

EQUALITY IMPACT ASSESSMENT

Name of Policy/Service/Function	Community Safety
Date of Assessment	December 2008, updated in May 2009
Directorate	Environment and Regeneration
Head of Service	Robin Tuddenham
Names and Roles of the people carrying out the EIA	Alastair Macorkindale, Head of Community Safety
Why is the Equality Impact Assessment being done?	To accompany the proposal to develop open access drug treatment provision, and updated for a report to Cabinet

1. Introduction and Background

The overarching partnership strategy in Waltham Forest is the Local Strategic Partnership's Sustainable Communities Strategy (SCS) entitled *Waltham Forest: Our Place in London*. Three cornerstone principles have been identified as underpinning the SCS, namely:

- Managing population growth and change;
- Creating wealth; and
- Retaining wealth.

The purpose of our drug strategy is to attend to those cornerstone principles and, in reducing drug related harm, contribute to the delivery of the long-term vision for the borough as articulated in the SCS. Reducing drug misuse is a key commitment in the health strand of the SCS (SCS 25); it also underpins the community safety strand (SCS 40). The number of drug users recorded as being in effective treatment (National Indicator 40) is therefore one of the agreed indicators in our Local Area Agreement and Vital Signs indicator 14.

Effective drug treatment for those that need it is the most evidence-based way of reducing demand for illegal drugs. As such it is therefore integral to improving health and well being of users and their families, including children, as well as to tackling drug-related crime and anti-social behaviour, and reducing fear of crime amongst borough residents.

To date our primary focus has been on developing our offer, in 2009/10 our imperative is to drive up numbers in the system. In order to do this we will:

- Continue to target drug treatment at drug-using offenders through continuing to focus on improving enforcement and attrition rates;
- Develop open access provision to draw greater numbers of crack cocaine users into treatment;

- Build on pilot work with Children Centres and target drug users who are parents;
- Utilise advertising campaigns to reach those people with drug problems that self-refer to services, particularly younger adults (18-25) and those accessing JCP and other worklessness related mainstream provision;
- Utilise assertive outreach to re-engage those drug users that drop out of treatment prematurely.

The focus of this assessment is the impact of the development of open access provision in the borough and in conducting the analysis, data have been obtained from a variety of sources, including census data. A demographic analysis of service users in drug treatment is undertaken on an annual basis and benchmarked to identify areas of under or over-representation. Unmet need has been gauged using drug test data from arrestees that test positive in police custody and comparing it against the demographics of the cohort of users in treatment. Problem profiles have been produced analysing the main crime types associated with drug using offending and these profiles include an analysis of victims and offenders, incorporating equalities data where possible. All of the above have been used to identify the likely impact of increasing the range of drug treatment available through the development of an open access treatment service, and an action plan to remedy negative impact has been developed.

2. Profile of groups affected as customers and/or staff

2.1 Drugs and crime equality profile

According to the most recent prevalence data from Glasgow University, there are approximately 2,251 opiate and/or crack users in the borough. This new estimate suggests a statistically significant increase in the rate of problem drug use in the borough.

2.1.1 Age Equality

An analysis by age of prevalence data by Glasgow University indicates that the increase in the overall rate of opiate and/or crack use referred to above is reflected most in an increase in the rate of opiate/crack use amongst younger adults 15-24 and those adults aged 25-34.

An analysis of data concerning the cohort of borough residents in treatment between January 2008 and December 2008 indicates that 17% were under 25 which is broadly in line with the regional average (16%) but below the national average (20%). Adults in the age range 25-34 comprised 45% of the cohort in treatment, above the regional average (39%) and in line with the national average (44%). Those aged 35 and over account for the remaining 39% of the cohort, below the regional average (45%) and above the national (36%).

An analysis of drug test data for the most recent complete year (2007/08) was carried out as part of the annual substance misuse needs assessment. Those tested had been arrested for a trigger offence and subjected to a mandatory

saliva test to detect the presence of opiates or cocaine. Those aged under 25 accounted for 25% of the cohort, and those aged between 25-34 accounted for a further 46%.

