

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 (1)

In this report, it is recommended that the Mayor in Cabinet approve contract awards as recommended by the tender panel for:

- Tower Hamlets drug / alcohol outreach and referral service
- Tower Hamlets drug / alcohol treatment service
- Tower Hamlets drug / alcohol recovery support service.

The aim of the re-procurement of drug and alcohol services in Tower Hamlets is to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs.

This EA discusses primarily the impact on service users and staff in service providers. Quantitative and qualitative information contributed to our analysis and are represented in our conclusions and recommended actions.

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:

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 re-commission local treatment 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 needs assessment was updated in 2014/15 with the latest data. 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.
- The DAAT had access to robust data and research about Tower Hamlets and its residents. This information is setting the scene and provides an understanding of 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 already.
- This EA discusses primarily the impact on service users and staff in service providers.
- The information is taken from local monitoring reports provided directly from service providers and NDTMS data directly accessible via Public Health England.
- Both quantitative and qualitative information contributed to our analysis and are represented in our conclusions and recommended actions.
- Consultation meetings played a crucial role in the initial decision to re-procure the treatment system. Feedback from consultation sessions have informed the service specification and the understanding of potential risks and impacts on service delivery and service users and are integrated in this document.

Section 3 – Assessing the Impacts on the 9 Groups

Please refer to the guidance notes below and evidence how your proposal impacts 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 people in drug and alcohol treatment illustrates similarities but also differences when compared to the general adult population in the borough.

The data discussed in the document shows that the female population is under-represented in the treatment system while White British, Bangladeshi and Christian residents were marginally over-represented in treatment. In comparison, the White-Other groups appears to be under-represented.

Age matters when understanding drug treatment data; it is clear that the drug treatment population in Tower Hamlets is dominated by those aged 30 to 44 / 49.

Gender

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)

Age

More than 55 per cent of Tower Hamlets residents in treatment during 2014/15 were aged 30-44, a strong over-representation compared to the proportion of residents in that age group according to the Census.

In Tower Hamlets, those aged 18 to 24 (6 per cent) were slightly under-represented compared and England (7.3 per cent). Clients in treatment aged 45 and older in Tower Hamlets resembles closely the proportion of clients in England aged 45 and older. The age structure of clients in treatment represents one of the key challenges of drug and alcohol treatment as clients will access treatment only after years of drug and alcohol misuse. See table below.

Age group	Tower Hamlets	Tower Hamlets	England
	All in treatment %	Census 2011 population 18 plus (%)	All in treatment (%)
18 – 24	6%	19%	7.3%
25 – 29	9%	20%	10.6%
30 – 34	20%	17%	16.6%
35 – 39	19%	11%	17.6%
40 – 44	17%	8%	16.6%
45 – 49	13%	6%	13.4%
50 – 54	8%	5%	8.7%
55 – 59	5%	4%	4.7%
60 – 64	2%	3%	2.5%
65 plus	1%	8%	1.8%

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

Race / Ethnicity

The majority of clients in treatment were White British (43.2 per cent), higher than the total population aged 18 plus of 35.7 per cent. Around 23.3 per cent percent of those in treatment were Bangladeshi which was just below the proportion of British Bangladeshi in the 18 plus population in the borough (25 per cent).

In comparison, the Other White population was underrepresented in the treatment population. See table below. (Source: NDTMS 2014/15 All in treatment YTD / Census 2011)

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

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

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 monitoring data from drug and alcohol service providers indicates that Christian residents (33.3 per cent) were slightly overrepresented in treatment while Muslim residents (33.1 per cent) were close to the general population. The proportion of residents with No religion including Atheists of 26.7 per cent was above the Census 2011 figure. See table below.

Religion	Religious belief of those in treatment	TH population (Census 2011)
Atheist	26.7%	19.1%
Buddhist	0.3%	1.1%
Christian	33.3%	27.1%
Hindu	0.3%	1.7%
Sikh	0.4%	0.3%
Jewish	0.2%	0.5%
Muslim	33.1%	34.5%
Any other religion	0.6%	0.3%
Not stated	5.3%	15.4%

(Source: Tower Hamlets Quarter 2 monitoring returns 2015/16 and Census data 2011)

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.

