

# Equality Analysis (EA)

Financial Year  
**2015/16**

## Section 1 – General Information (Aims and Objectives)

Name of the proposal including aims, objectives and purpose

*(Please note – for the purpose of this doc, 'proposal' refers to a policy, function, strategy or project)*

**See Appendix  
A**

Current decision  
rating



## Substance Misuse Commissioning (2)

The aim is to achieve better treatment outcomes for residents in the treatment system and attain better value for money and respond better to local needs. It is recommended that the Mayor in Cabinet agree:

- the proposal to decommission the Harbour Recovery Centre
- the recommendation that the Council pursue a restricted competition process with the potential provider routes
- the recommendation for a direct award to ELFT for the Health E1 Homeless Substance Misuse service
- the recommendation to pursue a section 75 agreement with Tower Hamlets Clinical Commissioning Group for the commissioning of the Specialist Midwifery Service and the Hospital Alcohol and Drugs Service.

## Conclusion - To be completed at the end of the Equality Analysis process

*(the exec summary will provide an update on the findings of the EA and what outcome there has been as a result. For example, based on the findings of the EA, the proposal was rejected as the impact on a particular group was unreasonable and did not give due regard. Or, based on the EA, the proposal was amended and alternative steps taken)*

**Name:**

(signed off by)

**Date signed off:**

(approved)

Service area:

Communities, Localities and Culture

Team name:

Drug Alcohol Action Team

Service manager:

Rachael Sadegh

Name and role of the officer completing the EA:

Matthias Schnepel

## Section 2 – Evidence (Consideration of Data and Information)

*What initial evidence do we have which may help us think about the impacts or likely impacts on service users or staff?*

- Initial evidence informing the intention to de-commission Harbour Recovery was based on the Substance Misuse Needs Assessment 2013/14. The document involved a variety of consultation exercises with stakeholders and service users. The 2013/14 needs assessment concluded that the re-procurement of drug and alcohol services in Tower Hamlets would be the appropriate way to improve performance and achieve better value for money. The borough has complex opiate needs and a complex treatment structure, struggling to achieve the performance comparable to other boroughs in the same complexity cluster.
- DAAT has access to good data and research about Tower Hamlets on the Borough Profile web pages. This information is setting the scene understanding the different communities in the borough. However, DAAT has only limited information about the local problematic drug user population and drug use in general. The majority of data comes from treatment sources, based on information about clients in the treatment system.
- The Harbour Recovery EA discusses primarily potential impacts on service users and staff in the service. The information is taken from local monitoring reports provided directly from Harbour Recovery and NDTMS accessible via Public Health England.
- Both quantitative and qualitative information contributed to our analysis and are represented in our conclusions and action plan.
- Consultation including a survey and focus groups with stakeholders and service users were delivered discussing proposals to decommission Harbour Recovery.
- Earlier consultation exercises, which predated that decision to go for consultation to decommission, covered extensively the general re-procurement and improvement of future drug services in the borough. In that context, a large amount of consultation has been carried out. The results have influenced the decision to de-commission Harbour Recovery.

### **Section 3 – Assessing the Impacts on the 9 Groups**

Please refer to the guidance notes below and evidence how you're proposal impact upon the nine Protected Characteristics in the table on page 3?

**For the nine protected characteristics detailed in the table below please consider:-**

**What is the equality profile of service users or beneficiaries that will or are likely to be affected?**

*Use the Council's approved diversity monitoring categories and provide data by target group of users or beneficiaries to determine whether the service user profile reflects the local population or relevant target group or if there is over or under representation of these groups*

Data shows that the profile of clients in treatment in the Harbour Recovery Center illustrates similarities but also differences when compared to the general adult population and the average users in treatment in Tower Hamlets.

It is important to understand that the service was designed for men only and focusing on conditions like none injecting and low level of mental health problems. This means that Harbour Recovery is working with less problematic drug users. This is reflected in the client structure in terms of age and other characteristics.

The data discussed in the EA shows that the solely male clients are mainly Bangladeshi, Muslim and aged between 30 and 39. The age structure is not unusual as the drug treatment population in Tower Hamlets is dominated by those aged 30 to 49. The majority of Harbour clients are Bangladeshi men. This is because Harbour Recovery was set up to service the specific needs of this group.

