

BRISTOL ROADS WORKFORCE DIVERSITY - TRAINING NEEDS ANALYSIS 2015 - 2016

EQUALITY, DIVERSITY AND INCLUSION EXTRACT

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May 2016



Introduction

This is a report on the results from the Bristol ROADS Workforce Diversity - Training Needs Analysis (2015-16) which relates to themes of equality, diversity and inclusion. The report shows the combined ROADS service results in order to describe the overall treatment system.

The main focus of this report is on the following Protective Characteristics:

- Disability
- Gender
- Race
- Sexual Orientation

Background

When substance misuse services were recommissioned in 2014, and a new Recovery Orientated Alcohol and Drug Service (ROADS) was developed, this dynamic and inspired model encouraged partnership working and sharing of best practice. The Substance Misuse Team (SMT) was reassured by the approach, commitment and plans of providers and confident that all aspects of Equality, Diversity and Inclusion (EDI) were considered and that what had been commissioned would provide an accessible, fairer and improved service for all.

ROADS is primarily made of five Clusters/Lots:

- Engagement
- Change
- Completion
- Support
- Housing Support

The following providers work together to deliver services and between them they will see all substance misusers that access ROADS:

- Bristol Drug Project (BDP)
- Bristol Specialist Drug and Alcohol Service (BSDAS)
- Developing Health and Independence (DHI)
- Addiction and Recovery Agency (ARA)
- Salvation Army
- The Junction

Services have both operational and strategic approaches that contribute to effective triage, treatment and recovery.

Methodology

From the 30th October until the 30th November 2015, ROADS providers gave their staff the opportunity to engage in our survey.

The aim of the survey was to help inform the Substance Misuse Team, enabling them to:

- Understand how well commissioned services are meeting partnership indicators of cultural competence.
- Use data provided to enable identification of needs and areas for improvement.
- Look for equality, diversity and inclusion trends and evidence of good, fair and inclusive practice.

Of specific importance for this report was to ensure that the survey discovered:

- Workforce demographics and whether diversity has increased since a similar audit.
- Whether the workforce is representative of the service users / communities they support.
- Whether there is appropriate and relevant attendance on training.
- Whether there is access to regular appropriate EDI training and awareness opportunities.
- How training and awareness sessions have been used to improve practice and services.

The survey also aimed to identify wider training needs in relation to delivering ROADS outcomes.

The feedback provided enables ROADS providers, the Diversity Trust and the Substance Misuse Team, to identify any trends and unmet needs within services, as well as capturing practice and opinions of staff within the service and can be used to:

- Support the development of appropriate 'Equality Delivery Plans'
- Enhance Workforce Development Plans
- Inform Service Development Plans
- Provide evidence that supports adherence to the Public Sector Equality Duty
- Demonstrate alignment with equalities policies
- Meets indicators of cultural competency

Note

It is important to note that the demographics of the 2014-15 and the 2015-16 surveys are different as the earlier survey included responses from volunteers and the 2015-16 survey counted only staff and not volunteers. This may have an impact on the equality breakdown, for example, in the areas of gender and ethnicity.

Recommendations

We make the following recommendations to the Substance Misuse Team (SMT), the Joint Commissioning Group (JCG) and to ROADS providers:

- ROADS providers to effectively engage with equality, diversity and inclusion training. In particular staff training and awareness sessions to ensure effective engagement and collection of equality monitoring data.
- ROADS, SMT and JCG ensure consistency in equality monitoring / data collection across the ROADS and Theseus systems; especially on gender identity and sexual orientation monitoring.
- ROADS to carry out focus groups with service users on equality monitoring; especially on gender identity and sexual orientation monitoring.
- Work to continue to ensure the gender balance in the workforce reflects the local population and the numbers of people in treatment. For example the male / female gender balance of the workforce and the treatment population.
- Women in the ROADS workforce to be gender aware / mindful of the differing needs of men accessing treatment.
- Explore the wider variation in substance misuse demographics of service users in ROADS treatment and match by proportionate / representative workforce demographics.
- Further investigate why there has been a decline in numbers / lack of retention of BME staff in the workforce.
- Wider use of approaches like the Disability 'Two-Tick' system (ensuring that all applicants who disclose that they have a disability and meet all essential criteria) to be practiced among all service providers within ROADS to maintain this positive trend.
- SMT to consider building in the 'Two-Tick' system into the re-commissioning process.
- ROADS providers to continue to ensure that appropriate 'reasonable adjustments' have been made for disabled staff including how sickness and absences are captured and recorded.
- SMT to feed the data and information from this report into the needs assessment process.

Note

Some development work with the Equality, Diversity and Inclusion (EDI) Leads is on-going, especially in relation to gender identity and sexual orientation (LGBT). The EDI Leads are in the process of delivering on a number of these recommendations.

