

Initial Equality Impact Assessment

This Equality Impact Assessment has been produced by the Oldham Drug and Alcohol Action Team

<p>Completed by:</p> <p>Name: Rachel Massie</p> <p>Position: Service Improvement Officer (DAAT)</p> <p>Telephone: 0161 621 9346</p> <p>Email: rachelmassie@positivestepsoldham.org.uk</p>	<p>Date 01/04/10</p>	<p>Reviewed by:</p> <p>Name: Janet Sewart</p> <p>Position: Strategic Manager (DAAT)</p>	<p>Date 12/04/10</p>
<p>Name of the policy to be assessed:</p>	<p style="color: blue;">Oldham Young People’s Specialist Substance Misuse Treatment Plan 2010-11</p>		
<p>1. Briefly describe the aims, objectives and purpose of the policy.</p>	<p>The overarching objective of the Oldham Young People’s Substance Misuse Treatment Plan 2010-11 is to develop a robust and modern treatment system and ensure successful outcomes for young people in Oldham. This will be achieved by further strengthening the strategic links between the DAAT and its partners to forge a whole treatment system which is fit for purpose and based upon the evidence of the comprehensive needs assessment.</p>		

<p>2. Who defined the terms/scope of the policy? (for example: local authority or central government)</p>	<ul style="list-style-type: none"> • The National Drug Strategy 2008-2018 • Young People’s Substance Misuse Strategy • Every Child Matters: Change for Children Young People and Drugs • The Local Area Agreement • Interventions to reduce substance misuse among vulnerable young people: guidance, 28th March 2007 • Safe And Strong Communities Board
<p>3. Are there any other local authority services or external agencies who share responsibility for the policy?</p> <p>Identify the services or agencies. Ensure that they are consulted with when completing this Equality Impact Assessment</p>	<ul style="list-style-type: none"> • The Children’s Trust • OASIS • Oldham PCT • Greater Manchester Police • Addiction Dependency Solutions • Oldham Drug and Alcohol Service • Oldham Magistrates Court • Youth Offending Service • Children, Young People and Families Directorate • Oldham Community Safety Unit

<p>4. Is the policy directed or influenced by another policy controlled by the local authority?</p> <p>If “Yes” name the policy and state whether it would be possible to complete one Equality Impact Assessment for all of the relevant policies?</p>	<ul style="list-style-type: none"> • Local Area Agreement • Children and Young People’s Plan • Youth Justice Board Plan • Oldham Alcohol Strategy • Oldham’s Community Strategy 2005-20 • Supporting People Strategy • Oldham MBC Diversity Policy <p>It would not be possible to complete one Equality Impact Assessment for all the abovementioned policies.</p> <p>Furthermore, it would not be appropriate for a member of the Drug and Alcohol Action Team to complete Equality Impact Assessments for each of these policies.</p>
<p>5. Who is intended to benefit from the policy and in what way?</p>	<ul style="list-style-type: none"> • Young people in Oldham who are misusing substances • Young offenders in Oldham who are misusing substances • Parents, carers, family members and concerned others of young people who are misusing substances in Oldham • The general public

<p>6. What are the intended outcomes of this policy?</p>	<ul style="list-style-type: none"> • Review the young people’s treatment system to ensure that it is robust and fit for purpose • Address the Hidden Harm Agenda by encouraging joint working between adult and children’s services to deliver services in line with the “whole family model” • Encourage the participation of young BME people in the treatment system • Tackle the cohort of young Problematic Drug User’s in Oldham by working closely with our criminal justice partners • Increase the number of appropriate young people referred in to Tier 3 treatment services • Ensure the integration of substance misuse within Oldham’s Children’s Plan • To ensure the effective delivery of the Young People’s Treatment Plan and ensure that Local Area Agreement targets are met • To market and promote the DAAT by ensuring that achievements and initiatives are brought to the attention of key stakeholders. This list is not exhaustive, but should include the National Treatment Agency, Government Office North West and the Oldham Partnership
<p>7. What factors could contribute to / detract from the intended outcomes?</p>	<ul style="list-style-type: none"> • Securing appropriate funding • To deliver first class services irrespective of funding decisions • Meeting and exceeding performance targets with particular emphasis upon treatment outcomes • Ensuring that the substance misuse agenda is prioritised in the strategic plans of our partner agencies