The cohort of drug using offenders testing positive is therefore markedly younger in profile than the cohort of users entering treatment, indicating a need to ensure that the borough's treatment offer should be re-considered in this light.

Illegal drug use is closely associated with crime, and in particular offences involving theft. National Indicator 16 (NI 16) addresses serious acquisitive crime and is one of the indicators in the borough's LAA. Serious acquisitive crime comprises burglary, robbery and car crime. In order to more fully understand the potential impact of expanding open access drug treatment it is important to understand the profile of victims and offenders in relation to these crime types.

An analysis of NI 16 victim data from April 08 to December 08 indicate that age was included in 94% of reports, and that where known 6% was aged under 18, 89% was aged 18-64, and 5% was aged 65 and over. Suspect age data were available in just 42% of reports and where available indicated that 38% of suspects was under 18, and 62% was aged 18-64.

Victim profiles are generally representative of the borough population. However there are some exceptions, namely in distraction burglaries the elderly community are particularly vulnerable. From survey data it has been identified that older people are more likely to consider fear of crime a negative influence on their quality of life than their younger counterparts.

2.1.2 Disability equality

Data on the disability status of drug users in treatment are not available on a regional or national level, but have been collected at a local level for a number of years. Local data indicate that during the year January 2008 to December 2008 one in nine (11%) of the cohort in treatment regarded themselves as having a disability.

Crime data rarely address people's disability status. This is true also of drug test data. The police crime reporting information system has the ability to 'flag' the disability status of victims and offenders, however this is rarely used. An analysis of NI 16 victim data revealed that disability data were included in only 2% of reports; impaired mobility was the most reported disability. However previous analysis of vehicle crimes identified that disabled parking permits were vulnerable to being stolen and situational crime prevention action was taken accordingly through the promotion and selling of Blue Badge protectors. Due to the success of this action this will be repeated again this year. We will continue to encourage the reporting and recording of disability data in order to improve our understanding of the needs of disabled residents.

Survey data has identified that residents with a disability have a greater fear of crime than residents without a disability.

Introducing open access drug treatment in a modern and fully accessible building is likely to have a positive impact on people with a disability by:

- enabling them to enter treatment more easily
- reducing concerns about drug use and drug dealing by reducing the demand for illegal drugs through an improved treatment offer.

These actions will address the Disability Equality Scheme by enabling disabled people to lead independent lives.

2.1.3 Gender equality

An analysis by gender of residents in treatment in between January 2008 and December 2008 indicates that women made up 22% of the cohort, a proportion that is slightly smaller than the regional and national averages where one in four people in treatment was female. The treatment outcomes for women in treatment were slightly better than those for men, but not significantly so and in line with regional and national data; treatment outcomes during this period for men and women in Waltham Forest were significantly better than the regional and national averages.

	Retained in effective treatment	Planned discharge	Unplanned discharge	Referred on
Waltham Forest	91%	65%	26%	9%
London	82%	40%	47%	13%
National	83%	38%	48%	14%

An analysis of drug test data for those arrested and drug tested in police custody during 2007/08 indicates that 87% of those arrested and testing positive for opiates and/or cocaine was male. The profile of the cohort of drug using offender differs significantly therefore from the treatment cohort in gender terms.

	Female	Male
Treatment cohort	22%	78%
Drug using offenders	13%	87%

Furthermore, an analysis of NI 16 police suspect data indicates that gender data were available in 45% of reports and that 93% of suspects in those reports was male.

An analysis of NI 16 police victim data indicates that gender data were included in 94% of reports and that two-thirds of victims were men, and one-third women.

Substance misuse is known to be implicated in cases of domestic violence, although our evidence base to support this is not yet fully developed. Domestic violence is the only crime type where victims are mainly female.

As victims of domestic violence are predominantly female they will benefit from a number of actions being taken to reduce repeat incidents of domestic violence.