### Gender

The Harbor Recovery center service was designed for male users. Service users will need to be directed and referred via the existing Tier 4 Panel process to other Tier 4 services after Harbour is de-commissioned. This might require some targeted work to inform about changes to ensure clients can access different Tier 4 providers.

In general, there were 2,274 adults in drug and alcohol treatment in 2014/15. Out of those, around 461 (20 per cent) were female and 1,813 (80 per cent) were male. The female population is under-represented in treatment and lower than national average (30per cent) in treatment. (Source: NDTMS 2014/15 Adult Activity Q4 National)

The overall gender split of the 18 plus population in the borough was 51.7per cent males and 48.3 per cent females. (Source: Census 2011)

Harbour Recovery is a service not available to female clients, targeting male clients only. All Harbour clients in the past were male only. Female clients looking for Tier 4 treatment would always choose the route via the existing Tier 4 panel. They never had the ability to access detox without attending the Tier 4 panel.

### Age

Around 65per cent of Harbour clients in treatment during 2014/15 were aged 30-39, a strong overrepresentation compared to the proportion of residents in that age group according to the Census and the Tower Hamlets in-treatment cohort.

Compared to the overall treatment cohort in the borough, young people in treatment with Harbour and those aged above 40 were underrepresented. In 2014/15, 2 young adults aged 18 to 24 had treatment at Harbour. Also, the older client cohort in the borough is less likely to use Harbour. See table below.

Age group	Harbour Recovery Centre	Harbour Recovery Centre	Tower Hamlets	Tower Hamlets
	All in Treatment - Total	All in treatment %	All in treatment %	Census 2011 population 18 plus (%)
<b>18 – 24</b>	2	2%	6%	19%
<b>25 – 29</b>	8	8%	9%	20%
<b>30 – 34</b>	41	<b>43%</b>	20%	17%
<b>35 – 39</b>	22	<b>23%</b>	19%	11%
<b>40 – 44</b>	13	14%	17%	8%
<b>45 – 49</b>	8	8%	13%	6%
<b>50 – 54</b>	1	1%	8%	5%
<b>55 – 59</b>	1	1%	5%	4%
<b>60 – 64</b>	-	-	2%	3%
<b>65 plus</b>	-	-	1%	8%

(Source: NDTMS 2014/15 Adult Activity Q 4 YTD)

### *Race / Ethnicity*

The majority of clients in treatment in Harbour were Asian-Bangladeshi (65 per cent), higher than the total population aged 18 plus of 25 per cent. The second largest group, were White British with 17 per cent significantly below the general rates. The third largest group in Harbour was the White other group, again far smaller than the proportion of those in treatment in the borough overall.

Harbour Recovery was set up to cater for the needs of Bangladeshi men. This explains the overrepresentation of this group in the client cohort.

Ethnicity	Harbour Recovery Centre	In treatment population Tower Hamlets %	Census 2011 – 18 plus population Tower Hamlets %
<b>White British</b>	17%	43.2%	35.7%
<b>White Irish</b>	-	3.1%	1.9%
<b>Other White</b>	4%	9.1%	14.9%
<b>White &amp; Black Caribbean</b>	1%	2.8%	0.8%
<b>White &amp; Black African</b>	2%	1%	0.5%
<b>White &amp; Asian</b>	-	0.5%	0.9%
<b>Other Mixed</b>	-	1.3%	1.0%
<b>Indian</b>	-	1%	3.1%
<b>Pakistani</b>	-	0.4%	1.0%
<b>Bangladeshi</b>	65%	23.3%	25.0%
<b>Other Asian</b>	2%	1.2%	2.4%
<b>Caribbean</b>	3%	3.2%	2.2%
<b>African</b>	3%	2.5%	3.4%
<b>Other Black</b>	-	0.6%	1.1%
<b>Chinese</b>	1%	0.3%	3.8%
<b>Other</b>	1%	0.7%	2.4%
<b>Not Stated</b>	2%	5.2%	N/A
<b>Missing ethnicity code</b>	-	0.7%	N/A

(Source: NDTMS 2014/15 Q4 Adult Activity YTD, Figures are rounded and Census 2011 18 plus population by ethnicity)

Recent data from main Tier 4 providers used by Tower Hamlets clients shows that around 50% of all clients accessing Tier 4 treatment originated from BME groups. Around 13% were Bangladeshi, confirming that this group is able to access residential treatment outside Harbour.