	<ul style="list-style-type: none"> • Capacity of substance misuse provider services to deliver • Capacity of Drug and Alcohol Action Team
--	---

<p>8. Who are the main stakeholders in relation to the policy?</p>	<p>The main stakeholders involved are:</p> <ul style="list-style-type: none"> • Children and Young People’s Directorate • Teenage Pregnancy and Young Persons Substance Misuse Board • OASIS • The Drug and Alcohol Action Team • Oldham Partnership • The Community Safety Unit • Addiction Dependency Solutions • Supporting People • Oldham PCT • Pennine Care Foundation Trust • Oldham Drug and Alcohol Service • Connexions • Greater Manchester Police • Greater Manchester Fire and Rescue Service <p>Other stakeholders include:</p> <ul style="list-style-type: none"> • Young people who are problematic substance users in Oldham • Family members. Significant others and carers of young people who use substances • Young offenders who are using substances • The general public
--	--

	<ul style="list-style-type: none"> • Professionals from partner agencies and the voluntary sector • Victim Support 												
<p>9. Who implements the policy and who is responsible for it?</p> <p>(i) the responsibilities which are held by the local authority</p> <p>(ii) the responsibilities which are held by other bodies (public, private or otherwise)</p>	<p>The Drug and Alcohol Action Team implements the Young People’s Treatment Plan on behalf of Central Government and the Oldham Partnership</p> <p>(i) The Children’s Trust is responsible for commissioning substance misuse services</p> <p>(ii) The following provider services are responsible for service delivery via Service Level Agreements: OASIS, Addiction Dependency Solutions</p> <p>(iii) The National Treatment Agency (NTA) is responsible for performance monitoring the Drug and Alcohol Action Team and ensuring that the Young people’s Treatment Plan reflects central government policy as well as local priorities</p>												
<p>10. In what areas are there concerns that the policy could have an adverse or differential impact?</p> <p>Please state yes or no opposite each indicated equality strand</p>	<table> <tr> <td>Race</td> <td>no</td> </tr> <tr> <td>Gender</td> <td>no</td> </tr> <tr> <td>Disability</td> <td>no</td> </tr> <tr> <td>Religion or belief</td> <td>no</td> </tr> <tr> <td>Age</td> <td>no</td> </tr> <tr> <td>Sexual Orientation</td> <td>no</td> </tr> </table>	Race	no	Gender	no	Disability	no	Religion or belief	no	Age	no	Sexual Orientation	no
Race	no												
Gender	no												
Disability	no												
Religion or belief	no												
Age	no												
Sexual Orientation	no												

	Other (please specify) non-applicable
--	---------------------------------------

<p>11. What existing evidence (anecdotal or factual, local, regional or national information) do you have for your answer to question 10?</p> <p>Please state the evidence separately for <u>each</u> of the equality strands identified in question 10</p>	<p>The Oldham Drug and Alcohol Action Team works within the equality policy guidelines of Positive Steps Oldham and The Oldham Metropolitan Borough Council Equality and Diversity Policy. All staff within the DAAT have been diversity trained as part of the induction process and the officer responsible for the implementation of the Diversity Action Plan has received further in-depth diversity training from an external consultant.</p> <p>All staff members of the substance misuse services who work with young people are regulated by stringent requirements laid out in the relevant Service Level Agreements. These said requirements, ensure that all staff are committed to and adhere to the principles of diversity.</p> <p>The principles of anti-discriminatory practice, diversity and equal opportunities are interwoven throughout the Young People’s Substance Misuse Plan and the implementation of services.</p> <p>Young People’s Alcohol and Drug Needs Assessment 2008-2009 The NTA requires each DAAT to produce an annual needs assessment focussing on specialist treatment for under 18’s. Needs Assessment is a core component of the Treatment Effectiveness Strategy aiming to improve the annual treatment planning process for local partnerships. Data used in the needs assessment process was gathered from NDTMS,</p>
--	---

