



A guide to support
substance misuse services
to achieve equality through
practice



Equality Through Provision and Within Practice

A Safer Bristol Substance Misuse Team Guide

Author: Russell Thomas Diversity and Workforce Officer

June 2012

Preface

There are many definitions of diversity and there are many things that can differentiate us from each other or join us together into various groups. Being part of a group or community can often mean facing stigma.

Substance misusers are a stigmatised and vulnerable group at risk of discrimination.

“The first thing to say is drug users themselves are a diverse group, generally speaking, and they have poor access to healthcare, education and employment opportunities”

(Bateman, L. AWP)

Equality is not about treating everybody the same, it's not one size fits all. Equality is about creating a fairer society, free from discrimination, where everyone has the opportunity to fulfil their potential (DoH, 2004)

There needs to be a culture of acceptance, inclusion and sensitivity. A culture where people can feel safe to be open about their sexual orientation, where they do not feel penalised because of their age, gender, transgender or relationship status or because they decide to start a family. A culture where people are not stereotyped by their ethnicity, where disabled people have their access needs met and having a religion or belief, or none, is respected.

The Substance Misuse Team would like to acknowledge all the substance misuse service providers and individuals whose valued input assisted in the development of this guide. They would specifically like to thank the involvement of:

Bristol Specialist Drugs and Alcohol Service (BSDAS)
Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
Bristol Drugs Project (BDP)
Addiction Recovery Agency (ARA)
Nilaari
The Junction
Eden House
The Diversity Trust
White Space Productions

Contents

Executive Summary	4	Summary
- Introduction	4	
- Commitment to Equality and Diversity	4	
- Workforce Diversity	4	
- Equality Within Practice	5	
- Conclusion and Recommendations	5	
Equalities Facts - Lesbian Gay Bisexual and Transgender (LGB and T) Communities	6	
Introduction	7	Equality
Commitment to Equality and Diversity	7	Through
Workforce Diversity	8	Provision
- Case Study 1 - Are we making 'reasonable adjustments' for disabled employees?	9	
Understanding Equality in Substance Misuse Services	10	
Review	11	Equality
Equalities Facts - Black and Minority Ethnic (BME) Communities	12	Within
Monitor	13	Practice
Implement	14	
- Case Study 2 - What are we doing for service users with learning difficulties?	14	
Good Practice	15	Achieving
- Case Study 3 - What is being done for older service users?	18	Outcomes
Conclusion	19	and Good
Recommendations	19	Practice
References	21	
Appendix 1	23	Appendix
Recruitment and Induction	23	
Appendix 2	24	
Equality Impact Assessments	24	
Appendix 3	25	
Equalities Development Plan	25	
Appendix 4	26	
Positive Action	26	
Appendix 5	27	
Equal Opportunities Policies	27	
Appendix 6	28	
Types of Discrimination	28	

Executive Summary

Introduction

This guide looks at practical steps to enable equality through provision, achieve equality within practice and influence outcomes for service users and substance misuse services (providers) in Bristol.

The guide uses good practice examples throughout and puts forward recommendations. It establishes the importance of maintaining equality practices and goes through the review, monitor and implement stages.

The guide is relevant for all Equality Act 2010 'Protected Characteristics' (equalities communities). However specific references are made that illustrates some of the challenges faced by various equalities communities. There are specific facts is on Lesbian, Gay, Bisexual and Transgender communities and the Black and Minority Ethnic communities. There are specific case studies around disabled peoples communities and older service users. The guide also features quotes and responses from interviews with providers and service users relating number of equality areas including, women and parents.

Commitment to Equality and Diversity

All providers must have an equal opportunities or equalities and diversity policy.

The policy should:

1. Protect employees and service users from discrimination, harassment and victimisation.
2. Promote diversity of the workforce and service users
3. Enable a response to changing demographics, Law, needs and trends
4. Reflect the provider's commitment to equality of opportunities
5. Ensure equality relates to all facilities, service users and employees

For a more specific list of what equal opportunities policies should include please see Appendix 5

Workforce Diversity

Having a diverse workforce means engaging a wider pool of applicants and drawing from a broader range of perspectives. It will mean that providers and staff are able to identify more closely with their service users and service users will have more confidence in providers.

A diverse workforce can lead to better services. For example bilingual staff can communicate with service users in their 'mother tongue'.

Promoting and considering equality has a number of provider and service user benefits. There is some evidence to suggest that equal opportunity employers have outperformed less aware providers (Mulholland et al 2005).