2.1.4 Race equality

The cohort of residents in drug treatment in 2008/09 was very diverse, broadly reflecting the population of the borough.

	Mixed	Asian	Black	White	Other
Waltham Forest	6%	27%	18%	47%	1%
London	6%	9%	15%	64%	3%
National	3%	4%	4%	83%	1%

A greater proportion of residents of Asian ethnicity within the cohort is likely to be the result of previous research and community engagement projects initiated by the DAT. These projects have focused upon the Pakistani Muslim community with the objective of creating greater understanding within the community and amongst specialist treatment providers of the needs of drug using community members.

The ethnicity profile of those arrested and testing positive for opiates and/or cocaine differs from the treatment cohort in a number of significant respects.

	Mixed	Asian	Black	White	Other
Drug using offenders	4%	13%	31%	52%	0%

Most notable is a reduction in the proportion of people of Asian ethnicity testing positive for opiates and/or cocaine on arrest and the increase in the proportion of black people in the cohort. In addition to the documented over-representation of black people in criminal justice system, the increase in the proportion of black people in this cohort may be attributable to a specific pattern of drug use:

- More than seven in ten of those arrested who tested positive did so for crack cocaine
- Fewer than five in ten of those in treatment were crack cocaine users
- Almost four in ten crack cocaine users in treatment was black
- Black people in treatment were more than twice as likely as white people in treatment to be a crack cocaine user.

An analysis of NI 16 police victim data indicates that ethnicity was included in 66% of reports and where known:

- 55% were of white European appearance

- 20% were of Asian appearance
- 16% were of African Caribbean appearance
- 7% were of dark European appearance.

Ethnicity data about suspects were included in 43% of reports and where included these reveal that:

- 57% of suspects were of African Caribbean appearance
- 28% were of white European appearance
- 11% were of Asian appearance
- 4% were of dark European appearance.

Survey data has identified that Asian respondents had a greater fear of crime than black or white respondents. For domestic violence people of black African-Caribbean appearance are disproportionately more likely to be victims and offenders.

Where there is this overrepresentation of the BAME residents as crack cocaine users, as victims of domestic violence and as residents experiencing elevated levels of fear of crime, the development of an open access drug treatment service, attracting greater numbers of drug users and in particular crack cocaine users into treatment, has the potential to impact positively on this equality group and feed into the council's commitments under the race equality duty.

The Sustainable Communities Strategy highlights an increase in new communities entering the borough, therefore it is important to ensure that they are aware of and can gain access to drug treatment and support services. An application has been made to the Migration Impact Fund for additional resources to target support to newly arrived members of A8 communities.

2.1.5 Religion/Beliefs

Data on religion or beliefs of those in drug treatment is not yet recorded nationally, but has begun to be collected locally but data quality is poor and unreliable. Where reports exist, over half of respondents identified as Christian and one in ten identified as Muslim.

Data on religion or beliefs can be recorded on the police crime reporting information system but it is not routinely done. An analysis of NI 16 victim data indicates that these data were recorded in only 2% of reports, and where included revealed that four in ten identified as Christian; one in three as Muslim; and one in twenty as Hindu.

2.1.6 Sexual Orientation

Sexual orientation data on those in drug treatment are not recorded nationally, but are recorded locally. Data capture has improved but data quality is questionable. Reports reveal that 98% of service users define as heterosexual. Local research has indicated that members of the LGBT community are more likely to approach their GP than a specialist treatment

provider if concerned about their drug use. Furthermore, patterns of drug use described by LGBT respondents differ from those of their heterosexual counterparts, focusing more on drugs associated with a social/clubbing scene, rather than opiates or crack cocaine.

Sexual orientation data are not routinely recorded on the police crime reporting information system and so there are no NI 16 data on sexuality of victims or suspects available. Sexual orientation data on those testing positive for opiates and/or crack cocaine are also not available.

Further research is currently being carried out in relation to the community safety concerns of the LGBT community and their need for services.

