This briefing provides a summary of the Race Relations (Amendment) Act 2000 and offers guidance on implementing good practice in addressing racial equality in the commissioning of drugs (and alcohol) misuse treatment.

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The primary focus of the NTA, Models of care (NTA 2002) and this resource pack is adult drug misuse treatment. It is, however, recognised that many services provide both drug and alcohol treatment. It is therefore important for commissioners to recognise the applicability of this guidance to alcohol treatment services.
1 Introduction and aims

This briefing provides a summary of the Race Relations (Amendment) Act 2000. It also looks briefly at how commissioners of drugs (and alcohol) treatment systems and joint commissioning groups (JCGs) can address issues of race equality at local levels.

All commissioners and JCGs should be tackling racial equality. The organisations to which they belong - such as primary care trusts, local authorities, and the probation and police services - have an enforceable duty to promote racial equality as defined by the Race Relations (Amendment) Act 2000. As separate organisations, JCGs and drug action teams (DATs) do not have direct obligations under the Act, but the statutory organisations to which JCG and DAT members belong do. In that respect, they have duties under the Act in relation to the work they do as members of the JCG or DAT.

Drug (and alcohol) alcohol treatment commissioners and JCGs are also required to address racial equality through the DAT treatment plan and central reporting mechanisms. These integrate racial equality into mainstream planning and require them to look at the differential impact of their functions and policies. They also require them to identify and address the unmet needs of black and minority ethnic populations and to consult with them. It is expected that all local areas provide evidence that they are working towards achieving this.

A few DATs and JCGs have developed work above and beyond the requirements of the DAT treatment plan and their statutory obligations under the Act. They have, for example, developed their own race equality schemes or comprehensive action plans and strategies. Examples of good practice include, but are not limited to, those described below (see paragraph 6 of this briefing).

It is the responsibility of JCGs and DATs to decide how they will respond to issues of race equality and diversity. Whatever decision is taken, there must be a commitment to action, a plan for action and senior level accountability on racial equality.

1.1 Discrimination, diversity and mainstream quality services

Tackling racial equality is relevant to all JCGs and DATs and should not be viewed as a burden. The process of achieving race equality is applicable to the eradication of unlawful discrimination and the promotion of equal opportunities with respect to age, gender, sexuality, mental ability, mental health, geographical location, offending background, physical ability, political beliefs, religion, health, status or any other specific factors which result in discrimination. Many of the principles discussed in this briefing are equally applicable to the eradication of other forms of discrimination.

In addition, and crucially, it is recognised that addressing issues of race equality will improve services for everyone. It will help the JCGs identify more general problem areas and will thus help improve mainstream and universal drug (and alcohol) treatment systems. Racial equality and diversity should not be treated as a problem. They are part of the solution to meet wider organisational objectives.
2 The Race Relations (Amendment) Act 2000

The Race Relations (Amendment) Act 2000 came into force in April 2001 and defines the Government's expectation for public organisations to pursue race equality in outcome and process. The Act extends the scope of the 1976 Race Relations Act to include all functions of all public authorities. It therefore continues to place public and voluntary sector organisations under the legal obligation not to discriminate on the grounds of race in functions such as service delivery, employment and policies.

The new Act places an enforceable, positive duty (general duty) on most major public authorities to promote race equality. Some listed authorities must also comply with the specific duties that set out the arrangements for meeting the requirements of the general duty. One of the principle aims of the Act is to address institutional racism. Organisations are required to examine all their functions and policies to determine that unwitting prejudice is not taking place.

The duty to promote race equality is enforceable by the judicial review process, and the Act gives the Commission for Racial Equality (CRE) enforcement powers. The general duty to promote race equality will be audited through monitoring the performance of the authority.

2.1 General duty

The Race Relations (Amendment) Act 2000 places a general duty on all public sector organisations for the following:

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

2.2 Specific duties

There are specific duties that some public authorities are required to meet in order to meet the general duty. Under these duties, some authorities have prepared and published a race equality scheme that should explain how authorities would meet both their general and specific duties.

Under the race equality scheme, public authorities will have to do the following:

- assess whether their functions and policies are relevant to race equality
- monitor their policies to see how they affect race equality
- assess and consult on policies they are proposing to introduce
- publish the results of their consultations, monitoring and assessments
- ensure that the public have access to the information and services they provide
- train their staff on the new duty.