ROADS Workforce

Providers have approximately 200 members of staff working as part of individual lots with some working across some or all lots (excluding volunteers).

140 individuals provided usable responses to this audit survey and of this number there is a wide variation in the questions that staff chose to answer. The data provided will look to indicate where there are no responses for areas of focus.

Workforce Roles

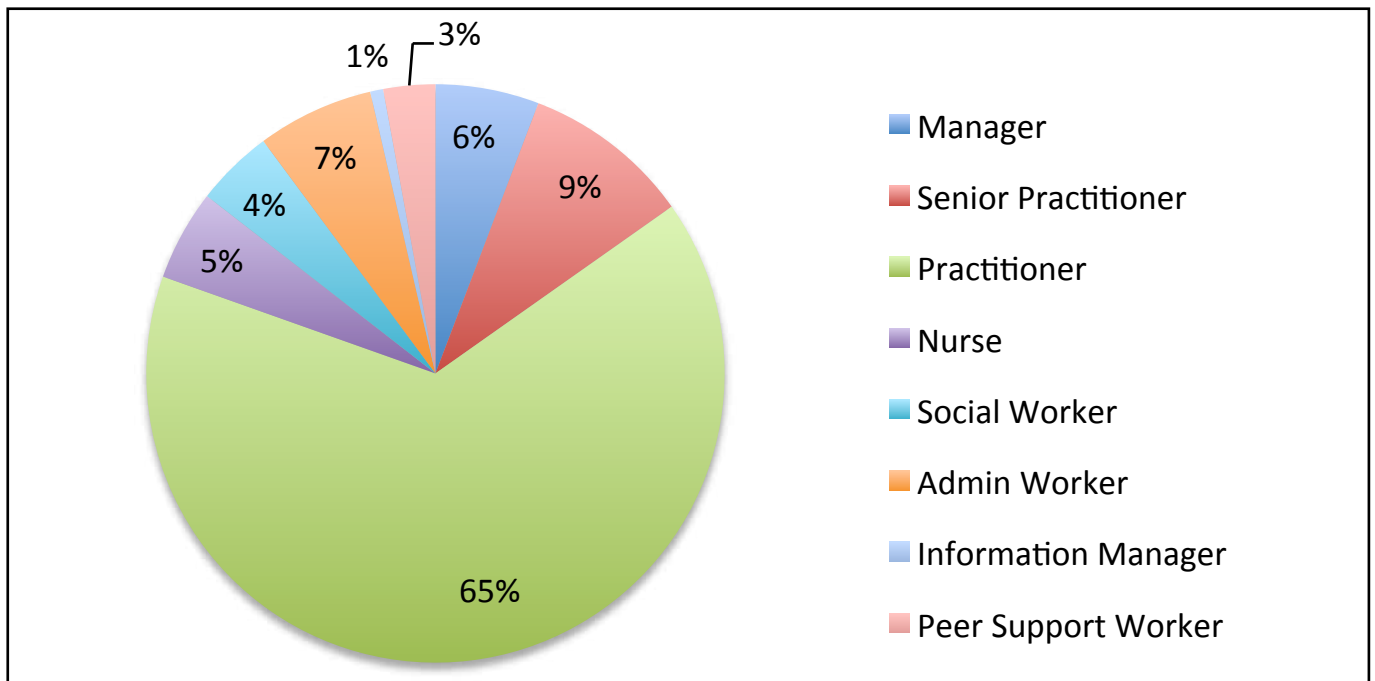


Table 1: Workforce Roles

The above table indicates that 22 senior members of staff and 116 (generic) less senior members of staff completed the survey. 2 individuals did not answer this question.

There were 69 additional comments of clarification regarding roles offered by staff and from this information a small number highlighted that they were volunteers.

Findings

The following findings will look to:

- Establish the demographics of the workforce.
- Explore whether workforce represent the service users or local demographics. (Whichever is available).
- Examine whether there have been any improvements in workforce diversity.

