

Fairness Impact Assessment

East Renfrewshire Alcohol and Drugs Plan

August 2020

Introduction

The East Renfrewshire Alcohol and Drugs Partnership has prepared a strategic plan to reduce alcohol and drug related harms. The Plan covers the period 2020-23. There is a statutory requirement to consider equalities under the Equality and Human Rights Act. Given the relevance and impact of poverty and deprivation in relation to alcohol and drug harms, these issues have also been considered in this integrated Equality and Socio Economic Impact assessment (referenced hereafter as a Fairness Impact Assessment). The findings of the assessment will be used to inform the implementation of actions in the delivery plan.

Fairness Assessment Approach

Impact assessment data was gathered from a range of sources covering the key priority themes of the Plan: -

- Prevention and early intervention;
- A recovery oriented approach to service delivery;
- Whole family approach;
- Public health approach to justice.

A wide range of data is included in the socio-economic analysis, context and actions within the Plan itself. The full findings of the impact assessment will be used to inform the implementation of the specific actions. For ease of reference the most important aspect of this assessment – the **Areas for Consideration in Implementation** are clearly highlighted on page 4.

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Throughout the assessment the above the following questions are considered:

- How are we removing the risk of discrimination and what other action do we need to take?
- How are we ensuring equality of opportunity/equal access?
- How are we fostering good relations within communities?

An evidence log, see Annex A, has been collated which pulls together the availability data on impacts on equality groups (age, disability or long term health condition, ethnicity, gender, marriage/civil partnership, pregnancy /maternity, religion /belief. Due to the impact of socio-economic disadvantage this assessment also considers these issues.

Fairness Impact Assessment – Overall Question Responses

The following question responses summarise and draw on the detailed information listed in the evidence log at Annex A.

Q1. What are the expected outcomes from the East Renfrewshire Alcohol and Drugs Plan?

The plan will focus on the overarching outcome “Residents are protected from alcohol and drug related harms” with the following sub-outcomes:

- Fewer people develop problem drug use
- People access and benefit from effective, integrated and person centred support to achieve their recovery
- Children and families affected by alcohol and drug use are safe, healthy, included and supported
- Vulnerable people are diverted from the justice system where possible and those within justice systems are fully supported

Q2. Are there known inequalities within the subject matter(s) of the service? E.g. access to the service, digital exclusion, not meeting cultural, faith needs etc.

We know that people from disadvantaged areas / areas of deprivation have a higher likelihood of experiencing alcohol and drug related harms and alcohol and drug related hospital admissions are higher in areas of deprivation. However there are also a significant proportion of people engaged with alcohol and drugs services from non-deprived areas. Drug users engaged in services are most likely aged 35+ and older drug users more likely to have co-morbidities (dual or multiple health issues). The majority of clients in alcohol and drugs services are males (two thirds of caseload). The proportion of service users from BAME backgrounds is very low (approx. 1%)

Q3a. Who will be/has been engaged with to develop the plan, in particular has there been any consultation with services users?

Alcohol and Drugs Partnership members have been involved in the development of the plan, including:

- East Renfrewshire Health and Social Care Partnership (including recovery services, children and families social work, criminal justice and health improvement)
- East Renfrewshire Council (including community learning and development, employability services, housing and education)
- NHS Greater Glasgow and Clyde
- Police Scotland
- Third sector providers of alcohol and drugs services

Due to Covid-19, the extent of planned engagement with service users has not been possible but is integral in the early delivery of the plan and over the longer term – for example through peer research to inform the redesign of key alcohol and drugs services, recovery community to support the reestablishment of recovery groups, lived experience of service users informing the development of peer support services. The whole population approach to prevention of alcohol and drug harms through the education and information will be informed by the views of local people.

Q3b. Has any data been gathered looking at the take up of services?

Detailed information is available on the current caseload of alcohol and drugs services and annual referrals – on the basis of age, area of residence/SIMD area, gender, and ethnicity for example.

