

‘You will not get far if you perceive the duty to be over burdensome or take a mechanistic approach....there will be progress if the duty is seen as a way of fundamentally changing the core values and culture of the organisation.....we need and outcome-oriented approach’ – CRE Chair 2001

Equality Impact Assessment (EIA): Stage 1: Initial Screening Form for New/Revised Policies or Functions

A: Summary Details

Directorate: *Chief Executives*

Section: *Community Safety*

Person responsible for the assessment: *Lee Cooke*

Contact details: *0208 983 2920. Lee.cooke@towerhamlets.gov.uk*

Name of Policy to be assessed: *Function: Drug Intervention Programme (DIP)
Restriction on Bail/Arrest Referral/Test on Arrest/Required Assessment.*

Is this a new or revised policy: *DIP has existed since 2003/04*

Date policy scheduled for Overview and Scrutiny/Cabinet/LAB: *N/A*

B: Preparation

It is important to consider all available information that could help determine whether the policy could have any potential adverse impact. Please attach examples of available monitoring information, research and consultation reports.

1. Do you have monitoring data available on the number of people (from different target groups) who are using or are potentially impacted upon by your policy?
Please specify what monitoring information you have available (your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service).

Yes – monitoring data is recorded via the ‘Drug Intervention Record’ (DIR) and associated ‘Activity forms’ (which record changes in treatment, start dates, end dates, etc). This info is entered onto DIRWEB (database) and is monitored via the DAT and NTA. The DIR form records info about client – basic contact detail, language spoken, disabilities, ethnicity, drug & alcohol use, current offence & offence history, treatment history, social needs – accommodation status, ETE profile, etc. It also shows assessment outcome info, and gives an indication of a basic care plan, and which treatments may be required in agreement with client (consent required & signed for). All DIR data recorded initially/checked by DIP Throughcare workers and relayed via our data officer and manager (Diane Monk & Charlotte Daniels).

2. If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data for this area? If not, specify the arrangement you intend to make; if not please give a reason for your decision.

To compliment the above data, Tower Hamlets DIP will establish a process to monitor satisfaction with service – possibly client satisfaction questionnaire (Q's scaled 1 – 10). Given at end of first appt. Monitored by DIP Coordinator.

3. Please list any consultations that you may have had and/or local/national consultations, research or practical guidance that will assist you in completing this EIA

The NTA conduct yearly service user 'satisfaction survey'. TH DIP team distributed copies to all clients willing to participate. DIP manager/staff also attend service user forums – clients feedback thus gained. DIP Operational group meeting – mixed forum for borough wide treatment services to discuss team issues. Also DIP steering Group – more strategic in orientation.

C: Your Policy or Function

1. What is the main purpose of the policy or function?

The Drug Intervention Programme is part of the Governments strategy for tackling drugs. It began in 2003/4 as a three-year programme to develop and integrate measures for directing adult drug misusing offenders out of crime and into treatment. The programme is continuing beyond the original 3 year period, but with the aim of gradually ensuring that the constituent interventions and processes become the established way of working with drug misusing offenders across England and Wales.

The programme involves criminal justice and drug treatment providers working together with other services to provide a tailored solution for adults particularly those who misuse class a drugs who commit crime to fund their drug misuse. Its principal focus is to reduce drug related crime by engaging with problematic drug users and moving them into appropriate treatment and support. It aims to break the cycle of drug misuse and offending behaviour by intervening at every stage of the criminal justice system to engage offenders in treatment.

Key partners to the Home Office are the criminal justice agencies such as the police, prisons, probation officers and the courts, along with the Department of Health, the National Treatment Agency and treatment service providers and those who provide linked services such as housing and job seeker support.

Testing on arrest

The act includes a provision to move the point at which a drug test may be carried out to post arrest rather than post charge. Testing on arrest those arrested for a trigger offence will enable us to identify adults misusing specified Class A drugs earlier in their contact with the criminal justice system, so that they may be steered into treatment and away from crime as soon as possible. It will also increase the volume of drug misusing arrestees identified and will ensure that those who misuse drugs but are not charged with an offence are nevertheless helped to engage in treatment and other programmes of help.

Required Assessment

Previously, following a positive drug test, an individual would have been asked whether they wished to see a drug worker based in the custody suite. Take up of this offer was voluntary on the part of the individual. Part 3 of the Act introduced a new power for the police to require adults who have tested positive for a specified Class A drug when tested on arrest or charge, to attend an assessment of their drug use.

Restriction on Bail

Section 19 of the Criminal Justice Act 2003 amended the Bail act 1976 to provide for a Restriction on Bail for adults who have tested positive for specified Class A drugs. Where the relevant conditions are met the defendant will be asked at the initial bail hearing to undergo an assessment of their drug problem and agree to participate in any follow up recommended by the assessor. If the defendant agrees, they will, in most cases, be released on conditional bail. However, if they refuse, the normal presumption for bail is reversed and the court will not grant bail unless satisfied that there is no significant risk of the defendant committing an offence whilst on bail. It acts as an incentive for those charged with offences to address any drug misuse or lose the right to be considered for bail pending trial. Restriction on Bail was extended to all Local Justice areas in England from 31 March 2006. This means that any adult defendant who is brought before any court in England with a positive drug test result following Testing on Arrest or Charge could have the provision applied to them irrespective of the area in which they live within England.

2 Are there any other objectives of the policy or function, if so what are they?

By definition, if DIP reduces substance misuse levels – it will also (or so the logic goes) reduce offending rates – with associated benefits across the community.

