

<b>Name of the activity being assessed</b>	Integrated Drug and Alcohol Prevention and Recovery Service for Young People and Adults				
<b>Directorate / Department</b>	Public Health	<b>Service</b>	Public Health	<b>Assessment Author</b>	Colin Hughes / Samantha Riley
<b>Is this a new or existing activity?</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<b>Responsible manager / director for the assessment</b>		Lee Girvan	
<b>Date EIA started</b>	18/05/2021	<b>Implementation date of the activity</b>		01/04/2022	

**SECTION 1 - ABOUT YOUR ACTIVITY**

<p><b>How was the need for this activity identified?</b>          i.e. Why are we doing this activity?</p>	<p>The overall prevalence of drug use reported in the UK has remained relatively stable throughout the last decade. However, the most recent surveys covering England and Wales, and Scotland reported the highest prevalence of drug use in the past 10 years.</p> <p>From the most recent surveys (ONS 2020), the prevalence of any drug use was 9.4% in England and drug use among 15 year olds has risen over the past 5 years. In 2018, 38% of 15 year olds in England said that they had ever used drugs.</p> <p>The most commonly used drugs have not changed over time. Cannabis is the most prevalent, followed by powder cocaine, MDMA, ketamine and amphetamine. Synthetic cannabinoid receptor agonists, such as Spice, are widely used in prisons. They were detected in more random drug tests than cannabis in England and Wales in 2018 to 2019.</p> <p>4,393 deaths related to drug poisoning were registered in 2019 in England and Wales, equivalent to an age-standardised mortality rate of 76.7 deaths per million people; this is similar to the rate in 2018 (76.3 deaths per million) when there were 4,359 registered deaths.</p> <p>The number of deaths due to drug poisoning registered in 2019 remained at a similar level to 2018. Almost half of all drug related deaths involved opiates such as heroin and morphine. However, cocaine deaths rose for the eighth consecutive year to their highest level.</p> <p>There is a strong association between socioeconomic position, social exclusion and substance-related harm, with greater harm recorded in people living in more deprived areas and with lower individual resources and socioeconomic capital. Inequalities in health and social outcomes are higher in substance using groups compared to the general population.</p> <p>For the period 2019 / 2020 there were 1076 drug clients in treatment in Blackburn with Darwen.</p>
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<p><b>What is the activity looking to achieve?</b></p> <p><b>What are the aims and objectives?</b></p>	<p>The service will support delivery against the main Health Improvement Public Health Outcome Framework measures:</p> <ul style="list-style-type: none"> <li>• Successful completion of drug treatment - opiate users</li> <li>• Successful completion of drug treatment - non-opiate users</li> <li>• Successful completion of alcohol treatment</li> <li>• Deaths from drug misuse</li> <li>• Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison</li> <li>• Admission episodes for alcohol-related conditions</li> </ul> <p>The aim is to provide an effective integrated drug and alcohol treatment system that achieves positive outcomes for individuals, families and communities alongside the following objectives:</p> <ol style="list-style-type: none"> <li>a. Rapid and accessible treatment provision for all, with a focus on currently underrepresented groups and/or those that have been historically challenging to engage in services</li> <li>b. Freedom from dependence on drugs and alcohol</li> <li>c. A reduction in crime and offending</li> <li>d. Prevention of drug related deaths and near fatal overdoses</li> <li>e. Reduce the transmission of blood borne viruses</li> <li>f. Reduction of drug and alcohol related hospital admissions and/or attendances</li> <li>g. Sustained employment or similar work-related activities such as volunteering, training etc</li> <li>h. Access to, and sustain, suitable accommodation</li> <li>i. Improvement in mental and physical health and wellbeing</li> <li>j. Improved relationships with family members, partners and friends</li> <li>k. The capacity to be an effective and caring parent and the safeguarding and support of vulnerable children</li> </ol>
<p><b>Services currently provided</b> (if applicable)</p>	<p>There are three key components within the services currently provided:</p> <p>Component 1. Specialist Services for individuals with complex needs Incorporating Tertiary Prevention  Aim: To provide specialised interventions to address the complexity of needs which are compounded by problematic alcohol and drug use for clients of all ages. This will include for example; structured pharmacological interventions, Opiate Substitute Treatment (OST), facilitation of medicalised stabilisation, titration and community detoxification to compliment abstinence based recovery as a priority.</p> <p>Component 2. Targeted and Recovery Interventions Incorporating Secondary Prevention  Aim: To provide flexible access to support that is aligned to each of the 4 geographical neighbourhoods across the Borough, ensuring that 'no door is a wrong door' and addressing all types of substance misuse addictive behaviours (drugs and alcohol), including consideration of new and emerging substances. The offer is to include bespoke interventions that meet the needs of the demographic profile of the Borough and any emerging underserved or marginalised groups.</p> <p>Component 3. Making drugs and alcohol everybody's business – Incorporating Primary Prevention  Aim: To promote prevention via a range of innovative opportunities, recognising the need to raise awareness of</p>