Sexual Orientation

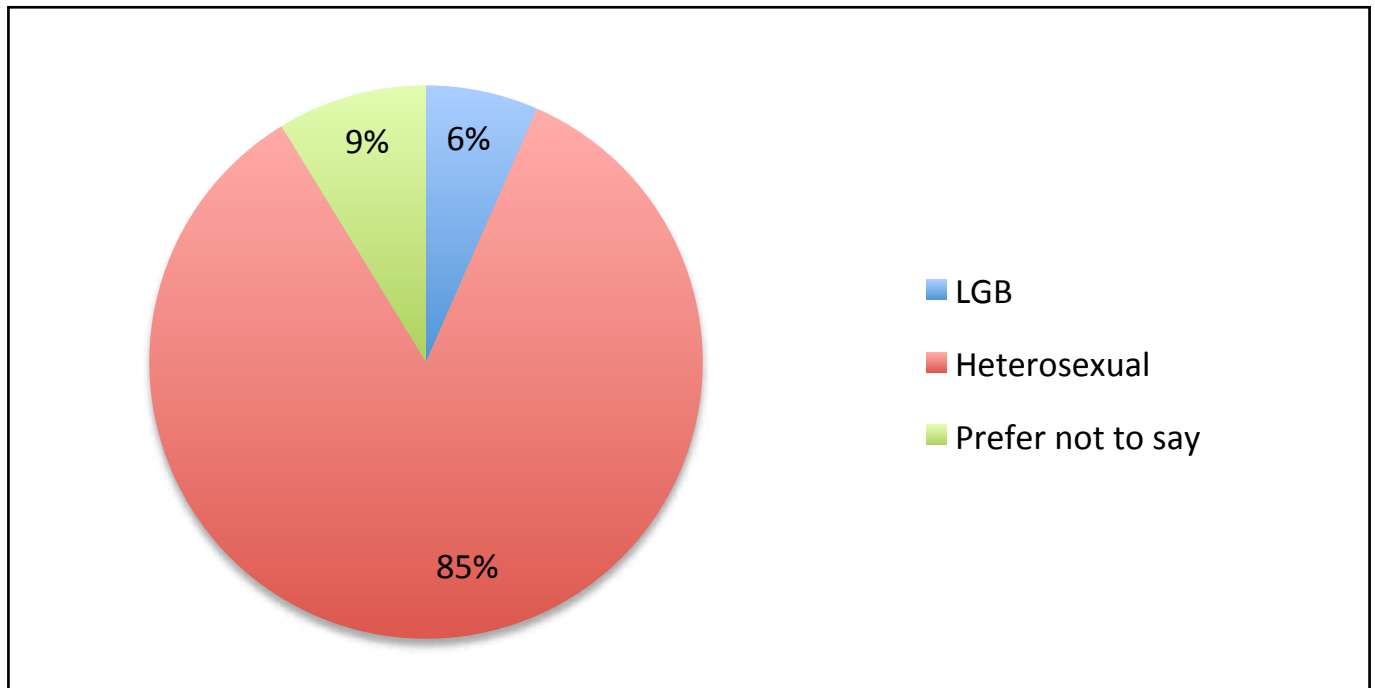


Table 2: Sexual Orientation

Of those responding approximately:

- 6.5% (n=9) staff were Lesbian, Gay or Bisexual (LGB).
- 84.7% (n=116) staff identified as Heterosexual.
- 8.8% (n=12) answered 'prefer not to say'.

3 people skipped this question and did not respond.

In July 2014, although the numbers responding were slightly higher (209), and included volunteers, the workforce was more diverse with 78.9% (165) of the workforce identifying as Heterosexual.

Demographics of clients in treatment 01/04/2014 to 31/03/2015 extracted from the Theseus Case Management System indicates that there were approximately 4049 patients in treatment during this time. Of this group 3538 captured and disclosed:

- 4% (n=142) Lesbian, Gay or Bisexual (LGB)
- 92% (n=3282) Heterosexual
- 0.2% (n=7) Others

At first glance this would indicate that staff in services are more diverse and are representative of their service users. However, there are some questions about the reliability of this data.

What was clear in this data is that a significant percentage of service users (12.6%, n=511) of the 4049) service users were recorded as either having:

- No Response
- Not Disclosed
- Blank

This may indicate a reluctance to disclose information, or potentially a staff training need, relating to asking sexual orientation monitoring questions or a combination of factors. It is worth exploring the reasons behind this.

Summary:

Data appears to shows:

- A drop in the percentage LGB staff leading to a less diversity workforce.
- A workforce that is more diverse than services users.
- A possible reluctance to disclose or inability to effectively capture data.