2.2 The Borough Equalities Profile

2.2.1 Ethnicity

The table below illustrates the ethnic breakdown of Waltham Forest as a whole:

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
64.5%	3.6%	14.8%	15.4%	1.8%

The proportion of BAME groups in the borough increased from 10% in 1981 to more than a third in 2001. This is likely to increase in the future, in line with the population increase. National insurance registrations data revealed that the most significant number of migrants were from South Africa, Pakistan, Poland and Lithuania. BAME representation is not uniform across the borough, the south is more ethnically diverse than the north of the borough.

The following information has been compiled in reference to the 2001 Census:

2.2.2 Age

Total Waltham Forest population 2006 mid year estimate is 221,747

The north of the borough has an older population than the south of the borough.

2.2.3 Gender

Of the total Waltham Forest population: 51% were Female and 49% were Male

2.2.4 Faith

- 56.8% identified themselves as of the Christian Faith
- 15.1% identified themselves as of the Muslim Faith (3rd largest Muslim community in London)
- 1.8% identified themselves as of the Hindu Faith

- The second largest group answering this question were those who identified no faith/religion, forming 15.3% of all respondents

3. Questions this assessment addresses

3.1 What kind of equality impact may there be?

Overall the equality impact of developing an open access drug treatment service is predicted to be positive. Such a service is predicted to reduce health and social inequalities for drug users and in particular crack cocaine users. As such it is likely that this provision will increase access to drug treatment for black drug users and help to narrow the health and social inequalities gap.

An additional positive impact may accrue to the Asian community in terms of reducing an apparent disproportionate level of victimisation in relation to serious acquisitive crime, and reducing elevated levels of fear of crime.

The equality impact is also positive as it addresses the key statutory duties of race disability and gender.

Locating the service in High Street ward has the potential to both benefit and disadvantage the local population disproportionately. The area has the highest rate of serious acquisitive crime and is an area where high levels of drug market activity are known to exist. Residents have expressed fears that serious acquisitive crime rates will rise should the project be located in the former St James's library building and were this to be the case, people from BAME communities be disproportionately affected as they constitute 52% of the population of the ward.

3.2 How significant is it in terms of its nature and the number of people likely to be affected?

Drug using offenders have an offending rate of up to ten times that of non drug using offenders, and are thought to be responsible for up to half of all acquisitive crime. The development of an open access drug service, targeting this cohort and with a specific relevance to crack cocaine users is therefore predicted to offer significant benefit to residents of the borough from all equalities strands. It is recommended that the Equalities Impact Assessment is considered whilst completing the annual strategic assessment. It is also recommended that the Equalities Impact Assessment is refreshed annually as community safety priorities are refreshed.

3.3 Is the impact positive or negative (or is there a potential for both)?

The impact overall is predicted to be positive, however there is also likely to be a rise in fear of crime in whatever location the project is developed. Fear of crime data needs to continue to be monitored and included in future assessments to ensure that actions taken are relevant and justified. This will be done through the Place Survey, the Residents' Panel, and ward-based survey through Safer Neighbourhood police.

3.4 On what aspects of the Equality Duties will this impact be?

Developing open access drug treatment impacts upon the legal duties in the following way:

The Race Relations Act 2000

- By closing the gap between the proportion of people arrested and testing positive for opiates and/or crack cocaine use that is black and the proportion of the drug treatment population that is black;
- By reducing elevated levels of NI 16 victimisation and fear of crime amongst Asian people.

Disability Discrimination Act 2005

- By offering a branded and accessible treatment service that is fully DDA compliant;
- By reducing elevated levels of fear of crime amongst people with disabilities.

Gender Equality Duty 2007

- By remedying an under-representation of male drug using offenders in drug treatment;
- By ensuring that perpetrators and victims of domestic violence have easy access to high quality drug treatment.

3.5 Could the impact constitute unlawful discrimination?

No

3.6 What further information is required to gauge the probability and extent of the impact?

When producing problem profiles it is important that full use of the equalities data available is undertaken by the police. The impact will be monitored through the project management process and also in the next strategic assessment. If equalities data is not routinely entered on the Crime Reporting Information System this should be fed back to the SafetyNet Executive group.

