the Equality Act 2006 are two major pieces of relevant legislation.

1.5 The Race Relations (Amendment) Act 2000, defines the government's expectation for public authorities to pursue race equality in outcome and process. It is unlawful for listed public authorities to discriminate by refusing to offer goods, facilities and services to people on the grounds of their race, colour, and nationality, ethnic or national origins. The Act placed a general duty on listed bodies, to have due regard to the need (a) to eliminate unlawful racial discrimination and (b) to promote equality of opportunity and good relations between persons of different racial groups. Authorities and agencies involved in DAT strategy and service delivery are included in this list.

1.6 Specific duties in support of the general duty were also imposed on larger public authorities involved in policy and service delivery. They must, for example, prepare and publish a race equality scheme which sets out the functions or policies that are relevant to them meeting the general duty. These bodies include health authorities, primary care trusts and local government, all of whom may be involved in providing services to DATs. A specific employment monitoring duty applies to most of the public authorities bound by the general duty. Failure to comply with the race duty can result in legal enforcement action.

1.7 The Equality Act 2006 introduced a new legal duty that will require all public bodies to promote gender equality, in much the same way that the

Race Relations Act contains a positive duty to promote race equality. This will mean that gender impact assessments will need to be conducted to ensure that the development and delivery of policies and services take account of any differential impact on men and women. This will apply to those responsible for drug services and so it will be important for DIP to respond appropriately to the requirements of the new gender duty.

1.8 These are just two of the Acts that have been developed to ensure the fair treatment of individuals. Others include the Disability Discrimination Act 1995 and the Human Rights Act 1998. As has already been mentioned they place a statutory duty on DIP to ensure its policies do not discriminate or cause disadvantage to any particular group and that the delivery of treatment under DIP meets the needs of all drug misusing offenders equally and effectively.

1.9 The Home Office's Race Equality Scheme also highlights the need for DIP to focus on diversity. This scheme strengthens the Home Office's commitment to promote race equality and eliminate discrimination and was updated in May 2005.

1.10 First published in 2002, the revised Race Equality Scheme sets out a clear plan of action to make race equality a central part of all Home Office business. It places specific duties on civil servants to consider the impact on race equality during the development and management of Home Office policies and services.

1.11 It is important that drug treatment meets the needs of all drug misusing offenders. This is not just about race or ethnicity. This is about individuals who are made up of many facets, race, gender, culture, faith, age, sexuality, drug used, family and social circumstances. Service users should be treated as individuals and drug treatment tailored accordingly. This is not consistently the case and the Plan has been developed to address this. It aims to highlight areas of good practice, find ways to identify where and why things are going wrong and to then address these problems.

1.12 The Plan has been created as a result of race equality and diversity work already underway in DIP. These include a Race and Diversity Conference held in November 2005, DIP Community Engagement Projects run by the University of Central Lancashire (UCLan), the re-publication of a briefing for DAT Partnerships and Criminal Justice Integrated Teams (CJIT's) on diversity issues in the commissioning of services for throughcare and aftercare and the provision of guidance to DATs on operating standards and management of contracts so that they include diversity issues.

1.13 There are two levels at which this plan will be assessed. The Race Equality and Diversity Scrutiny Panel (the Panel) has had very close involvement with the development of the Plan and will continue to be involved with its implementation and monitoring its progress. This group will report as appropriate to the Crime and Drug Strategy Diversity Forum (CDSDF). This Forum is chaired by Vanessa Nicholls and is responsible for ensuring that diversity issues across the Crime and Drug Strategy Directorate (CSDS) are

addressed. It will monitor and support the work of the Panel and also the revision of the CDSDF diversity manual.

1.14 The Panel report directly to the CDSDF. The Chair of the Panel will also sit on the CDSDF. They will act as the interface between the two groups and will ensure that there is no duplication of work, but that both have complementary agendas.

## **2. Background to the Drug Interventions Programme**

2.1 DIP is a critical part of the Government's strategy for tackling drugs.

2.2 It began in 2003 as a three-year programme to develop and integrate measures for directing adult drug-misusing offenders out of crime and into treatment. It attracts significant public funding and is continuing beyond the original three-year period, but with the aim of gradually ensuring that the constituent interventions and processes become the established way of working with drug misusing offenders across England and Wales.

2.3 The Programme involves criminal justice and treatment agencies working together with other services to provide a tailored solution for adults - particularly those who misuse Class A drugs - who commit crime to fund their drug misuse. Special measures for young people are also being implemented.

2.4 The programme was initially funded at £447m for three years but the DIP-specific budget is now settled at almost £170m a year. Other funding – e.g. towards drug-related community sentencing costs – has been transferred to relevant partners. Delivery at a local level is through Drug Action Teams, using CJIT's who adopt a case management approach to offer access to treatment and support. This begins at an offender's first point of contact with the criminal justice system through custody, court, sentence and beyond into resettlement.

2.5 Key partners to the Home Office are the criminal justice agencies such as the police, prisons, probation officers and the courts, along with the Department of Health, the National Treatment Agency and treatment service providers and those who provide linked services such as housing and job-seeker support.

2.6 Since its first year, 2003/4, the Programme has rolled out its various components across 67 Drug Action Team areas in England. These are mainly areas with high levels of acquisitive crime, normally property crime such as burglary, shoplifting, robbery and so on. These areas where the range of DIP elements are operating fully are known as "intensive" areas. They have recently phased in new measures introduced under the Drugs Act 2005 to identify and assess the needs of more drug misusers in the early stages of the criminal justice system: three police force areas, South Yorkshire, GMP and Nottinghamshire, went live from December 2005 and the remaining intensive areas followed in 31 March 2006.

2.7 From April 2004 the throughcare and aftercare parts of the programme were phased in across all of England and Wales. All 82 Drug Action Team areas that are non-intensive are therefore actively involved in delivering some of the most important features of the Programme right across England.