Service providers in Tower Hamlets monitor the take up of treatment by disability. Recent Q2 2015/16 monitoring returns indicate that nearly 30% of clients consider themselves to have a disability. This would be twice 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 but latest data from Q2 2015/16 did not show any clients in this category.

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 indicates that around 93 per cent were heterosexual, 4.4 per cent homosexual and 1 per cent Bi-sexual.

Sexual orientation	Percentage
Heterosexual	93.3%
Homosexual	4.4%
Bi-Sexual	1%
Other	0.4%
Not Recorded	1%

(Source: Tower Hamlets Quarter 2 monitoring returns 2015/16)

Anecdotal evidence shows that drug use by gay males is high but does not always show in the treatment data. However, the CDT's After Party project has increased the engagement of gay men in treatment.

Marriage or civil partnership

Service providers monitor the take up of treatment by marriage & civil partnership. Recent data shows that clients in treatment were most likely to be single (45.4%), Married (14.1%), Co-habiting (6.3%). A large group of clients did not respond to this question (34%) in Q2 2015/16.

Pregnancy and Maternity

Service providers monitor the take up of treatment by pregnancy and maternity. Recent Q2 2015/16 data showed that a very small number of clients (below 10 clients) had given birth in the last 26 weeks or were pregnant.

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. These data sets are critical in assessing service needs, performance and support the understanding of treatment demand and inform substance misuse intervention priorities for the local partnership.
- Data about the Tower Hamlets population – Access via Tower Hamlets Borough Profile web pages for statistics about the borough's 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 (latest data Q2 2014/15, Q2 2015/16)
- Staff monitoring data provided by service providers (Q4 2013/14 and July 2014, Q2 2015/16)

Qualitative information available for EA

- 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 17th July 2014
- Consultation workshop with GPs, three session 22nd, 23rd and 25th July 2014
- Consultation workshop with Drug & Alcohol Network 23rd July 2014
- Consultation workshop with service user 24th 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.

This section is focusing on the equalities profile of staff and potential risks.

As part of the re-procurement exercise, DAAT have sought a commitment from service providers to employ local staff and subcontractors as part of the ambition to implement the *Mayors Workforce to reflect the community*.

• *Service provider staff*

The diversity of staff employed by service providers is a strong feature of local service delivery. Analysis indicates that the overall workforce is featuring large cohorts of our diverse communities. However, some exceptions were noted in the data and there is scope to address this in the future.

The data shows that 49.4 per cent of the alcohol and drug service workforce were women, while men made up 50.6% of the workforce, indicating a relative gender balance.

The age data indicates that less than 2 per cent of staff was aged between 18 and 24 years. This might be caused by existing low levels of entry positions and lack of apprenticeships. The re-procurement exercise should be used to address this issue with the aim to create entry positions / apprenticeships in drug and alcohol services. The majority of staff were 25 to 44 years old (64.8%).

In terms of disability, it is noticeable that current service providers employed low levels of disabled staff (around 4 per cent). There is potentially scope to increase the accessibility of those jobs in the future.

In terms of ethnicity, staff of Bangladeshi origin (21 per cent) was under-represented in the workforce, when compared to the local adult population of 25.3 per cent. The White British (31 per cent) group was only slightly under represented compared to its overall size in Tower Hamlets.

In comparison, the Black African group (12.3 per cent) and the Black Caribbean group (8.5 per cent) were over-represented, while the White Other group was also slightly under-represented with 8.6 per cent. See table below.