Equality Within Practice

In putting equality into practice it is recommended that providers:

1. **Review:** Existing policies, procedures, practices, development plans, trends, and contracts.
2. **Monitor:** How well these are working? – This is a critical stage in delivering equality.
3. **Implement:** Where necessary address inequality and promote diversity.

Conclusion and Recommendations

This guide demonstrates clear evidence of good practice taking place in Bristol. It highlights that there are many challenges that still exist. Indications are that equality within the workforce and service provision will continue to improve.

The following specific recommendations are made to providers:

- Complete an Equality Impact Needs Assessment process (EINA)
- Use the NTA - **Equality Analysis: Audit Tool**
- Improve the % of service users and staff engaging in equality and diversity consultations and monitoring opportunities
- Establish a clear method of effectively using the 'Full' assessment to assess key domains to identify individuals who have additional challenges/needs and enable the implementation of holistic care plans
- Develop an Equalities Development Plan
- Actively utilise this Equality Good Practice Guidance and Toolkit (Available in October 2012)
- Provide training and support around improving the culture competencies, equality knowledge and overall ability to effectively engage with equalities communities
- Consider developing an interagency mentoring or/and shadowing programme for Black and minority ethnic, LGB and T and disabled staff and communities with the support the SMT
- Make improvements to increase access to services and resources and make 'reasonable adjustments' to support disabled service users and staff.
- Be sensitive to and assess the needs of those staff and service users with a religion or belief
- Be sensitive to and assess the needs of those staff and service users with parental and carer responsibilities

Lesbian, Gay, Bisexual and Transgender (LGBT) Communities

“We are hoping to have a stall at (LGBT) Pride this year. We might start reaching the LGB&T community, a group which has found it difficult to access our services.”

(Silsby, R., & Barber, R.BSDAS).

What are the issues?

LGBT people are disproportionately affected by substance misuse. For example:

- One in three LGBT people will experience alcohol or drug addictions. (Addiction Today, 2009).
- Dependence on recreational drugs and prescribed drugs is high amongst LGBT people. (King et al. 2003).
- Excessive alcohol use is high amongst Lesbians.(King et al. 2003).
- Recreational drug use is high amongst Gay and Bisexual men, especially high amongst Bisexual men. (King et al. 2003).
- Lifetime substance use is higher amongst Gay and Bisexual men, than men with opposite-sex partners. (Cochran et al. 2004).
- LGBT users of substance treatment services present to the service with greater frequency of substance use than heterosexual service users. (Cochran et al. 2004).
- LGBT users of substance treatment services have a history of more mental health treatments. (Cochran et al. 2004)
- LGBT drug use across all ages, with the most commonly used substances being cannabis and poppers, followed by cocaine powder, ecstasy, ketamine and amphetamine. (LGF, 2012).
- Over a fifth report binge drinking once or twice a week. (LGF, 2012).
- 10% reporting binge drinking 4-5 times a week or daily/almost daily. (LGF, 2012)
- The use of a range of “Party and Play”/ ‘Club Drugs’ including; Amphetamines, Cocaine, Ecstasy, MDMA, GHB/GBL, Ketamine, LSD, Nitrous Oxide and Poppers is statistically significantly higher within LGBT populations than the general (heterosexual) populations within Bristol. (Wilde, 2009. McNally & Smyth, 2012.)

Introduction

This is a guide is to support providers to deliver discrimination free services and promote and respect the equality and diversity needs of service users and staff.

Substance misuse services (providers) need to ensure they meet the needs of all service users from a variety of equalities communities. By engaging effectively with a wider variety of equalities communities the quality of services and effectiveness of outcomes will be enhanced (Mulholland et al 2005).

This guide addresses the issues faced by staff and service users working for or accessing providers in Bristol, considers good practice, provides testimonials, quotes from filmed interviews and makes recommendations.

Commitment to Equality and Diversity - 'Quality means equality'

Under the Equality Act 2010 Bristol City Council (BCC) has a duty to promote equality of opportunity, to foster good relations between different groups and to ensure that nobody experiences victimisation and harassment or are discriminated against because of:

Age

Gender (sex)

Gender reassignment

Disability

Race - this includes ethnic or national origins, colour or nationality

Religion and belief - this includes lack of belief

Pregnancy and maternity

Sexual orientation

It also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

BCC also has a duty to ensure that services they provide or commission are accessible to and appropriate for everyone.