2.8 In Wales, there are three intensive sites, Cardiff, Swansea and Newport. The rest of the country, which is divided into four regions, is operating the Programme non-intensively.

### **3. Aim and objectives of the Plan**

#### **3.1 What is the Plan?**

The Plan has been developed to drive forward DIP's race equality and diversity agenda. It pulls together the work that is currently being done across the drug sector in relation to this and sets out the work that still needs to be done.

3.2 The Plan will ensure that DIP meets the needs of all communities and individuals equally and effectively. It will be used to drive up performance on the ground and to identify and assist areas that are performing less well.

#### **3.3 Why has the Plan been developed?**

Research has indicated that certain groups of problem drug using offenders, particularly younger men and those from BME communities, do not see the drug treatment available locally as relevant to their needs<sup>1</sup>. A snapshot report<sup>2</sup> indicated that individuals who do not conform to the white male opiate users profile are at high risk of being disadvantaged, in terms of access to services, and UCLan's working partnership with the Department of Health's Black and Minority Ethnic (BME) Drug Misuse Needs Assessment Project cited a strong sense of frustration that not enough has been done to address service access. Mainstream services need to take responsibility for service provision to BME communities.

3.4 It is important that drug treatment meets the needs of all drug misusing offenders. The above research indicates that this is not currently happening and the Plan has been developed to address this and to support DIP's aim of reducing the harm caused by drugs. The Plan will help to drive forward action, to clarify accountability and to give this work the drive and focus it needs. It will also ensure that DIP meets its statutory requirements.

#### **3.5 Who has the Plan been developed for?**

- DIP / CDSO / National Treatment Agency (NTA) / Women's Policy Team (WPT) / Drug Strategy Unit (DSU) / Probation / Prisons Department of Health: to inform policy development and to join up strategies.
- DAT's: to ensure the commissioning of services and management of contracts is appropriate and effective.

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<sup>1</sup> Research in this area varies, some focusing on certain groups, others on individuals. There is also a massive variation in regards to findings between services.

<sup>2</sup> 'A snapshot study of specific identified groups of drug users' Boswell and Midgely March 2003

- CJIT's and treatment providers: to ensure the delivery of services meets the required standards and that these standards are appropriate.

### **3.6 Structure of the Plan**

The Plan has been structured around key themes, with the under-pinning actions being grouped to facilitate implementation. Key themes are:

- Ensuring the commissioning, development and delivery of DIP treatment and support services that are appropriate to the local community,
- Growing a workforce which is more representative of, and responsive to the needs of the communities it serves,
- Increasing community engagement with, and confidence in, DIP, to aid its sustainability and relevance across all communities.

### **3.7 What is the scope of the Plan?**

The Plan's primary focus is DIP. However because there is work going on across the sector in relation to race equality and diversity it is important not to look at this plan in isolation. This is why information on the NTA, prison and probation strategies for example has been included. This has been done to ensure a joined up approach is taken and that work is not duplicated.

3.8 The DIP Race Equality and Diversity Strategy will focus upon race, gender, age, sexual orientation, faith and disability. The DIR currently collects data on race, gender and age and as a result the strategy and Panel will be asked to initially focus their attention on these aspects of diversity. These aspects will be monitored statistically. One of the major ways in which progress in these areas will be reviewed will be by matching demographics taken from the Drug Interventions Record (DIR) with the Drug Testing Record (DTR) to look at the profiles of clients testing positive. The data collection will not be used to identify individuals, but instead will be used to highlight trends and anomalies at a regional and DAT level.

3.9 The findings of the UCLan community engagement projects will also be invaluable in informing policy development in these areas. Sexual orientation, faith and disability are, however, harder to measure. It is not possible to collect statistics on these aspects of diversity using the DIR and as a result more imaginative ways to review and improve performance in these areas will need to be found.

3.10 The scope of the Plan will be reviewed at the end of every calendar year. This will allow the redefined scope and priorities to be fed into the planning cycle for the next financial year.

### **3.11 What is the demographic profile of the treatment workforce and is this relevant to the Plan?**

The success of DIP is dependent to a large extent upon its workforce. We do not yet have a specific breakdown of the DIP CJIT workforce, however,

research carried out as part of the NTA Training Needs Analysis<sup>3</sup> has provided reliable demographic profiles of the treatment sector as a whole. The majority of workers come from a white background with a total of 92% of practitioners and 96.1% of managers. There is 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. This suggests that the sector needs to attract more people from ethnic minorities, more men, and possibly a greater proportion of younger people in order to be more representative of the clients it serves. We have a responsibility to ensure that the sector is open to everyone and that in order to work in the sector individuals are judged on their competency in relation to role and not their background. We need to make the sector more attractive and accessible to all; through full-time employment, volunteering opportunities and community engagement.

### **3.12 Will management information be collected as part of the Plan?**

One of the key elements of the Plan is to drive up performance in relation to meeting the needs of diverse groups and to measure progress on this. A key element of this will be our ability to collate and analyse the robust and consistent data. For more detail on the management information to be collected see paragraph 3.8.

### **3.13 What has the DIP done so far in regards to making its services accessible and appropriate to all clients / potential clients?**

DIP has started to take forward a number of work streams to ensure race equality and diversity issues are addressed across all areas of activity. Specific areas of work include:

- UCLan ran a DIP community engagement model, building on their earlier work with the Department of Health. This involved intense work with 10 high crime DAT areas to identify how community engagement might be rolled out nationally. Local Black and minority ethnic community groups took part in the project. These community groups were expected to identify and recruit Black and minority ethnic ex-offenders and ex-users from the local target community to undertake the work. The key themes the projects covered were employment issues; treatment engagement; partnership involvement; and needs assessments. A final report of the project will be published in December 2006.
- Working to increase engagement by individuals across the Programme. Failure to address diversity has been identified by practitioners as one of the main causes of attrition within the programme;
- Re-publication of a Briefing for DAT Partnerships and CJITs on diversity issues in the commissioning of services for throughcare and aftercare;
- Providing guidance to DATs on operating standards and management of workforce contracts so that they include diversity issues (being reviewed 2006);

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<sup>3</sup> National Treatment Agency, A Training Needs Analysis of the Drug Sector in England. National Report. Cranfield School of Management, Human Resource Research Centre, January 2003. Timothy Mills, Emma Parry, Shaun Tyson.