Ethnicity	Residents Aged 18 to 64	STAFF Service providers Aged 18 to 64
White: Total	51.5%	42.2%
<i>White: English/Welsh/Scottish/Northern Irish/British</i>	33.9%	30.9%
<i>White: Irish</i>	1.7%	3.7%
<i>White: Gypsy or Irish Traveller</i>	0.1%	N/A
<i>White: Other White</i>	15.8%	8.6%
Mixed/multiple ethnic group: Total	3.3%	6.1%
<i>Mixed/multiple ethnic group: White and Black Caribbean</i>	0.8%	3.7%
<i>Mixed/multiple ethnic group: White and Black African</i>	0.5%	1.2%
<i>Mixed/multiple ethnic group: White and Asian</i>	1.0%	0%
<i>Mixed/multiple ethnic group: Other Mixed</i>	1.1%	1.2%
Asian/Asian British: Total	36.0%	24.7%
<i>Asian/Asian British: Indian</i>	3.2%	1.2%
<i>Asian/Asian British: Pakistani</i>	1.0%	0.0%
<i>Asian/Asian British: Bangladeshi</i>	25.3%	21%
<i>Asian/Asian British: Chinese</i>	4.0%	0.0%
<i>Asian/Asian British: Other Asian</i>	2.5%	2.5%
Black/African/Caribbean/Black British: Total	6.6%	23.4%
<i>Black/African/Caribbean/Black British: African</i>	3.5%	12.3%
<i>Black/African/Caribbean/Black British: Caribbean</i>	2.0%	8.6%
<i>Black/African/Caribbean/Black British: Somali</i>	N/A	2.5%
<i>Black/African/Caribbean/Black British: Other Black</i>	1.1%	0.0%
Other ethnic group: Total	2.5%	1.2%
<i>Other ethnic group: Arab</i>	1.1%	0%
<i>Other ethnic group: Any other ethnic group</i>	1.4%	1.2%

(Source: Population Census 2011, Staff data service providers Q2 / Q3 2015/16)

In terms of religion and belief, staff of Christian faith (40.2 per cent) were over- represented compared to the Tower Hamlets population (27 per cent). The proportion of staff with no religion (20.7 per cent) was only slightly above the borough average of 19 per cent. In comparison, the proportion of Muslim staff (29.3 per cent) was lower than the Tower Hamlets average of 35 per cent.

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 very diverse, there is scope in some categories to achieve a workforce representing the Tower Hamlets community further.

However, the current workforce can be quite similar in some providers because the project might be working with specific clients. For example, the women only project would be employing female staff only. Again, this unique staff structure can be caused by the relationship of serving specific communities and / or specific ethics and service delivery philosophies. Any changes in a service like that could have an impact on the overall workforce diversity in the borough.

However, changes in the provision of service will operate within the TUPE regulation. This means that staff is entitled to move to the new service.

Barriers?

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

- A potential barrier to treatment is user engagement, communication and ways to access treatment (entry route). These barriers have been identified and are a priority for future service providers. This is also expressed in new performance targets of those providers.
- Intervention by drug and alcohol services in the borough will remain focuses and target needs of specific client groups including BME groups, women, gay men, hostel residents, and people with mental health issues. Treatment will remain open and continue to respond to specific needs in communities and any emerging trends in the field including Party drugs, NPS or others.
- Additional communication will ensure that awareness of changes in service provision are communicated and the following high need groups are targeted:
 - BME groups
 - Female drug users - ensuring 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 / alcohol using family members
- *Access / location to services*

Any potential change in service provision can 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. The new providers will need to ensure that treatment and provision will not be unsettled. If it is impossible to travel to treatment, providers should ensure that home visits are a serious option for service provision.

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.

Extensive consultation including focus groups and survey based research with relevant interest groups, service users, service providers and stakeholders were carried out as part of the Substance Misuse Needs Assessment 2013/14. The results informed directly the recommendations of the needs assessment which were used to inform the proposed re-procurement of local services.

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 including: ¹

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

Workshop participants raised also concerns about the re-procurement plans. The main concerns included:

- location of services;
- the flexibility of service delivery, out of hours availability including home visiting services;
- the workability of the consortia approach;
- the future delivery of specific services including BBV or liver disease treatment;
- risk of losing specialist workers, trained staff with negative impact on client relationships;
- are contract specification robust enough to deliver results and
- TUPE arrangements and service disruption.

The concerns raised were integrated by DAAT as part of the re-procurement exercise and will inform contract negotiations. The future service providers will be responsible to deliver towards those concerns. DAAT will administer the process within service specification and the tendering process of the new services.