4. In what way, if any, would this strategic plan help/hinder the elimination of unlawful discrimination? *Consider aspects that tackle less favourable treatment for particular groups.*

Part of the plan will aim to reduce the stigma experienced by people who use alcohol and drugs – delivering services that ensure they feel respected, included and supported. Involving people with lived experience of alcohol and drugs issues in the design and delivery of services is a key action in the plan which will explore what works best for individuals and ensure their needs are met, taking into account of any relevant equalities characteristics of e.g. age, gender, ethnicity, long term health condition / disability.

5. In what way, if any, would this strategic plan help/hinder equality of opportunity/access?

Consider aspects that remove or minimise disadvantage, aspects that meet the needs of different groups and aspects that encourage increased participation of underrepresented groups.

The plan has a whole systems approach. In prevention / early intervention approaches a whole population approach will be taken ensuring the needs of different groups and communities are taken into account in the planning of prevention work. The plan will help promote that alcohol and drugs services are open to all who need support with harmful alcohol and drug use. Services can be accessed via self-referrals and referrals via other services such as GPs.

6. In what way, if any, would this strategic plan foster/prevent good relations between groups of people?

Consider aspects that may tackle prejudice or promote understanding between different groups.

Actions in the plan will work to reduce stigma experienced by people who have problematic alcohol and / or drug use and who may have other protected characteristic and promote good relations between these groups and others in the community.

7a. In what way would the service alleviate or entrench socioeconomic disadvantage?

The plan recognises the need to support housing and employability needs / rights of people with problematic alcohol / drug use, including those with additional criminal / community justice involvement. The plan recognises that holistic support to improve the socio-economic circumstance of people with harmful alcohol and / or drug use is key to recovery and improved quality of life.

7b. What opportunities are there within this strategic plan and the way it will be/is being implemented to reduce or mitigate socioeconomic disadvantage for communities at greater risk?

The plan recognises the impact of problematic alcohol / drug use on overall quality of life. A range of actions will focus on reducing socio-economic disadvantage. Including: Assessing the extent of digital barriers to accessing services and mitigating these is a key action in the plan; considering the particular needs of disadvantaged localities in work to prevent alcohol and drug related harm, through engaging with residents; providing holistic support to individuals using alcohol and drugs services with housing, employability and money advice / rights to improve socio-economic circumstances.

Areas for Consideration in Implementation

8a. Are there any significant and relevant information gaps that have not been filled during the development and implementation of this strategy?

Over the longer term, and through research and engagement, understanding any issues relating to religion / ethnicity / gender reassignment / sexual orientation in an alcohol and drugs context would be beneficial to understanding needs and providing appropriate services and support.

8b. In light of your responses to the questions above are there any specific areas / actions in relation to equalities required in the implementation of the alcohol and drugs plan to promote positive impact and to mitigate adverse impact?

The assessment of the data and evidence highlights the following considerations which will be integral to the implementation of delivery plan actions:

1. Consider the different issues on the basis of all protected characteristics in the development and delivery of health improvement approach focused on prevention and early intervention
2. Involving people with lived experience in the development of alcohol and drugs services through peer research will contribute to reducing the stigma they experience and will ensure that people using services feel respected and included.
3. Peer research approach to consider exploration of physical and mental health needs and impacts for people with harmful alcohol and / or drug use
4. Continue to monitor referrals in terms of age, gender and ethnicity.
5. Ongoing work to address any equalities data gaps in alcohol and drugs context
6. A survey of digital access amongst users of alcohol and drugs services should be undertaken to assess and address needs
7. Continue to monitor impact of Covid-19 on socio-economic disadvantage, particularly amongst people with problematic alcohol and / or drug use
8. Consider the findings of the national equality impact assessment that is due to be carried out for Rights, Respect and Recovery – Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths – to inform any new actions or approaches

Next Steps

The assessment will be used to inform and guide the implementation of the Alcohol and Drugs Delivery Plan. The assessment will also be posted on the Council’s website.