- A Race and Diversity Conference was held in November 2005. This focused on gender and ethnicity. Its key aims were to inform the Plan, spread emerging practice and to increase confidence in the programme amongst BME communities and other diverse groups.

**3.14 What has the Crime and Drug Strategy Directorate (CDS) done so far in regards to making its services accessible and appropriate to all clients / potential clients?**

Diversity is one of the aspects assessed as part of the Every Child Matters Change for Children – Young People and Drugs Programme. The assessment carried out as part of this programme looks at whether the needs of diverse communities are understood through needs analysis and whether these are being addressed and monitored.

3.15 A Diversity Manual aimed at Government Offices has been drafted and was first circulated in September 2004 to DAT Partnerships and CJITs. This has recently been redrafted and received Ministerial approval on the 14<sup>th</sup> September 2006. DAT Partnerships and CJITs are required, as part of their overall strategies to ensure that community based criminal justice drug workers are able to provide access to services to all diverse groups in their community. The manual provides DAT Partnerships and CJITs with examples in relation to planning and implementing the Drug Interventions Programme and supports them in developing diversity strategies.

3.16 The Diversity Forum will now begin work on creating a mechanism to monitor and assist implementation of the guidance in the manual and also to begin work on a launch and dissemination strategy.

**3.17 What has the Women's Policy Team done so far in regards to ensuring stakeholders responsible for delivery of the Women's Offending Reduction Programme (WORP) are making their services accessible and appropriate to all women offenders?**

There has been a growing recognition of the need to provide a distinct response to the needs of women offenders, and this is now being delivered through the Women's Offending Reduction Programme (WORP), published in March 2004.

3.18 The focus of the WORP is on improving all community based services and interventions so that they are better tailored to meet the complex and inter-related needs of women, and to support greater use of community alternatives, to try and reduce the number of women offenders ending up in custody.

3.19 There is still a high proportion of women sent to prison on remand, or serving short sentences for relatively minor offences, who are drug users in need of treatment. It is possible the courts feel that custody is the only 'safe' option where women can receive the support and treatment they need for their drug addiction. This therefore raises the question of whether courts would make less use of custody if they were confident that there were

appropriate community based drug services and treatment to support women released on bail or given a community sentence.

3.20 The DIP, NTA, National Probation Service (NPS), HMPS and DSU are stakeholders in the WORP, responsible for identifying what is being done to ensure the needs of drug-misusing women are being met and considering whether drug services and interventions are delivering equal outcomes for men and women.

**3.21 There is a great deal of work currently underway in relation to race equality and diversity throughout the sector. In order for the Plan to build on this work and to ensure it does not reinvent the wheel the section below sets out the major pieces of work underway by some of the Home Office's key partners.**

**3.22 What have the Home Office's partners done so far in regards to making their services accessible and appropriate to all clients / potential clients?**

**3.23 The NTA:** The NTA and UCLan developed a Diversity Assessment Package (DAP) for use by DATs in 2006. It sets out how diversity should be delivered across organisations.

3.24 The NTA commissioned a series of projects in their workforce programme to improve drug treatment for Black & minority ethnic communities. These projects included:

- A national apprenticeship scheme which developed new Black & minority ethnic staff. This scheme has now come to an end and lessons learned collated.
- The NTA leadership and development programme set targets for Black & minority ethnic professional participation (managers and commissioners).
- The support, training and development for existing Black & minority ethnic staff in drug treatment was enhanced by the NTA contributing to government funding for the Federation of Black and Asian Drug and Alcohol Workers; specifically a training and development post.

3.25 The NTA National Treatment Plan has a section on diversity. This plan requires DAT's to consider race and diversity in their planning of services. Regional offices collect the treatment plans and review them on a quarterly basis.

**3.26 Prisons:** Building on the work NOMS DSU commissioned from UCLan, on the delivery of prison drug services in England and Wales, to identify factors facilitating or hindering access to prison drug services by people from black and minority ethnic backgrounds, DSU are developing a diversity toolkit which will set out best practice for the delivery of drug treatment in prisons.

3.27 There will be two stages to the project. The first will concentrate on what prisons need to do to improve and maintain delivery of drug treatment for prisoners from a black and minority ethnic background. To facilitate this DSU

held a one-day consultation seminar in London on the 23<sup>rd</sup> February 2006 for key stakeholders to contribute their knowledge and experience to inform the development of the toolkit. The second stage will concentrate on the differential needs of all other diverse groups.

3.28 The diversity toolkit will be a practical tool that contributes to the delivery of the custodial elements of the NOMS Drug Strategy and will be integral in ensuring that the delivery of drug treatment in prisons is in line with the relevant legislation.

**3.29 Probation:** From April 2000 the Drug Treatment and Testing Order (DTTO) was the primary route by which substance misuse interventions were delivered within statutory supervision. Since April 2005 the DTTO has gradually been replaced by the drug rehabilitation requirement (DRR) of the community order for offenders aged 18 and over.