PSO/Theseus, YOS/ASSET and other recognised official sources. The information gathered facilitates the demographic analysis of Oldham's young people and is particularly relevant for marginalised and/or minority groups within the community. The differing needs of groups and individuals identified in the needs assessment directly influenced the content of the Young People's Substance Misuse Plan 2010-2011. As a result, this plan takes into consideration the differential impacts that aspects of treatment delivery will have for different groups and individuals in the under 19's cohort.

Young Peoples Diversity Action Plan 2010-2011

Based upon the amalgamated findings of this document, and other Equality Impact Assessments undertaken by Oldham DAAT, the SIO will devise a Young People's Equality Action Plan to address any issues and adverse impacts which have been identified.

Service User Involvement

In Oldham there is currently no service user forum for young people. This without doubt has an adverse impact upon optimal treatment planning as the process is devoid of service user feedback and input.

OASIS currently has minimal engagement with service users and families in respect of feedback and how to improve its service. The Service User Exit Questionnaire, introduced in spring 2009 had only been completed by 4 clients in September of that year.

In terms of wider young people's involvement, the DAAT carried out a drug and alcohol survey in February 2010 of 16-18 year olds at Oldham Sixth Form College. The response was overwhelming, with more than

1000 returns of the completed questionnaire. The subsequent data analysis has enabled the identification of where shortfalls exist in both factual awareness and knowledge of treatment services.

The Young people's Treatment Plan clearly identifies the shortfall in terms of service user participation from young people. The development of an appropriate forum for service user involvement has been prioritised in order to meet this need.

Race

The Oldham Young Peoples Alcohol and Drug Needs Assessment 2008-2009

This document underpins the Young Peoples Substance Misuse Treatment Plan for 2010-2011. This assessment compiles information and data from several sources and enables us to build a picture of the met and unmet needs of young people who are misusing substance. In terms of ethnicity, Oldham has a large BME population with only 86% being white compared to the national average of 91%

Oldham Young Peoples Community Profile 2010 (based upon updated estimates using 2001 Census data)

There are around 30,000 young people in the 10-19 year old population and about 23,000 young people in the 13-19 year old age bracket who are the target age group in respect of normal alcohol and drug interventions.

It is also noted in the Needs Assessment that Oldham has a large range of

BME communities, primarily Asian/Asian British. 6.3% of the population are of Pakistani heritage and 4.5% of Bangladeshi heritage. There are proportionately more, younger people of Bangladeshi and Pakistani ethnic origin in Oldham. Over 90% of these two groups define themselves as followers of an Islamic faith. The Muslim population is highly concentrated in 5 wards: Coldhurst, Werneth, Alexandra, St Mary's and St Paul's. Any pro-active engagement of BME youth can thus be easily geographically targeted.

Young Peoples Diversity Action Plan 2010-2011

The recommendations relating to ethnicity are as follows:

- Need to establish links between ethnic community projects and substance misuse services
- Hold regular BME substance misuse awareness raising events
- Research the viability of a BME Peer Mentoring or Community Champions scheme
- Devise a substance misuse knowledge/awareness questionnaire to be filled in at mosques, schools and community centres. This analytical tool will enable us to assess and act upon the views and opinions of Oldham's BME communities.

Gender

Young Peoples Alcohol and Drug Needs Assessment 2008-2009

Data shows that 69% of the 238 clients treated by OASIS were male and 31% female. This is essentially the same ratio as in 2007-2008. A smaller proportion of girls and young women come into treatment in Oldham

(31%) than regionally (36%) and nationally (38%).