(Source: NDTMS 2015/16 Q2 Adult Activity YTD)

### *Religion or Belief*

Tower Hamlets has the highest percentage of Muslim residents in England – 35 per cent compared with a national average of 5 per cent. Conversely, the borough has the lowest proportion of Christian residents in England: 27 per cent compared with a national average of 59 per cent. The third largest group was the group with no religion with 19 per cent.

Recent Quarter 4 monitoring data from Harbour showed that Christian clients (29.7 per cent) were slightly under-represented in treatment while Muslim residents (67.6 per cent) were the largest group in treatment. See table below.

Religion	Harbour Recovery Centre (%)	In treatment population Tower Hamlets %
Atheist	-	0.3%
Buddhist	-	0.2%
Christian	29.7%	41.6%
Hindu	-	0.3%
Sikh	-	0.3%
Jewish	-	0.1%
Muslim	67.6%	26.4%
No Religion	-	17.3%
Other	2.7%	13.6%

(Source: Harbour Recovery / Tower Hamlets Quarter 4 monitoring returns 2013/14)

### *Disability*

Census 2011, respondents were asked whether their activities are limited by long-term health problems or disability. They were able to choose between 'limited a lot', 'limited a little' and 'no'. Of over 254,000 respondents in the borough, 7 per cent stated that their day-to-day activities were limited a lot, and another 7 per cent stated they were limited a little.

Quarter 2 2014/15 monitoring returns indicate that only 1 of 31 clients had a disability (3.2%). This was below the borough average of 14 per cent taken from the Census 2011.

### *Gender Reassignment*

The council does not hold information on gender reassignment in the borough. Service providers are monitoring the category. Harbour did not record any clients in this category in Q2 2014/15.

### *Sexual orientation*

The council does not hold robust information about sexual orientation in Tower Hamlets. However, service providers monitor sexual orientation of those in treatment. Data Q2 2014/15 indicates that all service users were heterosexual.

### *Marriage or civil partnership*

Service providers monitor the take up of treatment by marriage & civil partnership. However the data is currently very limited. Harbour data from q2 2014/15 shows that nearly 48% were married or in a civil partnership while 52 were not.

### *Pregnancy and Maternity*

Not relevant because service is catering for male users only.

## **What qualitative or quantitative data do we have?**

*List all examples of quantitative and qualitative data available (include information where appropriate from other directorates, Census 2011 etc) Data trends – how does current practice ensure equality*

*Quantitative data available for EA*

- Statistics from NDTMS (National Drug Treatment Monitoring System) contains information about who is in treatment and for what. Data about drug & alcohol use and treatment data has been analysed extensively in the substance misuse needs assessment 2013/14 and 2014/15.
- NDTMS data set is critical to assess both service need and performance, supporting our understanding of treatment demand to inform substance misuse intervention priorities for the local partnership.
- Data about the Tower Hamlets population can be accessed via Tower Hamlets Borough Profile web pages for statistics about the boroughs population including information from the National Census 2011.
- Results from service user questionnaire with 200 returned questionnaires delivered as part of Substance Misuse Needs Assessment 2013/14 informing its recommendations
- Service user data from monitoring returns
- Staff monitoring data provided by service providers

### ***Qualitative information available for EA***

- Consultation as part of the Decommissioning proposal included an online survey with stakeholders, keyworkers and service users in Oct 2015.
- Four focus groups were delivered with service users in IDP, ISIS, NAFAS and CDT in Oct 2015.