	the harms caused by drugs, alcohol and other associated addictive / problematic behaviours at the earliest opportunity as 'everybody's business'. To promote collective responsibility and community resilience given that substance misuse related risk taking behaviours impact on the lives of individuals, families and communities.		
<b>Type of activity</b>	<input type="checkbox"/> Budget changes <input type="checkbox"/> Change to existing activity	<input type="checkbox"/> Decommissioning <input checked="" type="checkbox"/> Commissioning	<input type="checkbox"/> New activity <input type="checkbox"/> Other [please state here]

## **SECTION 2 - UNDERSTANDING YOUR CUSTOMER**

### **What resources will support in undertaking the equality analysis and impact assessment?**

*Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.*

Blackburn with Darwen Borough Council (2013) Integrated Strategic Needs Assessment

<http://www.blackburn.gov.uk/lists/downloadabledocuments/sexual-health-jsna.pdf>

Blackburn with Darwen Borough Council Joint Strategic Needs Assessment Summary Review 2020\*

[https://www.blackburn.gov.uk/sites/default/files/media/pdfs/UA-Summary%20Review%202020\\_0.pdf](https://www.blackburn.gov.uk/sites/default/files/media/pdfs/UA-Summary%20Review%202020_0.pdf)

Joint Health & Well Being Strategy 2018 - 2021

<https://www.blackburn.gov.uk/sites/default/files/media/pdfs/BwD%20Health%20and%20Wellbeing%20Strategy.pdf>

Department of Health (2010) Healthy Lives, Healthy People: Our strategy for public health in England

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216096/dh\\_127424.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf)

Healthwatch Blackburn with Darwen (2014) Lesbian, Gay, Bisexual and Transgender people accessing Health and Social Care services

[http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/lgbt\\_report.pdf](http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/lgbt_report.pdf)

Healthwatch Lancashire Collaborative Report - "Have Your Say: Digital Health" 2019\*

<https://healthwatchlancashire.co.uk/wp-content/uploads/2014/06/Your-say-digital-health-report-5.pdf>

Healthwatch Blackburn with Darwen 2018/19 Revisit of Homelessness Vulnerable Report\*

[http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/revisit\\_of\\_homelessness\\_vulnerable\\_report\\_-\\_final.pdf](http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/revisit_of_homelessness_vulnerable_report_-_final.pdf)

Drug misuse prevention: targeted interventions

<https://www.nice.org.uk/guidance/ng64>

Drug misuse prevention 2018

<https://www.nice.org.uk/guidance/qs165>

Coexisting severe mental illness and substance misuse 2019

<https://www.nice.org.uk/guidance/qs188>

Dame Carol Black Review of Drugs - Executive Summary

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/897786/2SummaryPhaseOne+foreword200219.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/897786/2SummaryPhaseOne+foreword200219.pdf)

Public Health Outcomes Framework

<https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E06000008.html?area-name=Blackburn%20with%20Darwen>

Parents with alcohol and drug problems: guidance for adult treatment and children and family services

<https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-guidance-for-adult-treatment-and-children-and-family-services>

Drug misuse and dependence: UK guidelines on clinical management

<https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

Drug misuse in England and Wales: year ending March 2020

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020#lifestyle-factors>

Inclusive and Sustainable Economies: Leaving no-one behind. Supporting place-based action to reduce health inequalities and build back better 2021

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/973285/Inclusive\\_and\\_sustainable\\_economies\\_-\\_leaving\\_no-one\\_behind.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973285/Inclusive_and_sustainable_economies_-_leaving_no-one_behind.pdf)

**Who are you consulting with? How are you consulting with them?** *(Please insert any information around surveys and consultations undertaken)*

Consultations with local services, service users and key stakeholders along with a provider event will be planned from Summer to Autumn 2021 as part of the process and development of the service specification. Given the impact and restrictions with COVID 19 and the wider determinants of health inequalities, consideration will need to be given for how these are undertaken. However throughout the lifetime of the contract there will be engagement and feedback events with service users and stakeholders to ensure continuous development and improvement of the services provided.

