

Equality impact assessment form

Please use this form to record your findings, proposed actions, equality objectives and targets. Use the guidance notes to help you do the assessment or contact the Equality Standard Project Manager if you need some advice

About the policy, practice, service or function you are assessing

Name of policy, practice, service or function: Housing Related Support – Drug Misuse Problems

Assessment team leader name: Christine Collingwood

Date of assessment: 11 June 2012

Department responsible: Adults Health and Housing

Service Area: Integrated Commissioning Younger Adults and Housing

Other members of assessment team:

Name	Position	Area of expertise	Comments
Karen Wayman	Commissioning Officer	Housing Related Support	
Steve Winfield	Action Housing Support Worker	Service Provider	
Wayne Z	Customer	User of Services	
Joanne Burton	ECHG	Service Provider	
Dale Nicholson	Manager, Nacro	Service Provider	
James Sutherland	DCC Public Health and City and Neighbourhood Partnerships		
Michelle Slater	DCC Public Health and City and Neighbourhood Partnerships		

Question	Response/ findings
<p>What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?</p>	<p>Supporting People (SP) is a programme of housing related support services funded by Government as a named unringfenced grant within Area Based Grant. The programme in Derby has historically received about £10m per year and has operated as a partnership with voting input at Board level from Derby NHS, Derbyshire Probation Service, and Derby City Council.</p> <p>The Supporting People programme plays an important role in promoting links between health, housing, probation, social care, the police and other stakeholders for the planning and delivery of services for vulnerable people.</p> <p>In Derby, the original Supporting People grant allocation was approx £10m per year. In the run up to 1st April 2003, the Council established contracts with all of the legacy services that had received income from one of the previously separate funding streams. Since 2003 the Council has produced two Supporting People strategies and a housing support needs analysis, undertaken to help define commissioning priorities.</p> <p>It has now been agreed, as part of the Council's overall budget strategy that the funding available for housing related support is reduced by £6.144m over 2 years (2012-2014). The remaining budget would be £3.323m.</p>
<p>Who implements, carries out or delivers the policy, practice, service or function?</p> <p>Please state where this is more than one person, team, department, or body – and include any outside organisations who deliver under procurement arrangements.</p>	<p>Supporting People Team monitors performance, quality and contractual obligations, together with the involvement of the Peer Review group.</p> <p>Strategic Partners including our Core Strategy Group and Commissioning Board are responsible for decision-making processes about Supporting People policies and practice, service provision.</p> <p>Providers have contractual obligation under the terms of their contracts and the quality assessment framework to ensure that all policies and procedures are in place and reviewed at least every three years.</p>

Identifying potential equality issues and factors

Question	Response/ findings										
<p>What do you already know about the equality impact or need?</p> <p>For example, from research, feedback, consultation or any performance monitoring</p>	<ul style="list-style-type: none"> • The majority of drug users – 87.4% are opiate users • The proportion of adults using Cannabis as their primary drug (5.4%) increased by 34% and those using it as a secondary drug increased from five per cent to eight per cent. Secondary drug use has increased from 28.9% of users in treatment in 2008/09 using a second drug to over half (51.4%) in 2009/10 • Problematic drug use can impact significantly in the health and wellbeing of individuals and their families. It can also have wider community implications such as discarded needles and crime • Problematic drug use is not increasing (although those with a secondary drug use are increasing) and more are in effective drug treatment • The JSNA identified that: <ul style="list-style-type: none"> ○ we need to understand whether unrepresentative BME numbers in treatment is due to different levels of drug use or unequal access to drug treatment ○ Partners should maintain awareness of changing drug use and potential need to change services in response. 										
<p>Is there any evidence of higher or lower take up under the policy or practice, or of the service or function for any particular groups?</p> <p>For example, who uses the service, who doesn't and why not?</p>	<p>The following is an analysis of the demographics of Drug Misuse Issues Housing Related Support service users...</p> <p>All of the service users for the Drug Misuse Issues Housing Related Support service are under 45 (see figure 1) with over half under 31.</p> <p>Figure 1: Age</p> <table border="1"> <caption>Data for Figure 1: Age</caption> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td>12%</td> </tr> <tr> <td>25-31</td> <td>42%</td> </tr> <tr> <td>32-38</td> <td>32%</td> </tr> <tr> <td>39-45</td> <td>16%</td> </tr> </tbody> </table>	Age Group	Percentage	18-24	12%	25-31	42%	32-38	32%	39-45	16%
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Nearly 90% of service users are white this compares to 82% of the population as a whole (207 estimate) meaning that Drug Misuse Issues Housing Related Support services are used fewer in the BME community than would be expected according to demographic profile.

Figure 2: Ethnicity

White: British	84%
White: Irish	5%
Asian/Asian British: Pakistani	5%
Black/Black British: Caribbean	5%

Very few users are female (11%) – as can be seen from figure 3.