- Since May 2004 National Standards monitoring (NSMART), for all orders, including DTTOs and community orders with DRRs, has been broken down by age, race and gender.
- The National Probation Directorate (NPD) encourages probation areas to monitor substance misuse offenders by ethnicity and gender and to use the data to inform practice delivery and programme development.
- The National Probation Service (NPS) is required to ensure the needs of ethnic minority and women offenders are taken into account in developing Pre-Sentence Reports (PSRs), which is important in considering suitability for a DTTO/DRR.
- NPD monitors retention on DTTOs by gender. From an analysis of DTTOs that commenced in the first quarter of 2004, women had a better retention rate than men after 12 weeks of treatment (90% for woman compared to 89% for men) and female offenders had a higher rate (39%) of positive terminations e.g. order expired, revoked early for good progress more often than their male counterparts (33%).
- The Women Offender Strategy states that Probation and DRR contracted drug treatment providers should ensure that they are meeting the needs of women offenders. Also, that they should take into account specific issues which frequently have greater significance for women e.g. child care, domestic violence and child protection and be able to offer the appropriate level and quality of contact to achieve equality of outcome with male offenders.
- Guidance on commissioning services for DRRs will need to ensure that providers address issues of diversity.
- Women offenders are not under-represented on DTTOs / DRRs compared to other community sentences. NSMART figures (a 20% sample of cases) show that 19.9% of offenders sentenced to a DTTO/DRR between October 2004 and July 2005 were women compared to 15.1% for all order types.
- During the same period, 9.4% of offenders sentenced to a DTTO/DRR were from the ethnic minorities compared with 13.5% for all order types.

- Additional licence requirements should be considered to build upon drug treatment and other work completed in custody with women and ethnic minority offenders and Prolific and other Priority Offenders (PPOs) convicted of a trigger offence will be drug tested on release.

### **3.30 Will the Panel have a role to play in the Review of Vulnerable Women by Baroness Jean Corston?**

Following calls for a Public Inquiry into the deaths of women prisoners at HMP Styal, the Home Office has announced that Baroness Jean Corston will be leading a Review of Vulnerable Women.

3.31 The Review will seek to ensure that there is appropriate provision for particularly vulnerable women on each occasion they come into contact with the criminal justice system. It will focus on women with mental health problems and those who misuse drugs. It will consider the appropriateness of prison for such women – and sentencers' awareness of the limitations of prisons in dealing with their needs. The Review will be paying particular attention to what provision there is in the community to address the needs of women drug misusers and what more could be done to reduce the numbers of women who are sent to prison in need of detoxification.

3.32 The Panel may have a role to play in assisting the Review to understand what is being done to ensure the needs of women drug misusers are being met and how improvements could be made through the Plan. The final report on the review is due to be delivered by Baroness Corston in December 2006.

### **3.33 What are the requirements of legislation in relation to race equality and diversity?**

Legislation covers a range of groups and there are a number of Acts setting out standards that must be met in service provision. These Acts include:

- The Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000
- The Sex Discrimination Act 1975
- The Human Rights Act 1998
- The Disability Discrimination Act 1995
- The Disability Discrimination Act 2005

3.34 Further detail on these Acts can be found in Annex A of this plan.

### **3.35 What requirements do national policies place on DIP?**

Over and above legal requirements there are a number of national policies and strategies that relate to DAT's and their service provision. The Updated Drug Strategy 2002 states that all problematic users must have access to treatment and harm minimisation services, both within the community and through the criminal justice system.

3.36 In 2002/3 the Drug Strategy Directorate published an action plan with the aim of ensuring that diversity issues were mainstreamed into the drugs

strategy. One specific target was to increase the number of women (including sex workers) and minority ethnic users entering and retained in treatment.

3.37 In May 2002 the NTA published a Race Equality Scheme (annex B) and related programme of work. The aim of the scheme is to ensure that the requirements of the Race Relations (Amendment) Act 2000 are being met and that any discrimination being faced by BME groups within the drug treatment field is being addressed. The Scheme has laid the foundations for the development of an Equality and Diversity Strategy. This strategy is in its final stage of consultation and will be published shortly.

## **4. Aims and Actions**

4.1 The Plan has been divided into two sections. The first section contains the major aims and actions that will need to be completed in order for the strategy to be realised, and the second section contains two supporting workstreams.

4.2 Section one is subdivided into three major themes:

1. Workforce planning
2. Commissioning of Services
3. Community Engagement Projects

4.3 Section two is subdivided into two supporting workstreams:

4. Data Collection
5. Communications Strategy

4.5 Each section above is supported by an aim(s). Under each of the aims are a number of actions that support the achievement of the aim(s). Some of the actions are already in progress, others are new. Where an action is in progress an update on this progress is given.

4.6 This is a fluid document and as such will be updated / amended on a regular basis so that it continues to provide an accurate summary of the work currently in progress and what is needed. The overall scope of the Plan will be reviewed at the end of every calendar year. This will allow the redefined scope and priorities to be fed into the planning cycle for the next financial year.

**4.7 Overarching aim of DIP Race Equality and Diversity Strategy:** To ensure that the delivery of treatment under DIP meets the needs of all drug misusing offenders equally effectively.

1. Workforce Planning				
<p><b>Aims:</b> i) Increase the capacity and competence of the drug treatment workforce to reflect / have the necessary skills and knowledge to work with diverse client groups;                      ii) Ensure new entrants to the drug and alcohol sector reflect / are competent to respond to the diverse communities they serve.</p>				
	Actions required to achieve aim	Progress in relation to action	Review date (R) / deadline (D).	Lead agency / individual responsible for delivery
1/4	Implementation of Federation project: Introduction to the Drugs Field: Training and Impact. One of the aims of this project is to recruit a wide range of people from different sectors who are interested in pursuing a career in the drugs field onto a training course.	The 2 DAT areas identified were Sandwell and Enfield. The project attracted 24 candidates in Sandwell and the training took place at the end of March. Follow up is now underway. The work in Enfield commenced in June following a Community Consultation event aimed at attracting appropriate participants to the project. The final report is underway.	February 2007	Pamela Spalding (CDSD, Home Office)/Abd-Al Rahman (Federation)
1/5	Record a demographic profile of the sector.	Home Office and NTA are working together to develop a workforce monitoring tool. It has been agreed that an HR audit would be undertaken, part of this audit being to develop a regular way of monitoring the workforce. A procurement exercise was undertaken and logica were awarded the contract	March 2007 – First Stage  July 2007 – Second Stage	Pamela Spalding (CDSD, Home Office)