Gender

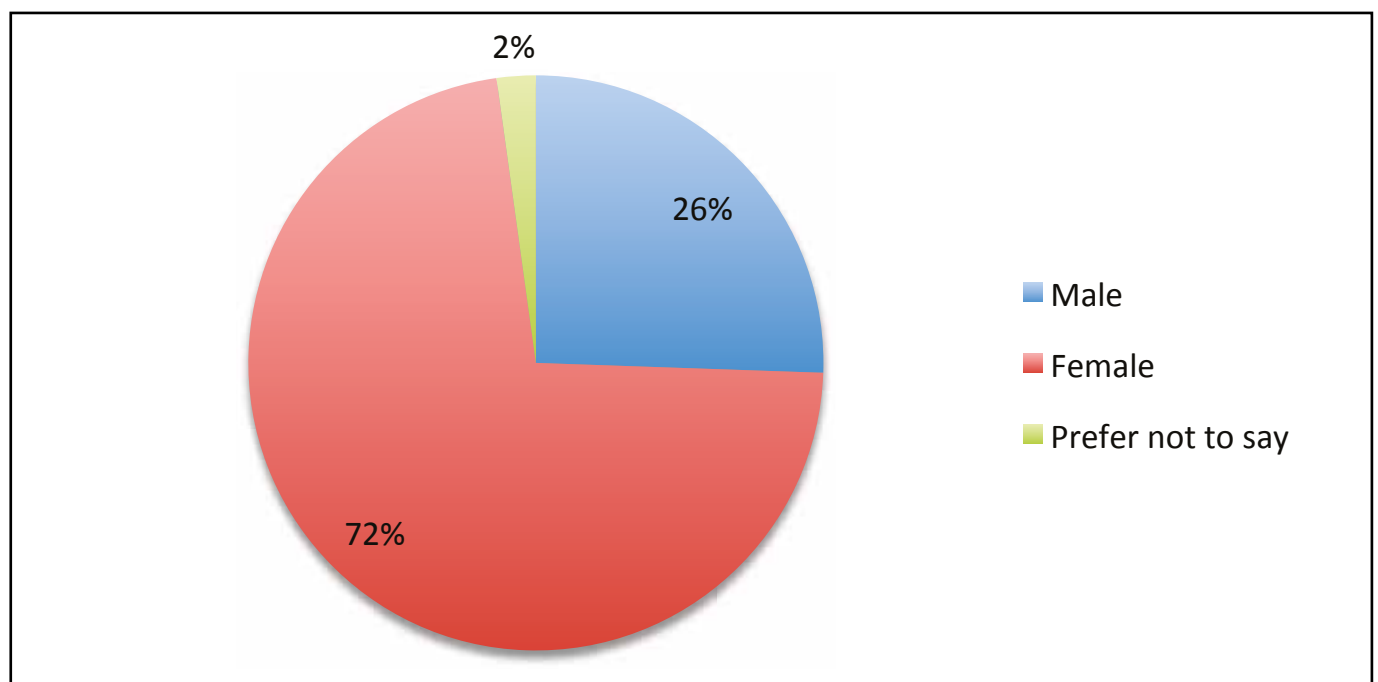


Table 3: Gender

- 72% (n=99) Female
- 25.5% (n=35) Male

3 people skipped this question.

The workforce represents a less diverse workforce than the previous year. In the 2014 data we saw:

- 66.8% (n=137) Female
- 33.1% (n=68) Male

Demographics of clients in treatment 01/04/2014 to 31/03/2015 captures approximately 4051 individual service users with gender data:

- 70.4% (n=2855) Male
- 29.5% (n=1196) Female

This represents a more diverse service user group than data previously captured from Theseus in August 2014, where women in treatment represented 27.9%.

Summary:

Data appears to show:

- There is evidence the service user demographics are increasingly gender diverse.
- The percentage of women accessing treatment is increasing.
- The increase seems to have corresponded with an increase in women within the workforce.
- The gender of the workforce represents the opposite trend to services users.

We recognise, in an employee context, there are significantly more women than men in the workforce. In previous surveys we have seen more male representation, these numbers may have been influenced by the number of volunteers taking part in the 2014-15 survey.

