Equality Analysis (EA)

Financial Year
2016/17

See Appendix A

Current decision rating

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)

Tower Hamlets Substance Misuse Strategy 2016 to 2019

The new Partnership substance misuse strategy 2016-2019 has been developed by analysing local need, reviewing the evidence base for effective intervention, and by listening to local stakeholders, service users and residents of Tower Hamlets.

The approach set out in the strategy supports the delivery of the borough's Community Plan and supports the Partnership's stated ambition to support a community which is both 'healthy and supportive' and 'safe and cohesive'.

This strategy outlines Tower Hamlets Partnership's approach to tackling the problems associated with drug and alcohol misuse focusing on the three pillar approach of 1) Prevention & Behaviour Change 2) Treatment and 3) Enforcement & Regulation

The EA emphasises the extensive consultation work undertaken developing this strategy. This document summarises the treatment population by its 9 protected groups and the anticipated impact of the new Strategy on various groups.

As a result of performing the analysis, the policy does not have any known adverse effects on people who share Protected Characteristics.

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 and Alcohol Action Team

Service manager: Rachael Sadegh

Name and role of the officer completing the EA: Matthias Schneppel, Information and Needs Analyst

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?

- 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.
- The Substance misuse needs assessment from 2014/15 represents a crucial part of the evidence base of the new strategy.
- DAAT has 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 information is taken from local monitoring reports provided directly from service providers and Public Health England / National Drug Treatment Monitoring System data.
- Both quantitative and qualitative information contributed to the analysis and are represented in conclusions and recommended actions.
- Focus groups and stakeholder interviews played a crucial role in developing the new Substance Misuse Strategy and have informed strategic priorities.

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 people in drug and alcohol treatment illustrates similarities but also differences when compared to the general adult population in Tower Hamlets.

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 in drug and alcohol treatment data as many only access treatment after long periods of substance misuse. The treatment population in Tower Hamlets is dominated by those aged 30 to 44 / 49. Engagement of young adults in treatment remains a key priority. Some successes have been achieved by focusing engagement on party drugs and gay men. This will remain a priority in the new strategy.

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 treatment population is under-represented in Tower Hamlets when compared to the national average (30per cent). (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 is twice the borough average of 14 per cent based on 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 93per cent were heterosexual, 4.4per cent homosexual and 1per 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 in 2015/16 has increased the engagement of gay men in treatment and work successfully with those clients.

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 singe (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 have been analysed extensively in the substance misuse needs assessment 2013/14 and 2014/15. The Substance Misuse needs Assessment 2014/15 is a crucial part of the Strategy evidence base. Analysis here is critical to assess service need, performance and support the understanding of treatment demand and inform substance misuse intervention priorities in Tower Hamlets.
- Data about the Tower Hamlets population has been accessed via Tower Hamlets Borough Profile web pages including information from the National Census 2011.
- 1 focus group with the Youth Council (10 participants) 12th November 2015
- 63 stakeholders participated in the Stakeholder Survey
- 301 residents participated in the Resident Telephone Survey
- 115 drug and alcohol service users participating in the Service User Survey
- Service user data from monitoring returns (latest data Q2 2015/16)

Qualitative information available for EA

- 21 face to face and telephone interviews with key stakeholders
- Substance Misuse Strategy Development – Stakeholder Workshop held at the Tower Hamlets Drug and Alcohol Network (DAN meeting) on 11th September 2015
- 5 service user focus groups with:
    - opiate users (15 participants) 30th October 2015
    - non-opiate users (10 participants) 27th October 2015
    - alcohol users (14 participants) 12th October 2015

    - targeted focus groups with women (3 participants) 21st October 2015
    - homeless services users (2 participants) 12th November 2015
- One focus group with the Youth Council (10 participants) 12th November 2015
- Substance Misuse Strategy Development – Stakeholder Workshop held at the Shadwell Centre, partnership stakeholder engagement 19th November 2015

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.

The partnership is currently completing a re-procurement process of drug and alcohol services in the borough. This process might involve changes to service providers or existing staff structures, depending on service needs and existing service delivery capacity.

However, as part of the re-procurement exercise, DAAT will seek 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* policy.

