KENT COUNTY COUNCIL
EQUALITY IMPACT ASSESSMENT

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Directorate:
Customer and Communities

Name of policy, procedure, project or service
Medway Adult Integrated Substance Misuse Service Specification

What is being assessed?
Service

Responsible Owner/ Senior Officer
Diane Wright

Date of Initial Screening
11th March 2013
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Could this policy, procedure, project or service affect this group less favourably than others in Kent? YES/NO If yes how?</th>
<th>Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN</th>
<th>Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?</th>
<th>Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities</th>
</tr>
</thead>
</table>
| Age            | No                                                                                              | High None                                                       | a. No, this specific service will be open to all those who are 18 years old and over. There is no upper age limit. All interventions will be delivered to all individuals who are assessed as requiring it. b. No, **Current data for 01/04/2011 to 31/03/2012 shows that our treatment system is engaging with the following numbers from this characteristic group:** | Yes. The provider will be expected to deliver a range of interventions and activities in order to meet the needs of various target age groups within this characteristic. For example; The service specification (appendix 1) highlights the 18-25 year olds (4.13, p13) "There is a need to proactively engage this age group in adult treatment services to reduce long term problematic substance misuse. Additionally, parents within this age group are more likely to have younger children for whom intervening early would result in significantly improved outcomes. This service must be accessible to meet the needs of this group and should offer individualised care."

<table>
<thead>
<tr>
<th>Age (at mid point of year)</th>
<th>2011/12</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>795</td>
<td>100%</td>
</tr>
<tr>
<td>18 - 24 years old</td>
<td>73</td>
<td>9.18</td>
</tr>
<tr>
<td>25 - 29 years old</td>
<td>124</td>
<td>15.6</td>
</tr>
<tr>
<td>30 - 34 years old</td>
<td>173</td>
<td>21.76</td>
</tr>
<tr>
<td>35 - 39 years old</td>
<td>174</td>
<td>21.88</td>
</tr>
<tr>
<td>40 - 44 years old</td>
<td>131</td>
<td>16.47</td>
</tr>
<tr>
<td>45 - 49 years old</td>
<td>75</td>
<td>9.43</td>
</tr>
<tr>
<td>50 - 54 years old</td>
<td>21</td>
<td>2.64</td>
</tr>
<tr>
<td>55 - 59 years old</td>
<td>14</td>
<td>1.76</td>
</tr>
<tr>
<td>60+ years old</td>
<td>10</td>
<td>1.25</td>
</tr>
</tbody>
</table>

Comment [K1]: It will also be useful from now on to collect data across protected characteristics – for example, breaking down the age profiles by Gender, as the needs of young men may be different from those of young women, and so on. This idea of cross-matching data will apply equally to other protected characteristics: young disabled people/older disabled people for example.

At the other end of the age range (4.13, p13) older people are specified "There is a need to recognise and address the aging population of substance misusers in Medway. This is in relation to high risk and dependent drinkers as well as long term problematic drug users due to
the significant health implications that long term misuse has on individuals and their families."

The service specification (Appendix 1) has an Equality, Diversity and Accessibility section (p9) which highlights all of the characteristics and related requirements.

Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.

The service is also required to provide an annual EIA to ensure that they are considering all of the needs of the population.

<table>
<thead>
<tr>
<th>Disability</th>
<th>No</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. No, This service will deliver interventions to all individuals who are assessed as requiring it, who are aged over 18 and classed as disabled as described within the Equality Act 2010.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Yes. The new service will be required to use the Kent Combined Assessment form. This characteristic has been included within this form. The assessment covers, physical impairment, mental impairment, hearing and sight impairment, Dyslexia and literacy impairment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provider will be required to offer interventions to all individuals who meet the specified criteria and are assessed as requiring treatment irrespective of disability.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provider will be required to design activities and treatment/support packages that do not marginalise any individual who could be recorded within this characteristic.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is expected that the service will meet</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We will also be including Mental Health / Dual diagnosis information.

Although this data is now captured not all agencies were able to submit consistently throughout the whole year (11/12) and as such this information is not currently of a reliable standard to include within this EqIA.

With the integration and sole provider as of 2/01/14 this issue will be alleviated.

the communication and access needs of all disabled people, including those with sensory impairments. Those with learning difficulties. (appendix 1 section 3.24)

Those with literacy and/or sight impairments may/will require information in various formats depending on need.

There is a broad spectrum of recognised learning difficulties and the service will need to be able to accommodate the presenting needs of all service users. Some of those with learning difficulties may need information in an Easy-read format.