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

- We have 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 proposed changes to the treatment system will ensure that more frontline staff are available to deliver drug and alcohol services in the borough. At the same time specific focus on key working, counselling and psychosocial interventions will be maintained.
- This approach assumes an increase of those in treatment, a strong performance in terms of treatment retention and successful completions.
- This proposal will contribute to the One Tower Hamlets objectives of reducing inequalities and support strong community cohesion. An operative new treatment system will also support the community plan themes 'A safe and cohesive community' and 'A Healthy and Supportive community' by ensuring that recovery of clients in treatment is a key focus.

¹ The full comments can be accessed in the DAAT consultation document: Treatment re-procurement for substance misuse 2014 available on request.

- DAAT will ensure that performance targets are achieved and any under-performance will be responded to timely and appropriately.

Please Note -

Reports/stats/data can be added as Appendix

Target Groups	Impact – Positive or Adverse	Reason(s)
Race	Neutral - Positive	<p>Please add a narrative to justify your claims around impacts and,</p> <p>Please describe the analysis and interpretation of evidence to support your conclusion as this will inform decision making</p> <p>Please also how the proposal will promote the three One Tower Hamlets objectives?</p> <ul style="list-style-type: none"> -Reducing inequalities -Ensuring strong community cohesion -Strengthening community leadership <p>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p> <p>Service users</p> <p>The majority of clients in treatment were White British (43.2 per cent), a rate higher than the total population aged 18 plus of 35.7 per cent. Also over-represented were Black Caribbean clients and client of mixed heritage. Around 23.3 per cent percent of those in treatment were Bangladeshi which was just below the proportion of British Bangladeshi in the 18 plus population in the borough (25 per cent).</p> <p>In comparison, the Other White population, African, Chinese and Indian were under-represented in the treatment population. It remains paramount that the treatment system remains accessible to all groups.</p> <p>Service providers will be tasked to continue targeting high need groups in the borough including the Somali and Bangladeshi communities. Existing local knowledge will need to be retained and utilised to target specific treatment needs or any barriers which might stop people entering treatment. The DAAT contract specifications and a robust monitoring process will ensure that new providers will deliver agreed performance targets for BME groups.</p>
Disability	Neutral - Positive	<p>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p> <p>Service users</p> <p>It is known that many of the TH service users classify themselves as having a disability. The new treatment</p>

		<p>system will built upon existing good work and we anticipate developing strong links with mental health services improving services for those clients.</p> <p>The re-procured service will be tasked to work with high need groups in the borough. The consortia approach should ensure that the expertise of existing service provision in the borough will be retained. DAAT contract specifications and a robust monitoring process will ensure that new providers will deliver agreed performance targets for disabled people.</p>
Gender	Neutral - Positive	<p>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p> <p>Service users 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.</p> <p>The female population is under-represented in treatment and lower than the national average (30per cent) in treatment. (Source: NDTMS 2014/15 Adult Activity Q4 National)</p> <p>We know that women are less likely to enter the treatment system, which remains a significant challenge for any treatment provider. The new treatment system will target female users, build upon local expertise but will be tasked to improve on current treatment outcomes.</p> <p>DAAT contract specifications and a robust monitoring process will ensure that new providers will deliver agreed performance targets by gender impacting positively on this group.</p>
Gender Reassignment	Neutral - Positive	<p>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p> <p>Service users Currently we don't have enough information to access the impact on the group. However, we anticipate that with general service improvements, a positive impact will be experienced in this user group.</p>
Sexual Orientation	Neutral - Positive	<p>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p>