Figure 3: Gender

Female	11%
Male	89%

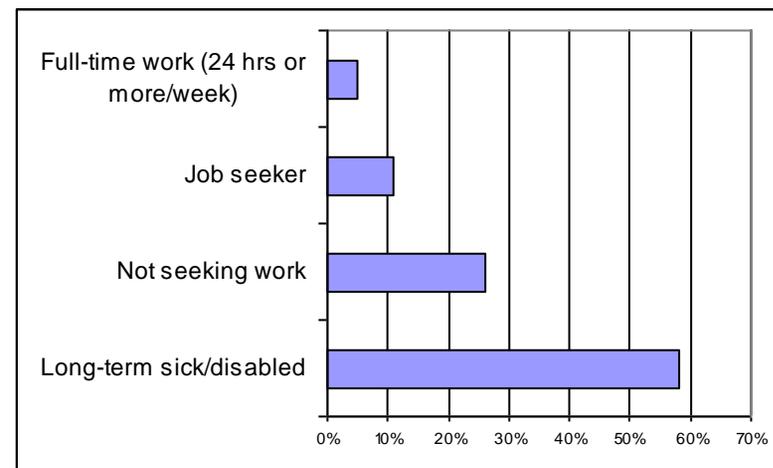
A fifth of users consider themselves to be disabled (see figure 4).

Figure 4: Disability

Disabled	21%
Not disabled	79%
Don't Know	0%

A few Drug Misuse Service Users (around 5%) are employed, the majority, nearly 60%, classify themselves as being long term sick or disabled.

Figure 5: Economic Activity



<p>Have there been any important demographic changes or trends locally?</p> <p>For example is the population changing, and if so, how and what might that mean for the service or function?</p>	<p>Derby's problematic drug user (PDU) population is estimated to be between 1,931 and 2,001. The demographic profile of adults in treatment during 2009/10 shows that most (75%) service users were male – this is similar to 2008/09 where males accounted for 74% (988) and females for 26% (345).</p> <p>There isn't a tendency at the moment for younger people to be using opiates and crack; instead they use alcohol and cannabis. This means we are not expecting the OCU (Opiate and Crack Users) numbers to show any significant change in the next few years. The 2011 Adult Drugs Needs Assessment found the following...</p> <ul style="list-style-type: none"> • There are an estimated 1967 OCU's (Opiate and crack users) in the city. This figure has remained fairly static over the last few years, evidenced by low and decreasing levels of acquisitive crime, low numbers of hospital episodes for substance misuse, decreasing numbers of needle finds in public spaces, decreases of perceptions of drugs and drug dealing and no new class A drug markets opening up in the city. • The estimated rate of OCUs per 1,000 population is 9.9. • Referrals to treatment have decreased by 22% on the previous year. • Most clients self-refer into treatment. • Numbers in treatment have decreased by 2.6% on 2009/10. • Clients in treatment are predominantly White British, male, and aged between 25-34. • Planned exits from treatment make up 40% of all exits from treatment, which is a significant improvement on previous years. • Approximately 11 different nationalities are represented in treatment, but data collection on nationality is not mandatory, therefore data quality is poor and not representative. <p>The ethnic profile of the adult treatment population is similar to the national picture. However, black and minority ethnic (BME) groups are underrepresented in the treatment population particularly the Asian population where seven per cent are in treatment yet represent 11% of the population in Derby – this could be due to lower need within this population group or be due to unequal access to drug treatment services.</p> <p>The age of adults in treatment in Derby is different to that found amongst those in effective treatment both regionally and the treatment population nationally (47). As nationally, the largest group in Derby's treatment population are aged 40 and over.</p> <p>Within Derby, however, the next largest groups were the 25-29 year olds followed by the 30-34 year olds. Nationally, the 30-34 year olds and 35-39 year olds made up the next largest groups respectively.</p>
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Question	Response/ findings
<p>Is there an indication that any of the policies or practices involved with the service or function creates particular problems or difficulties for any groups of customers or communities?</p>	<p>The potentially negative impacts of de-commissioning housing related support programmes for those with drug misuse issues are:</p> <ul style="list-style-type: none"> • Increase in anti-social behaviour and offending. • Increase in needles and other drug paraphernalia being left in public areas, causing health hazards and increasing the negative perception of areas. • More family break downs as vulnerable users do not get sufficient support. • Vulnerability of those out of recent custody going back and associating with the groups and environs where they are most comfortable not breaking the cycle of misuse. • Increase in the targeting of vulnerable drug users by criminals for example pushers and loan sharks. • More drug related fatalities. • Higher levels of health related issues due to unsafe drug use or drug related crimes. • Increase in poverty and benefit dependency as users find it harder to get jobs living in hostels or bed and breakfasts. • Derby plan targets for health and communities safety not met. • Purple flag not attained. • Decline in the reputation in Derby as rough sleeping and open drug use in streets increase and subsequent reductions in inward investments of visitors. • Family breakdown and more children in care. • Longer lead in times for treatment leading to escalation issues. • Loss of multi-agency approaches to drug related issues. • Programmes for treating those with drug related issues would be harder to access.
<p>Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?</p>	<p>There are many positives of housing related support programmes for those with Drug Misuse Issues...</p> <ul style="list-style-type: none"> • A multi-agency approach has been developed which has all the help required in one place. • Reducing uncertainty and chaos in user's lives. When sofa surfing in the homes of other users it is difficult to tackle abuse issues. • Stable accommodation is very important to those who may have a range of other issues such as mental health issues or criminal records. • Court and probation time is saved by diverting people from crime by giving them something to do.