Accessibility relates to mobility, physical impairment, mental impairment, hearing and sight impairment, Dyslexia and literacy impairment.

We aim to ensure that the services we commission are delivered in premises that are compliant with the Equality Act 2010 (previously the Disability Discrimination Act 2005). All premises must have a current and up to date Access Audit, along with an action plan if required. This will be held on file and monitored on a monthly basis by the KDAAT lead.
The service specification (Appendix 1) has an Equality, Diversity and Accessibility section (p9) which highlights all of the characteristics and related requirements.

This characteristic will be assessed within the Equality section of the submitted tenders thoroughly.

Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.

<table>
<thead>
<tr>
<th>Gender</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>210</td>
<td>585</td>
</tr>
<tr>
<td>Female</td>
<td>26</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td>795</td>
<td>100</td>
</tr>
</tbody>
</table>

The provider will be required to offer interventions to all individuals who meet the specified criteria and are assessed as requiring treatment irrespective of gender.

A new Risk assessment process will begin with the start of this contract and this includes a Domestic Abuse specific section, this recognises that both male and females can suffer from domestic abuse and the impacts of both survivors and perpetrators.

The service specification (Appendix 1) has an Equality, Diversity and Accessibility section (p9) which highlights all of the characteristics and related requirements.
| Gender identity | No | High | Unknown | a. No, this specific service will be open to all individuals who are assessed as requiring it, who are aged over 18.  

b. Yes. We will be requiring the new service to use the Kent Combined Assessment form and this data is collected within this form.  

As the current provider does not currently collect this information, we are unable to provide any data in relation to gender identity. With the integration and sole provider as of 02/01/14 this issue will be alleviated |

| | | | | This characteristic will be assessed within the Equality section of the submitted tenders thoroughly.  

Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.  

We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required.  

A person who identifies as either male or female must be treated as such. It is understood that not all individuals will necessarily wish to disclose this information and it is our aim that all of our services are engaging to all groups.  

This particular group will inevitably be vulnerable through past experiences with other aspects of their lives and we expect this to be respected and understood.  

The service specification (Appendix 1) has an Equality, Diversity and |
Accessibility section (p9) which highlights all of the characteristics and related requirements.

This characteristic will be assessed within the Equality section of the submitted tenders thoroughly. A further ongoing action is included to gain further understanding.

Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within the area.

The provider will be required to offer a range of interventions to all individuals who meet the specified criteria and are assessed as requiring treatment irrespective of nationality or ethnicity.

Policies and procedures must be in place to deliver appropriate services for example Racial Harassment. Within our specification there is an expectation placed on the provider to ensure that documents are available in more than one language. That interpreters’ are available for those who English is not their first language.

The provider will be expected to engage with the Gypsy / Traveller communities in Medway.

The service specification (Appendix 1)
Due to the small numbers involved we are unable to group these more specifically has an Equality, Diversity and Accessibility section (p9) which highlights all of the characteristics and related requirements. This characteristic will be assessed within the Equality section of the submitted tenders thoroughly. Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.

<table>
<thead>
<tr>
<th>Religion or belief</th>
<th>No</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their religion or belief.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Yes. The new provider will be required to use the Kent Combined Assessment which captures this data as currently it is not collected in a way which can be reported upon With the integration and sole provider as of 02/01/14 this issue will be alleviated.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand the potential needs of this group and be able to offer the interventions which are requested and delivered as required.

The Equality Act 2010 protects employees as well as service users. The provider will be expected to recognise the different religions and beliefs within their workforce. They will be expected to recognise that different beliefs may require time off for religious festivals / celebrations. The provider will also be expected to recognise the different religions and
beliefs within their workforce when designing the building layout to ensure there is a Faith/quiet room available for prayer if required.

The service specification (Appendix 1) has an Equality, Diversity and Accessibility section (p9) which highlights all of the characteristics and related requirements.

This characteristic will be assessed within the Equality section of the submitted tenders thoroughly.

Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.

There is a further ongoing action within the action plan.

Comment [K3]: Please show this as a SMRT action in the plan at the end of this assessment.

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>No</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their sexual orientation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Yes. This data is not currently available. With the introduction of the Kent Combined assessment the new provider will be able to report on this from 2/01/14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required.

We are hopeful that those individuals who access treatment will feel able to
disclose this information once they are reassured that the information will be treated in confidence by the provider.

The service specification (Appendix 1) has an Equality, Diversity and Accessibility section (p9) which highlights all of the characteristics and related requirements.

This characteristic will be assessed within the Equality section of the submitted tenders thoroughly.