3.7 Where and how can that information be obtained?

Equalities data can be obtained from the police Crime Reporting Information System (CRIS); they can also be obtained from the National Drug Treatment Monitoring System (NDTMS).

4. Action Planning Questions

4.1 What action do we need to take to reduce negative impact?

We need to engage and involve residents who live in the vicinity of any proposed development in the implementation of that development. This should be done alongside service users, the specialist treatment provider and police. An implementation plan should then be devised, including a plan for policing the area, and implementation should be monitored and the outcome reported back to local residents on a ward and Community Council basis.

4.2 If the action proposed will not fully mitigate adverse consequences for equality, or if the decision is to take no action, why is this, and can we justify it?

Potential negative impacts are likely to affect certain ethnic communities depending upon the location of the service. However, this action is lawful and justified based upon data collated locally and nationally and needs to be closely monitored to ensure that it remains so.

4.3 Do we need to undertake any further consultation or research?

No further consultation or research is required at this stage.

4. Conclusions and Next Steps

4.1 The overall impact of the development of an easily and fully accessible open access drug treatment service is predicted to be overwhelmingly positive. An engagement and involvement plan has been developed to ensure effective implementation. Systems are in place to ensure continuous monitoring and analysis of patterns of crime post-implementation.

5. Action Plan

What	Why	How	Who	When
Inform residents of the Council's decision to site a drug service in the former library building	We want residents to understand what we're doing, why its needed, and how we will involve them in ensuring the plan is a success for all parties	<ul style="list-style-type: none"> • Press release • Article in WFM • Radio • FAQ briefing 	<ul style="list-style-type: none"> • Corporate Communications • Members 	February 09
Consult local residents about their concerns resulting from the decision	We want to understand any fears and concerns that residents may have about our plans so that we can accommodate them in our implementation plan	<ul style="list-style-type: none"> • Community Council meeting • BNI focus group • SNT Ward Panel • Snap survey 	<ul style="list-style-type: none"> • Safe/Strong Communities • Corporate Communications • Members 	February/ March 09
Involve local residents in developing the implementation plan	We want to ensure that the implementation plan meets residents' needs as well as their requirements in so far as the latter can be	<ul style="list-style-type: none"> • Officer/resident/service user working group 	<ul style="list-style-type: none"> • Safe/Strong Communities • SNT officers • Turning Point Staff • Members • Service users 	March – June 09
Inform local residents about the plans for implementation	We want to ensure that all local residents are clear about how this will be planned	<ul style="list-style-type: none"> • Bespoke leafleting • WFM • Community Council meeting 	<ul style="list-style-type: none"> • Corporate Communications • Safe/Strong Communities • Members 	June – Aug 09

Inform local residents about how to communicate on-going concerns	We want the service to be part of and supported by the local community and to be able to respond to emerging concerns quickly and effectively	<ul style="list-style-type: none"> • Bespoke leafleting • WFM • Community Council meeting 	<ul style="list-style-type: none"> • Corporate Communications • Safe/Strong Communities • SNT officers • Turning Point Staff • Members 	June – Aug 09 and regularly thereafter
Consult local residents about the effectiveness of the implementation plan	We want to ensure that the implementation plan has been successful and respond to any on-going concerns	<ul style="list-style-type: none"> • Consultation through Community Council/BNI focus group/ SNT Ward panel • Review of implementation by working group 	<ul style="list-style-type: none"> • Safe/Strong Communities • SNT officers • Turning Point Staff • Members • Service users 	January 10
Inform local residents about the effectiveness of the implementation	We want residents to know what has worked/not worked and what we're doing to build on	<ul style="list-style-type: none"> • Bespoke leafleting • WFM • Community Council meeting 	<ul style="list-style-type: none"> • Corporate Communications • Safe/Strong Communities • Members 	January – March 10