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		to take this work forward. A first stage report of their work will be completed in March 2007 and second stage report will be completed in July 2007.		
1/6	Use MI data produced as result of action 1/5 to examine whether some groups find it more difficult to progress to management roles than others.	This action will be dependant upon the successful completion of action 1/5. Once action 1/5 is completed action 1/6 should be revisited.	Dependant on development of workforce data tool.	Pamela Spalding (CDSD, Home Office)
1/7	Review and revise operating standards for DIP to ensure that all service providers have appropriate approaches to staff recruitment, ensuring that recruitment processes are open and fair and attract a diverse range of candidates.	Operating standards will be reviewed and revised if thought necessary in April 2007.	April 2007	Peter Grime (DIP, Home Office)
<b>2. Commissioning of Services</b>				
<b>Aim:</b> To improve the availability and accessibility of drug services for diverse clients and client groups				
	<b>Actions required to achieve aim</b>	<b>Progress in relation to action</b>	<b>Review date (R) / deadline (D).</b>	<b>Lead agency / individual responsible for delivery</b>
2/1	To improve the quality of drug treatment providers through the	This will be part of a joint NTA/Healthcare Commissions thematic	Spring 2007	Annette Dale-Perera (NTA)

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	development of equality and diversity standards (these are standards for providers set out in commissioning guidance).	review 2006/07- the focus will be on commissioning to meet diverse needs. The NTA hope to have data by the end of Dec, with aim of putting something on NTA website by spring 2007.		
2/2	To improve the availability and accessibility of drug services for diverse client groups through improvements in commissioning and the DAT treatment planning process. This will require each local partnership area to have a needs assessment which takes account of diversity in local populations.	The availability of more accurate and reliable data on race, ethnicity and gender from NDTMS provide the opportunity to engage with the diversity agenda in a more strategic way than has been possible previously. Both the central NTA and NTA regional teams will review this data and use it to inform their work with the joint commissioning managers. Responding to diverse needs is integral to the success of the effectiveness strategy and the NDTMS data will help to facilitate this process. It will also inform the NTA's race equality scheme review.	To be reviewed as part of the treatment planning cycle in April 2007	Annette Dale-Perera (NTA)
2/4	Review and revise operating standards for DIP to ensure that all service providers have appropriate approaches to engaging with all clients in their local community with particular reference to women, including sex workers and BME clients and client groups.	Operating standards will be reviewed and revised if thought necessary in April 2007.	April 2007	Peter Grime (DIP, Home Office)
2/5	Review DAT diversity strategies in relation to treatment and	Regional teams meeting in Sept 06 to consider this work and examples of	November 2006	Annette Dale-Perera (NTA)

	commissioning of services	good practice.		
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### 3. Community Engagement Projects

**Aims:** i) To improve the engagement of DIP offenders from Black and minority communities throughout the end-to-end process of DIP assessment, treatment and reduction of offending outcomes.  
 ii) To enhance the local work force and planning agenda to ensure the delivery of and growth in the areas workforce of Black and minority ethnic employees.  
 iii) To ensure learning from 2005/06 DIP CEP UCLan projects can be used to help other DAT's engage more effectively with their communities.

To note: BME groups are the initial focus of these projects but this work will be expanded to cover other aspects of diversity such as sexuality once the initial work on BME groups has been completed.

	Actions required to achieve aim	Progress in relation to action	Review date (R) / deadline (D).	Lead agency / individual responsible for delivery
3/1	Disseminate lessons learned from CEP's and examples of good practice nationally to DAT's and GO's.	A completed version of this report was placed on the Home Office website at <a href="http://www.drugs.gov.uk/publication-search/dip/DIP_engaging_BMEs_lessons">http://www.drugs.gov.uk/publication-search/dip/DIP_engaging_BMEs_lessons</a> These identified lessons learned and examples of good practice. These will be disseminated nationally through the February DAT Update and DIP E-Bulletin.	December 2006	Kate Davies (UCLan) & Helen Ogilvy (DIP, Home Office)

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	Actions required to achieve aim	Progress in relation to action	Review date (R) / deadline (D).	Lead agency / individual responsible for delivery
3/2	Decide the best way to mainstream community engagement / roll it out nationally. Evaluate this alongside the desire to have further CEP's in 06/07 to focus on sexuality, faith and disability and funding restraints.	Decision has been made to pull together a number of different diversity and community engagement related documents and put on the drugs.gov.uk website. Summary to step by step community engagement has been produced by UCLan and is included as an annex to the DIP CEP Final report. It will also be disseminated nationally as per Action 3/1 above. The DSU Prison Workforce Race Equality and Diversity Manual will also be included once completed.	March 2007	Peter Grime (DIP, Home Office)

Supporting Workstreams

The aims and actions in the following table support the completion of the work set out in the table above.