Quarterly performance monitoring and reporting will enable us to effectively establish any trends or potential unmet needs within this group.

There is a further ongoing action within the action plan.

<table>
<thead>
<tr>
<th>Pregnancy and maternity</th>
<th>No</th>
<th>High</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their current/previous or pending parental/maternal/paternal status.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Current data for 01/04/2011 to 31/03/2012 shows that our treatment system is engaging with 67 individuals who have have children. This data is inevitably underreported. Work is being undertaken to ensure that clients feel able to divulge this information once they are reassured that the information will be treated in confidence by the provider.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required.</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

07/10/2013
We are also unable to report on the number of clients who are pregnant as again, this data is not currently being collected in a coherent manner. We envisage that this will be alleviated when the Kent Combined Assessment is in use.

We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their marital or partnership status.

b. Yes. We redesigned our combined assessment form and as of 01/04/2011 this characteristic has been included. Although this data is now captured not all agencies were able to submit consistently throughout the whole year (11/12) and as such this information is not currently of a reliable standard to include within this EqIA.

With the integration and sole provider as of 02/01/14 this issue will be elevated.

We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required.

Processes must be in place to deliver appropriate services/interventions for partners/spouses of service users who have a substance misuse issue. Interventions will also be available for couples to engage with so that a whole person holistic approach can be as effective as possible if requested.

The service specification (Appendix 1) has an Equality, Diversity and Accessibility section (p9) which highlights all of the characteristics and related requirements.

This characteristic will be assessed within the Equality section of the submitted tenders thoroughly.

<table>
<thead>
<tr>
<th>Marriage and Civil Partnerships</th>
<th>No</th>
<th>High</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> No. We aim to ensure that those who are assessed as requiring a service intervention will be able to access this service provision and are treated equally irrespective of their marital or partnership status.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong> Yes. We redesigned our combined assessment form and as of 01/04/2011 this characteristic has been included. Although this data is now captured not all agencies were able to submit consistently throughout the whole year (11/12) and as such this information is not currently of a reliable standard to include within this EqIA.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With the integration and sole provider as of 02/01/14 this issue will be elevated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We aim to ensure that all services we commission are delivered to meet all requirements of the population. We expect all providers to have a skilled and competent workforce. This will ensure that workers will be able to understand this group and be able to offer the interventions which are requested and delivered as required.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Processes must be in place to deliver appropriate services/interventions for partners/spouses of service users who have a substance misuse issue. Interventions will also be available for couples to engage with so that a whole person holistic approach can be as effective as possible if requested.
The service specification (Appendix 1) has an Equality, Diversity and Accessibility section (p9) which highlights all of the characteristics and related requirements.

This characteristic will be assessed within the Equality section of the submitted tenders thoroughly.
Part 1: INITIAL SCREENING

Context

The Kent and Medway Drug and Alcohol Action Team (K/MDAAT) are a partnership which commissions a range of drug and alcohol services to support and promote recovery from drug or alcohol misuse.

We follow a specific commissioning framework which we have developed over years of learning in collaboration with our service user expert group. We believe that this will lead to improved openness and transparency in the commissioning process.

The partnership aims to:

a) Prevent problematic drug and alcohol misuse

b) Enable and support the long-term recovery, rehabilitation and social re-integration of people in our area affected by drug and alcohol misuse.

In order to meet these aims the partners pool funding to commission a substance misuse treatment system that meets the identified substance misuse needs of the population and contribute to achieving the following outcomes:

a. Improved long-term mental and physical health, well-being, and quality of life for people affected by substance misuse,

b. Freedom from substance dependency,

c. Well-informed and supported families, children and young people,

d. Reduced substance misuse related crime, anti-social behaviour and re-offending,

e. Improved public health and reduced health inequalities in Medway, including but not limited to; prevention of substance misuse related deaths and blood borne viruses,

f. Increased employment and reduced financial burden on local communities and public services,

g. The ability to access and sustain suitable accommodation.

This Equality Impact Assessment has been completed to ensure that all potential positive or adverse impacts are highlighted and addressed accordingly. These impacts relate directly with the proposed integrated substance misuse service specification.

The service specification clearly identifies the expectations for the integrated substance misuse service which the successful bidder will be required to establish and deliver.
The substance misuse service specification intends to amalgamate specific treatment interventions which are evidenced to produce positive outcomes for drug and/or alcohol misuse into one holistic and therapeutic provision.

The integrated service will ensure that all substance misusers will have access to the same level of treatment across the designated area. Every member of society has a range of the protected characteristics and all members of the community with a substance misuse issue will be able to benefit equally.