The specification (all age and young people) will be shared with the PHE North West Alcohol and Drug Commissioner Network and England Substance Use Commissioner Full National Group for feedback. The specification may be amended dependent on any feedback received. Following this, the local variations appendix document to the specification will be finalised, which takes into account local needs. At this point the EIA will be reviewed prior to tender documents being uploaded onto the procurement system.

<b>Who does the activity impact upon?*</b>	Service users	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Members of staff	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	General public	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Carers or families	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Partner organisations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
<b>Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?*</b>  <b>The groups in blue are not protected characteristics (please refer to p. 3 of the guidance notes)</b>	Positive impact	<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input checked="" type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input checked="" type="checkbox"/> Pregnancy & maternity	<input checked="" type="checkbox"/> <b>Vulnerable groups</b>
		<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Religion or belief	<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> <b>Deprived communities</b>	<input checked="" type="checkbox"/> <b>Carers</b>
	Negative impact	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> <b>Vulnerable groups</b>
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> <b>Deprived communities</b>	<input type="checkbox"/> <b>Carers</b>
	No impact	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> <b>Vulnerable groups</b>
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> <b>Deprived communities</b>	<input type="checkbox"/> <b>Carers</b>

**\*If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.**

**Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty?** *Refer to p.3 of the guidance for more information*  
***A public authority must have 'due regard' (i.e. consciously consider) to the following:***

DUTY	DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN
<b>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act</b> <i>(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)</i>	Yes. The needs assessment has demonstrated the inequalities faced by certain groups which have in turn informed the specification document which is commissioning services to provide universal services as well as specific services to mitigate and address inequalities faced by residents.
<b>Advance equality of opportunity between those who share a protected characteristic and those who do not</b> <i>(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)</i>	Yes. The needs assessment has demonstrated the inequalities faced by certain groups which have in turn informed the specification document which is commissioning services to provide universal services as well as specific services to mitigate and address inequalities faced by residents.
<b>Foster good relations between people who share a protected characteristic and those who do not</b> <i>(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i>	Yes. The needs assessment has demonstrated the inequalities faced by certain groups which have in turn informed the specification document which is commissioning services to provide universal services as well as specific services to mitigate and address inequalities faced by residents.

<b>ASSESSMENT</b>	<b>Is a full EIA required?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain how you have reached your conclusion <i>(A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts)</i>			
To ensure the activity has no negative or adverse impacts of policies, services and functions on any of the nine protected characteristics enshrined within the Equality Act 2010.			

<b>Author Signature</b>	Colin Hughes / Samantha Riley	<b>Date</b>	01/10/2020
<b>Head of Service/Director Signature</b>		<b>Date</b>	Click here to enter a date.
<i>The above signatures signify acceptance of the ownership of the Initial EIA and the responsibility to publish the completed Initial EIA as per the requirements of the Equality Act 2010.</i>			
<b>Departmental E&amp;D Lead Signature</b>	Claresse Brazendale	<b>Date</b>	19/01/2022

**SECTION 3 – ANALYSIS OF IMPACT**

Does the activity have the **potential** to:

- **positively** impact (benefit) any of the groups?
- **negatively** impact/exclude/discriminate against any group?
- **disproportionately** impact any of the groups?

Explain how this was identified – through evidence/consultation.

Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 4**

**N.B.** Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

Characteristic	Positive	Negative	Don't know	Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis	Action No.
<b>Age</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Integrated Drug and Alcohol Prevention and Recovery Service for Young People and Adults will be commissioned to provide open access, cost-effective, high quality provision for specialist and structured community treatment, including criminal justice linked interventions, and support to local adults &amp; young people who misuse substances.</p> <p>The service will be characterised by being provided on an open access and referral basis and available to anyone requiring care, irrespective of their age, place of residence or GP registration, within Blackburn with Darwen.</p> <p>There were 14,291 young people in contact with alcohol and drug services between April 2019 and March 2020. This is a 3% reduction on the number the previous year (14,777) and a 42% reduction on the number in treatment since 2008 to 2009 (24,494).</p> <p>In 2019 /2020, the number of young people receiving specialist support in Blackburn with Darwen fluctuated between 63 – 77 at any one time. The main sources of referral came from Youth Justice (39%) &amp; Children &amp; Families Services (25%).</p> <p>Young people often enter specialist substance misuse services with a range of problems or vulnerabilities related to (or in addition to) their substance use. These include using multiple substances, having a mental health treatment need (over a third of young people who start treatment said they needed mental health treatment), being a looked after child or not being in education, employment or training (NEET). Other wider risk factors can also impact on their substance use, such as self-harming behaviour, sexual exploitation, offending or domestic abuse.</p> <p>For young people who enter drug and alcohol treatment services the most common vulnerability is early onset of substance use, which means the young person started using substances before the age of 15. This is followed by young people reporting ‘poly-drug use’, meaning that they used multiple substances.</p>	<b>1,2,3</b>

			<p>Proportionally, girls tend to report more vulnerabilities than boys, particularly for self-harming behaviour and sexual exploitation.</p> <p>Other vulnerabilities that are commonly reported by young people include antisocial behaviour, being affected by domestic abuse and being affected by others' substance use.</p> <p>In 2019 / 2020 the age groups of people in treatment was more prevalent in those 35-39yrs followed by those 40-44yrs. In Blackburn with Darwen the trend altered to a higher prevalence in the 40-44 yrs followed by 45-49yrs age group. Almost 56% of people accessing specialist treatment in Blackburn with Darwen were aged over 40 yrs.</p> <p>Vulnerabilities noted within the adult population accessing treatment include failing health and entrenched dependency problems, housing needs, unemployment and other complex needs.</p> <p>Drug-related deaths are more common in those with other health problems and in 2019 Blackburn with Darwen recorded 10 deaths related to drug misuse.</p> <p>There is also a cohort of people with drug and alcohol problems that have a high impact on a range of public services including adult social care, criminal justice and health. High impact individuals require multi-disciplinary support from a range of agencies to help engage them in treatment and facilitate recovery.</p>	
<b>Disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Although only a small proportion of people with learning disabilities are known to have substance misuse problems, they are likely to underestimate the problem, as some used self-report measures and others only included people known to learning disability services.</p> <p>Studies note the main places where people reported getting help were:</p> <ul style="list-style-type: none"> <li>• learning disability services – these provided a positive educational role and acted as a liaison with other services</li> <li>• mainstream addiction services – the people that were positive about these services had received support on a one-to-one basis, rather than attending group sessions</li> <li>• primary care services – GPs tended to give basic advice and information leaflets and antidepressants were often prescribed to address mental health issues</li> </ul> <p>Issues that may need to be considered are:</p> <ul style="list-style-type: none"> <li>• people with learning disabilities may not benefit from group work in the same way as people in the general population</li> <li>• apparent lack of co-operation may be due to a lack of understanding, rather than a lack of motivation to engage in treatment</li> <li>• adapting the way in which they engage – alcohol and drug professionals reported using the same assessments they use for the general population</li> <li>• simplifying the information that is provided</li> <li>• people with learning disabilities may be dependent upon carers and paid staff to make the positive life changes emphasised in mainstream drug and alcohol services.</li> </ul>	<b>1,2,3</b>