Disability

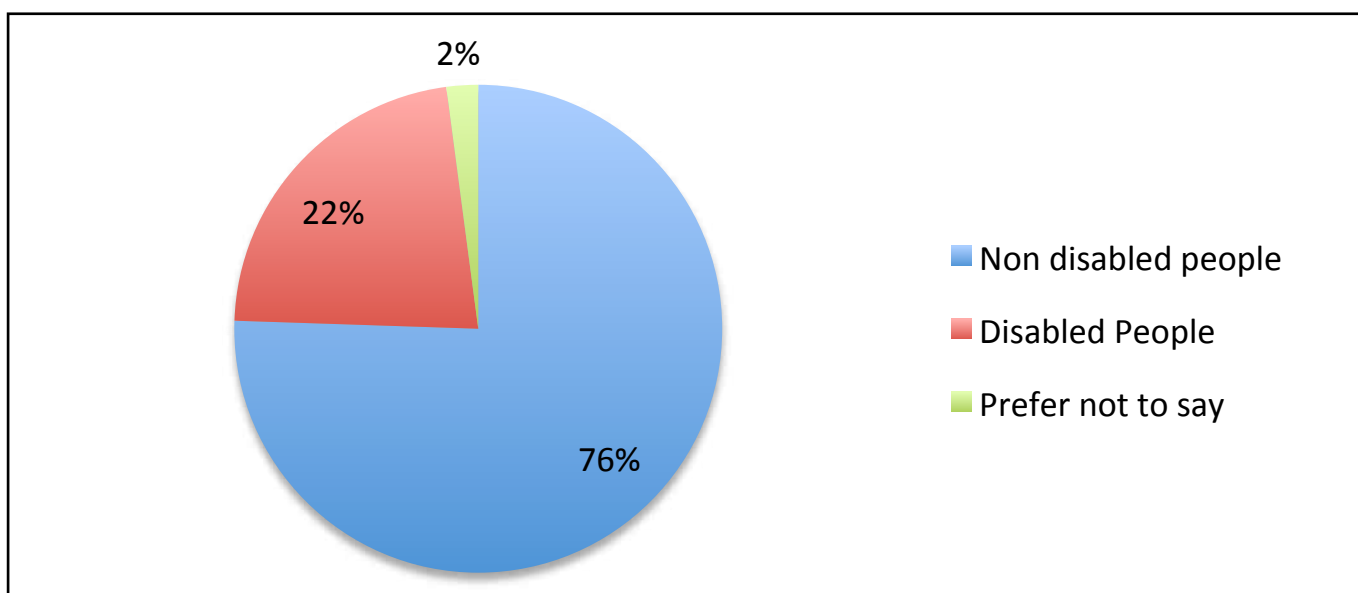


Table 4: Disability status

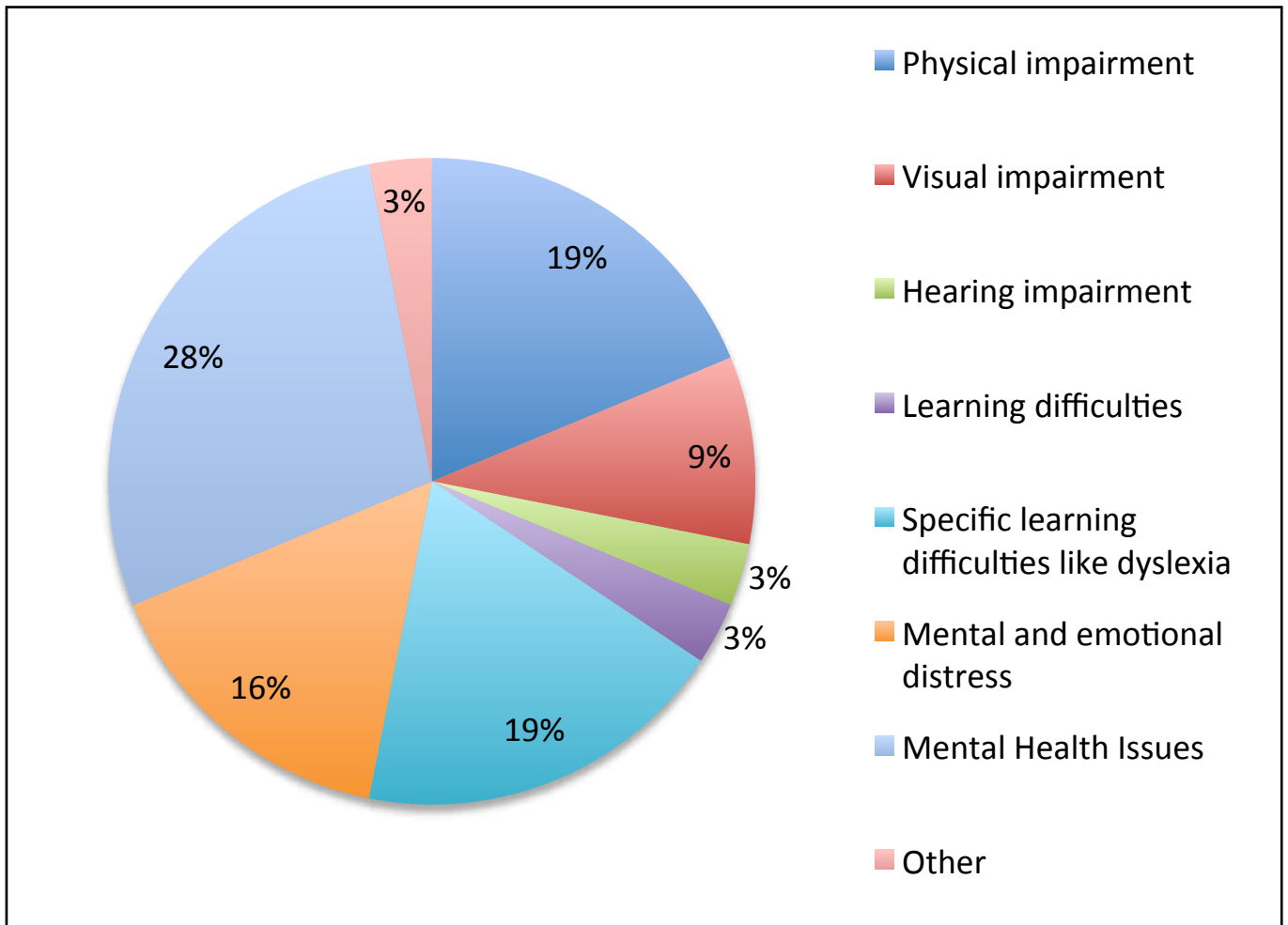


Table 5: Disability

The data highlights:

- 76% (n=108) individuals do not identify as being a disabled person
- 22% (n=32) individuals identified as disabled people
- 2% (n=3) of individuals prefer not to say

5 people skipped this question.

