

DIVERSITY IMPACT ASSESSMENT QUESTIONNAIRE

SERVICE: Adult Drug Treatment	DIRECTORATE: Community Services Drug Action Team
Responsible Officer: Mandy Sellers (Commissioner)	Date of Assessment: February 2007

Introduction:

As a requirement under the Race Relations (Amendment) Act 2000 all of the council's services have to undergo an impact assessment (IA) to determine their potential impact on the promotion of equalities.

The IA looks at how a service promotes, monitors and consults in their area to ensure that equalities are promoted. Completion of the IA will help the organisation understand what areas need assistance and where best practice can be shared. The information will be used to determine the extent to which services meet the requirements of the Equality Standard for Local Government, the Race Relations (Amendment) Act 2000 and the Disability Discrimination Act 1995. On completion of the IA action plans will be developed which will link to teams service plans. For the year 2006/07 the IA process will be integrated into the service planning process.

In order to complete the IA questionnaire, the following questions, which will enable you to measure your service, will need to be answered.

Where you can provide information and examples please do so, as this will help you to judge the level of impact your service has on the promotion of equalities.

Should you need any help / advice when completing the questionnaire, please refer to the guidance notes issued with this questionnaire or contact Rosie Barnard 823091.

Q.1 Is your service accessible to all groups /individuals within the community? (i.e are there for example, physical, cultural, linguistic, or geographical barriers to persons wishing to use your service)

Group	Yes	To some extent	No	If yes, what evidence do you have to demonstrate this?	If no, what do you plan to do?
Racial (inc. culture and nationality)		√		Ethnic monitoring undertaken in services with low numbers accessing treatment, this is however, generally proportionately to the population reasonably expected.	
Religious Belief		√		There is no basis to dissuade people from different beliefs and every effort is made to afford people support in ensuring their dignity is maintained through the maintenance of their religious beliefs. It is not however, widely known within staff	

				teams of the impact and expectations of different cultures and religions and drug misuse.	
Gender (inc. transvestite, transgender & transsexual)		√		This service generally actively seeks to engage women who are historically under represented due mainly because of their fear of services who may deem them unfit mothers. There is also a low literacy level amongst problem drug using women. There is a greater risk of BBVs among the problem drug using community and links with transgender/ gay/ lesbian groups naturally cross over in terms of service delivery.	

Sexuality (e.g. homosexuality, lesbian & bisexuality)		√		As above	
Disabled (i.e a physical and or mental impairment)		√		There is often a crossover for people with physical disability with this service and they are linked in with physical disability services as best as drug services can influence	
Age		YP's specific team		We do have a Young People's specific service as it is nationally recognised that it is not most helpful to expose young people with substance misuse problems with adult problem drug users.	
Geographical Location		√		The IOW rural transport links are not ideal and cost	

				of public transport is also high and deters people from accessing services	
Any other status (e.g. people with dependants and/or caring responsibilities or people with criminal record/an offending past)		√ Strong links with crime prevention		Prison/CJS links developing with the Drug Intervention Programme (DIP)	

Q.2 (a) For whatever reason, does your service treat any group differently from its other customers?

Yes

To some extent

No

If you have answered 'yes' or to 'some extent', please specify those individuals or groups affected and whether the impact has the potential to be adverse.

The services do not overtly discriminate against any diverse community although recognises it could do more to actively engage

minority groups. Some argue that the client group itself is treated as a minority group and there is a need to assertively outreach and engage problem drug users. Any person who engages with services will have support to access any specific needs in relation to the particular circumstances. Joint working with other agencies involved is encouraged and there are some examples of cases where this has been evident.

Q.2 (b) Where the impact is considered to be adverse, can it be justified, for example, on grounds of promoting equal opportunity for another group?

Women only services could be said to discriminate against men, but women do feel safer and more able to access services when this is provided.

Q.3. (a) Do you promote equality within your service? (e.g. through the use of briefings at team meetings or the circulation of leaflets and/or other equalities related awareness raising materials)

Yes

To some extent

No

(b) How often do you take the opportunity to promote equality within your service?

Regularly

Occasionally

As issues arise

Not at all

Q.4. Are there plans in place within your service to promote equality more effectively?

Yes

No

If yes, please outline what you intend to do:

It is within all service specifications as apart of contracting and the contract reviews to provide evidence of active delivery of services which will work across the diverse community.

Q.5 Have you consulted in the past three years with any of the following groups regarding the delivery of and access to your service?

Group	Yes	To some extent	No	If yes, what evidence do you have to demonstrate this?	If no, what do you plan to do?
Racial (inc. culture and nationality)			√		
Religious Belief			√		
Gender (inc. transvestite, transgender & transsexual)		√		Through service user group and network	

Sexuality (e.g. homosexuality, lesbian & bisexuality)		√		Through service user group and network	
Disabled (i.e a physical and or mental impairment)			√		
Age			√		
Geographical Location			√		
Any other status (e.g. people with dependants and/or caring responsibilities or people with criminal record/an offending past)		√		Carers of problem drug users taking part in local survey to ascertain views and opinions of services.	

Q.6 Do you train your staff on equality issues?

Yes

To some extent

No

If you have answered yes, or to some extent, what training is available, who provides/delivers it and what areas does it cover? (e.g. Disability, Race, Gender, Age, Sexual Orientation, Religious Belief or location)

All organisations delivering drug services have available to them diversity awareness training upon induction and more specific training available in addition.

No cultural competency training and disability awareness training variable.

If you have answered no, have you explored the availability of suitable training for your staff? Who have you consulted with?

Q.7 Have you received any equality/diversity complaint/comment about your service?

Yes

No

If yes how was this dealt with:

What changes were made as a result of any action taken:

Q.8 Is there any evidence to suggest that policies/strategies/practices through their implementation that there is (a) higher or (b) lower participation or uptake by different minority ethnic groups?

(a)

(b)

If you answered (a) please provide further information and give examples including monitoring data:

Difficult to answer as such small numbers and small presence of minority ethnic groups locally.

If you answered (b) please state below how you will incorporate the General Duty in the review of policy/strategy/practices:

Q.9 Any additional comments:

List of useful contacts:

CRE – Commission for Race Equality – www.cre.gov.uk

DRC – Disability Rights Commission – www.drc.gb.org

Disability info – www.disability.gov.uk

Equal opportunities Commission – www.eoc.org.uk

Employers Organisation – www.lga-employers.gov.uk

Local Government Association – www.lga.gov.uk

RNIB – Royal National Institute for the Blind - 522205

RNID – Royal National Institute for the Deaf – IW contact Sound Advice – Joyce Love 529533

Victim Support IW – 530530

DIAL – Disability information IW – The Riverside Centre – 522823

WIM (Women Into Management) Network – IWC Prue Grimshaw (82)3411 Claire Shand (82)3120

DDA – Island Access Group – IWC Rosie Barnard – (82)3091

BME (Black Minority Ethnic) Cross Directorate Group – IWC Prue Grimshaw (82)3411 Rosie Barnard 520600 ex 2236

Race & Diversity Standing Forum – IWC Rosie Barnard (82) 3091

Unison – Equality Rep – Joyce Milford (82) 3093

HR – Equality & Diversity Policy - related to employment – Claire Shand (82)3120

Vectis Equality Group (BME Group representing IW Communities and individuals) jane.mckean@iow.nhs.uk