				In 2019 / 2020 for those starting treatment in Blackburn with Darwen disabilities noted included behaviour & emotional, mobility & gross motor, learning disability, progressive conditions and physical health and sensory.	
<b>Gender reassignment</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drug and alcohol services are accessible to all irrespective of their gender reassignment status although there are many barriers preventing people who are transgender individuals from getting help or staying in treatment. The biggest barrier to health care reported by transgender individuals is lack of access due to lack of providers who are sufficiently knowledgeable on the topic.	<b>1,2,3</b>
<b>Marriage &amp; Civil Partnership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<b>Pregnancy &amp; Maternity</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Use of alcohol, illicit drugs and other psychoactive substances during pregnancy can lead to multiple health and social problems for both mother and child, including miscarriage, stillbirth, low birthweight, prematurity, physical malformations and neurological damage. Dependence on alcohol and other drugs can also severely impair an individual's functioning as a parent, spouse or partner, and instigate and trigger gender-based and domestic violence, thus significantly affecting the physical, mental and emotional development of children.</p> <p>Services must closely monitor the pregnancy and provide post-natal support and monitoring with care coordinated between substance misuse treatment and midwifery services and children's services.</p>	<b>1,2,3</b>
<b>Race</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The 2011 Census is still the most recent Ethnic Group Count source of official statistics on the ethnic breakdown of the borough's population and other social characteristics. The proportion of Blackburn with Darwen residents who described themselves as Indian or Pakistani were the 11<sup>th</sup> highest and 6<sup>th</sup> highest respectively of any local authority in England.</p> <p>88% of people in treatment in Blackburn with Darwen present as White British with under 5% as Indian or Pakistani.</p>	<b>1,2,3</b>
<b>Religion or Belief</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>National surveys of England and Wales revealed 135 organisations representing over 300 groups/project/initiatives/courses clustered in larger urban areas and small towns with rural services dominated by residential rehab programmes.</p> <p>The location of some service providers partly reflects the presence of population (for example, Jewish alcohol services are all located in London and Sikh services mostly in West Midlands) whereas Buddhist and Christian services are not linked to a specific population, suggesting different locational factors at work. The sector is predominantly made up of Christian service providers in all regions, with the North West, having the highest numbers of</p>	<b>1,2,3</b>

				<p>Christian service providers. Dedicated services for Black, Asian and Minority Ethnic populations are sparse, as are Muslim alcohol services.</p> <p><a href="https://www.sciencedirect.com/science/article/pii/S1353829220302732">https://www.sciencedirect.com/science/article/pii/S1353829220302732</a></p> <p>Data from the National Drug Treatment Monitoring System identifies that nearly 40% of new starters in treatment have no religion, 21.6% are Christian with 4.1% Muslim.</p>	
<b>Sex</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>All drug &amp; alcohol services are available to all irrespective of their sex.</p> <p>In 2019 drug use was higher among men than women aged 16 to 59 years. One in eight men (11.9%) reported taking any drug in the last year compared with 6.9% of women. 9.8% of men reported using cannabis compared with 5.7% of women, men were nearly twice as likely as women to have taken powder cocaine (3.4% compared with 1.8%) whilst 1.7% of men reported having taken ecstasy compared with 1.1% of women.</p> <p>In Blackburn with Darwen women represent 27% of people in treatment with the remainder identifying as male which does follow a national trend.</p> <p>To support women with childcare responsibilities services may need to seek other suitable, less male dominated, environments to cater and meet their needs.</p> <p>Anyone can be a victim of domestic violence, but some people – particularly women – are more likely to be victims. Each year the situation of 50,000 high-risk victims and 70,000 children are discussed at Marac meetings across England and Wales. 4 More than 90% of these victims are female, and 5-10% are male. Victims of abuse have a higher rate of drug and/or alcohol misuse (whether it starts before or after the abuse): at least 20% of high-risk victims of abuse report using drugs and/or alcohol.</p> <p><a href="https://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse">https://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse</a></p>	<b>1,2,3</b>
<b>Sexual orientation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>All drug &amp; alcohol services are available to all irrespective of their sexual orientation; however certain groups will require specific targeted interventions.</p> <p>Due to the range of significant health inequalities experienced by LGBT people throughout their life course, they are more likely to need to access healthcare services. However, health inequalities are often further exacerbated by the barriers that people face when accessing services to treat or support them.</p> <p>This includes things such as discrimination or a perception of potential discrimination based on sexual orientation or trans status, or a lack of understanding and training on how to adequately treat the person. Such barriers can lead to a disengagement from services altogether - which can have severe and lasting consequences on an individual's health and wellbeing, as well as being more costly when a person who could have been helped with prevention or early treatment presents for emergency, crisis, or chronic care.</p>	<b>1,2,3</b>