<b>4. Data Collection (Supporting aim)</b>				
<b>Aim:</b> Monitor the performance of DAT's in relation to meeting the needs of all their service users				
	Actions required to achieve aim	Progress in relation to action	Review date (R) / deadline (D).	Lead agency / individual responsible for delivery
4/2	Seek approval for expanded data set at the next DIP Management Board meeting, which takes place in March 2007. Seek approval on the content, and presentation of the data as well agreeing that it should be disseminated via the DIR web to GOs who in turn should disseminate to DAT/DIP managers.	Expanded data set to be taken to next DIP Management Board meeting in March 2007.	May 2007	Helen Ogilvy (DIP, Home Office)
<b>5. Communications Strategy (Supporting aim)</b>				
<b>Aim:</b> To communicate the work produced by the Race Equality and Diversity Scrutiny Panel to the appropriate audience.				
				Lead agency / individual

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	Actions required to achieve aim	Progress in relation to action	Review date (R) / deadline (D).	responsible for delivery
5/3	Collect best practice examples / case studies and send to Helen Ogilvy. These will then be placed on the website which will be developed as part of action 5/2.	Examples of good practice have been received. This work has been incorporated into the ICE Working Group action plan. Ongoing.	Ongoing – examples to be sent to Helen Ogilvy as and when they are found. Website will be continuously updated.	All of Scrutiny Panel

## **5. Next Steps**

5.1 The action plan and table will be reviewed at every Panel meeting and it will be used as the key monitoring tool of progress and strategy development. This will be combined with the regular data reports that the DIP MIS team will be producing.

5.2 The action table will be a fluid document that will be constantly reviewed and updated by the Panel.

## **Annex A**

### **6. The Race Relations Act 1976**

6.1 The Race Relations Act makes it unlawful to discriminate against anyone on grounds of race, colour, nationality (including citizenship), or ethnic or national origin. Individuals and employers who pressure for, aid or ignore discrimination are also acting unlawfully.

6.2 The Act protects against discrimination in the fields of:

- employment (including firms, trade unions, qualifying bodies, vocational training or employment agencies, and the Police);
- education; and
- the provision of goods and services.

6.3 If they are victims of discrimination, people have the right to challenge unfair treatment in the courts or an employment tribunal. Complainants can also apply for assistance with their case from the Commission for Racial Equality.

6.4 The Act defines the government's expectation for public organisations to pursue race equality in outcome and process.

It is unlawful for public sector organisations to discriminate by:

- refusing their services to people on the basis of ethnicity;
- giving services on less favourable terms or conditions than offered to people of other racial groups.

6.5 There is a general duty to promote race equality placed on over 300 public authorities listed in schedule 1A to the Act. Authorities and agencies involved in DAT strategy and service delivery are included in the list. The general duty requires due regard to the following three factors:

- the elimination of unlawful racial discrimination (direct as well as indirect or unintentional discrimination)
- the promotion of equality of opportunity
- the promotion of good relations between persons of different racial groups.

6.6 The Act also sets out specific duties such as the publication of a Race Equality Scheme (see Appendix 2 of the Code of Practice). These specific duties apply to health authorities, primary care trusts and local government, all of whom may be involved in providing services to DATs.

### **7. The Race Relations (Amendment) Act 2000**

7.1 The Race Relations (Amendment) Act 2000 extended the 1976 Act so that public authorities must not discriminate indirectly (or directly) in carrying out any

of their functions in the provision of their services to the public. By 31 May 2002 public bodies were required to comply with the general and specific duties to promote race equality. Compliance means having in place realistic plans for fulfilling the duties as soon as is reasonably practical, including the publication of a Race Equality Scheme. There are also specific duties to: assess functions and policies for their effect on race equality, consult on them, monitor the effects they have, publish the results of these activities, and train staff in these duties.

## **8. The Sex Discrimination Act (1975)**

8.1 The Sex Discrimination Act 1975 states that there must be no direct or indirect discrimination against men or against women. This covers areas such as employment, education, housing or providing goods and services, and in advertising these things. It is also unlawful to discriminate against someone because they are married or unmarried.

## **9. The Human Rights Act (1998)**

9.1 The Human Rights Act 1998 incorporates into UK law rights and freedoms guaranteed by the European Convention on Human Rights. Article 14 is the Prohibition of Discrimination.

9.2 The ECHR does not allow discrimination on the following grounds:

- sex
- race
- colour
- language
- religion
- political or other opinion
- national or social origin
- association with a national minority
- property
- birth

9.3 It protects people from discrimination on “any grounds” and the grounds of “any other status” too. This means that the categories are not closed. The “other status” ground could therefore be used to protect people from discrimination on the grounds of, for example:

- sexual orientation
- whether they were born inside or outside a marriage
- disability
- marital status
- age

## **10. The Disability Discrimination Act 1995**

10.1 The Disability Discrimination Act 1995 states that it is unlawful to discriminate between different clients depending on disability. Employers must not treat any employee or job applicant less favourably because of a disability unless there is a material and substantial justification.

10.2 Reasonable adjustments should be made by service providers to physical features of premises to overcome barriers to access.

10.3 The definition of “reasonable adjustments” depends on factors such as the type of service provided, the likely cost in relation to size and resources and the amount of disruption.

10.4 Evidence might include an audit of ease of access. This should cover: steps, stairways, kerbs, exterior surfaces and paving, parking areas, entrances and exits, internal doors, gates, toilets, washing facilities, public telephones, service desks, lighting, ventilation, lifts, escalators and other public facilities.

## **11. The Disability Discrimination Act 2005**

11.1 This Act amended or extended existing provisions in the Disability Discrimination Act 1995, which aimed to end the discrimination which many disabled people face. The act gives disabled people rights in the areas of: employment; getting goods and services and buying or renting land or property.

## **12. The Equality Act 2006**

12.1 The Equality Act 2006 introduced a new legal duty that will require all public bodies to promote gender equality – in much the same way that the Race Relations Act contains a positive duty to promote race equality. This will mean that gender impact assessments will need to be conducted to ensure that the development and delivery of policies and services take account of any differential impact on men and women. This will apply to those responsible for drug services and so it will be important for the DIP Race and Diversity Scrutiny Panel to consider the impact of the new gender duty and how its requirements will need to be reflected in the Action Plan.

### **13. National Treatment Agency**

#### **Race Equality Scheme**

**May 2002**

#### **STATEMENT OF INTENT**

The NTA is committed to action to ensure equal access to relevant and appropriate drug treatment services for the whole population; the eradication of unlawful discrimination and the promotion of equal opportunities with respect to ethnicity, age, culture, gender, sexuality, mental ability, mental health, geographical location, offending background, physical ability, political beliefs, religion, health or status or any other specific factors which result in discrimination.

As part of this commitment the NTA have, in the first instance, produced a Race Equality Scheme and related Work Programme. The reasons for doing this are two-fold, firstly, to meet the requirements of the Race Relations (Amendment) Act 2000, and secondly, in recognition of the significant discrimination faced by Black and minority ethnic groups within the drug treatment field. The Race Equality Scheme will be established for 2002/2003, after which it will be monitored on an annual basis and reviewed accordingly. This process and the framework developed will be used as a template for a wider Equality and Diversity Strategy from 2003 onwards.

The approach taken is one of mainstreaming equality and diversity through integration of specific targets and work plans into the corporate aims of the agency. All staff and representatives are expected to support this statement and to take an active role in fulfilling the goals set out in this statement.

#### **GOALS**

To establish the NTA as an example of best practice in working with equality and diversity starting with the development of a Race Equality Scheme (Corporate Aim 1)

To influence the drug treatment field by placing equality and diversity at the heart of the NTA corporate aims and developing specific work programmes with allocated resources (Corporate Aim 2)

To increase the capacity and competence of the drug treatment workforce to both represent the local diversity of populations and have the necessary skills and knowledge to work with diverse client groups (Corporate Aim 3)

To improve the quality of drug treatment providers through the development of equality and diversity standards within the national service accreditation system (Corporate Aim 4)

To improve the availability and accessibility of drug services for diverse client groups through improvements in commissioning and the DAT planning process (Corporate Aim 5)

To identify and disseminate best practice in relation to the effective treatment of diverse client groups (Corporate Aim 6)

## **THE RACE EQUALITY SCHEME**

### Background

There is clear recognition over many years that there is widespread inequality in the drug treatment sector. There are also clearly differential impacts in terms of access to and delivery of drug treatment for different groups i.e. Black and minority ethnic (black & minority ethnic) drug users.

The National Treatment Agency (NTA) is a special health authority created by the government on 1<sup>st</sup> April 2001, with a remit to increase the capacity, quality and effectiveness of drug treatment in England.

The NTA is responsible for performance managing and obtaining the best value from the government's 'pooled budget' for drug treatment. This draws together existing dedicated 'pooled budget' from the Department of Health with funding from the Home Office. In 2002/3 the "pooled budget" totalled £195 million distributed to health authorities and local Drug Action Teams.

On April 2<sup>nd</sup> 2001 the Race Relations (Amendment) Act 2000 came into force, this act extends the scope of the 1976 Race Relations Act to include all functions of all public authorities including health trusts and health authorities. The 2000 Act places a general duty on all major public authorities to promote racial equality and sets out specific duties with which they must comply. In order to implement the general and specific duties the Act requires a Race Equality Scheme to be put in place by each public authority.

### Why have a Race Equality Scheme?

All staff and representatives of the NTA must have due regard to the need to promote race equality. As a special Health Authority it will also need to take steps to ensure that its policies are fair, lawful and ensure equality of access to the population served. As an employer the NTA will need to ensure that its procedures and practices are fair, and actively seek to have a workforce, which is representative of the population.

This Race Equality Scheme tells you how we intend to meet our duties under the Race Relations Amendment Act.

What is the General duty on public bodies to promote race equality?

The General Duty is placed on public authorities as set out in section 71(1) of the Race Relations (Amendment) Act 2000:

Every body or other person specified in Schedule 1A or of a description falling within that Schedule shall, in carrying out its functions, have due regard to the need –

- To eliminate unlawful racial discrimination;
- To promote equality of opportunity
- To promote good relations between persons of different racial groups

What steps should the NTA take to comply with the General Duty?

- Determine which of the NTA functions are covered by the requirements of the general duties
- Determine how the NTA will measure the impact on racial equality of its policies & procedures and how they work in practice
- Determine how the NTA will assess the impact on racial equality of policies that it proposes to introduce
- Determine how the NTA can 'mainstream' racial equality into all its functions
- Determine how the NTA can build racial equality into all aspects of employment

What steps should the NTA take to comply with the Specific Duties of the Race Relations (Amendment) Act 2000?

A) Prepare and publish a Race Equality Scheme setting out how the NTA intends to meet its obligations under the general and specific duties to promote racial equality which are relevant to it

B) Identify which of the NTA's functions and policies are relevant to the general and specific duties

i. Set out the arrangements for the assessment and consultation on the impact of these functions and policies on the promotion of race equality

ii. Set out the arrangements for monitoring the functions and policies for any adverse impact on the promotion of race equality

iii. Set out the arrangements for publishing the results of: Assessments; Consultations and Monitoring for any adverse impact on the promotion of race equality

iv. Set out the arrangements, for ensuring Black and minority ethnic groups have access to information and to services provided by the NTA;

v. Set out the arrangements for training staff on issues relevant to the duty to promote race equality.

## WHAT THE NTA WILL DO TO MEET THE GENERAL AND SPECIFIC DUTIES UNDER THE RACE RELATIONS (AMENDMENT) ACT 2000

### SPECIFIC DUTY 2 (2) A – RACE EQUALITY SCHEME

The NTA has produced this Racial Equality Scheme as part of its duties under the Race Relations (Amendment) Act 2000 and in order to take a firm lead in ensuring race equality is at the heart of drug treatment service planning and delivery in England.

The NTA regards all of its functions and policies as relevant to the general duty and is taking an approach that uses the agency's corporate aims as the main focus for its activities within this scheme (Appendix 1 - Corporate Aims).

### SPECIFIC DUTY 2 (2) B (i) – ARRANGEMENTS FOR ASSESSING AND CONSULTING ON IMPACT

The arrangements for assessing for adverse impacts on the promotion of racial equality addresses both internal and external functions of the NTA.