In addition, the original proposal to decommission Harbour was informed by:

- Substance misuse needs assessment interviews with 29 stakeholders from service providers and DAAT staff. Interviews undertaken in Nov and Dec 2013.
- Four qualitative research focus groups in Dec 2013 with 36 clients with experience of a range of Tower Hamlet drug and alcohol services, including ISIS, THCAT, CDT and NAFAS.
- Consultation workshop with service managers 17<sup>th</sup> July 2014
- Consultation workshop with GPs, three sessions 22<sup>nd</sup>, 23<sup>rd</sup> and 25<sup>th</sup> July 2014
- Consultation workshop with Drug & Alcohol Network 23<sup>rd</sup> July 2014
- Consultation workshop with service user 24<sup>th</sup> July 2014

### **Equalities profile of staff**

*Indicate profile by target groups and assess relevance to policy aims and objectives e.g. Workforce to Reflect the Community. Identify staff responsible for delivering the service including where they are not directly employed by the council.*

Any de-commissioning process might result in changes the service provider and its internal staff structure. This section is focusing on the equalities profile of staff and potential risks.

#### • ***Service provider staff***

Staff monitoring data was analysed provided by Harbour Recovery run by the Salvation Army, a Christian charity. As with similar organisations in the charity sector, the philosophy and motivation of an organisation will have an effect on the overall workforce.

The diversity of staff employed by service providers is an important feature of local service delivery. Analysis indicates that the overall drug and alcohol workforce is featuring large cohorts of our diverse Tower Hamlets communities. The data shows that the majority of staff were female (60 per cent) compared to 40 per cent of men. However this is not unusual for the health and social work sector.

The age data indicates that no employees in Harbour Recovery were aged 35 and under. The majority of employees were aged 35 and above. This might be caused by existing low levels of entry positions and lack of apprenticeships.

In terms of disability, it is noticeable that no staff had a disability in Harbour Recovery.

In terms of ethnicity, staff of Black African origin (70 per cent) was noticeable over-represented in service provision. The White-British and British Asian groups were under-represented in the Harbour staff structure. See table below.

<b>Ethnicity</b>	<b>Residents Aged 18 to 64</b>	<b>STAFF Harbour Recovery</b>
<b>White: Total</b>	<b>51.5%</b>	<b>20%</b>
<i>White: English/Welsh/Scottish/Northern Irish/British</i>	33.9%	20%
<i>White: Irish</i>	1.7%	-
<i>White: Gypsy or Irish Traveller</i>	0.1%	-
<i>White: Other White</i>	15.8%	
<b>Mixed/multiple ethnic group: Total</b>	<b>3.3%</b>	<b>10%</b>
<i>Mixed/multiple ethnic group: White and Black Caribbean</i>	0.8%	-
<i>Mixed/multiple ethnic group: White and Black African</i>	0.5%	-
<i>Mixed/multiple ethnic group: White and Asian</i>	1.0%	-
<i>Mixed/multiple ethnic group: Other Mixed</i>	1.1%	10%
<b>Asian/Asian British: Total</b>	<b>36.0%</b>	<b>10%</b>
<i>Asian/Asian British: Indian</i>	3.2%	-
<i>Asian/Asian British: Pakistani</i>	1.0%	-
<i>Asian/Asian British: Bangladeshi</i>	25.3%	-
<i>Asian/Asian British: Chinese</i>	4.0%	-
<i>Asian/Asian British: Other Asian</i>	2.5%	10%
<b>Black/African/Caribbean/Black British: Total</b>	<b>6.6%</b>	<b>70%</b>
<i>Black/African/Caribbean/Black British: African</i>	3.5%	70%
<i>Black/African/Caribbean/Black British: Caribbean</i>	2.0%	-
<i>Black/African/Caribbean/Black British: Somali</i>	N/A	-
<i>Black/African/Caribbean/Black British: Other Black</i>	1.1%	-
<b>Other ethnic group: Total</b>	<b>2.5%</b>	<b>0%</b>
<i>Other ethnic group: Arab</i>	1.1%	-
<i>Other ethnic group: Any other ethnic group</i>	1.4%	-

(Source: Population Census 2011, Staff data service providers Sept 2014)

In terms of religion and belief, staff of Christian faith (70 per cent) were over-represented compared to the Tower Hamlets population (27 per cent). In comparison, the proportion of Muslim staff (10 per cent) was lower than the Tower Hamlets average of 35 per cent.

Harbour Recovery had no employees stating to have no religion while around 19 per cent of the borough population had none.

In terms of sexual orientation, the current staff structure is close to the borough average.