Sign off

Directorate	East Renfrewshire Health and Social Care Partnership
Signed	Julie Murray Chief Officer, HSCP, Chair – Alcohol and Drugs Partnership

Annex A: Evidence Log

Fairness Impact Assessment – East Renfrewshire Alcohol and Drugs Plan

Groups/Characteristics (1 to 10 below)	For each area of work - How are we removing the risk of discrimination and what other action do we need to take? How are we ensuring equality of opportunity/equal access? How are we fostering good relations within communities?
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1. Low income /Socio-economic disadvantaged			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
A key action is the health improvement approach to promote informed choices re alcohol/drugs – the development of the approach will take account of the needs of different communities and the impact of deprivation	The plan recognises that holistic support that also improves socio-economic circumstances is key to recovery. Actions recognise the impact of digital poverty. Resources have been secured in the plan to support digital access for alcohol and drugs service users to access services and support their recovery. The impact of stigma in relation to both poverty and alcohol and drug use is a factor	No points to note	No points to note
Relevant Data <ul style="list-style-type: none"> Referrals to alcohol and drugs services are disproportionately high from SIMD areas 1 and 2 (most deprived) – 40% of referrals to alcohol and drugs services are from most deprived areas while only 16% of the working age population live in these areas (<i>Source: Community Addictions Service Caseload Data</i>) Alcohol related hospital admissions are higher in Dunterlie, East Arthurlie and Dovecothall and Auchenback, which include the most deprived data zones (<i>Source: Hospital admissions and deaths data – Scottish Public Health Observatory (ScotPHO) tool</i>) Drug use disorders and alcohol dependence are in the top ten health conditions for deprived areas, while they do not feature in the top 10 for least deprived areas - alcohol reduces healthy years lived by 3.9 years and drugs by 8.1 years for people living in deprived areas (<i>Source: The Scottish Burden of Disease Study, Deprivation Report, Information Services Division, 2016</i>) 			
Points to consider in implementation of actions: <ul style="list-style-type: none"> Continue to monitor impact of Covid-19 on socio-economic disadvantage, particularly amongst people with problematic alcohol and / or drug use A survey of digital access amongst users of alcohol and drugs services will be undertaken to assess and address needs Involving people with lived experience in the development of alcohol and drugs services helps to reduce the stigma they experience and will ensure that services are person centred and people using services feel respected and included. 			

2. Long term health condition or disability			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
The development of the whole population health improvement approach will take account of the impact of health inequalities. Engagement with the community is required to inform this approach and is built into the plan.	Recovery is recognised as a holistic approach which includes physical health. Physical health needs of service users are identified as part of treatment and care	No points to note	Addressing the health needs of justice service users is identified as a key action
Relevant Data <ul style="list-style-type: none"> - We know that people with harmful alcohol and / or drug use are also likely to have additional health needs (<i>Source: Community Addictions Service Caseload</i>) - 8% of individuals on alcohol and drugs services caseload are shielding – disproportionately high compared to 3.5% of the general adult population who are shielding (<i>Source: East Renfrewshire shielding population dataset 2020</i>) 			
Points to consider in implementation of actions: <ul style="list-style-type: none"> • Ensure that the development of services to support recovery (recovery community, peer support) considers health needs • Peer research approach – consider exploration of physical and mental health needs / impacts for people with harmful alcohol/drug use 			

3. Age			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
An all age approach will be taken	It is recognised that there is a cohort of individuals with problematic drug/alcohol use who are older and can have multiple health issues	The needs of children are recognised and actions are in place to enhance joint working between alcohol and drugs services and children and families social work services to meet children’s needs	No points to note
Relevant Data <ul style="list-style-type: none"> - Individuals using alcohol and drugs services tend to be older (two thirds of referrals annually from 35+ age group) – the trend is the same at national level (<i>Source: Community Addictions Service Caseload</i>) - 16% of referrals (62 of 381) in the last year were from the 16-25 age group (<i>Source: Community Addictions Service Caseload</i>) 			
Points to consider in implementation of actions: <ul style="list-style-type: none"> • Continue to monitor referrals in terms of age • Consider the different issues for different age groups in development of health improvement approach 			