BCC is complying with the Equality Duty within the context of a challenging financial climate, reducing budgets and the need to ensure value for money. It is the role of the Substance Misuse Team (SMT) to ensure that every service it commissions has an equal opportunities policy and a contract that as a minimum includes conditions requiring the provider to comply with the Equality Act 2010.

BCC has taken action to deliver and influence these equalities objectives through a robust commissioning and procurement process.

BCC 'Code of Practice Equalities in Commissioning and Procurement' requires:

- Equality to be built into commissioning and procurement and therefore into service delivery
- Services and providers should meet the diverse needs of people with substance misuse issues
- Equalities issues to be a key consideration for everyone involved at all stages of commissioning and procurement

The SMT will specify the services they want, and stipulate equalities outcomes. Appropriate equalities service standards and targets will be included in contract specifications and effective monitoring will be developed to ensure that the outcomes are delivered. Equalities issues will be addressed throughout the commissioning process and will form a key section of tender evaluations.

Providers must:

- Ensure employment policies, procedures and practices are not discriminatory
- Ensure provision and develop services which are appropriate and accessible and monitored through service user consultation
- Monitor whether contracts meet these aspirations

“I’ve been with the Junction Project about 3 months now and since arriving I have been greatly supported. The equality I have been shown around my sexuality has been amazing. Junction have really helped me and always ask if I have any equality and diversity issues as I have experienced it in the past. Thank you Junction for being so accepting, welcoming and helping”

(Service User – The Junction)

Workforce Diversity

It is important to have a workforce which reflects the diversity of Bristol’s service users. However, there are recognised local and national trends in substance misuse recruitment and provision which contradict this guidance, i.e. a disproportionate percentage of female staff and a significantly disproportionate male to female ratio of service users (approximately 2.5 males to every female). Although this inequality is not necessarily a negative, providers are asked to examine this and other disproportionate trends and consider whether approaches and practices can be more inclusive. Providers are also asked to explore the level of cultural competencies in their workforce.

“We have a diverse staff team so our team reflects the makeup of the community, and that encourages people through the door, they see somewhere or somebody that gives them a sense they might be understood better here. We think that is really important that people think about how they staff their services. You could have lots of BME people who aren’t very competent at their jobs so it’s not only having people who reflect the community that they serve but also competency.”

(Rose, P. Nilaari).

A diverse workforce will mean that individuals can share new and diverse perspectives, which could lead to improved problem-solving opportunities. In addition it will support the development of a respectful and accepting working environment that should also lead to similar outcomes when working with service users.

The current staff profile must be monitored by the “protected characteristics” (age, disability, ethnicity, religion etc.) Monitoring current staff profile will mean that changes can be made and additional support will be provided.

One way that support is provided is to ensure that ‘reasonable adjustments’ are made for disabled employees. The Equality Act 2010 highlights the importance of making 'reasonable adjustments' to the working environment for disabled employees.

Providers with disabled employees must consider making an access to work application within the first 6 weeks of employment to ensure the DWP fund covers 100% of access costs.

Case Study 1 – Are we making ‘reasonable adjustments’ for disabled employees?

Bristol Specialist Drug and Alcohol Service (BSDAS)

As part of their recruitment and selection process all candidates who declare themselves as disabled on their application form must be short-listed for interview if they meet the essential criteria as part of the NHS Trust's 'two-tick pledge' on disability.

To support disabled staff and in order to retain them at work, BSDAS have committed to making ‘reasonable adjustments’ as appropriate to facilitate attendance at work.

This sort of ‘reasonable adjustment’ may take the form of a change to working hours or working patterns, a change in the duties to be carried out, or in some cases the provision of special equipment or support.

Providers should consider being sensitive to cultural and religious needs of staff. When working with equalities communities providers need to ensure that any specific needs are taken into account.

This might include sensitivity and consideration when holding or planning events:

- Take into account Ramadan and other religious festivals and customs
- Provide Halal or Kosher food at events
- Avoid holding events on religious days
- Be conscious about not booking potentially offensive/emotive venues

Providers should also be sensitive to and assess the needs of those staff and service users with parental and carer responsibilities.

'We have a long-established women only drop-in every week, on-site childcare, women's and men's groups within BDP and a Father's group'

(Telfer, M. BDP)

When considering recruitment, induction and promotions, providers should check the following for compliance with the Equality Act 2010:

- Recruitment advertising
- The recruitment and selection process

For more information please see Appendix 1.