The staff equalities data shows that while the workforce is dominated by BME groups, it is less diverse when compared to drug service users or the Tower Hamlets population.

One risk of de-commissioning Harbour Recovery will be that the changes will impact negatively on a group of Christian and Black African employees. This could create additional risk to the Council / DAAT delivering the proposal including reputational risk.

## Barriers?

*What are the potential or known barriers to participation for the different equality target groups? Eg- communication, access, locality etc.*

- The project team understands the potential barriers to user engagement and treatment participation for the different equality groups in terms of communication and access. These barriers will be taken into account when commissioning service providers and formulating new performance targets after de-commissioning Harbour.
- Intervention by drug and alcohol services in the borough will still focus and target needs in specific client groups including BME groups, women, hostel residents or people with mental health issues responding to specific needs in communities.
- Additional communication will be needed to raise awareness of any changes in Tier 4 service provision targeting including:
  - BME groups
  - Female drug users / access to treatment for women
  - Sex workers
  - Alcohol users who do not mix with drug users
  - Drug use in the LGBT community
  - Drug users with mental health problems
  - Khat use in predominantly Somali community
  - Hostel residents
  - Homeless users / rough sleepers
  - Domestic violence victims
  - Young adults 18 to 24
  - Support to families dealing with drug using family member
- *Access / location to services*  
Any potential change in service provision might include the relocation of service providers and treatment centres. If this will be necessary, service users will need to be introduced to the new location which could result in some disruption of their treatment.
- De-commissioning Harbour Recovery will require referring clients from Tier 3 provision using the existing Tier 4 panel route only. Targeted work with services and service users will ensure that clients and workers know about the changes and the Tier 4 access route to residential rehab is used by everyone who needs it.

### **Recent consultation exercises carried out?**

*Detail consultation with relevant interest groups, other public bodies, voluntary organisations, community groups, trade unions, focus groups and other groups, surveys and questionnaires undertaken etc. Focus in particular on the findings of views expressed by the equality target groups. Such consultation exercises should be appropriate and proportionate and may range from assembling focus groups to a one to one meeting.*

### **Consultation Harbour decommissioning proposal Oct 2015 <sup>1</sup>**

A consultation with stakeholders and service users was carried out in Oct 2015 discussing the proposed changes to Harbour Recovery Centre.

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<sup>1</sup> The full comments can be accessed in the DAAT consultation document: De-commissioning Harbour Recovery Oct 2015 available on request.

### *Focus groups with service users*

Four separate group consultation sessions were held at IDP, Isis, Nafas and CDT. In total there were 23 service users attending the sessions. 7 out of those had used Harbour Recovery before. The gender split was 31% females and 69% men.

When the service users were asked if they agreed with the proposal to decommission the HRC the majority, both males and females, did not agree with the proposal. However, it was suggested that the service should cater for all client needs and should be open to males and females if it were to remain open.

The main reasons for disagreeing with the decommissioning proposals were that Harbour Recovery was:

- local, easy and non-complicated to access,
- family and friends are close by,
- provides a safety net for clients who do not wish to go to a rehab for long periods etc.

The majority of service users did not think that there will be any benefit if Harbour is closed down. However, a few clients suggested that if it did close then perhaps the clients will think more seriously about detox and be more committed to recovery if they are required to go elsewhere.

Consequence of closure could be that:

- No quick and easy access to detox
- Bangladeshi males client to lose out easy access route
- Savings not fully used for Tier 4 treatment
- Family support in detox lost

### *Online survey Oct 2015*

37 people including 12 service users responded to the online survey. Around 33% agreed with the proposal while 52% disagreed with it (disagree and strongly disagree).

However, when looking at the group of professional only, around 48% supported the proposal while 20% were undecided. Only 25% disagreed with the proposal.

2 of the 3 doctors participating agreed with the proposal while 53% (8 out of 15) of drug workers/keyworkers agreed with the proposal too.

All Harbour service users participating disagreed with the proposal (12 clients)

Overall, the doctors and keyworkers can see the benefits of the proposal while service users do not want to lose the easy access route to Harbour recovery.

### ***Consultations - pre-dating the decision to re-procure the treatment system***

Various consultation sessions were held to inform the re-procurement decisions and improve future drug services in the borough. In that context, a large amount of consultation has been carried out. Outcomes of those initial consultations influenced the decision to propose the closure of Harbour Recovery.