The service will:
- Promote fair access and diversity to existing service users and ensure that services are flexible and accessible to the wider communities.
- Ensure that vulnerable people do not become dependent on support
- Promote service user involvement and consultation

The service will deliver interventions that will aim to meet the needs of all existing and new service users from within all of the protected characteristic groups.

A detailed explanation of all service outcomes and interventions can be found in the service specification which is attached as appendix 1.

**Beneficiaries**

The proposed service will address the needs of socially excluded groups and will apply the principles of equal opportunities and fair access.

The intended beneficiaries of the proposed service are vulnerable people in need of substance misuse related services who are an ordinary resident within the specified area.

Care of addresses will only be accepted if the service user fulfils the principle of ordinary residence as prescribed in the National Assistance Act 1948.

The beneficiaries of the proposed service will be:
- People with alcohol problems
- People with drug problems both illicit use and prescribed
- Substance misusing parents with current substance misuse or a recent history of substance misuse.
- People with physical or sensory disability with current substance misuse or a recent history of substance misuse.
- People whose first language is not English with current substance misuse or a recent history of substance misuse.
- Treatment Naïve – service users who have not previously accessed structured treatment services.
- Service users in families where there are child protection issues.
• Service users who are prison leavers with current substance misuse or a recent history of substance misuse.
• Prolific offenders with drug or alcohol use and or history.
• Clients with co-existing mental health and substance misuse problems (dual diagnosis).
• Those who are BBV symptomatic or present with other severe physical co-morbidity.

The above are direct beneficiaries. The indirect beneficiaries of this service will be families and children of substance misusers, the wider community and health and criminal justice agencies.

Consultation and data

The following consultation and data sources were used to inform the initial service design and hence this screening:

The consultations began in May 2012.

• Demographic data
• National, regional and local treatment data
• The National drug strategy 2010
• The National Alcohol Strategy 2012
• MDAAT Needs Assessment
• Relevant evidence and reference documents and publications
• Partnership Joint Commissioning Group
• Service User Expert Group

Further consultation will be taking place in order to develop the service specification to its final version through April and May 2013. These consultations will also enable us to develop the EqIA and assess the need.

Potential Impact

The integrated service will ensure that all substance misusers will have access to the same level of treatment across Medway. As all members of society have a range of protected characteristics all members of the community with a substance misuse issue will be able to benefit equally.

We have currently assessed that no group from the protected characterises should be impacted differently in either a potentially positive or adverse way.

At the point of this screening being completed some information is yet to be collated and as such some unknowns regarding current inclusion are recorded within the screening grid. The EqIA is an evolving document and it will be fully completed to show current engagement levels for all of the characteristics on the final submission. Although we have some statistics still to include we are positive that to date, there is no characteristic that should be impacted differently in either a positive or negative way.

In order to ensure that no group either experience or receive a negative impact we will fully Evaluate all tenders against the Equality expectations we have stipulated what we expect within the specification and each tenderer will need to address each of the characteristics
separately. They will need to prove compliance with legislation in both providing services to individuals and as an employer.

**JUDGEMENT**

To date, no negative impacts have been identified because this is a fully inclusive service for substance misusers.

**Option 1 – Screening Sufficient**

NO

Following this initial screening our judgement is that this is classified as a major service and as such further assessment will be made.

**Justification:**

The service has been assessed as a major service because it involves significant resources and it will affect a significant number of people throughout the community.

**Option 2 – Internal Action Required**

YES

Although To date, no negative impacts have been identified because this is a fully inclusive service for substance misusers, we acknowledge that we still need to scrutinise engagement statistics for service users who access services by characteristic over the duration of the contract to get a clearer picture of any under represented groups.

**Option 3 – Full Impact Assessment**

YES

Although to date the service has been assessed as having no adverse impacts in its delivery, it is classified as a major service and as such will require a full assessment.

**Action Plan**

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Tender evaluation to include a specific assessment of the providers ability to work with this client group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In quarterly performance monitoring, record gender identity data and use this to identify gaps in the service for this protected</td>
</tr>
</tbody>
</table>

07/10/2013
| Characteristic | Tender evaluation to include a specific assessment of the providers ability to work with this client group  
In quarterly performance monitoring, record gender identity data and use this to identify gaps in the service for this protected characteristic |

**Equality and Diversity Team Comments**

**Sign Off**

_I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified._

**Senior Officer**

Signed: Name: Diane Wright

Job Title: Head of Service  
Date:

**DMT Member**

Signed: Name:

Job Title: Date: