

Equality Impact Assessment Record

Date of EIA March 2009
 Directorate Social Care & Learning

Initial Screening Record	
Activity to be assessed	Drug & Alcohol Action Team's Services
What is the activity?	<input type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input checked="" type="checkbox"/> Service <input type="checkbox"/> Organisational change
Is it a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing
Aim / objective / purpose of the activity – who is the activity designed to benefit/target?	<p>The purpose of the activity is to: Ensure that residents of Bracknell Forest can access a full range of substance misuse services. The DAAT is part the integrated Crime and Disorder Reduction partnership and seeks to reduce the offending levels of those who misuse drugs. The DAAT also reports to the Health & Social Care Partnership board as it also seeks to improve health and reduce the harms caused by both drug and alcohol misuse.</p> <p>The activity is designed for: All residents of the borough who may have issues with drug or alcohol misuse, their families and friends and the communities that they live in.</p>
Who is responsible for the activity?	The person/section/team responsible for this policy/function is: Jillian Hunt and the members of the Bracknell Forest Joint Commissioning Group. Members include Thames Valley Police, The National Probation Service, Berkshire East Primary Care Trust
Did Step 1: Initial Screening indicate that a full EIA was necessary?	<input checked="" type="checkbox"/> Yes – full EIA completed and recorded below. <input type="checkbox"/> No – full EIA not completed therefore record ends here.
Full EIA Record	
Who are the members of the EIA team?	Jillian Hunt DAAT Manager & Commissioner, Mira Haynes Head of Older People & Long Term Conditions
What evidence has been found to indicate that the activity might need to be amended? (Include any consultation undertaken)	<p>Each year the DAAT runs a series of consultations with service users and their carers. The findings of the consultations are used to inform the future commissioning of services. These consultations may be by way of questionnaires or one to one contacts.</p> <p>Data on the service users is collected and submitted via national data bases. Service users who enter the treatment system via the criminal justice system are recorded via DIRWEB which is a purpose built programme. This system records age gender and ethnicity as well any religious affiliations. Clients are also asked a series of questions relating to their accommodation, parental status and where their children are accommodated and employment status. Monthly reports are available on line which covers age, gender and ethnicity.</p> <p>Community clients are recorded via the National Drug Treatment Monitoring System (NDTMS). This system records similar details to DIRWEB but in addition clients are asked questions in respect of their sexual orientation and service providers can also indicate if they believe that the service user has mental health issues.</p>

	<p>Quarterly reports are provided but they do not include any data on sexual orientation.</p> <p>The DAAT promotes the services that it commissions in local publications, on local radio and by holding a series of events throughout the year to highlight the work being undertaken.</p> <p>The current data shows that there are far more men in treatment than women. However this is also reflected nationally. The number of clients from BME backgrounds reflects the make up of the borough.</p>	
With regard to the equalities themes, which groups might be impacted by the activity? Might any of these groups be impacted adversely ?	Groups Impacted	Groups impacted adversely
	<ul style="list-style-type: none"> √ Race and ethnicity √ Disability √ Gender √ Age √ Sexual Orientation √ Religion or belief 	<ul style="list-style-type: none"> √ Race and ethnicity √ Disability √ Gender √ Age √ Sexual Orientation √ Religion or belief
What evidence is there to suggest an impact/adverse impact?	<p>All of the above groups can feel adversely affected by the work that the DAAT undertakes. For example many young women with children find it hard to engage with treatment services as they are fearful of social services involvement.</p> <p>The families and friends of drug users can often feel isolated and unsure as to what treatment will be offered and how it may affect them.</p> <p>Children are not permitted within the substance misuse centre which can adversely effect parent's engagement in the treatment process. This is due to health and safety issues within the building and the nature of the client group. However all steps are taken to ensure that alternatives are made available by assisting with arranging child minding or by arranging home visits.</p>	
On what grounds can impact or adverse impact be justified?	<p>The DAAT tries very hard to reduce the impact on the groups mentioned above. We work closely with Children's Social Care to ensure that parents do not feel excluded from services. However it can often be hard to change the minds of people. Children can not be permitted in the building due to health and safety issues.</p>	
Is there any current action that addresses issues for any of the groups impacted/adversely impacted?	<p>Childcare is arranged where possible to enable parents to attend their appointments.</p> <p>A family and friends group has been established.</p> <p>Links have been established to the Racial Incidents Advisory Forum and advice is provided as required.</p>	
What changes will you make to the activity reduce or remove any differential/adverse impact?	<p>We work closely with Young Peoples services to ensure that parents who access our services are in a position to access child care and where required will fund this.</p> <p>Following consultation with family and friends we are looking to commission family group therapy in order to offer better support.</p> <p>In undertaking service user satisfaction questionnaires the number of males/females responding corresponds with the make up of the treatment population. There is not a distinguishable difference in satisfaction levels based on gender, ethnicity, age or religious background.</p>	
Into which action plan/s will these actions be incorporated?	<p>Each year the DAAT has to develop a plan that sets out the treatment objectives for the coming year in respect of both Adults and Young People. As part of this process an assessment of local need is undertaken which includes reflecting on the service</p>	

	<p>usage in the previous year taking into account age, gender and ethnicity, which is then compared to the demographics of the borough. Any anomalies are highlighted for action in the plan.</p> <p>The Joint Commissioning group go through the quarterly reports from both DIRWEB and the NTDMS and monitor the effectiveness of the treatment system.</p>
Who is responsible for the action plan?	Jillian Hunt
Have any examples of good practise been identified as part of the EIA?	Following the results of our consultations the family and friends group is involved in the development of both the Adult Treatment Plan and the Young Peoples Treatment Plan.
Has the EIA been published on the Council website?	Yes
Who is the relevant Chief Officer and have they signed off the EIA?	<p>Glyn Jones</p> 
Which PMR will this EIA be reported in?	Q1 2009-10