Various consultations sessions were delivered to consult on the preferred service commissioning model in the borough including three sessions with GPs, a consultation workshop with service managers of local drug and alcohol services, a workshop with the Drug & Alcohol Network and a session with the service user group.

As part of the consultation workshops, participant agreed with the general direction of the plans and supported the proposals that the new treatment system should have: <sup>2</sup>

- a streamlined structure, easier to understand and navigate;
- a clear journey from admission to recovery;
- the overall recovery focus, and
- an increase of front line staff and level of outreach / inreach.

### **Additional factors which may influence disproportionate or adverse impact?**

*Management Arrangements - How is the Service managed, are there any management arrangements which may have a disproportionate impact on the equality target groups*

- DAAT has not identified any management arrangements which may have a disproportionate impact on the equality groups / 9 protected characteristics. DAAT is continuing to monitor any potential negative impact as part of our contractual monitoring.

### **The Process of Service Delivery?**

*In particular look at the arrangements for the service being provided including opening times, custom and practice, awareness of the service to local people, communication*

- It is anticipated that the proposed change will require that access to Tier 4 provision is maintained by the existing Tier 4 panel route into detox and residential rehab.
- It is expected that clients will have better treatment outcomes, a better retention rate of clients and improved numbers of successful completions.
- The proposal will improve value for money in terms of achieving better long term outcomes for clients.
- DAAT will ensure that performance targets are achieved and any under-performance will be responded to timely and appropriately.
- This proposal will contribute to the One Tower Hamlets objectives of reducing inequalities and strong community cohesion and also supports the community plan themes 'A safe and cohesive community' and 'A Healthy and Supportive community'.

### **Please Note -**

Reports/stats/data can be added as Appendix

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<sup>2</sup> The full comments can be accessed in the DAAT consultation document: Treatment re-procurement for substance misuse 2014 available on request.

Target Groups	Impact – Positive or Adverse	Reason(s)
Race	Neutral - Positive	<p>What impact will the proposal have on specific groups of service users or staff?</p> <ul style="list-style-type: none"> <li>• Please add a narrative to justify your claims around impacts and,</li> <li>• Please describe the analysis and interpretation of evidence to support your conclusion as this will inform decision making</li> </ul> <p>Please also how the proposal will promote the three One Tower Hamlets objectives?</p> <ul style="list-style-type: none"> <li>-Reducing inequalities</li> <li>-Ensuring strong community cohesion</li> <li>-Strengthening community leadership</li> </ul> <p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group.</p> <p>The majority of clients in treatment in Harbour were Asian-Bangladeshi (66 per cent), higher than the total population aged 18 plus of 25 per cent. The second largest group, were White British with 19 per cent significantly below the general rates. The third largest group in Harbour was the White other group, again smaller than the proportion of those in treatment in the borough overall.</p> <p>Harbour was commissioned to target Bangladeshi men and their needs. This explains the overrepresentation of Bangladeshi men in the service. More clients of this group will need to access Tier 4 provision via the Tier 4 panel route, potentially accessing services outside the borough. Current user data from other providers shows that there are already some Bangladeshi clients accessing Tier 4 providers outside Tower Hamlets.</p> <p>Good communication within services and clients will need to be facilitated to ensure that users will access the Tier 4 panel effectively and no clients are disadvantaged because of their background or specific drug issues or general barriers in engaging services.</p> <p>DAAT contract specifications and a robust monitoring process will ensure that Tier 4 provision will deliver agreed performance targets for BME groups.</p>

Disability	Neutral - Positive	<p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group.</p> <p>The proportion of service users in the whole treatment system was overall representative of Tower Hamlets residents with a disability. However, clients in Harbour Recovery were less likely to have a disability. As a consequence, the impact of de-commissioning the service on clients with a disability will be relatively low.</p> <p>However, it is clear that Tier 4 provision must be available to people with disabilities and will remain so via the Tier 4 panel route. It is anticipated that after the introduction of the new treatment system in the borough stronger links with mental health services will be developed. DAAT contract specifications and a robust monitoring process will ensure that providers will deliver agreed performance targets for disabled clients.</p>
Gender	Neutral - Positive	<p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group.</p> <p>There were 2,274 adults in drug and alcohol treatment in 2014/15. Out of those, around 461 (20 per cent) were female and 1,813 (80 per cent) were male. The female population is under-represented in treatment and lower than national average (30per cent) in treatment. (Source: NDTMS 2014/15 Adult Activity Q4 National)</p> <p>Harbour Recovery was set up to target male users with specific needs. For that reason no females were able to use the service. Female clients looking for Tier 4 treatment would always choose the route via the existing Tier 4 panel. They never had the ability to access detox without attending the Tier 4 panel.</p> <p>After de-commissioning Harbour Recovery, male and female users will access residential rehab and detox via the Tier 4 panel. If clients need the service and are ready they will be able to access services offered by other Tier 4 providers. DAAT contract specifications and a robust monitoring process will check that providers will deliver agreed performance targets by gender.</p>
Gender Reassignment	Neutral - Positive	<p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group.</p>

		Currently not enough information is available to access the impact on the group. However, it is anticipated that the existing Tier 4 provision and general service improvements will support clients in this user group.
Sexual Orientation	Neutral - Positive	<p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group.</p> <p>It is difficult to estimate the size and profile of the lesbian, gay and bisexual (LGB) population in the borough as sexual orientation was not a specific category of the last Census. National surveys indicate that LGBT people make up around 10 per cent of the population in London.</p> <p>The council does not hold robust information about sexual orientation in Tower Hamlets either. However, service providers monitor sexual orientation of those in treatment. Harbour Recovery data indicated that there were only hetero sexual users in treatment in Q2 2014/15. We anticipate that the existing Tier 4 provision and general service improvements will support client in this this user group.</p>
Religion or Belief	Neutral - Positive	<p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group.</p> <p>Tower Hamlets has the highest percentage of Muslim residents in England, 35 per cent compared to the lowest proportion of Christian residents in England: 27 per cent. The third largest group was those residents with no religion (19 per cent).</p> <p>It is clear that drug use and addiction is a problem in most communities, no matter what faith or belief. However, the large Muslim community stands out with high abstinence levels. In general, treatment services will need to apply tailored approaches to work effectively with different communities in Tower Hamlets and achieve the best results in treatment. Effective use of the Tier 4 panel and new services should improve treatment success for all groups. DAAT contract specifications and a robust monitoring process will ensure that new providers will deliver agreed performance targets for residents with or without a belief/religion.</p> <p>Recent monitoring data from service providers indicates that Christian residents were slightly overrepresented in treatment while Muslim residents were underrepresented. The proportion of residents with No religion including Atheists was close to the Census 2011 figure. In Harbor Recovery, this trend was reversed with the majority of</p>

		Muslim clients (68 per cent) and a lower rate of Christian clients (30 per cent).
Age	Neutral - Positive	<p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group</p> <p>Around 65per cent of Harbour clients in treatment during 2014/15 were aged 30-39, a strong over-representation compared to the proportion of residents in that age group according to the Census and the Tower Hamlets in treatment cohort.</p> <p>Compared to the overall treatment cohort in the borough, young people in treatment with Harbour and those aged above 40 were underrepresented. In 2014/15, 2 young adults aged 18 to 24 had treatment at Harbour. Also, the older client cohort in the borough is less likely to use Harbour.</p> <p>Age matters when accessing treatment and the relationship between problematic drug use, age and treatment need is well understood. The aim of the existing Tier 4 provision and future drug and alcohol services will be to offer and provide successful treatment as early as possible in the life of a problematic drug and alcohol user.</p> <p>DAAT contract specifications and a robust monitoring process will ensure that providers will deliver agreed performance targets for residents of any age with an additional focus on young adults aged 18 to 24.</p>
Marriage and Civil Partnerships.	Neutral - Positive	<p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group.</p> <p>Currently not enough information is available to access the impact on the group. However, it is anticipated that with general service improvements and remaining access to Tier4 provision, a positive impact will be experienced in this user group.</p>
Pregnancy and Maternity	Neutral - Positive	<p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group.</p> <p>Currently not enough information is available to access the impact on the group. However, it is anticipated that</p>

		with general service improvements and remaining access to Tier4 provision, a positive impact will be experienced in this user group.
Other Socio-economic / Carers	Neutral - Positive	<p>Should the Harbour Recovery Centre be decommissioned, service users would follow the same route for inpatient treatment as others in Tower Hamlets. This is via an application that is considered by the inpatient detox and rehabilitation panel. For those cases considered an emergency, the panel can consider and approve applications online within 2 days. This pathway is likely to result in improved outcomes for all service users including this group.</p> <p>Currently not enough information is available to assess the impact on the group. However, it is anticipated that with general service improvements and remaining access to Tier4 provision, a positive impact will be experienced in this user group.</p> <p>It is known that many of our services including Harbour are accessed by hostel clients in the borough. DAAT contract specifications and a robust monitoring process will ensure that new providers will work closely with Hostel residents.</p>

## Section 4 – Mitigating Impacts and Alternative Options

From the analysis and interpretation of evidence in section 2 and 3 - Is there any evidence or view that suggests that different equality or other protected groups (inc' staff) could be adversely and/or disproportionately impacted by the proposal?

Yes?

No? ☒

If yes, please detail below how evidence influenced and formed the proposal? For example, why parts of the proposal were added / removed?

*(Please note – a key part of the EA process is to show that we have made reasonable and informed attempts to mitigate any negative impacts. An EA is a service improvement tool and as such you may wish to consider a number of alternative options or mitigation in terms of the proposal.)*

*Where you believe the proposal discriminates but not unlawfully, you must set out below your objective justification for continuing with the proposal, without mitigating action.*

## Section 5 – Quality Assurance and Monitoring

Have monitoring systems been put in place to check the implementation of the proposal and recommendations?

Yes

How will the monitoring systems further assess the impact on the equality target groups?

- Service providers are already monitoring clients in treatment using the nine protected characteristics when possible. The data will be monitored as part of the contract monitoring approach.
- DAAT will update the existing monitoring sheet in time of the re-procurement to incorporate the latest version of Tower Hamlets equalities monitoring.
- The impact on equality groups will be reviewed regularly at Project Team and DAAT Board meetings.

Does the policy/function comply with equalities legislation?

(Please consider the [OTH objectives](#) and [Public Sector Equality Duty](#) criteria)

Yes? ☒

No?

If there are gaps in information or areas for further improvement, please list them below:

- The information for some of the protected characteristics is limited. Future monitoring will ensure that the recording will be carried out.

How will the results of this Equality Analysis feed into the performance planning process?

- Results of the EA will inform target setting process and development of key performance indicators with the future drug and alcohol services.

Service providers will be asked to use equalities information to target outreach work and specific projects to respond to needs in different communities.

## Section 6 - Action Plan

*As a result of these conclusions and recommendations what actions (if any) **will** be included in your business planning and wider review processes (team plan)? Please consider any gaps or areas needing further attention in the table below the example.*

Recommendation	Key activity	Progress milestones including target dates for either completion or progress	Officer responsible	Progress
1. Ensure Tier 4 capacity and budget is available to cater for need.	1. Ensure all drug and alcohol services can work with their clients to access detox and rehab services for those who need it and are ready for it.	1. Route into Tier 4 provision available and accessible.	1. RS	
2. Ensure that clients who have accessed Harbour in the past understand access and routes into Tier 4 provision via TH Tier 4 panel etc.	2. Provide clients and existing services providers with relevant information and guidance in transition period.	2. Clients and service providers are aware of the changes and feel comfortable referring to other providers.	2. RS	
3. De-commissioning Harbour Recovery will require new ways of referring clients from Tier 3 providers. Targeted work will ensure that referrals ways / pathways are updated and / or established and developed. Communicate changes to clients and providers effectively.	3. Work with service providers to ensure referral process is not disrupted negatively. Ensure that referrals are delivered in new structure.	3. Monitor referral / pathways – Achieve positive outputs.	3. RS	

4. Monitor relevant data to understand changes in access of Bangladeshi men to Tier 4 provision.	4. DAAT to monitor if access patterns are changing.	4. Review impact on equalities groups regularly at Project Team and DAAT Board meetings	4. MS	
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