One person commented that they had 'Hep C+'.

In relation to 2014 data:

- 8.1% (n=17) of the workforce disclosed that they had a disability.

The most recent data shows a significant increase in diversity and the numbers who say they are a disabled person and one that appear to better represent the demographic of services:

- 73.5% (n=2943) Non Disabled people
- 18.5% (n=742) Disabled People
- 8% (n=319) Not Stated

Here we see an increase in diversity from the August 2014 data that saw 15% disabled people.

Summary

The data provides a positive picture:

- The percentage of staff that disclosed they had some sort of disability is significantly higher than what we saw in 2014. Perhaps people feel more confident in disclosing this information.
- Data represents an increase in diversity in the workforce and one which better represents the service user demographics. Despite an increase in disabled service users from August 2014.

Race

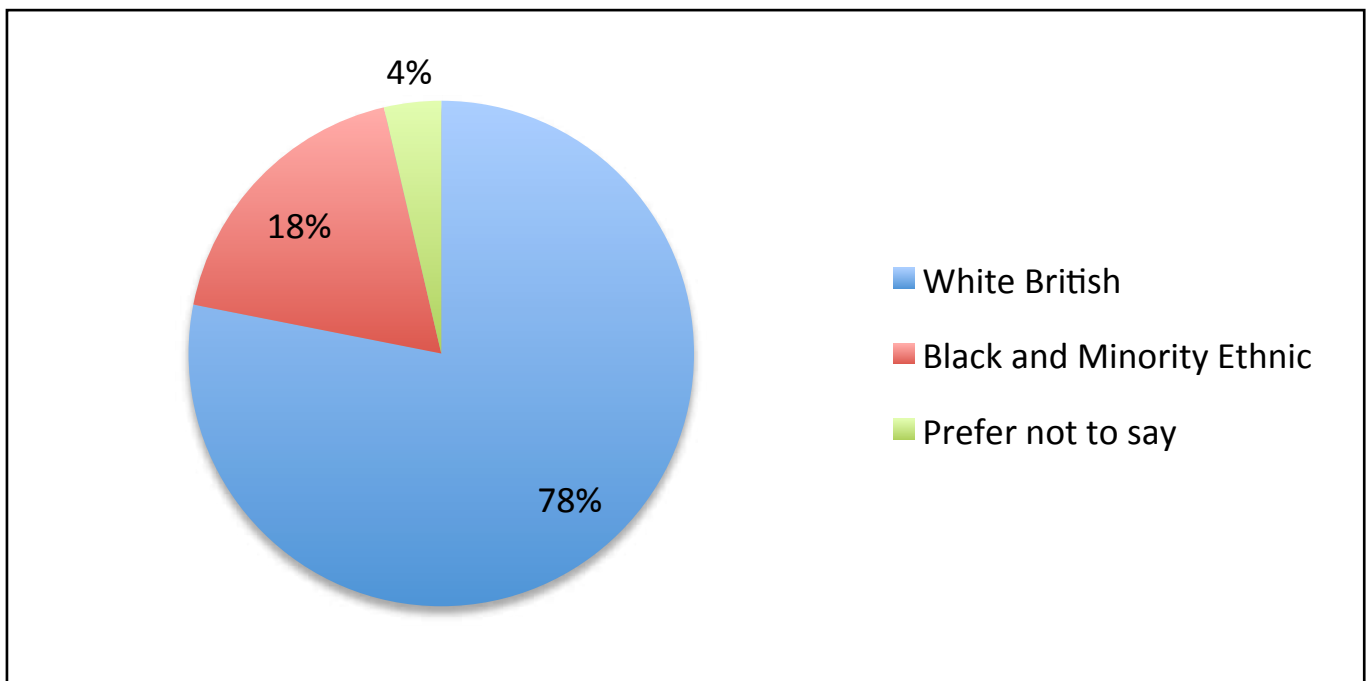


Table 6: Race

The data highlights the following workforce demographics:

- 18% BME
- 78% White British
- 4% Prefer not to say

5 people skipped this question.

2 additional comments were made "White Welsh" and "Persian".