- *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 the main 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. There is potential 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%**
White: English/Welsh/Scottish/Northern Irish/British	33.9%	30.9%

White: Irish	1.7%	3.7%
White: Gypsy or Irish Traveller	0.1%	N/A
White: Other White	15.8%	8.6%
Mixed/multiple ethnic group: Total	**3.3%**	**6.1%**
Mixed/multiple ethnic group: White and Black Caribbean	0.8%	3.7%
Mixed/multiple ethnic group: White and Black African	0.5%	1.2%
Mixed/multiple ethnic group: White and Asian	1.0%	0%
Mixed/multiple ethnic group: Other Mixed	1.1%	1.2%
Asian/Asian British: Total	**36.0%**	**24.7%**
Asian/Asian British: Indian	3.2%	1.2%
Asian/Asian British: Pakistani	1.0%	0.0%
Asian/Asian British: Bangladeshi	25.3%	21%
Asian/Asian British: Chinese	4.0%	0.0%
Asian/Asian British: Other Asian	2.5%	2.5%
Black/African/Caribbean/Black British: Total	**6.6%**	**23.4%**
Black/African/Caribbean/Black British: African	3.5%	12.3%
Black/African/Caribbean/Black British: Caribbean	2.0%	8.6%
Black/African/Caribbean/Black British: Somali	N/A	2.5%
Black/African/Caribbean/Black British: Other Black	1.1%	0.0%
Other ethnic group: Total	**2.5%**	**1.2%**
Other ethnic group: Arab	1.1%	0%
Other ethnic group: Any other ethnic group	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 develop a workforce even closer to the Tower Hamlets community.

However, the current workforce of some providers can have similar characteristics because the project might be working with specific clients, for example, the women only project would be employing female staff only. The staff structure of providers can be related to the communities this service is serving and / or is shaped by specific ethics and service delivery philosophies.

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 noted in the strategy. This barrier will also be expressed in new performance targets for treatment 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, young adults, hostel residents, and people with mental health issues. The new Substance Misuse strategy emphasises that treatment will remain accessible for everyone who needs it. The strategy includes various actions to respond to specific needs in communities and any emerging trends including party drugs, NPS and others.

- Additional communication will ensure treatment and support will be available to high need groups including:

- BME groups
- Female drug users - ensuring access to treatment for women
- Sex workers
- Alcohol users who do not mix with drug users
- Drug users 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
- Families dealing with drug / alcohol using family members

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 exercises including focus groups and surveys informed the development of the new Substance Misuse Strategy 2016-19. Those engaged with service users, service providers, stakeholders and the general public. The findings informed directly the actions plan and evidence base of the new strategy.

Phase one of the consultation process involved obtaining the views of key stakeholders, drug and alcohol service users and general public perceptions:

- 21 face to face and telephone interviews with key stakeholders
- Substance Misuse Strategy Development – Stakeholder Workshop held at the Tower Hamlets Drug and Alcohol Network (DAN meeting) on 11th September 2015
- 5 service user focus groups with:
  - opiate users (15 participants) 30th October 2015
  - non-opiate users (10 participants) 27th October 2015
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In addition, the draft substance misuse strategy 2016-19 was published on the council's website for consultation among the general public and partnership services (statutory and voluntary). In addition, colleagues across the partnership were invited to participate in the consultation by the DAAT. The consultation closed on 14 April 2016.

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

- The new strategy prioritises
  a) Prevention & behaviour change,
  b) Treatment
  c) Enforcement & regulation

The alcohol-related element of the strategy seeks to improve the quality of life for both Tower Hamlets residents and visitors. The partnership seek to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises.

The drugs element of the strategy seeks to reduce the demand for drugs through effective education and prevention, to increase the number of people entering services, reducing harm, engaging with and completing treatment in order to recover from drug misuse and to bear down on the crime associated with drugs.

Please Note -
Reports/stats/data can be added as Appendix

Target Groups	Impact – Positive or Adverse What impact will the proposal have on specific groups of service users or staff?	Reason(s) • Please add a narrative to justify your claims around impacts and, • Please describe the analysis and interpretation of evidence to support your conclusion as this will inform decision making Please also how the proposal with promote the three One Tower Hamlets objectives? -Reducing inequalities -Ensuring strong community cohesion -Strengthening community leadership
Race	Neutral - Positive	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). In comparison, the Other White population, African, Chinese and Indian were under-represented in the treatment population. While will have various reasons including age and gender, it remains paramount that the treatment system remains accessible to all groups. The strategy continues to target 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 service providers will deliver agreed performance targets for BME groups.
Disability	Neutral - Positive	It is know that many of the TH service users classify themselves as having a disability. The new treatment system will built upon existing positive work and we anticipate developing strong links with mental health services improving services for those clients. The strategy makes clear that mental health issues need to be addressed. DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets for disabled clients. This will include support for the Dual Diagnosis pathway between substance misuse and mental health.
Gender	Neutral - Positive	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 the national average (30per cent) in treatment. (Source: NDTMS 2014/15 Adult Activity Q4 National)