				<p>A 2018 survey by Stonewall found that:</p> <ul style="list-style-type: none"> <li>• 23% of LGBT people have at one time witnessed anti-LGBT remarks by healthcare staff.</li> <li>• 14% of LGBT people have avoided treatment for fear of discrimination because they're LGBT.</li> <li>• 13% of LGBT people have experienced some form of unequal treatment from healthcare staff because they're LGBT.</li> </ul> <p><a href="https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/b9398153-0cca-40ea-abe6-f7d7c54d43af/Hidden%2520Figures%2520FULL%2520REPORT%2520Web%2520Version%2520Smaller.pdf">https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/b9398153-0cca-40ea-abe6-f7d7c54d43af/Hidden%2520Figures%2520FULL%2520REPORT%2520Web%2520Version%2520Smaller.pdf</a></p> <p>While overall smoking seems to be the same in the LGBT community as in the general population, 16% of LGBT people said they drank alcohol almost every day over the last year compared to 10% of the overall population. Interestingly the levels of drinking increases the older people get, and the highest levels are seen among older (65+) LGBT people with 33% drinking almost every day. This age profile is more or less reversed when it comes to drug taking, with 13% of young LGBT people taking drugs at least once a month (compared to 9% of young people in the general population).</p> <p>In the broadest brush terms, people from the LGBT community have poorer mental health, face more barriers accessing treatment and have higher levels of drug and alcohol use than the general population.</p> <p>Healthwatch Blackburn with Darwen report 'Lesbian, Gay, Bisexual and Transgender people accessing Health and Social Care services' estimates that there are and estimated population of 10,324 Lesbian Gay Bisexual and Transgender (LGBT) people in Blackburn with Darwen. The report identifies that LGB&amp;T people experience barriers to accessing healthcare and these barriers are particularly acute for Black and Minority Ethnic (BME) LGBT people. They are less likely to be open about their sexual orientation or gender identity to service providers due to a lack of trust regarding confidentiality with health care professionals from their own religious or cultural community, as well as a perceived intolerance of being LGB or T.</p> <p><a href="http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/lgbt_report.pdf">http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/lgbt_report.pdf</a></p> <p>In Blackburn with Darwen under 1% of new starters identified as Gay / Lesbian / Bi-Sexual with 0.6% not sure or do not know.</p>	
<b>Vulnerable Groups</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Sexual Offences Act 2003 provides definitions of the various forms of sexual offences, including rape and sexual assault, and includes offences committed against those aged under 16 <a href="https://www.legislation.gov.uk/ukpga/2003/42/contents">https://www.legislation.gov.uk/ukpga/2003/42/contents</a></p>	<b>1,2,3</b>

				<p>Sexual violence, assault and abuse have negative consequences on the sexual health of victims/survivors. These can include STIs, as well as unwanted pregnancy and gynaecological problems for female victims/survivors, and can lead to sexual risk-taking behaviour and re-victimisation (Department of Health, 2010).</p> <p>There is evidence to link alcohol consumption and teenage pregnancy. Regular alcohol consumption is associated with both an early onset of sexual activity and multiple sexual partners, while alcohol use at first sex is associated with lower levels of condom use at first intercourse (Bellis et al, 2009). Services will develop and implement pathways to refer this vulnerable groups to appropriate agencies</p> <p>The services will also target sex workers who may have particular sexual health needs, and these are likely to differ according to their gender and personal circumstances (UK Network of Sex Work Projects, 2009).</p> <p>Blackburn with Darwen Borough Council aims to have the right services, in the right place, at the right time so that those who need it can feel safe, be part of, and positively contribute to the community. They will have access to services and support that they need to have and, agencies who can meet those needs, will be identified to provide that support.  <a href="https://democracy.blackburn.gov.uk/documents/s9090/Vulnerable%20People%20Strategy%20appendix.pdf">https://democracy.blackburn.gov.uk/documents/s9090/Vulnerable%20People%20Strategy%20appendix.pdf</a></p>	
<b>Deprived Communities</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There is a strong association between socioeconomic position, social exclusion and substance-related harm, with greater harm recorded in people living in more deprived areas and with lower individual resources and socioeconomic capital. The highest levels of drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation. Persistent and systematic multiple deprivation is more important than economic poverty or disadvantage experienced for short periods of time in determining health outcomes.  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf</a></p> <p>On average, people on low incomes drink less than people on higher incomes. This is not surprising, since affordability is a key driver of consumption. However, people living in deprived areas are many times more likely to experience an alcohol-related hospital or die of an alcohol-related cause.  <a href="https://alcoholchange.org.uk/policy/policy-insights/alcohol-and-inequalities">https://alcoholchange.org.uk/policy/policy-insights/alcohol-and-inequalities</a></p>	<b>1,2,3</b>
<b>Carers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>200,000 children in England live with an alcohol dependent parent, 2.6 million children live with parents who drink to hazardous levels and 1 in 3 children aged 10-17 experience negative consequences as a result of their parents drinking. Children and young people in</p>	<b>1,2,3</b>