Understanding Equality in Substance Misuse Services

From March 2012 - May 2012 the SMT produced a number of equality based reports regarding the level of equality in substance misuse provision and in the workforce. This information was evaluated and compared with local and national substance misuse demographics as well as local generic demographic data. There were a number of concerns these included:

Area	Concerns
Workforce	<ul style="list-style-type: none"> • Significantly low % of BME workers and managers • Low % of LGB and T staff and managers • Significantly low % of Disabled staff and managers • Very little information about Transgender workers • All equalities communities not included in workforce monitoring questionnaires and were poorly monitored • Inconclusive evidence to demonstrate staff and managers cultural competencies.

Area	Concerns
Service Provision	<ul style="list-style-type: none"> ● low % physically disabled service users with limited provisions and access ● High % mental health service users ● Very little information about Transgender service users ● Low % uptake of service from BME service users ● Low % uptake o LGB or T service users ● Lack of provider engagement with equalities communities ● Low % engagement with service users from a wide range religions and beliefs

Review

Providers will have a number of policies that affect service users and staff. All providers must have an equal opportunities or equality policy.

When applying for public sector funding providers will be asked to evidence that they have relevant policies, procedures and practices in place. For more information on equal opportunities policies please see Appendix 5.

It is good practice and important to regularly review these policies as:

- Policies may have been in place for a long time without change
- The law has recently changed around equalities and people covered by the Act
- Polices and procedures may no longer reflect the work that is being done
- They may be discriminatory and/or unlawful

Policies and procedures should be checked for the presence of discrimination. For a list of the types of discrimination please see Appendix 6.

Black and Minority Ethnic (BME) Communities

“We are trying to build up links with the Somali community, who do have well documented issues with Khat, which is chewed by that community”

(Bateman, L. AWP).

What are the issues?

- The ONS 2010 estimates the BME population of Bristol to be 13.5%.
- In 2011 26% of children in Bristol schools were BME (BCC, Equalities and Community Cohesion Annual Report 2011).
- In line with national and local demographics the large majority of service users are White British (SMT Need Assessment 2012). Although this group is over represented within the treatment population
- Data indicates that only 9% of substance misuse service users are from BME communities, which is an under-representation (SMT Needs Assessment 2012). If the incidence of substance misuse is the same as the population, this may indicate that BME communities were less likely to engage with services.
- Further evidence highlights that many in BME communities are reluctant to ask for help (NTA, Diversity Learning From Good Practice In The Field 2009).
- Anecdotally it is felt that BME individuals might be less likely engage with substance misuse services because substance misuse is not culturally acceptable for those from some cultural and religions backgrounds (Under One Sky 2009). Drug misuse is viewed as a problem for liberal cultures therefore cultures which value tradition perceive drug misuse to not be a problem for their communities. This may mean that there is more stigma around substance misuse in these communities and would add to the reluctance to ask for help.
- BME service users are more likely to be unsuccessful in treatment and leave in an unplanned way (Theseus, 2011).
- There currently exists a BME substance misuse service user group. There currently exists a BME and stimulant specific and substance misuse service
- There is little prevalence data on either Bristol’s or national BME substance use.

Monitor

Providers should monitor the level of equality and diversity in service provision and in the workforce. Various methods can be used to assist providers and the services they deliver to meeting national and local equality outcomes as well as the individual provider objectives.

As part of this process providers should monitor demographics in:

Service Provision

- Customer provision
- Satisfaction levels
- Recovery outcomes
- Successful and Unsuccessful Completions
- Complaints and grievances
- Treatment withdrawn

Workforce

- Workforce - staff/management
- Satisfaction levels
- Staff Retention
- Complaints and grievances
- Disciplinary action
- Recruitment
- Training
- Promotion

Providers must also explore impacts of policies and decisions regarding service changes through equalities monitoring data.

Once providers have this information:

- Evidence should be used to better understand service provision
- Establish service user demographics. Does it reflect different diversity groups in Bristol?
- Question whether there are unusual trends that do not fit what providers would expect to see?
- Explore why any discrepancies exist?
- Consider what can be done with this information?

Remember difference doesn't have to be negative. There may be a perfectly good reason as to why this does not fit a required representation:

- One group might be more likely to use a service than another.
- There may be an identified and emerging trend
- Providers may have established effective engagement with underrepresented communities?
- The demographics in the area may differ.

Only by analysing this information are providers able to establish whether more work needs to take place.