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| | <ul style="list-style-type: none">• Relapse rates are significantly lower in those who have stable accommodation, of those with no accommodation 89% re-offend/ go back into the system.• Accommodation allows 'wrap around' services such as education and training.• There are numerous case studies exist where users of 10/15 years of drug issues have broken out of the cycle by moving from the constant company of other users. In one case care crime rates reduced by 90% as the offender responsible was able to be rehabilitated. Significant savings in police, probation and court times saved.• Individuals are worked with to ensure they use safely for example sharps return.• Hostels can be a high risk environment. Housing related support takes individuals out of this environment and has tailored support, providing a multi agency approach to work with them.• Families of users are supported. |
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Analysing the information and data and setting equality objectives and targets

Please give your detailed findings in this table

Issue	Which groups are affected and how	Potential impact	How can we overcome this?
Significant drains on health provision	All Derby residents	<ul style="list-style-type: none"> • Strain on limited Health Budget • Bed spaces being taken up 	<ul style="list-style-type: none"> • Co-ordination of support for Drug issues
	Service Users	<ul style="list-style-type: none"> • Lower life expectancy • Use of unclean needles etc leading to health issues • Chronic health conditions • Escalation of current health conditions • Overdose and fatalities 	<ul style="list-style-type: none"> • Support for GP's in helping patients with Drug issues • Outreach work and support for drug users • Promotion of the current needle exchange programmes
Increase in family breakdown as users struggle to maintain daily life without support	All Derby residents	<ul style="list-style-type: none"> • More children taken into care 	
	Service Users	<ul style="list-style-type: none"> • Family support lost • Homelessness • Escalation of drug misuse issues • Depression • Increase in poverty and vulnerability • Creating a new 'family' with other users creating mutual dependency 	

Issue	Which groups are affected and how	Potential impact	How can we overcome this?
Re-offending / offending issues are not effectively managed	Derby as a whole	<ul style="list-style-type: none"> • Risk to general public • Revenue loss to organisations due to crime • Police and criminal justice costs • Decrease in positive perception of Derby, leading to loss of inward investment, night time economy • 	
	Service Users	<ul style="list-style-type: none"> • Criminal record • Loss of freedom • Escalation of drug issues 	
Lack of support in dealing with housing and benefit issues.	Derby as a whole	<ul style="list-style-type: none"> • Homelessness • Escalation of mental health issues • Vulnerability to poverty • Poor health • Loss of benefits / poverty • Homelessness • Increase in crime and prison population 	
	Service Users	Increase rough sleeping leading to, offending issues, damage to evening economy and non attainment of purple flag status	Individuals receiving support with benefit appeals

Objectives for minimising negative impacts - process, impact or outcome based

Please give your proposed objectives/ targets in this table

Objective/Target:	To reduce impact on health services
Specific	Development of programmes to support individuals with health issues
Measurable	Hospital admissions are stabilised / reduced
Achievable	A partnership approach will need to be developed to look at way forward given limited resources amongst all partners
Relevant	Reducing inequalities, increasing individual wellbeing and meeting Derby City Plan Targets
Timed	12 months

Objective/Target:	Ensure those with Mental Health Issues are supported to retain tenancies
Specific	To reduce the numbers of those with Mental Health Issues having problems with housing
Measurable	Fewer / no rise in individuals with Mental Health Issues presenting themselves as homeless
Achievable	A partnership approach will need to be developed to look at way forward given limited resources amongst all partners
Relevant	Reducing inequalities, increasing individual wellbeing and meeting Derby City Plan Targets
Timed	12 months

Objective/Target:	To ensure families receive support to keep together
Specific	Co-ordination of existing programmes to support families
Measurable	Families are kept together
Achievable	A partnership approach will need to be developed to look at way forward given limited resources amongst all partners
Relevant	Reducing costs of looked after children, meeting the needs of vulnerable families and meeting Derby City Plan Targets
Timed	12 months