		<p>Service users</p> <p>It is difficult to estimate the size and profile of the lesbian, gay, bisexual and transgender (LGBT) population in the borough as sexual orientation was not a specific category used in 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. However, service providers monitor sexual orientation of those in treatment. Data indicates that around 93per cent were heterosexual, 4.4per cent homosexual and 1per cent Bi-sexual</p> <p>Anecdotal evidence shows that drug use by gay males is high and this group has been targeted as part of the 'AfterParty' project. New providers will need to build upon the positive experience of this pilot and continue improving treatment engagement and treatment success.</p> <p>DAAT contract specifications and a robust monitoring process will ensure that new providers will deliver agreed performance targets for the LGBT community.</p>
Religion or Belief	Neutral - Positive	<p>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p> <p>Service users</p> <p>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.</p> <p>Recent monitoring data from drug and alcohol service providers indicates that Christian residents (33.3 per cent) were slightly overrepresented in treatment while Muslim residents (33.1 per cent) were close to the general population. The proportion of residents with No religion including Atheists of 26.7 per cent was above the Census 2011 figure.</p> <p>Drug and alcohol 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. Treatment services will need to apply tailored approaches to work effectively with different communities in Tower Hamlets and achieve the best results in treatment.</p> <p>The new service provision 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</p>

		or without a belief/religion.
Age	Neutral - Positive	<p>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p> <p>Service users More than 55 per cent of Tower Hamlets residents in treatment during 2014/15 were aged 30-44, a strong over-representation compared to the proportion of residents in that age group according to the Census.</p> <p>In Tower Hamlets, those aged 18 to 24 (6 per cent) were slightly under-represented compared and England (7.3 per cent). Clients in treatment aged 45 and older in Tower Hamlets resembles closely the proportion of clients in England aged 45 and older. The age structure of clients in treatment represents one of the key challenges of drug and alcohol treatment as clients will access treatment only after years of drug and alcohol misuse.</p> <p>It is known that age matters when accessing treatment and the close relationship between problematic drug use, age and treatment need. The aim of the new 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 new 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>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p> <p>Service users Currently we don't have enough information to access the impact on the group. However, we anticipate that with general service improvements, a positive impact will be experienced in this user group.</p>
Pregnancy and Maternity	Neutral - Positive	<p>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p> <p>Service users Currently we understand that numbers in this particular group are low. However, each case in drug and alcohol treatment is a high priority and will be supported already. Clients in this group should continue to receive the</p>

		service they need and we anticipate that with general service improvements clients should experience a positive impact
Other Socio-economic / Carers	Neutral - Positive	<p>The re-procurement of drug and alcohol services in Tower Hamlets aims to achieve better treatment outcomes for residents in the treatment system, improve overall performance of drug and alcohol services, attain better value for money and respond better to local needs. The re-procured service will offer treatment to all who need the treatment regardless of their background.</p> <p>Service users Currently we don't have enough information to assess the impact on the group. However, we anticipate that with general service improvements, a positive impact will be experienced in this user group.</p> <p>However, we do know that many of our services are accessed by the large hostel population in the borough. DAAT contract specifications and a robust monitoring process will ensure that new providers will work closely with this high need group.</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. This will continue with any potential new provider.
- 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 the target setting process and the development of key performance indicators of 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
Better collection of feedback and data.	DAAT will update the existing monitoring sheet in time of the re-procurement to incorporate the latest version of Tower Hamlets equalities monitoring.	New monitoring forms introduced in time for the new providers to start The impact on equality groups will be reviewed regularly at Project Team and DAAT Board meetings	DAAT Information and Needs Analyst	
Explore greater representation of underrepresented groups in workforce as part of re-procurement process.	Ensure new contract specifications will allow for diverse workforce including opportunities for young people.	Contracts and contract monitoring in place.	DAAT Commissioning Manager	
Ensure the new contract specifications will respond to high need groups including BME and women, geographical location or service and flexible service delivery	Incorporate suggestion from consultation in tendering process. New providers will have contract taken needs into account.	New contracts in place and service set up.	DAAT Commissioning Manager	
Produce annual needs assessment with particular regards to high need groups (groups identified in EA).	<ul style="list-style-type: none"> - Produce needs Assessment - Incorporation of emerging needs and underrepresented groups in annual targets for providers. 	Completion and discussion of needs assessment at DAAT Board	DAAT Information and Needs Analyst	
Maintain awareness of caseloads and balance of proactive engagement activity with hard to engage groups	Quarterly monitoring and activity recording		DAAT Commissioning Manager	
Monitor budget utilisation and staff profiles in service provider agencies	Quarterly monitoring		DAAT Commissioning Manager	