Implement

Providers should address identified under/over representation (as appropriate) or potential discrimination.

Providers should use action or equality development plans to schedule regular reviews of policies, procedures and practices. They must set targets to work toward better representation of Bristol's diverse equalities communities.

If it is found that something is not working and desired outcomes are not being achieved:

- Establish whether the targets were realistic and achievable
- Make sure any necessary adjustments are made in order resolve the identified concerns
- Take immediate and assertive action

“you can't treat everybody the same and there is difference within that diverse group, and we have different services to respond to different needs”

(Bateman, L. AWP).

Case Study 2 - What are we doing for service users with learning difficulties?

The Learning Disabilities Project - Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

This project was inspired by a workers' experience with a number of people with learning disabilities. It was felt that these individuals seemed to be coming to a lot of harm through their drug use.

These individuals didn't respond in the same way, in inpatient admissions or psychosocial interventions such as motivational interviews. The interventions were not having the same impact, and there were concerns as to how well they understood the advice and support provided.

AWP undertook an international literature search and found approximately 10 papers internationally on the subject of co-occurring, with a (learning) disability and an addiction. It is recognised that, although people with learning difficulties use less drugs. It becomes more of a problem to them, than their non-disabled peers. “It is important to think about people who use less drugs with higher needs”.

A pilot project was launched alongside the local Community Learning Disabilities Team. This project included a member of the Learning Disabilities Team based within the Specialist Drugs & Alcohol Service. Working closely together they delivered their standard programme but used the learning disabilities worker as translator to pitching these interventions in ways which people with learning disabilities understood.

Good Practice

The guide provides examples of good practice, clear advice and guidance of how to achieve equality in a planned way. It makes clear recommendations for providers to tackle inequality.

This section gives additional examples of good practice that providers and individuals can put into practice.

Tackling discrimination, bullying, harassment and victimisation

- Policies and procedures should be in place to tackle discrimination, harassment and victimisation and it should be clearly highlighted that there is a duty to make 'reasonable adjustments'.
- There should be a clear management commitment to prevent unacceptable behaviour
- Explain the forms of discrimination and harassment and give examples of what it includes.

Governance

There should be at least one designated individual, an 'Equalities and Diversity Lead', responsible for equal opportunities.

There should be a senior manager, executive or Board representative with responsibility for equality and diversity.

In Bristol the majority of substance misuse services have a designated Equalities and Diversity lead. Some agencies even have trained LGB and T leads.

Access

Refer to the BCC's Environmental Access Standard and make 'reasonable adjustments' for disabled service users.

Examples of 'reasonable adjustments' are:

- Making sure access routes are clear of clutter
- Providing sign language and interpreters
- Having information available in different format by request

Working arrangements

Give serious consideration to flexible working requests of parents and carers.

“We have policies and procedures to support staff. For instance, we have maternity leave arrangements for women, we have flexible working arrangement for people with childcare, or who have caring responsibilities”

(Bateman, L. AWP).

Harassment

Providers have a duty to protect employees and services users from all forms harassment. This should also include a duty to respond effectively to complaints and grievances.

The recommendations from the Bristol City Council’s report in 2011 *“Health and Social Care and Lesbian, Gay and Bisexual Equality”* States that:

There should be safeguards in place in residential treatment to ensure that lesbian, gay, bisexual and transgender people are not discriminated against or harassed by other residents, their family or friends.

Representation

Communities to be part of decisions that effect them; one measure of this is representation on decision-making bodies.

Visibility

Providers to develop and maintain visibility within communities to build trust

“We spend a lot of time doing development work within the community. We haven’t sat in the office waiting for people to come to us, we have gone out and actively sought out communities and we try to get a flavour of what they need. One of our strengths is that we listen to what people are saying they need for themselves and their community”

(Rose, P. Nilaari).

Confidentiality

Clearly communicate that drug and alcohol treatment services are confidential.

In recruitment application processes include an Equal Opportunities monitoring form that is detached from the main application form.

Women and Parents

Provide support for women and parents. Identify and utilise current childcare provision.

“We have developed particularly expertise in working with women, particularly people who are parents, and from day one BPD has always had a family support worker and crèche facilities”

(Telfer, M. BDP).

Marketing

Targeted outreach and community engagement to raise the awareness of local services and raise numbers in treatment from underrepresented equalities communities.

Stigma and Engagement

Direct and indirect approaches to members of communities that still attach significant stigma to illegal drug use and to those communities reluctant to ask for help.