		We know that women are less likely to enter the treatment system, which remains a significant challenge for any treatment provider. The new strategy continues to focus on female users and build upon local expertise to improve on current treatment outcomes. DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets by gender.
Gender Reassignment	Neutral - Positive	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 group. The strategy commits to ensuring equitable access to services across all populations.
Sexual Orientation	Neutral - Positive	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 Anecdotal evidence shows that drug use of gay men is high. This group has been targeted as part of the CDT 'After Party' project. The strategy will build upon the positive experience of this pilot and continues to improve treatment engagement and treatment success for this group including "Chemsex". DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets for the LGBT community. The strategy commits to ensuring equitable access to services across all populations.
Religion or Belief	Neutral - Positive	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. 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. The substance misuse strategy makes it clear that treatment services will need to apply tailored approaches to work effectively with different communities in Tower Hamlets and achieve the best results. DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets for residents with or without a belief/religion.
Age	Neutral -	More than 55 per cent of Tower Hamlets residents in treatment during 2014/15 were aged 30-44, a strong over-

	Positive	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 to England (7.3 per cent). The group of 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 often only after years of drug and alcohol misuse. It is know that age matters when accessing treatment and the close relationship between problematic drug use, age and treatment need. The aim of the strategy is to offer and provide successful treatment as early as possible in the life of a drug and alcohol user. We will ensure that our services are available to people throughout the lifecycle, to support prenatal, postnatal, childhood, youth and the transition to adulthood and to end of life care. DAAT contract specifications and a robust monitoring process will ensure that service providers will deliver agreed performance targets for residents of any age with an additional focus on young adults aged 18 to 24. The strategy includes commitments to improving services and outcomes for young people.
Marriage and Civil Partnerships.	Neutral - Positive	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.
Pregnancy and Maternity	Neutral - Positive	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 will continue to receive the service they need and we anticipate that with general service improvements clients should experience a positive impact
Other Socio-economic groups / Carers	Neutral - Positive	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. However, we know that many of our services are accessed by hostel residents and homeless people and also offenders exiting the criminal justice system. DAAT contract specifications and a robust monitoring process will ensure that providers will work closely with those groups. The new strategy is also focusing on families making clear that support for families and 'significant others' are a priority.

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? x

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?

- The implementation of the strategy will include an annual action plan which will provide the performance management framework against which DAAT will measure its success. The action plan will be monitored and reviewed through the course of the strategy and DAAT will drive delivery against set targets.
- Service providers are already monitoring clients in treatment using the nine protected characteristics categories. The data will be monitored as part of the contract monitoring and will inform the strategic direction of service delivery.
- The impact of treatment and drug and alcohol related work on different 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? x No?

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

- The information for some of the protected characteristics categories is limited. Regular monitoring will ensure that service providers will respond to missing information as a business crucial matter.

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.
- Actions from this EA will be included in the Action plan and Performance management Framework of the Substance Misuse Strategy 2016-19.
- Service providers are required to use equalities information to target outreach work and develop projects to respond to needs in our 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
Ensure that the Prevention and Behavioural Change message is targeted effectively to different communities in the borough.	- Provide targeted communication and community education for those who are at risk of alcohol and drug misuse.	- Communicate services to current service users - Focus on effective service user engagement - Develop education programs to educate wider population including young people	DAAT Commissioning Manager	
Ensure that access to treatment is open for all our local communities.	- Ensure that drug and alcohol services will respond to specific need groups including BME and women, - Ensure that the services are accessible geographically and opening times will cater for client needs. - Improve engagement with 'hard to reach' groups including homeless people, hostel residents, street drinkers and drug & alcohol misusing offenders.	- Service provider and partnership to achieve specific performance targets	DAAT Commissioning Manager	
Monitor New Substance misuse Strategy including action plan	- Monitor action plan and report about progress (Annually / Quarterly)	- Provide updates to DAAT Board	DAAT Information and Needs Analyst	
Produce annual needs assessment with particular regards to high need groups (groups identified in EA).	- Produce annual needs Assessment - Incorporate emerging needs and underrepresented groups in annual targets for providers.	- Completion and discussion of needs assessment at DAAT Board - Communicate results to service providers and staff.	DAAT Information and Needs Analyst	

Appendix A

(Sample) Equality Assessment Criteria

Decision	Action	Risk
As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.	**Suspend – Further Work Required**	**Red** 
As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy.	**Further (specialist) advice should be taken**	**Red Amber** 
As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.	**Proceed pending agreement of mitigating action**	**Amber** 
As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.	**Proceed with implementation**	**Green:**