

‘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: *Nicholas Biggart*

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Name of Policy to be assessed: *Function: Drug Intervention Programme (DIP)*

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 the relationship between drug use and offending. The programme involves Criminal Justice and drug treatment providers working together (along with other services, e.g. Dept of Health, National Treatment Agency) to provide a tailored solution for adult users of Class A drugs – who commit crime to fund their drug use. Its principal focus is to engage problematic drug users and move 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 drug treatment.

- 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 an assessment process (DIR, Triage/assessment). 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?

The responsibility is not shared.

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
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		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 & fed back into team via team meetings.</i></p>	<p><i>Nick Biggart</i></p>	<p><i>To complete by 01.04.07</i></p>