2.3 Specific duty on employment

Most public authorities bound by the general duty of the Act have a specific duty to promote race equality in employment. These authorities have to monitor, by ethnic groups, all employees and all applications for jobs, promotion and training. Authorities of more than 150 employees have additional monitoring requirements.
3 Drug (and alcohol) treatment and race equality schemes

All organisations working in the drug treatment field are affected by the Race Relations (Amendment) Act 2000. The general and specific duties of the Act fall on the National Treatment Agency for Substance Misuse (NTA), PCTs, NHS hospital trusts, mental health trusts, local government, probation and police services, amongst others. The Act also affects voluntary sector organisations that have been contracted by public authorities. Voluntary sector organisations that receive public funding are required to comply with the general and specific duties of the Act, but it is the responsibility of the funding organisations to ensure that this is carried out. Voluntary sector organisations are expected to comply with other requirements including not to discriminate.

Organisations that commission drug (and alcohol) treatment services are required to meet the specific duties of the Act. PCTs are responsible for publishing and reviewing their own race equality schemes, as are the 42 local probation areas of the National Probation Service and the police authorities. Social services departments’ plans should be covered by the schemes of local authorities.

It is good practice that drug (and alcohol) misuse is addressed in the race equality schemes of each of these organisations. The commissioning of drug treatment services is one of the functions of all organisations represented on the JCG, and all organisations should have policies regarding substance misuse. In theory at least, it is possible that the Commission for Racial Equality (CRE) could monitor if and how race equality and drug (and alcohol) misuse are addressed.

Commissioners should ensure that, where drug (and alcohol) misuse is not already addressed in their organisations’ race equality scheme, this is reviewed with the scheme. This will integrate drug (and alcohol) misuse into the wider agenda of race equality. It is good practice that all JCG members co-ordinate the response of their respective organisations.

4 Race equality and the DAT treatment plan

Drugs (and alcohol) joint commissioning groups are not legally required to develop their own race equality schemes as such. However, all JCGs are expected to work within the spirit of the Race Relations (Amendment) Act 2000. This means that they should have a shared and agreed response to racial equality. The JCG or the commissioning manager need not develop additional and separate pieces of work to do that. The DAT planning process already requires them to have a shared response to racial equality and provides a framework for doing so. The DAT treatment plan also provides a structure for meeting many of the duties of the Act, for example consultation, assessment, and giving access to information and services.

The DAT planning process provides a comprehensive framework through which race equality can be integrated into mainstream planning and commissioning. It is good practice that racial equality is not only tackled through the sections of the DAT plan that specifically focus on black and minority ethnic populations - race equality should be tackled at each relevant step of the planning and reporting process.

It is good practice that JCGs:

- monitor the number of people who receive structured treatment by ethnic group
- determine if and how waiting times and other policies are affecting minority ethnic populations
- address racial equality in development of primary care based treatment and shared care
address racial equality in service coverage

address issues of anti-discriminatory practice in employment in their analysis of workforce expansion

consult with black and minority ethnic populations and actively include them in processes of public scrutiny.

It is also good practice that JCGs explicitly address racial equality in the following:

- planning of each of the four tiers of services (as outlined in Models of care, NTA, 2002)
- workforce planning
- user and carer involvement
- Models of care implementation.

From the DAT planning process, an action plan on race equality can be developed. This need not be a full-blown strategy, especially in the first instance. This action plan should identify specific gaps, objectives, funding, actions, milestones and progress.

5 Good practice guidance

There are a number of factors that should be taken into consideration when working towards achieving race equality. Some of these are outlined below.

5.1 Integrating racial equality into mainstream commissioning

Race equality should be integrated into the mainstream commissioning practice. It must be considered at every level of the commissioning cycle (see section 1: ‘Commissioning, definitions and frameworks’ of the Resource Pack for Commissioners). This encompasses:

- Strategic framework: including establishing shared JCG values on race equality and broad strategic objectives
- Strategic planning: including needs assessment, identifying existing services and resources, defining priorities and agreeing outcomes
- Operational planning: including establishing quality assurance mechanisms for race equality
- Purchasing activities: including integrating race equality in all service agreements and specifications
- Monitoring and review: including requiring ethnic monitoring.

Commissioners should ensure that services are purchased from organisations that work within the requirements and spirit of the Race Relations (Amendment) Act 2000 and that can demonstrate that they are actively working towards achieving race equality.