Young Peoples Diversity Action Plan 2010-2011

Evidence suggests that there is a lack of engagement from young females with OASIS. There does not appear to be any plan of action in place (within OASIS) to address this. It is the recommendation of the DAAT that:

- OASIS markets its service more intensively via a poster/flyer Campaign targeted at 13-18 year olds
- OASIS looks at ways to make its service more attractive/accessible to young females

Disability

The Disability Discrimination Act 2005 (as amended) defines a disability as:

“a physical or mental impairment which has a substantial and long term adverse effect upon a persons ability to carry out normal day to day activities”

Under this definition, mental illness can be considered a disability and as such bears direct relevance to this Equality Impact Assessment in terms of the proven co-morbidity of substance misuse and mental illness.

	<p>Co-morbidity of substance misuse and mental illness collaborative study (COSMIC) Weaver et al. Funded by the Department of Health.</p> <p>This two-phase study consisted of the collection of demographic and diagnostic data on the users of substance misuse and mental health services and interviews with a random sample of people using the services.</p> <p>Some of the key findings of this research were as follows:</p> <ul style="list-style-type: none">• 74.5% of users of drug services experienced mental health problems. Most has affective disorders (depression) and anxiety• 30% of the drug and alcohol treatment population experienced co-occurrence of a number of psychiatric disorders or substance misuse problems• 38.5% of drug and alcohol users with a psychiatric disorder were receiving no treatment for their mental health problem <p>The main implications of these findings in relation to substance misuse treatment are as follows:</p> <ul style="list-style-type: none">• Co-morbidity (the co-occurrence of psychiatric and substance misuse problems) is not often picked up by substance misuse or mental health services. This indicates a need for improvement in staff training, client screening and routine assessment and recording• Service users with co-morbidity have more unmet needs• Substance misuse services and mental health services should be able to deliver interventions to their many patients with co-morbidity who require treatment but do not meet the eligibility criteria of community mental health teams or substance misuse services
--	---

	<ul style="list-style-type: none">• For people with severe and enduring mental illness, intensive joint working may be required and services for this group should generally be led by mental health services (in line with the Department of Health policy of mainstreaming and Models of Care) <p>Drug Misuse and dependence UK guidelines on clinical management (2007) “Co-morbidity is associated with negative and often complex factors including higher rates of relapse, increased hospitalisation, higher rates of completed suicide, housing instability, poorer levels of social functioning, such as poverty, violence, criminality and marginalisation, less compliance with treatment, greater utilisation and higher costs to services”</p> <p>Young Peoples Diversity Action Plan 2010-2011</p> <ul style="list-style-type: none">• Copies of the Service User Guide (which contains a section on OASIS) to be sent to CAMHS practitioners at the Royal Oldham Hospital• Audit of joint working arrangements between CAMHS and OASIS• Substance Misuse Awareness Training Packs to be sent to CAMHS practitioners
--	--

Religion or belief

Young Peoples Alcohol and Drug Needs Assessment 2008-2009

Remembering Oldham's ethnic profile (see Race section) in 2008-2009, 84.9% of the clients were white, 8.9% of Asian background and 6.2% other. OASIS saw more white and less Asian clients than in the previous year

The Young Peoples Diversity Action Plan 2010-2011

- This outlines the need for greater interconnection between young people's substance misuse services and diverse community groups in the borough of Oldham.
- There needs to be a greater understanding of the differing needs of groups and individuals and a greater understanding of how religious beliefs impact upon choices and actions.
- Engage with Oldham's Imam's and further explore cultural stigma and religious barriers that prevent young muslim's engaging with treatment services
- Attend events in the community with information about the substance misuse treatment services
- Send copies of the Service User Guide with a covering letter to all Mosques in Oldham
- Meet with founder of Peace On The Streets
- Meet with religious leaders from Oldham Inter-faith Forum

Age

Young Peoples Alcohol and Drug Needs Assessment 2008-2009

Based upon updated estimates using 2001 census data, Oldham has a slightly higher proportion of young people than the UK and Greater Manchester averages. There are around 30,000 young people in the 10-19 year old population and about 23,000 young people in the 13-19 year old age bracket. The latter are the target age group in respect of normal alcohol and drug interventions. Oldham's young people are disproportionately resident in Coldhurst, Alexandra, Werneth and St Mary's.