Culturally Competent Staff

Staff and management with relevant training and sensitivity toward diversity Issues.

Safe to Be Out

Encourage positive working environments where lesbian, gay and bisexual (LGB) staff feel safe to be out at work.

Communication

Ensuring that information is made available to diverse populations.

Provide easily accessible information and advice. This may include: Paper versions, hearing loops, sign language, community language, plain English, picture formats and interpretation support.

Working Together

Work together to share good practice and knowledge about equalities communities in Bristol.

“There are always gaps and I think one of the challenges for individual organisations is to look at how we partner up with others rather than all go off and try and do our own needs analysis and how we are going to respond to things we can’t all do that well enough.”

(Telfer, M. BDP).

Research

Undertake research to improve the quality of needs assessments and awareness of communities.

Looking into local patterns of use with in particular communities enabling better targeted interventions.

Case Study 3 - What is being done for older service users?

Older service users provision - Bristol Drugs Project (BDP)

Approximately 3 years ago in 2009 the BDP's annual report identified a new trend. It highlighted that 1% of service users accessing provision in the previous year were aged over 55. This percentage equated to approximately 60 people.

This trend was found in very specific bits of BDP's service. To explore and this trend and further engage with this group discussions took place with some older drug users about why they were not involved in other area of the service and what their needs might be?

BDP were successfully awarded some funding from the St Monica Trust, a local trust, to continue to analyze this trend. 20 structured interviews with older drug users and a number of focus groups took place.

A lot of information was gathered, however the prevailing feeling from participants was that they felt that services were not for them and did not meet their needs.

As result BDP developed some specific services for older drug users. They set up regular weekly meetings on a Wednesday evening. The meetings are supported by two members of staff, one of whom is consciously an older member of staff, one of whom is younger.

Between, 12-20 people attend each week. The atmosphere is comfortable and it is an informal space. It's their space; it's providing something on their terms. "When I feel less lonely I use less."

The changes that some of those older drug users have made has been immense in terms of their own drug and alcohol use. Of ten participants at a recent group, nine said they had not been thinking about reducing their medication when they first came to the group – but all had done so: they attributed this to the confidence they gained from this group.

BDP also undertook and published a piece of research in an academic journal earlier this year, and a more accessible format was also published.

The research highlighted some of those older drug users' experiences of mainstream services. As well as some very positive opinions about Primary Care, GP's and other services, there was also evidence that older service users felt they had suffered from extremely stigmatising attitudes of staff, particularly in hospital-based services.

Conclusion

Throughout this guide there have been examples and clear evidence of good practice that can be demonstrated here in Bristol.

There are many challenges that still exist but signs are that equality within the workforce and service provision will continue to improve.

The two main questions that organisations need to ask themselves are:

- How to represent the needs of underrepresented groups? and
- How to effectively engage with equalities communities?

Recommendations

In addition to the guidance and good practice found in this guide providers in Bristol should follow the recommendations below in order to work towards achieving equality through provision and practice:

Review Policies	<ul style="list-style-type: none">• Complete an Equality Impact Needs Assessment Process (EINA) reviewing all written policies and procedures.• Use the NTA - Equality Analysis: Audit Tool - http://www.nta.nhs.uk/equality-analysis-checklist.aspx
Monitoring	<ul style="list-style-type: none">• Improve the % of service users and staff engaging in equality and diversity consultations and monitoring opportunities• Establish a clear method of effectively using the 'Full' assessment to assess key domains to identify individuals who have additional challenges/needs and enable the implementation of holistic care plans
Implement Change	<ul style="list-style-type: none">• Develop an Equalities Development Plan• Actively utilise this Equality Good Practice Guidance and Toolkit (To be published October 2012) in order to improve practice• Provide training and support around improving culture competencies, equality knowledge and overall ability to effectively engage with equalities communities• Consider developing an interagency mentoring or/and shadowing programme for Black and minority ethnic, LGB and T and disabled staff and communities with the support the SMT• Make improvements to increase access to services and resources and make reasonable adjustments to support disabled service users and staff• Be sensitive to and assess the needs of those staff and service users with a religion or belief• Be sensitive to and assess the needs of those staff and service users with parental and carer responsibilities

The SMT in conjunction with the Diversity Trust has been developing an 'Equalities Toolkit' (Published October 2012) in order to support providers to effectively put the recommendation from this guide into practice.

References:

- ACAS, 2011, Delivering Equality and Diversity
www.acas.org.uk/CHttpHandler.ashx?id=1048 [Accessed 13 June 2012]
- Addiction Today, 2009 <http://www.addictiontoday.org/addictiontoday/2009/08/death-by-diversity.html> [Accessed 25 May 2012].
- Ayres RM, Eveson L, Ingram J and Telfer M. "Treatment experience and needs of older drug users in Bristol, UK." *Journal of Substance Use*, February 2012; 17(1): 19-31. Informa UK Ltd.
- Bristol City Council, 2011, "Code of Practice Equalities in Commissioning and Procurement". Bristol City Council.
- Bristol City Council, 2011, "Equalities and Community Cohesion Annual Report – Meeting the Public Sector Equality Duty". <http://www.bristol.gov.uk/page/equality-and-diversity> [Accessed 14 June 2012].
- Bristol City Council, 2011, "Health and Social Care and Lesbian, Gay and Bisexual Equality". Bristol City Council.
- Burton, E., & McLeod, L. 2009. "Under One Sky - A Bristol LGB Forum report on the experiences and needs of Lesbian Gay and Bisexual people from Black and Other Minority Ethnic and Faith communities, in Bristol." Bristol Lesbian Gay Bisexual Forum.
- Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents With Their Heterosexual Counterparts
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447160> [Accessed 25 May 2012].
- Cochran, Bryan N., Stewart, Angela, J., Ginzler, Joshua, A., Cauce, & Ana Mari. 2002. "Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents With Their Heterosexual Counterparts." *American Journal of Public Health*.
- Cochran, Susan, D., Ackerman Deborah., Mays, Vickie, M., Ross, & Michael, W. 2004. "Prevalence of non-medical drug use and dependence among homosexually active men and women in the US population." University of California, USA.
- Donovan, C., Hester, M., Holmes, J., & McCarry, M. 2006. "Comparing Domestic Abuse in Same Sex and Heterosexual Relationships." University of Bristol and University of Sunderland.
- Fleming, A. 2009. "Diversity: Learning from Good Practice in the Field". National Treatment Agency for Substance Misuse.

Influence of gender, sexual orientation, and need on treatment utilization for substance use and mental disorders: Findings from the California Quality of Life Survey
<http://www.biomedcentral.com/1471-244X/9/52> [Accessed 25 May 2012].

King, Dr Michael, 2003. *"Mental health and quality of life of gay men and lesbians in England and Wales, Controlled, cross-sectional study"*. University College London.

LGF, 2012. <http://www.lgf.org.uk/policy-research/part-of-the-picture/part-of-the-picture-year-2-report/> [Accessed 25 May 2012].

McNally, M., & Smyth, G. 2012. *"The Bristol Drug & Alcohol Survey 2012"*. Safer Bristol Partnership and Bristol City Council.

Mulholland, G., Özbilgin, M., & Worman, D. 2005. *"Change Agenda – Managing Diversity Linking Theory and Practice To Business Performance."* Chartered Institute of Personnel and Development.

NTA, Equality Analysis: Audit Tool, <http://www.nta.nhs.uk/equality-analysis-checklist.aspx> [Accessed 13 June 2012].

Wilde, B. 2009. *"Bristol Lesbian, Gay, Bisexual and Trans Drug & Alcohol Survey 2009"*. Safer Bristol Partnership and Bristol City Council.

Appendix 1

Recruitment and Induction

Effective recruitment means:

- A non – discriminatory job description
- A person Specification with a limited number of requirements (12 Max)
- Awareness of use of language
- Effective (some times targeted) job adverts
- Non -discriminatory terms
- Do not ask health related questions before making a job offer
- Avoidance of prejudice or bias in short-listing and scoring
- Do not ask personal questions in the interviews
- Check eligibility to work in this country

Training and development

- All staff to have equal access to training
- Training should be flexible

Promotion

- Promotion opportunities to be advertised to all staff
- Ask the same questions to internal as to external candidates

Discipline and grievances

- Equality Policies to state that issues will be dealt with through the disciplinary or grievance procedure
- Providers must monitor and evaluate the impact of procedures on different equalities communities.

Reasonable Adjustments

- Interview letters must ask if candidates require any reasonable adjustments
- Allow sufficient time between the letter and the interview to put reasonable adjustments in to place.
- Inductions should include making access to work application within the first 6 weeks of employment to ensure the DWP fund covers 100% of access costs

Appendix 2

Equality Impact Assessments (EIA)

Equality Impact Assessments are used to anticipate any impacts of, policies, projects, service reviews and budget proposals on people who share protected characteristics. They are a useful method of assessing whether or not a policy or procedure:

- Eliminates unlawful discrimination, harassment and victimisation
- Promotes equality of opportunity
- Fosters good relations between people who share a protected characteristic and those you do not.