4. Gender			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
Consider differential approaches/messages re alcohol / drugs based on gender	We know that two thirds of referrals annually come from men	No points to note	No points to note
Relevant Data <ul style="list-style-type: none"> - Two thirds of annual referrals are male (<i>Source: Community Addictions Service Caseload data 2019-20</i>) 			
Any further mitigating actions required? <ul style="list-style-type: none"> • Consider the different issues based on gender in development of health improvement approach • Consider the different potential issues based on gender in the ongoing development of recovery approaches 			

5. Race / ethnicity			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
Consider differential approaches/messages re alcohol / drugs based on ethnicity	No known barriers to accessing services.	No points to note	No points to note
Relevant Data <ul style="list-style-type: none"> - East Renfrewshire has a diverse cultural base with over 5% of the population from Pakistani, Indian, Chinese or mixed/multiple ethnic origins based on 2011 Census data. (<i>Source: 2011 Census - religion and ethnicity.</i>) - The proportion of service users from BAME backgrounds is very low (approx. 1%) (<i>Source: Community Addictions Service Caseload</i>) 			
Any further mitigating actions required? <ul style="list-style-type: none"> • Consider any potential different issues of messages based on ethnicity, through engagement with BAME communities in development of health improvement approach 			

6. Marriage / civil partnership			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
No points to note	No points to note	No points to note	No points to note
Relevant Data <ul style="list-style-type: none"> • Marriages in ER – 283; % of Scottish total – 1% • Civil partnerships in ER – 2; % of Scottish total – 3% <i>Source: NRS – Vital Statistics, 2018</i>			
Any further mitigating actions required? <ul style="list-style-type: none"> • None 			

7. Pregnancy / maternity			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
As part of alcohol and drugs work the ADP promotes various campaigns, including recently, awareness raising of Fetal Alcohol Spectrum Disorder	Alcohol and drugs services are available to women in pregnancy. Numbers of women in pregnancy accessing the service are very low at any given time. Where this is the case, appropriate supports are put in place and onward referrals to other services where required	Where services are being provided to women in pregnancy, appropriate supports are put in place and onward referrals to other services where required	No points to note
Relevant Data <ul style="list-style-type: none"> - None to report 			
Any further mitigating actions required? <ul style="list-style-type: none"> • None further to existing approach 			

8. Religion / belief			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
No points to note	No known barriers to accessing services.	No points to note	No points to note
Relevant Data <ul style="list-style-type: none"> - In addition to the main Christian groups (60%) there are significant Muslim (3%), Jewish (3%), Sikh (1%) and Hindu (0.4%) communities. (<i>Source: 2011 Census - religion and ethnicity.</i>) 			
Any further mitigating actions required? <ul style="list-style-type: none"> • None 			

9. Sexual Orientation			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
Consider potential to engage with local youth LGBT group around alcohol and drugs issues as part of health improvement approach	No known barriers to accessing services.	No points to note	No points to note
Relevant Data <ul style="list-style-type: none"> - Data gap at local level 			
Any further mitigating actions required? <ul style="list-style-type: none"> • Engagement as part of developing health improvement approach 			

10. Gender Reassignment			
Prevention and early intervention	Recovery oriented approaches	Whole family approach	A public health approach to justice
No points to note	No known barriers to accessing services	No points to note	No points to note
Relevant Data <ul style="list-style-type: none"> - Data gap locally but no known issues through available service data - North Ayrshire Alcohol and Drugs Partnership carried out research with Scottish Trans Alliance to understand the issues experienced by this group of the population. (Source: <i>Transgender Inclusion in Drug and Alcohol Services, 2016</i>, https://www.scottishtrans.org/wp-content/uploads/2017/03/trans-inclusion-in-drug-and-alcohol-services.pdf) 			
Any further mitigating actions required? <ul style="list-style-type: none"> • Consider findings of North Ayrshire research that may inform service delivery • Consider ways to fill local data gaps in relation to this protected characteristic 			

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