The young people's needs assessment, together with data from NDTMS clearly identifies cannabis and alcohol as the most prevalent substances used among this cohort. In the year to date, OASIS has seen 141 presentations for cannabis and 84 for alcohol out of a total 249 clients. Data also shows a large cross-dependency of clients using both alcohol and cannabis in a poly-drug pattern.

OASIS is the main provider service for young people in Oldham aged below the age of 19. The needs assessment clearly identifies the lack of delivery capacity and efficiency which exists in this service. Consequently, young people are likely to suffer an adverse impact in the area of treatment provision when compared to their adult counterparts.

Young Peoples Diversity Action Plan 2010-2011

- A review of OASIS in 2009 outlined a template which the commissioners would like OASIS to aspire to. The DAAT will

	<p>fully support OASIS in both capacity building and strengthening partnership working arrangements.</p> <ul style="list-style-type: none"> • Healthy School Enhancement with co-ordinators taking a lead on trying to uplift the awareness of alcohol and drugs amongst both pupils and staff • Hidden Harm- the agenda for which is not as yet fully embraced in Oldham but will be championed by the DAAT via the creation of an operational plan consisting of a whole systems partnership approach of joint working. <p>Sexual Orientation</p> <p>Young Peoples Alcohol and Drug Needs Assessment 2008-2009 Sexual orientation is not mentioned anywhere in the Young Peoples Treatment Plan or Needs Assessment. However, there is no evidence to suggest that the recommendations in either document will have an adverse impact upon young people due to their sexual orientation.</p> <p>The principles of equality and diversity are embedded in all relevant Service Level Agreements and interwoven into the whole planning and operation of the treatment system.</p> <p>There is a lack of data regarding sexual orientation and access to the treatment system which is something that will be addressed in the Young Peoples Diversity Action Plan.</p> <p>Young Peoples Diversity Action Plan 2010-2011</p> <ul style="list-style-type: none"> • Gather data regarding the above to clarify that no adverse impact
--	---

	does exist.
--	-------------

<p>12. Could <u>any</u> of the differential impacts identified in your answers to questions 10 and 11 amount to the policy having an adverse impact?</p> <p><u>Please answer yes or no</u></p>	<p>This is a crucial question and (whether yes or no) the answer (for each of the areas indicated above) must be justified and explained.</p> <p>No. Please see supporting information posited in response to question 11</p>
--	--

When the answer to question 12 is No, go to question 19. However, depending on the policy and its relevance to promoting equality it may be useful to verify your answer to this question by consulting relevant experts and groups. In this case complete questions 14 to 18.

When the answer to question 12 is Yes, go to question 13.

13. Can the adverse impact be justified on the grounds of		Please justify and explain your answer (whether yes or no)
---	--	--

promoting equality of opportunity for another group or any other reason? (Please answer yes or no)		
--	--	--

Consultation

Where there are concerns that a policy has or may have an adverse impact (on specific groups of people) then consultation with relevant experts and/or groups of people is vital at the policy development/review stage.

14. Are there any experts/relevant groups who you can approach to explore their views on the policy's actual or potential impacts (answer yes or no)	Yes
15. Please list the relevant groups/experts and the dates upon which the consultation took place.	Teenage Pregnancy and Young Persons Substance Misuse Board OASIS Joint Commissioning Group
16. How were the views of these experts/groups obtained? Please give details in the column opposite	Meetings Workshops Young People's Partnership Expert Group Event

<p>17. Please explain <u>in detail</u> the views of the relevant groups/experts on the policy's actual or potential impacts</p>	<p>The views of all groups consulted were taken into account in the development of the Oldham Adult Drugs Needs Assessment 2008-2009. The Needs Assessment determined the content and detail of the Oldham Adult and IDTS Drug Treatment Plan 2010-2011. All parties were consulted during preparation and drafting of the aforementioned plan and have agreed the final version.</p>
<p>18. Taking into account the views of the groups/experts and the available evidence, please clearly state the risks weighed against the benefits of the policy</p>	<p>Following critical analysis, it has been determined that the policy presents no risks. All appropriate measures have been taken to ensure that no adverse impacts are experienced</p>

Equality Monitoring

The Oldham partnership, DAAT and Positive Steps Oldham are required to monitor their policies for any adverse impacts which may arise under any of the 6 equality strands.