The NTA Board will ensure that the production of new policies and procedures incorporate principles of equality within them, and where appropriate disseminate and consult via the established links.

The approach taken to external functions is one of mainstreaming so that the NTA's work programme includes assessments of the differential impact on Black and minority ethnic communities in the drug field.

The NTA will consult with Black and minority ethnic groups and organisations that have an interest in the drug treatment field. It will also establish ongoing links with Black and minority ethnic communities, user and carer groups at regional levels. Annual review of the work programme will consider issues that arise out of these consultations.

The NTA will identify the means by which Black and minority ethnic users and carers will be represented in all relevant consultations.

This document is being distributed widely in order to assist the NTA in its continuing development and implementation of this scheme; comments, views and opinions will be incorporated as part of the annual equality review.

### SPECIFIC DUTY 2(2) B (ii) – MONITORING

Monitoring will be conducted via an Annual Equality Review reporting to the Board. The Review will comprise three elements; internal policies & procedures; workforce recruitment, retention and development, and the relevant elements of the Work Programme.

#### Internal policies & procedures

All policies & procedures will be audited for any adverse impact on racial equality as part of the annual equality review. The NTA will monitor how well its

policies comply not only with the Race Relation Acts, but also the Human Rights Act, Sex Discrimination Act & Disability Discrimination Act

NTA workforce recruitment, retention and development

The NTA will collect and analyse information about the ethnicity of its workforce, to see whether or not it is employing a workforce, which is representative of Black and minority ethnic groups. The NTA will also look at information about the ethnicity of people who have applied for jobs but not been successful and change any policy or practise that places employees or people seeking employment with it from a Black and minority ethnic group at a disadvantage.

Relevant areas of the NTA work programme

Each individual programme is subject to a review or evaluation that incorporates specific equality standards.

#### SPECIFIC DUTY 2(2) B (iii) – PUBLISHING RESULTS

The NTA will publish the Race Equality Scheme and the results of all the annual equality reviews on the Internet, through conferences and monthly dissemination briefings and via the Black and minority ethnic community, user and carer consultation networks as established under specific duty 2 (2) B i above.

#### SPECIFIC DUTY 2 (2) B (iv) – ACCESS TO INFORMATION AND SERVICES

The detailed work programme demonstrates how the NTA will have an impact on access to services by Black and minority ethnic drug users.

#### SPECIFIC DUTY 2 (2) B (v) – TRAINING STAFF

The NTA will undertake training needs analysis of its entire staff every year and identify training and development needs for implementing the objectives and actions set out in this scheme.

### HOW THE NTA WILL MEET THE GENERAL AND SPECIFIC DUTIES UNDER THE RACE RELATIONS (AMENDMENT) ACT 2000

#### SPECIFIC DUTY 2 (2) A – RACE EQUALITY SCHEME

The NTA will convene a working group consisting of the Chief Executive Officer, the Director of Quality, and non-executive Board member with the assistance of an external consultant, to produce its first draft of the Race Equality Scheme. The Race Equality Scheme was presented to the NTA Board at their meeting on the 25 April 2002; the final draft was then shared with all staff inviting their comments. The Scheme was subsequently published and ratified by the Board on the 30 May 2002, ready for National circulation from the 31 May 2002. (Corporate Aim - 1.1)

#### SPECIFIC DUTY 2(2) B (iii) – PUBLISHING RESULTS

The Annual Equality Review will be published with the Board papers and through the Internet. There will be a specific section in the Annual report on diversity that includes the findings from the assessments, monitoring and consultation within the Race Equality Scheme. (Corporate Aim 1.6)

#### SPECIFIC DUTY 2 (2) B (iv) – ACCESS TO INFORMATION AND SERVICES

Ensure equality and diversity is included in the communications strategy and that there are specific commitments to involve a diverse range of agencies in key NTA communications i.e. guidance notes relating to equality and diversity and membership of special interest groups (Corporate Aim 1.6)

The NTA have commissioned and will publish a review of all the literature (published and un-published) on Black and minority ethnic drug use and related issues in England. This will be widely disseminated in the field to all commissioners, providers and appropriate Black and minority ethnic organisations in the summer of 2002. (Corporate Aim 6.1)

The NTA has commissioned a series of projects in our workforce programme to improve drug treatment for black & minority ethnic communities

- A national apprenticeship scheme has been commissioned which will specifically seek to develop new black & minority ethnic staff.
- The NTA leadership and development programme will set targets for black & minority ethnic professional participation (managers and commissioners).
- The support, training and development for existing black & minority ethnic staff in drug treatment will be enhanced by the NTA contributing to government funding for the Federation of Black and Asian Drug and Alcohol Workers; specifically a training and development post.

The NTA will produce and distribute guidance for commissioners and practitioners on key issues related to equality and diversity including one on the Race Relations (Amendment) Act 2000 for the drug sector and others on forthcoming legislative and national policy implications. (Corporate Aim 5)

The NTA Research strategy will include specific targets relating to the needs of diverse groups, particularly Black and minority ethnic groups. (Corporate Aim 6)

Systems for dissemination of information on good practice such as the monthly dissemination briefings, will include specific topics relating to equality and diversity such as findings relating to drug use and Black and minority ethnic communities (Corporate Aim 6.1)

Other specific projects within the NTA work programme will have dedicated black & minority ethnic elements where deficits have been currently identified.

- The NTA Reducing Drug-related Deaths programme will run a small grants scheme to develop materials for black & minority ethnic communities.
- The NTA programme to develop services for stimulant users and particularly crack cocaine users will specifically consider the needs of black & minority ethnic groups when developing service specifications, training and piloting new approaches.

#### SPECIFIC DUTY 2 (2) B (v) – TRAINING STAFF

The new national occupation standard based competency modules being designed for the NTA will specifically address equality and diversity. These cover core competencies for drug and alcohol commissioners, managers and practitioners.