This represents a change in the demographic of the workforce from the Workforce Diversity

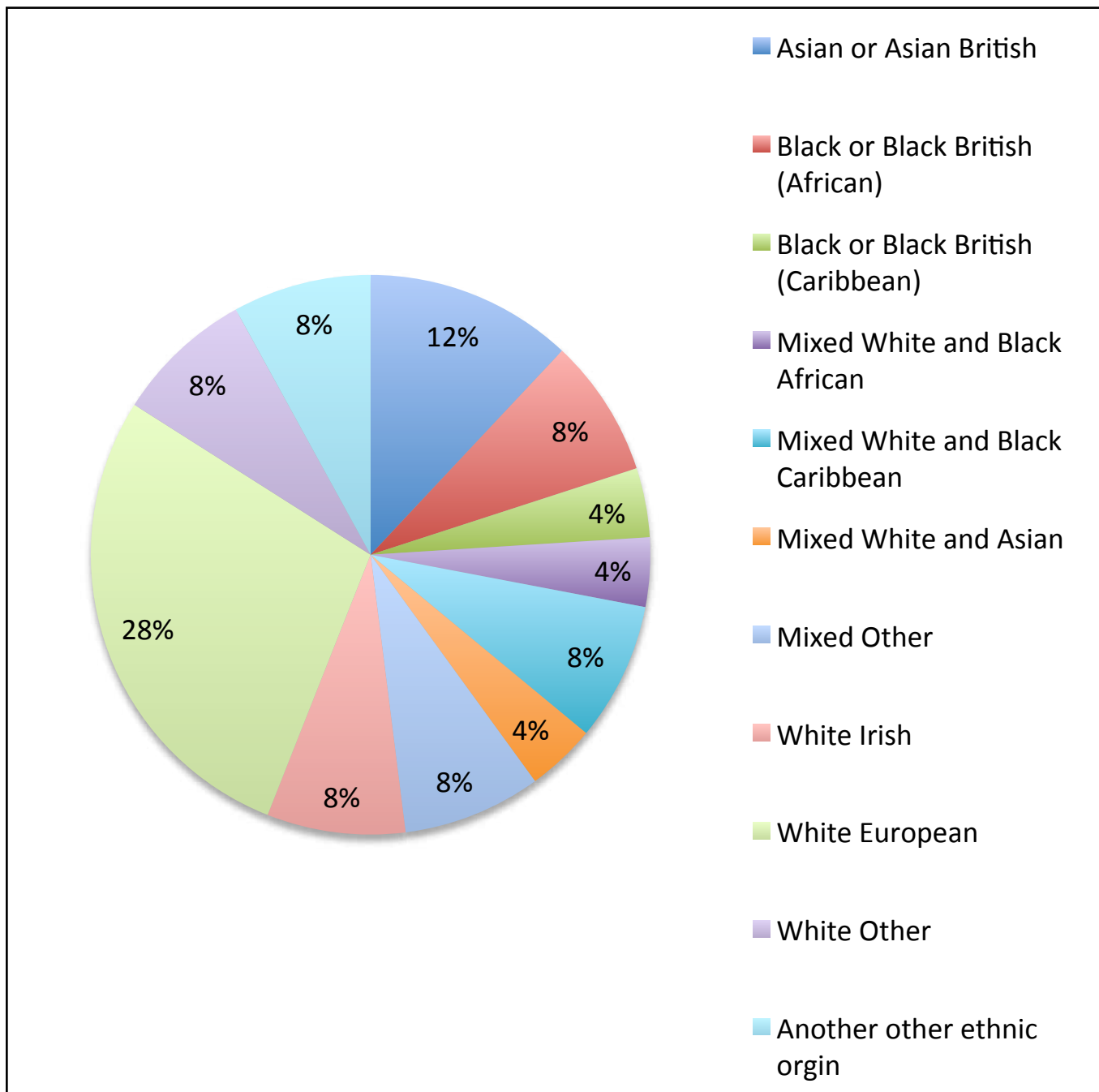


Table 7: Black and Minority Ethnicity

Report in October 2014. This saw:

- 24.1% (n=49) BME
- 69.7% (n=143) White British
- 5.3% (n=11) White Irish/Other

Demographics of clients in treatment 01/04/2014 to 31/03/2015 captures percentages, not the number of services used, related to ethnicity in three areas of substance misuse; alcohol, non-opiate and opiate, and although the trends are different for each, for the purposes of this report we will look to approximate a mean percentage:

- 8.6% BME

- 83.3% White British
- 5% White Irish/Other

However, it is worth noting that within the three areas of substance misuse there is a wide variation ranging from 6% BME in alcohol treatment and 13% BME in non-opiate treatment.

The percentage of BME service users has slightly reduced; representing a less diverse service user group than data previously captured from Theseus in August 2014, where BME people in treatment represented 9.2%.

Summary

The data provided shows a mixed picture:

- A reduction in the percentage of BME employees leading to a change in workforce demographics.
- A reduction in the percentage of BME service user leading to a less diverse service user group.
- A workforce that in the wider context represents, or is more diverse, than the service user group.