<p>19. Please state clearly what monitoring systems have been used to date and/or will be used to measure the impact of the policy on relevant groups</p> <p>Include:</p> <ul style="list-style-type: none"> • The details of the monitoring information collected to date or to be collected in the future • Equality categories used when monitoring (e.g. gender, race etc) 	<p>Local Area Agreement Youth Justice Board Plan Youth Offending Service Plan Local Authority Strategic Plan Children and Young People’s Strategic Plan Community Safety Unit Performance Management Framework Service Level Agreement</p> <p>Management information from OASIS is collected on each treatment modality and the information below can be requested for each modality.</p> <p>Main drug of use Secondary drug of use Referral source Ethnicity Gender Mental health issues Religion and religious beliefs Details of planned/unplanned case closures</p>
--	--

20. Who will be responsible for monitoring the impact of the policy on relevant groups?	<p>State name and position of responsible officer/s</p> <p>Rachel Massie (DAAT Service Improvement Officer) Sharon West (DAAT Young People’s Harm Minimisation Co-ordinator)</p>
21. Please state the date on which the monitoring will be established	August 2010
22. Please clearly state how often and where you will publish the results of monitoring	Quarterly reports to be published on DAAT website

Recommendations and Decisions

23. What are the main conclusions of this initial Equality Impact Assessment?	<ol style="list-style-type: none"> 1. The Drug and Alcohol Action Team and the young people’s treatment services continue to research the diverse needs of minority groups and individuals who are young people and misusing substances in Oldham. 2. The Drug and Alcohol Action Team and young people’s treatment services in Oldham ensure that the needs of diverse groups and individuals influences the planning and implementation of young people’s service provision to ensure equality of access and to eliminate any negative impacts. 3. The Drug and Alcohol Action Team and the young peoples treatment services will continue to monitor and scrutinise the planning and provision of young peoples services in order to identify where improvements can be made to ensure equality of
---	--

	access and to eliminate negative impacts on minority groups and individuals.
<p>24. As a result of these conclusions what actions (if any) will be included in your business planning and wider review processes?</p> <p>Please state whether actions will be included in business plans, policy reviews or performance management systems etc</p>	Monitoring and performance managing the implementation of the Young Peoples Diversity Action Plan 2010-11
<p>25. What performance indicators (if any) will be used to monitor the impact of the policy on relevant groups?</p> <p>Also state in which reports/publications the indicator will be published and when</p>	<p>Percentage of clients to have a care plan completed</p> <p>Number of care plans completed within 2 weeks of the treatment intervention start date</p> <p>Percentage of clients to have a general healthcare assessment completed</p> <p>Number of clients who have completed the Service User Exit Questionnaire</p> <p>Percentage of young people assessed as requiring specialist substance misuse treatment who commence treatment within 15 working days of referral</p> <p>Percentage of young people leaving treatment in an agreed and planned way</p>
<p>26. Do the conclusions (see question 23) suggest that a full Equality Impact Assessment is required?</p>	No

(please answer yes or no)	
Please explain and justify your answer to question 26	The Initial Equality Impact Assessment has been completed and no negative impacts have been identified in the Young People's specialist Substance Misuse Treatment Plan.
27. If the answer to question 26 is Yes, by what date would the full Equality Impact Assessment be completed?	
28. Is a full Equality Impact Assessment required before the relevant officer or member of the decision making body approves the policy? (please answer yes or no)	No
Please explain and justify your answer to question 28	The Initial Equality Impact Assessment has been completed and no negative impacts have been identified in the Young People's specialist Substance Misuse Treatment Plan.
29. Name and title of officer or member providing formal approval of the policy	Janet Sewart Strategic Manager (Oldham Drug and Alcohol Action Team)
30. Date upon which the policy was formally approved	21 st April 2010