EIAs are similar to needs assessments they share an ongoing cycle of data analysis, consultation, publishing the results and action planning improvements.

It involves reviewing a wide range of data and actively using the information available through:

- Local, national and agency reports
- Stakeholders, staff, and service users feedback
- Feedback from equalities communities
- Qualitative and quantitative data
- Proven or anecdotal comments
- Complaints

It is also good practice to create new opportunities to consult with equalities communities, established service user, carer groups and frontline staff.

This information will support an assessment of equalities in a currently policy, procedure or practice or on staff and equalities communities.

In short there are 3 next step outcomes to consider if it is concluded that a policy might be unlawful, discriminatory or have a negative impact:

- **Immediate action or halt the process**
- **Negative impacts can be mitigated and policies and plans must be adapted, changed or supported with an additional equalities development plan.**
- **To continue and justify the importance of the change.**

Appendix 3

Equalities Development Plan

The development/action plan should go into detail about what will be done, by when and by whom.

It should:

- Set dates for monitoring, reviewing, and when training will take place.
- Provide an explanation describing how things will be done and by whom.
- Highlight how harassment, bullying and victimisation will be tackled.

It is important that targets and action points from the development plan are a result of monitoring and evaluations:

These might include:

- increasing the % of management jobs open to Job sharing or flexible working arrangements.
- Increasing the % of disabled people applying, being short-listed or appointed to positions.
- Advertising to attract more applicants from BME or LGB and T groups.

Development plans should also:

- consider whether positive action is appropriate
- set measures of success - how and when reviews will take place around the overall working of policies and procedures?

Appendix 4

Positive Action

Positive action should be taken if it is considered that those who share a particular protected characteristic maybe suffering a disadvantage due to their characteristic, or if their engagement and representation with treatment provision or in the workplace is disproportionately low.

This action would mean that protected characteristic would be taken into consideration when providing specific services and deciding where to market and to place resources.

- In the case of disabled people and employment this could be done in recruitment or promotion. (In these cases candidates who are equally “qualified” in other words have scored equal points in the recruitment process)
- Evidence will be needed to show disproportionately under-represented in the given area of focus.
- Services can be provide for people coming from an equalities community

Protected characteristic can be used to direct access and resources and provision or to influence outcomes and as ‘tie-breaker’ when determining which candidate to appoint.

Appendix 5

Equal Opportunities Policy

The starting point for any agency or provider is to have an equality policy with an equalities development plan. This helps to address fairness at work and within service delivery.

What should it look like?

Policies should relate to staff, service users and facilities and all equalities communities.

The policy should start with an equalities statement that would include:

- A accurate reference to the Equality Act 2010
- A statement that describes the providers aim to encourage, value and manage diversity
- A commitment to providing equality to all
- A wish to attain a workforce that is representative of communities from which it is drawn to secure the widest pool of talent possible

Procedures should be in place to tackling discrimination, harassment and victimisation and it should be clearly highlighted that there is a duty to make 'reasonable adjustments'.

It is important that all the areas of discrimination are identified and the area that will be countered, this will normal include the following:

- Age
- Disability
- Gender reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Marriage and Civil Partnerships

Policies should also include the following:

- How complaints under the equalities policy will be dealt with
- Arrangements for recruitment and selection (and promotion)
- How providers will monitor the profile of employees, volunteers, service users etc.
- Arrangements for equality training, including a commitment to provide training for all employees
- Information on how the policy is communicated
- Where responsibility for the policy lies
- The date when the policy was adopted and details of review

Appendix 6

Types of Discrimination

It is important providers make sure that corporate/internal policies have been checked for:

- Direct discrimination
- Associative discrimination
- Discrimination by perception
- Indirect discrimination

Direct discrimination would be when a member of staff is treated less favourably due to their protected characteristics.

Associative discrimination this is when a member of staff discriminated against and treated less favourably because they associate with a person with a protected characteristic

Discrimination by perception this when a member of staff is discriminated against because others think they have a protected characteristic.

Indirect discrimination this is can also be known as 'Institutional Discrimination'. This is where the unintended consequence of a policy that disadvantages a particular equalities group or protected characteristic.