Training Needs Analysis

The list of Equality, Diversity and Inclusion and Cultural Competency training and development opportunities came from three different sources:

1. A list of opportunities that ROADS providers stated at the beginning of their contract with SMT that they would ensure staff receive.
2. Best practice in EDI highlighted in the 'Equalities Standard'.
3. Known training opportunities provided in Bristol.

Staff were asked what training they had undertaken within the previous six months. They were provided with a list, and an opportunity to make additional comments, or add in additional training/opportunities received. In most cases individuals were able to put a tick next to more than one training opportunity. In some cases individuals highlighted additional training received in the comment boxes.

105 individuals engaged with this question out of 140 potential respondents. However only 91 people (65%) had indicated that they had attended some element of training / opportunity.

A summary of the 91 individual responses:

- 40.6% (n=37) Had been on cultural tours.

- 24.1% (n=22) In-house training on own services' equalities policy, procedures and diversity issues.
- 20.8% (n=19) Regular EDI discussion and exploration through Supervision.
- 19.7% (n=18) Regular EDI discussion and exploration through Team Meetings.
- 18.6% (n=17) Cultural Awareness/Cultural Competence Training.
- 10.9% (n=10) LGBTQ (Lesbian, Gay, Bi-sexual, Transgender or Questioning) training.
- 10.9% (n=10) Other Training delivered by the Diversity Trust and/or SARI.

All other training had less than eight responses. The following areas are worth noting:

- 1.1% (n=1) EDI training led by 'Peers in Recovery'
- 3.35% (n=3) 'Challenging Hate Crime and Meeting the needs of Victims of Prejudice Based Incidents'
- 2.2% (n=2) Increased opportunities for engagement and dialogue with specific communities who are under-represented within ROADS.
- 0% (n=0) EDI 'Train the trainer' processes.

Respondents were asked in relation to their responses above how well the training opportunities had met their 'Cultural Competency Needs'

97 people responded and there were 15 additional comments provided. Of the 97:

- 94.8% (n=92) said 'well' or 'very well'
- 5.1% (n=5) said 'Not at all' or 'Not Well'

The comments included some areas of improvement:

- A need for more training
- A need for more face-to-face training
- Support in how to work with diverse communities
- How drug and alcohol impacts diverse groups

Staff were asked the following question:

'Please tell us how you have been able to put your learning from these opportunities into practice?'

78 responses were received, some of the positive responses include:

'I am working with others to enhance practice in relation to sexual orientation - gathering data and making services more accessible.'

'Made me more aware of different issues affecting different cultures when working with clients from other ethnicities.'

'More progressive engagement with multi faith clients.'

'It ensures I take into account the protected characteristics when working with service users and treat each as an individual.'

'Gained a better ability to convey empathy, better understand and support clients needs from LGBTQ and minority backgrounds.'

'Understanding the data that gets input onto Theseus and its context.'

'Making group times inclusive for as many people as possible and looking at access issues in satellite sites for those with disabilities.'

Some negative responses include:

'I did not find it useful to my role at all.'

'As I do not discriminate and do not give these areas more focus, as I see everyone the same and treated and discussed like any other client regardless of their Race, gender ETC.'

'I feel confident in addressing inequality - however I am dismayed by the lack of awareness in my workplace.'

Overall, the feedback is very positive with some comprehensive and robust examples that demonstrate the benefit that having the right training is in place can make. If attended it can lead to the desired outcome. Some of the feedback above should be used to galvanise and encourage others to attend. Inevitably the responsibility must fall on the providers to promote, engage, if not enforce compliance in training as an essential part of their role.

With this mind it is important to understand what other opportunities have been promoted to staff.

'What other EDI training options have been made available to you?'

42 responses were received of this number:

- 40% (n=17) were unaware of any opportunities.
- 21% (n=9) were aware of cultural awareness tours.
- 38% (n=16) other positive and varied comments were received

In summary, approximately 60% (n=37) of staff were aware of some sort of opportunity.

In this section staff were asked what opportunities they felt they needed to support them in their

role.

74 responses were received, a number of areas were mentioned in the feedback, below is a summary of the themes and number of requests.

- Cultural Tours n=6
- Transgender n=4
- None n=16
- LGBTQ n=17
- Mental Health n=4
- Cultural Awareness/Competency n=11
- Hate Crime n=9
- Faith Communities n=6
- EDI n=9
- Language and Accessibility Barriers n=8
- Other/ Don't Know n=16

Conclusion

The information received highlights a need for additional support for equality, diversity and inclusion training for the workforce. Most prominent are that staff feel that they need more LGBTQ training. Some staff go as far as to highlighting a specific gap in gender identity / trans awareness.

The fact that so many people highlighted that they did not require additional training may indicate a gap in the knowledge of what it takes to become and remain culturally competent. Whilst the responses to the survey did not capture evidence of this there will be evidence available elsewhere of cultural competency.

Contact

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