Race equality should also be integrated into the mainstream agenda and not regarded separately. Amongst other things, this means that it must be addressed when acting upon information provided via the collection of key performance indicators (KPIs). For example, JCGs should investigate KPIs on completion of, and retention in, treatment by ethnic group. There is anecdotal evidence that drug treatment services often fail to retain black and minority ethnic clients in treatment and that treatment drop-out rates are higher than amongst their white peers. Conversely, there is some evidence that services that target black and minority ethnic users can attract and retain them longer than their white peers.
5.2 Robust ethnic monitoring arrangements

Ethnic monitoring is essential and should be carried out to:

- uncover which groups are using the services
- highlight inequalities and therefore investigate their underlying causes
- remove unfairness or disadvantage.

It is recommended that all commissioners in a JCG use the same ethnic monitoring categories (based on the 2001 Census categories). Providers should be required to monitor services by ethnicity and to use the same census categories.

Routine ethnic monitoring of service uptake can be achieved through the provision of the minimum data set for the National Drug Treatment Monitoring Systems (NDTMS). Ethnic monitoring is part of the basic and mandatory data that should be collected.

5.3 Needs assessment

It is good practice that all needs assessments undertaken locally address issues of race equality. In addition, assessment exercises focusing on local minority ethnic populations are essential to provide a good understanding of need. These must reflect current situations, and JCGs should not depend on out-of-date information or dated research studies.

Different methodologies have been utilised. These include quantitative and/or qualitative research commissioned from academic departments and the model of community engagement as utilised by a Department of Health’s black and minority ethnic drug misuse needs assessment project which involved 47 black and minority ethnic groups in England.

Regardless of what methodology is adopted, JCGs must act upon the conclusions and recommendations of needs assessment. All too often in the past, exercises undertaken amongst black and minority ethnic populations were ignored and shelved. This can have a very negative impact: they raise people’s expectations, and when these are not fulfilled, people lose confidence in the system.

5.4 Consultation linked to action

Both the Race Relations (Amendment) Act 2000 and the DAT planning process stress the importance of consulting black and minority ethnic populations. Guidance has been published and models of good practice exist.

Whatever model is used, consultation must be linked to action. Over the years, black and minority ethnic people have expressed their disenchantment because they are often consulted but their views are ignored - a type of “consultation fatigue” has been noted. This can be counter-productive, and racial equality policies could lose credibility and commitment among staff who deliver them, as well as among people affected by them.

It is good practice that consultation is part of a wider process to:

- build relationships and partnerships with local communities and organisations
- develop networks
- involve them in the planning, development and implementation of initiatives.

One model of good practice is described below (see paragraph 6, example 2 in this briefing).
5.5 Funding

Funding should be identified for improving racial equality in drug treatment. It is good practice that this is not on a project basis, but is from mainstream budgets (i.e. pooled treatment budget or funding from the mainstream drug treatment budget of health organisations, social services and probation). Commissioners should also ensure that projects targeting minority ethnic groups are not particularly vulnerable to short-term funding and that they are not particularly vulnerable to losing support as a result of changes in commissioning policies.

5.6 Anti-discriminatory employment practices and workforce expansion

There is clear evidence that issues of anti-discriminatory practice in employment and issues of equity in service provision for diverse communities are, and should be considered as, related and not as separate issues.

Equal opportunity policies should be developed, covering recruitment, promotion and training. Clear targets should be set, progress to meet objectives should be monitored and procedures should be reviewed regularly. Crucially, these policies must be actively implemented.

It is widely acknowledged that black and minority ethnic populations are under-represented amongst drug treatment professionals, and most particularly at senior management levels. A JCG workforce expansion plan should address this issue explicitly.

5.7 Cultural and social appropriateness and experiences of discrimination

The integration of race equality into the mainstream agenda does not mean that commissioners and providers adopt a ‘colour-blind’ approach to drug treatment. On the contrary, commissioners should ensure that services purchased take into account the following:

- the diverse cultures and religions of local populations and service users and how these impact on service provision
- social exclusion and economic deprivation
- experiences of racial discrimination
- poor expectations of public services by black and minority ethnic populations and expectation of worse treatment.

5.8 Diversity of minority ethnic populations and service users

Black and minority ethnic populations should not be seen as homogeneous. On the contrary the extensive diversity that exists, within and between the various groups, must be taken into consideration at all levels including consultation and service provision. Differences are based on gender, class, age, culture, race, language, religion, religiosity, sexuality, political affiliation, education, social inclusion, disability, primary drug of choice, type of drug ingestion etc.
6 Examples of good practice

A number of DATs and JCGs in England have developed work on race equality that goes above and beyond the requirements of the DAT treatment plan. Two examples of good practice are described below, but others also exist and provide valuable lessons.