3 Do any written procedures exist to enable delivery of this policy or function?

Yes – Clear guidance from the nhs-nta exists on how treatment services should operate in the form of the ‘models of care’ document. Clear guidance is also given on data monitoring procedures via nta training around DIR/Activity forms, Required

Assessment (tough choices) & ROB schemes. Internet support also available – Home Office website, NTA website, DIR – my 121, etc.

- 4 Are there elements of common practice in the service area or function that are not clearly defined within the written procedures?

None that occur – directives from nta very clear.

- 5 Who are the main stakeholders of the policy?

Service Users, Home Office, NHS-NTA, L.B of Tower Hamlets.

- 6 Is the policy associated with any other Council policy (s)?

DIP has established links with Safer Neighbourhood Scheme, Domestic Violence unit, Specialist Addictions Unit (mental health team) amongst others.

- 7 Are there any areas of the service that are governed by discretionary powers? If so, is there clear guidance as to how to exercise these?

Access to the service is governed by legal requirements as described above an assessment process (DIR,). The nhs-nta procedures/guidance outlined above is adhered to, in order that objectivity can be maintained.

- 8 Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, what responsibility, and which bodies?

All stakeholders are responsible for their part in the Dip Policy

D: The Impact

Assess the potential impact that the policy could have on each of the target groups. The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will need to also assess whether that negative potential impact is high, medium or low – see glossary in the attached guidance notes for definitions.

1.

a) Identify the potential impact of the policy on men and women:

Gender	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Women	X			<i>Referral to the service is via recognised CJS routes. Eligibility is determined by objective criteria.</i>
Men	X			<i>Referral to the service is via recognised CJS routes. Eligibility is determined by objective criteria.</i>

b) Identify the potential impact of the policy on different race groups:

Race	Positive	Negative (please specify if High,	Neutral	Reason

		Medium or Low)		
Asian (including Bangladeshi, Pakistani, Indian, Chinese, Vietnamese, Other Asian Background – please specify_____)	X			<i>Referral to the service is via recognised CJS routes & languages are catered for. Eligibility is determined by objective criteria.</i>
Black (including Caribbean, Somali, Other African, Other black background – please specify_____)	X			<i>Referral to the service is via recognised CJS routes & languages are catered for. Eligibility is determined by objective criteria.</i>
White (including English, Scottish, Welsh, Irish, Other white background – please specify_____)	X			<i>Referral to the service is via recognised CJS routes & languages are catered for. Eligibility is determined by</i>

				<i>objective criteria.</i>
Mixed Dual heritage (White and Black Caribbean, White and Black African, White and Asian, Other mixed background - please specify _____)	X			<i>Referral to the service is via recognised CJS routes & languages are catered for. Eligibility is determined by objective criteria.</i>
Other (please specify)	X			

c) Identify the potential impact of the policy on disabled people:

Disability	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
	X			<i>Referral to the service is via recognised CJS routes. Wheelchair access to DIP catered for. Eligibility is determined by objective criteria.</i>

d) Identify the potential impact of the policy on different age groups:

Age Group (specify, for example younger, older etc)	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
	X			<i>Referral to the service is via recognised CJS routes – adults. 18+. Eligibility is determined by objective criteria.</i>

e) Identify the potential impact of the policy on lesbian, gay men, bisexual or heterosexual people:

Sexual Orientation	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Lesbian	X			<i>Referral to the service via recognised CJS routes. Eligibility determined by objective criteria.</i>
Gay Men	X			<i>Referral to the service via recognised CJS routes. Eligibility determined by objective criteria.</i>

Bisexual	X			<i>Referral to the service via recognised CJS routes. Eligibility determined by objective criteria.</i>
Heterosexual	X			<i>Referral to the service via recognised CJS routes. Eligibility determined by objective criteria.</i>

f) Identify the potential impact the policy on different religious/faith groups?

Religious/Faith groups (specify)	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Buddhist	X			<i>Referral to service is via recognised CJS routes. Eligibility determined by objective criteria.</i>
Christian	X			<i>Referral to service is via recognised CJS routes. Eligibility determined by objective criteria.</i>
Hindu	X			<i>Referral to service is via recognised CJS routes. Eligibility determined by objective criteria.</i>
Jewish	X			<i>Referral to service is via recognised CJS routes. Eligibility determined by objective criteria.</i>
Muslim	X			<i>Referral to service is via recognised CJS routes.</i>

				<i>Eligibility determined by objective criteria.</i>
Sikh	X			<i>Referral to service is via recognised CJS routes. Eligibility determined by objective criteria.</i>
Other (please specify)	X			

g) As a result of completing Question 1 a-f above what is the potential impact of your policy?

High **Medium** **Low**

If you have assessed the potential impact as HIGH you must complete a full potential impact assessment.

2. Could you minimise or remove any negative potential impact that is of medium or low significance? Explain How.

Race:

Gender:

Disability:

Age:

Sexual Orientation:

Religious/Faith groups:

3. If there is no evidence that the policy promotes equal opportunity– could it be adapted so it does? How?

Please ensure that all actions identified are included in the attached action plan and in your service plan.

Please sign and date this form, keep one copy and send one to Equalities Team..

Signed
Lead Officer
Date

Signed
Service Head
Date

Signed
Strategy and Programmes
Date

Action Plan

Recommendation	Key activity	Progress milestones	Officer Responsible	Progress
<p><i>Establish system for monitoring DIP service user satisfaction by 1st April 2007</i></p>	<p><i>Record overall satisfaction with service as part of assessment process</i></p> <p><i>Research or design suitable tool.</i></p> <p><i>Ensure staff trained to use it.</i></p> <p><i>Record feedback on DIP held database.</i></p>	<p><i>Monthly review of feedback & feedback into team via team meetings.</i></p>	<p><i>Lee Cooke</i></p>	<p><i>To complete by 01.04.07</i></p>