				families affected by substance misuse can be very reluctant to let people know they are experiencing difficulties. The caring roles undertaken by young carers in families affected by parental substance misuse can also include dealing with the aftermath of alcohol or substance misuse, hiding what happens at home and keeping secrets, and impaired patterns of parental care due to the chaotic and episodic nature of substance misuse. <a href="https://www.childrenssociety.org.uk/sites/default/files/2020-10/young-carers-of-parents-who-misuse-substances_0.pdf">https://www.childrenssociety.org.uk/sites/default/files/2020-10/young-carers-of-parents-who-misuse-substances_0.pdf</a>	
Other [please state]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Does the activity raise any issues for community cohesion?	No
Does the activity contribute positively towards community cohesion?	Yes
Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998? Details of which can be found <a href="#">here</a>	No
Does the activity support / aggravate existing departmental and/or corporate risk?	<i>Is the activity on the departmental risk register? If it is not, should it be?</i> No

## CONCLUSIONS OF THE ANALYSIS

<b>Action following completion of the impact assessment</b>			
<i>It is important that the correct option is chosen depending on the findings of the analysis. The action plan must be completed as required.</i>			
<input type="checkbox"/> No major change in the activity	<input type="checkbox"/> Adjust activity	<input checked="" type="checkbox"/> Continue with activity	<input type="checkbox"/> Stop and reconsider activity
<b>Please explain how you have reached your conclusion</b>			

An analysis on national and local trends has been undertaken which will inform part of the tender documents.

**ACTION PLAN**

Action No.	What is the negative / adverse impact identified?	Actions required to reduce / mitigate / eliminate the negative impact	Resources required	Responsible officer(s)	Target completion date
1	Protected Characteristics	Potential providers will be requested to demonstrate how they will target groups with protected characteristics and address the identified needs highlighted by the needs assessment and current research & analysis in the invitation to Tender stage of the procurement process	Tender evaluation/scoring matrix will take into account how a provider aims to meet this requirement	Colin Hughes	Oct 2020
2	Protected Characteristics	Potential providers will be requested to demonstrate how they will collect and report data on groups with protected characteristics in the invitation to Tender stage of the procurement process	Tender evaluation/scoring matrix will take into account how a provider aims to meet this requirement	Colin Hughes	Oct 2020
3	Increasing health inequalities faced by identified groups within the analysis	Prospective providers would be required to demonstrate their ability to ensure equitable access to services and a commitment to reducing the inequalities faced by residents and vulnerable groups	Tender evaluation/scoring matrix will take into account how a provider aims to meet this requirement	Colin Hughes	Oct 2020

**MONITORING AND REVIEW**

<p>The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.</p> <p>Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality &amp; Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.</p>	
If applicable, where will the EIA Action Plan be monitored?	<p><i>e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings</i></p> <p>Service Review Meetings</p>
How often will the EIA Action Plan be reviewed?	<p><i>e.g. quarterly as part of the MAF process</i></p> <p>Quarterly</p>
When will the EIA be reviewed?	<p><i>It should be reviewed at least every 3 years to meet legislative requirements</i></p> <p>Annually</p>

Who is responsible for carrying out this review?	Public Health Development Manager
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<b>Author Signature</b>	<b>Colin Hughes</b>	<b>Date</b>	<b>20/05/2021</b>
<b>Head of Service/Director Signature</b>		<b>Date</b>	Click here to enter a date.
<i>The above signatures signify acceptance of the ownership of the full EIA, the responsibility for the associated Action Plan (if applicable) and the responsibility to publish the completed full EIA as per the requirements of the Equality Act 2010.</i>			
<b>Departmental E&amp;D Lead Signature</b>	<b>Clairesse Brazendale</b>	<b>Date</b>	<b>19/01/2022</b>