Other DATs and JCGs, including the Kirklees DAT, have taken the view that DATs should have an overall ‘diversity/inclusion’ policy, and if possible a lead officer. This policy will encompass specific actions under the Race Relations (Amendment) Act 2000 and on race equality, but will also cover policies on discrimination based on gender, disability, sexuality, immigration status (e.g. refugees, asylum seekers) etc.

Example 1

Worcestershire Substance Misuse Action Team’s (SMAT*) race equality scheme

The implications of the Race Relations Amendment Act (2000) for drug action teams as ‘virtual’ public organisations were discussed at Worcestershire SMAT’s partnership board meeting in January 2002. Using a race equality scheme format provided by Worcestershire County Council, the SMAT functions, duties and powers (to produce plans, commission services and implement the national drug strategy) were analysed and assessed in relation to:

- how they related to the Act
- evidence or reason that black and minority ethnic groups could be differentially affected
- evidence of differential outcomes
- evidence of public concern to differential outcomes
- priorities for action.

From this, an action plan was developed and included:

- contracting Worcestershire Race Equality Council to conduct a SMAT-wide race equality audit of processes and other and provide recommendations for the future
- ensuring that black and minority ethnic-related criteria, including confirmation of compliance with the Act, are contained within service level agreements with provider agencies.

In January 2003, Worcestershire Racial Equality Council agreed to complete the following work on behalf of Worcestershire SMAT:

- identify how black and minority ethnic issues can be more thoroughly addressed through reviewing SMAT partnership, planning and commissioning processes
- identify how black and minority ethnic communities can be involved and represented more effectively through SMAT processes
- assess the ‘cultural competence’ of SMAT groups and providers and identify training needs.

This work is to be completed by a senior race advisor by June 2003 and discussed at the SMAT Partnership Board meeting in July.

For more information

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* SMAT is the local term for the drug action team.
Example 2

Bury DAT: Developing and implementing an action plan

Bury Drug Action Team has been undertaking work on race equality issues since 2000.

Phase one

The starting point was the realisation of a very low uptake of drug services by members of local black and minority ethnic communities, especially the large Pakistani community in the borough. The DAT commissioned a review of drug service provision for the South Asian population. Three principal recommendations were made:

- The DAT should develop areas of work directly with the South Asian community.
- The DAT should undertake service development with service providers.
- Race equality should be planned, resourced and supported at the most senior level within the DAT.

Phase two

The DAT wished to create a structured, long-term development process, which would provide a sustainable infrastructure for working with the South Asian communities. It also wished to meet its statutory obligations for racial equality and those of its partner agencies. The community engagement model developed by the University of Central Lancashire’s Centre for Ethnicity and Health was adopted for implementation.

A race equality-working group was established and included commissioners and providers. A race equality action plan was developed and identified simple steps which could be taken by both commissioners and providers to promote anti-discriminatory ways of working and to meet their obligations under the Race Relations (Amendment) Act 2000. The action plan addressed issues such as anti-discriminatory policies, recruitment, data collection and service level agreements.

At the same time the DAT commissioned work to recruit a pool of people from the South Asian community to form a community panel for consultation. Members of the panel would also be invited to become direct participants in a process of community involvement and interaction. Volunteers were provided with discreet training to increase their skills and knowledge base.

Phase Three

The DAT and Community Safety Partnership funded an established local community group with a good track record, the Asian Development Association of Bury (ADAB), to appoint a project worker. This worker’s role is to support the community panel and to raise awareness of drug and alcohol issues within the community which it serves.

There are strong links between the project and local substance misuse services. Work will be monitored and evaluated and funding is currently being sought to continue this work beyond 2004.

For more information

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7 Recommendations for action

- Drug (and alcohol) misuse should be addressed in the overall race equality scheme of all organisations that commission drugs and alcohol treatment (e.g. primary care trusts, local authorities, local probation areas and police authorities).

- All organisations in a joint commissioning group (JCG) should co-ordinate their response on drug (and alcohol) misuse in their race equality scheme.

- JCGs should have a shared response to race equality.

- It is good practice that JCGs develop an action plan for race equality out of the DAT planning process.

- Good practice should be adopted to achieve race equality, including:
  - integrating race equality in mainstream commissioning and agenda
  - robust ethnic monitoring arrangements
  - needs assessment linked to action
  - consultation linked to action
  - sustainable funding
  - anti-discriminatory practice in employment
  - cultural and social appropriateness
  - taking account of diversity of black and minority ethnic populations.

- JCGs and DATs should consider developing comprehensive strategies and race equality schemes.

Further reading


## Useful contacts

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Further information

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